

**[Report 1957] / Medical Officer of Health, Gainsborough U.D.C.**

**Contributors**

Gainsborough (England). Urban District Council.

**Publication/Creation**

1957

**Persistent URL**

<https://wellcomecollection.org/works/hes75a3v>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

*Library*

HEALTH  
JAN 23 1959  
URBAN  
DISTRICT



COUNCIL  
OF

GAINSBOROUGH

# Annual Report

of the

MEDICAL OFFICER  
OF HEALTH



FOR THE YEAR 1957



Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

# URBAN DISTRICT COUNCIL OF GAINSBOROUGH



1957

---

## CHAIRMAN OF THE COUNCIL:

Councillor C. Baines, J.P.

---

## VICE-CHAIRMAN OF THE COUNCIL:

Councillor E. Salisbury.

---

## HEALTH COMMITTEE

### Chairman:

Councillor Miss D. Oaks.

Councillor H. Asquith.  
Councillor H. J. Atkinson.  
Councillor C. Baines, J.P.  
Councillor G. R. Baines.  
Councillor R. Foxall.  
Councillor Miss F. Harrison  
Councillor Mrs. A. Leeman.  
Councillor A. Newman.  
Councillor Mrs. E. M. Price.  
Councillor C. W. Wilson.

## CLERK OF THE COUNCIL:

J. E. Barrie, Esq., LL.B., A.C.I.S.  
(Commenced 29th April, 1957.)

## URBAN DISTRICT COUNCIL OF GAINSBOROUGH

---

### HEALTH DEPARTMENT STAFF

Medical Officer of Health:

WILLIAM C. WARD,  
M.B., B.Ch., B.A.O., D.P.H.  
(Commenced 1st October, 1957.)

C. W. PEARSON,  
M.B., B.Ch., B.A.O.  
(Temporary 27th June, 1957—1st October, 1957.)

J. C. MACARTNEY,  
M.D., M.B., Ch.B. (Edin. Univ.), D.P.H. (Edin. and Glasgow).  
(Resigned 27th June, 1957.)

Senior Public Health Inspector:

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

1. Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board.
2. Royal Society of Health. Certificate as Inspector of Meat and Other Foods.
3. Royal Society of Health. Certificate in Sanitary Science as applied to Buildings and Public Works.
4. Royal Society of Health. Certificate as Smoke Inspector.
5. Institution of Public Health Engineers. Associate Membership Examination.
6. Liverpool University School of Hygiene. Certificate in Sanitary Science.

Additional Public Health Inspector:

A. F. GREEN, Cert.S.I.B.

1. Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board.
2. Royal Society of Health. Certificate as Inspector of Meat and Other Foods.

---

Clerk:

D. COOK.



# ANNUAL REPORT

of the

## Medical Officer of Health

for the year 1957

---

TO THE CHAIRMAN AND MEMBERS OF  
THE URBAN DISTRICT COUNCIL OF GAINSBOROUGH.

Public Health Department,  
12, Lord Street,  
Gainsborough.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting my Annual Report for the year 1957 on the health and sanitary circumstances of your district. This is my first report and I should like to take this opportunity to thank the members of the Health Committee, the members of the Council and the officials for their kind welcome and the help they have given to me whilst I was settling into my new position as your Medical Officer of Health.

Dr. J. C. Macartney, your previous Medical Officer of Health, was forced to retire through illness in June and one and all were sorry to see this happen. Even more unfortunate was the fact that he did not have time to enjoy his retirement, for early this year, when on the way to recovery, he died suddenly. The Staff of the Health Department extend their deepest sympathy to Mrs. Macartney and his relatives.

Dr. C. W. Pearson acted as temporary Medical Officer of Health in the period between Dr. Macartney's resignation and my taking up of office on October 1st. I should like to thank him for his welcome and for the help he has given to the Health Department and to me personally.

### VITAL STATISTICS.

---

The vital statistics are good and, with the exception of the infant mortality rate, compare favourably with the country as a whole. The infant mortality rate shows a decrease on last year's figure but is still above the national average. However, the national figure of 23.1 is a new low record. I am introducing this year a new figure, the Perinatal Mortality Rate. This is used to refer to the death of infants before, during, and shortly after birth. It includes still-births and deaths in the first week

of life. This figure gives a truer picture of the total loss of infant lives.

This year I have introduced a table of the causes of these infant deaths. Four of the six deaths occurring in the first week, and six of the total ten deaths were due to prematurity. The prevention of prematurity is one of the great problems facing us today. In most cases the cause of labour starting prematurely is unknown. Improvement in the standards of Antenatal care, routine examinations of blood specimens, expert obstetrical examination at the slightest departure from normal, adequate rest in the later months of pregnancy and improvements in obstetric care and in the care of the premature infant will all help in reducing the mortality rate.

Health education of the mother must play a leading role in the prevention of premature births. With this in view the County Council have started Antenatal Classes at Woods Terrace Clinic, Gainsborough. These classes consist of talks, illustrated by film strips, which are given by a doctor, followed by group discussions. These talks cover all aspects of pregnancy, childbirth and the care of children. At these classes the mothers are taught relaxation and exercises which will be of help to them before, during and after childbirth.

#### INFECTIOUS DISEASES.

Once again we have had a pandemic (i.e., world-wide distribution), of influenza. It started in China and rapidly spread to every continent within six months. The epidemic started in this country late July to August. The virus, like many a visitor from a foreign country, was met by terrific publicity on the television, the radio and in the Press. The virus, Influenza A/Asia/57, not to be outdone, caused many to "swoon" but was not so discriminating as to affect one age group. Teenagers and their elders alike went down to his charms.

Fortunately the disease was mild and caused few deaths, unlike the 1918-19 outbreak, which was the most lethal pandemic in history. It's three waves are reported to have killed 15 million people. The 1957 influenza, however, was most infectious and it is pretty certain that the main spread was through the schools. Spread was rapid and once in a house, the disease went through the family. Because of the mildness of the disease, infected people often went about their work for some days before finally going to bed. They, of course, infected their fellow workers. Industry was very badly affected in some areas by absenteeism due to influenza. The following table clearly shows the effect on workers in Gainsborough:



**Sickness Benefit Claims — Year 1957.**

January .....	454	July .....	171
February .....	305	August .....	191
March .....	295	September ...	413
April .....	290	October .....	1,042
May .....	247	November .....	444
June .....	199	December .....	395

The rise in claims started week ending September 24th and continued until week ending October 26th.

I am grateful to the Local Manager of the Ministry of Pensions and National Insurance for these figures.

The expected second wave in January did not materialise, at least not to any great extent. For this we must be thankful. It is doubtful if it would have been as mild and the risk of complications developing is very much increased in the winter months.

The other infectious diseases were well within normal limits. Once again it is most pleasing to report that there has not been a case of diphtheria.

**IMMUNISATION AND VACCINATION.**

Protection is now provided against diphtheria, smallpox, whooping cough, tetanus, tuberculosis and poliomyelitis. With the exception of tuberculosis the service is provided either at schools and child welfare centres, or by the general practitioners.

It is pleasing to note a reasonably high percentage of children are being immunised against diphtheria and whooping cough. I hope that there will be an increase next year. We must bear in mind that even though we have not had a case of diphtheria this year, diphtheria still exists and unless we keep a high level of immunised in the community we shall have a return of this dreadful disease. Whooping cough is more fatal in infants. It is therefore advisable to have an infant immunised as early as possible against whooping cough.

Vaccination against Poliomyelitis which was introduced in 1956 for limited groups of children born in the years 1947-1954 inclusive was extended this year. All children born between 1943 and 1956 inclusive and those born in 1957 who were six months old were eligible for vaccination. The response was better this year. Many, who were pessimistically awaiting the outcome of the first vaccinations, when they found that there were no untoward reactions changed their minds and accepted vaccination.

This year the County Council introduced a scheme for the vaccination of thirteen-year-old children against tuberculosis.



This vaccination is known generally as B.C.G. vaccination. The letters B.C.G. stand for Bacille Calmette et Geurin. Calmette and Geurin were two Frenchmen who originally made the vaccine. I have often been asked why we vaccinated the thirteen-year-old children. The main reasons are that these children are shortly to leave the sheltered environment of school and home life and enter the "outside world," where they have a greater chance of contacting the tuberculosis germs and thus contracting the disease. Adolescence is a period when the natural resistance to tuberculosis is low. This resistance is lowered further because this is a period when they are often working hard and, more than often, playing hard. Vaccination is given to those children, who have not acquired a resistance to tuberculosis, to boost their resistance and help them over this danger period. Not all thirteen-year-olds need to be vaccinated so a preliminary test is carried out to find those who need vaccination and those who do not. It depends on the result of this preliminary test whether or not a child actually receives vaccination. If the result of the test is negative it means the child has not acquired a resistance to tuberculosis and is vaccinated. If the test is positive it means the child has acquired a resistance to tuberculosis and does not need vaccination. The children who show a positive reaction are usually X-rayed to outrule any possibility of their having active tuberculosis. I am glad to report that the response to the offer of vaccination was good.

#### CANCER OF THE LUNG.

Many surveys carried out throughout the world have shown that there is a relationship between tobacco smoking and cancer of the lung. The precise nature of the association between the two has not been definitely determined. One thing is certain; cancer of the lung is on the increase. In 1955 the incidence of lung cancer was double that for 1945. These are some of the facts:—

- Among males —  
1 in 18 deaths are due to Cancer of the Lung.
- Among females —  
1 in 103 deaths are due to Cancer of the Lung.
- Among non-smokers —  
1 in 300 deaths are due to Cancer of the Lung.
- Among heavy smokers—  
1 in 8 deaths are due to Cancer of the Lung.

There is a higher mortality among heavy smokers. Cigarette smokers have a higher mortality than pipe smokers. It has been shown that mortality is down amongst those who give up smoking and gets less the longer the time they have been "off" cigarettes.



Lots of arguments have been put forward to discredit these facts. It is argued that many other factors are involved, especially atmospheric pollution. Some of this may be true, but it is also true that tobacco smoking plays a definite role in the production of lung cancer. One thing is pretty certain, even if tobacco smoking does not do so much harm it most certainly does not do much good.

I think it most important that these facts be put before school-children and they be made fully aware of the risks which accompany smoking. They should be dissuaded from smoking because of firstly the medical point of view and secondly the financial aspect. It is so hard to break the habit once it is acquired that every effort should be made to see that the habit is not allowed to form.

Figures quoted for smoking and the age of starting are:

At the age of  $14\frac{1}{2}$  years 25% of boys and 3% of girls smoke.

At the age of  $15\frac{1}{2}$  years nearly 50% of boys and 20% of girls smoke.

It is a pity to see so many puff themselves into the cancer risk and to see so much money go up in smoke. It is the duty of all engaged in Public Health to see that all the relevant facts are placed before the public.

#### EMPLOYMENT OF SCHOOL CHILDREN.

---

In the course of my duties as School Medical Officer I examine children who wish to take part-time employment outside of school hours. This examination is carried out to ensure that such employment will not be prejudicial to the health or physical development of the child and will not render him unfit to obtain proper benefit from his education. I have noticed that the number examined in 1957 was small. I am forced to think that children are employed without having such a medical examination. It would appear that quite a number of traders are either ignorant of the Bye-laws governing the employment of school children or are wilfully neglectful in observing them. These Bye-laws were made by the Education Committee of the County Council of Lincoln—Parts of Lindsey under the Children and Young Persons Act, 1933 (as amended by the Education Act, 1944), and a copy can be obtained from the Director of Education, County Offices, Lincoln.

I have met a child who was delivering errands during his lunch time break. This cannot be considered good for the child's health and development. Will he take a reasonable time to eat lunch? Will he have a rest between his lessons? How can he? I realise that both the parents and the employer



are at fault in such a case. The child may talk his parents into allowing him to earn pocket money and this may be most helpful to the family. However, if the employer did not offer these lunch-time jobs this serious situation could not develop. The Bye-laws by restricting the hours during which a child may be employed and limiting the number of hours for which he may be employed seek to prevent such cases. I should like to see these Bye-laws observed by one and all and I shall personally endeavour to see that they are.

#### THE OLDER MEMBERS OF OUR COMMUNITY.

---

One of the first requests for "help" I received when I took up office, was for the compulsory removal of an old man to an hostel. I have always been averse to the use of force. This also includes the use of the powers given by the National Assistance Act, 1948, and the National Assistance (Amendment) Act of 1951 for the compulsory removal of certain persons to hospital or hostel accommodation. I was therefore not in a "helpful" frame of mind when I went to visit the old man.

He was reasonably old, 78, and was living alone under very poor conditions. His house was in a filthy state and was infested. He had not any relatives in this country and as he said "things were getting on top of him." He had refused aid from neighbours and refused to have a home help. I believe he was ashamed of his house. When he realised I was not going to make him do anything he did not want to do he became friendly.

He was not getting adequate food and lived on one meal per day, a meat pie, four days of the week, and a full meal from the W.V.S. three days of the week. From conversation I found he really liked food and missed having his meals prepared for him. He would be the last person to admit it. He agreed to have a home help and to let us disinfect the home.

On later visits he admitted he was a lonely man and would welcome hostel accommodation. His only fear was that he would be "locked up" in a home and not be allowed out to see his friends or to have a pint. He was used to having one pint per day. This he had in the evening mainly for the social intercourse which went with the pint. When it was explained to him that the hostel was not a prison and that he would be at liberty to visit his friends and have a pint he said he would think about the hostel. He made enquiries from friends and later came to see me. He said he would like to go into Oakdene Hostel if we could get him a place. A place was found for him and he went into the hostel. He settled well and today is a far happier person.



This was a happy ending to one case. Not all such cases could or should be solved by hostel accommodation. Surely old age should be spent at home and with one's family, not necessarily in the one house but in close proximity. Unfortunately this cannot always be. The young often have to leave the area when they get married or go to work. Even a change of a mile or two can be a major event in the life of an old person.

Slum clearance and rehousing programmes often separate the young from their elders, much to the detriment of the latter. The old person may become insecure and lonely and this may lead to mental depression. He or she feels useless and unwanted and may shrink into seclusion and reject offers of help. Prevention of this lies in the maintenance of a sense of usefulness and in companionship. Part-time employment if it can be secured and undertaken keeps up one's feeling of independence and usefulness. A hobby can also be a real help especially one such as gardening which gets the person out in the fresh air. Visits from friends and relatives tend to ease the loneliness.

Morale must be kept as high as possible. Old age will bring physical defects and the person's mental outlook will play a large part in his reaction to the process of ageing. One often sees an old person hobbling slowly on a stick determined to get where he wants to go and others of the same age, though more mobile, just sit around all day. Each has assessed his infirmity; one decides to master it, the other lies under it. It is thus important to have a bright mental outlook and this is achieved by keeping morale high.

I should like to mention one point about housing and old folk. During my inspections of unfit houses in this area I have noticed a high proportion of the houses are occupied by elderly people living either alone or as a couple. We must make adequate arrangements for these people when we plan our building programmes. They require small houses of the bungalow or flat type that are easily managed rather than our conventional two or three bedroom houses. To keep these clean is often a strain on the old person and especially so if there is too large a garden to keep tidy. It does appear to me a waste to rehouse an elderly person from a slum clearance area in a two bedroomed house which does not really suit them and which would be used to better advantage by a family. This can happen through lack of flats or bungalows. I am glad that our Council has this problem under serious consideration.

I was pleased to be invited to sit on the Committee of the Gainsborough Urban and Rural Old People's Welfare Committee. This committee is concerned with the co-ordination of organisations for the welfare of the aged. Its members consist of representatives of local Old Folk's clubs, voluntary organisations



and statutory bodies. In Gainsborough there are quite a few clubs for the aged and I must say they are very good. Clubs serve a useful purpose but there are many old people, who live alone, and who either cannot attend a club or do not like club life. These people often prefer company in their own home or in a neighbour's home. Home visiting by friendly visitors or neighbours is often appreciated and relieves their loneliness. Visitors or neighbours who are prepared to do the odd errand, especially during inclement weather, can do much to maintain these people in their own home and keep them out of hostels. Old persons often get into the stage of neglect simply because they cannot get out to do their shopping or collect their pension. Many of these cases can be prevented by regular home visits.

I was sorry to find that visiting is limited in Gainsborough to the really necessitous and cases which have nearly gone too far. This is not the fault of the visitors, far from it. It is simply due to the fact that there are not enough people who are prepared to take on the job of visiting the old folk. The committee has started a new drive to try and get voluntary visitors and work up a more complete home visiting service. I am trying hard to interest people in this useful work. I am sorry to report that so far the response has been disappointing. We shall keep trying and perhaps in the future we shall be more successful. I appeal to all who are interested in this work to contact me. I shall be pleased to receive the names of any old people who would like visiting and also the names of persons who would be willing to visit these old people.

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. Carter, 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 Health Committee and to 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. Carter, Senior Public Health Inspector, Mr. Green, 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 Urban District.....	2,406 acres
Estimated Population .....	17,490
Number of inhabited houses end 1957.....	5,734
Rateable Value .....	£173,322
Sum represented by 1d. Rate.....	£677/8/11

Gainsborough is an old market town situated on the bank of the River Trent. The principal industries are Engineering, Timber, Malting and Milling, and the manufacture of wearing apparel.

### METEOROLOGICAL CONDITIONS

Records of rainfall and temperature are kept by the Geography Department of the Queen Elizabeth Grammar School. I should like to thank the Headmaster, Mr. L. H. Cawte, M.A., for the following information.

#### SUMMARY OF METEOROLOGICAL CONDITIONS FOR 1957

Month	RAINFALL		TEMPERATURE	
	No. of inches	No. of days on which rain fell	Maximum Temperature °F	Minimum Temperature °F
January ....	1.43	16	58.5	26.0
February ....	1.67	14	56.0	23.0
March ....	1.52	14	71.0	30.0
April ....	0.27	8	65.0	29.0
May ....	1.27	13	74.0	30.0
June ....	1.72	12	90.0	37.0
July ....	4.50	17	81.0	47.0
August ....	3.11	14	76.0	44.0
September ....	3.98	18	68.5	36.5
October ....	0.97	14	68.0	31.5
November ....	2.06	15	56.5	25.0
December ....	1.79	21	58.0	21.0

Monthly Average of rainfall — 2.24 inches

Heaviest rainfall for one month — July — 4.50 inches

Lowest rainfall for one month — April — 0.27 inches



## 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	255	127	128
Illegitimate	22	9	13
Totals	277	136	141

	<b>Total</b>	<b>Male</b>	<b>Female</b>
Still Births—Legitimate	6	3	3
Illegitimate	—	—	—
Totals	6	3	3

	<b>Gainsborough U.D.C.</b>	<b>England &amp; Wales</b>
Birth Rate per 1,000 population :		
Live Births	16.32	16.1
Still Births	0.34	0.37
Still Birth Rate per 1,000 total live and still births	21.20	22.5

### Deaths

	<b>Total</b>	<b>Male</b>	<b>Female</b>
All Causes ....	216	128	88

	<b>Gainsborough U.D.C.</b>	<b>England &amp; Wales</b>
Revised death rate per 1,000 population ....	11.36	11.5
Maternal Mortality :		
Deaths from pregnancy, childbirth, abortion ....	Nil	349
Mortality Rate per 1,000 total (live and still) births ....	Nil	0.47

### Infant Deaths

	<b>Total</b>	<b>Male</b>	<b>Female</b>
Under 1 year —Legitimate	9	5	4
Illegitimate	1	—	1
Totals	10	5	5

	<b>Total</b>	<b>Male</b>	<b>Female</b>
Under 4 weeks—Legitimate	5	3	2
Illegitimate	1	—	1
<b>Totals</b>	<b>6</b>	<b>3</b>	<b>3</b>

	<b>Total</b>	<b>Male</b>	<b>Female</b>
Under 1 week      ....      ....      ....	6	3	3

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

	<b>Gainsborough U.D.C.</b>	<b>England &amp; Wales</b>
All infants per 1,000 live births	36.1	23.1
Legitimate infants per 1,000 legitimate births      ....      ....	35.30	
Illegitimate infants per 1,000 illegitimate births      ....      ....	45.45	

**Neo-natal Mortality Rate**  
(i.e. under 4 weeks) \*

All infants per 1,000 live births	21.66	16.5
Legitimate infants per 1,000 legitimate births      ....      ....	19.61	
Illegitimate infants per 1,000 illegitimate births      ....      ....	45.45	

**Peri-natal Mortality Rate**  
(i.e. Still Births and deaths under  
1 week per 1,000 total births)

42.05	36.2
-------	------

COMPARATIVE TABLE

URBAN 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	No. of deaths regis- tered	Rate per 1000 live births
Population 17,490												
Year 1957	277	*15.84	216	‡12.35	6	21.2	Nil	Nil	10	36.1	6	21.66
Year 1956	329	20.16	240	12.38	9	26.63	Nil	Nil	14	42.55	12	36.48
Year 1955	274	16.40	247	12.37	12	41.96	Nil	Nil	5	18.25	3	10.95
Year 1954	297	17.72	223	11.14	9	30.3	Nil	Nil	13	43.76	8	26.94
Year 1953	253	14.52	221	12.69	9	34.35	Nil	Nil	10	39.53	5	19.76
Year 1952	263	16.9	272	12.3	6	22.3	Nil	Nil	10	38.0	4	15.21
Average 5 years — 1952 — 1956	—	17.14	—	12.17	—	31.18	—	—	—	36.42	—	21.87

\* 1957 adjusted live birth rate (comparability factor, 1.03) — 16.32 per 1,000

‡ 1957 adjusted death rate (comparability factor, 0.92) — 11.36 per 1,000



Summary of the Principal Causes of Death, 1957

(Registrar-General's Official Returns, 1957)

All Causes 216 — Males 128, Females 88.

	Causes of Death	Males	Females
1	Tuberculosis, respiratory .....	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 .....	5	2
11	Malignant neoplasm, lung, bronchus .....	4	1
12	Malignant neoplasm, breast .....	—	5
13	Malignant neoplasm, uterus .....	—	1
14	Other malignant and lymphatic neoplasms .....	10	10
15	Leukaemia, aleukaemia .....	—	—
16	Diabetes .....	2	1
17	Vascular lesions of nervous system .....	20	21
18	Coronary disease, angina .....	18	8
19	Hypertension with heart disease .....	2	1
20	Other heart disease .....	10	14
21	Other circulatory disease .....	5	2
22	Influenza .....	2	1
23	Pneumonia .....	5	5
24	Bronchitis .....	11	1
25	Other diseases of respiratory system .....	—	1
26	Ulcer of stomach and duodenum .....	1	1
27	Gastritis, enteritis, and diarrhoea .....	2	—
28	Nephritis and nephrosis .....	1	—
29	Hyperplasia of prostate .....	3	—
30	Pregnancy, childbirth, abortion .....	—	—
31	Congenital malformations .....	1	2
32	Other defined and ill-defined diseases .....	14	11
33	Motor vehicle accidents .....	4	—
34	All other accidents .....	6	—
35	Suicide .....	1	—
36	Homicide and operations of war .....	—	—
		128	88

## ENGLAND AND WALES

**BIRTH and DEATH-RATES, and ANALYSIS OF MORTALITY during the year 1957.**  
(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	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	
<b>Gainsborough Urban District</b>												
Estimated home population mid- 1957 — 17,490)	16.32	0.34 (21.2(a))	11.36	0.06	Nil	0.29	1.89	36.1	21.66	42.05	Nil	0.47
<b>England and Wales</b>												
(Estimated home population mid- 1957 — 44,907,000)	16.1	0.37 (22.5 (a))	11.5	0.10	0.01	0.43	1.14	23.1	16.5	36.2		

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

## INFANT MORTALITY

Infant deaths under one year of age for 1957 were ten. 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	6	3	1	—	—	10
Prematurity ....	4	2	—	—	—	—
Atelectasis ....	—	—	—	—	—	—
Pneumonia ....	—	1	1	—	—	—
Congenital Heart	1	—	—	—	—	—
Spina Bifida ....	1	—	—	—	—	—

### Gainsborough U.D.C.      England & Wales

#### Infant Mortality Rate

(i.e. Deaths under 1 year per 1,000 live births) .... 36.1      23.1

#### Neo-natal Mortality Rate

(i.e. Deaths under 4 weeks per 1,000 live births) .... 21.66      16.5

#### Peri-natal Mortality Rate

(i.e. Still births and deaths under 1 week per 1,000 total live and still births) .... 42.05      36.2



## 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
1957 ....	283	Nil
1956 ....	338	Nil
1955 ....	286	Nil
1954 ....	306	Nil
1953 ....	262	Nil
1952 ....	269	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 M.O.H., 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 service.

**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. SERVICE 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.**

The Housing Act, 1957, which is an act to consolidate enactments relating to housing, with the exception of certain provisions relating to financial matters, came into force on 1st September, 1957.

Part I of this Act places upon Local Authorities the duty to cause their area to be inspected from time to time with a view to ascertaining any unfit houses and to keep records of these houses, visits, etc.

Part II of the Act makes provisions for the repair of unfit houses if they can be rendered fit at a reasonable cost or if unfit and cannot be repaired at reasonable cost, for their demolition, or under certain circumstances for their closure.



Part III of the Act deals with slum clearance by means of clearance areas, i.e. an area where the houses are unfit for human habitation and all the houses require to be demolished.

Part IV of the Act deals with abatement of overcrowding.

Part V of the Act deals with provision of housing accommodation.

#### **THE RENT ACT, 1957.**

This Act, which came into operation on 6th July, 1957, as one of its provisions allowed, under specific circumstances, an increase in the rent of certain houses. If the house was in need of repair the tenant could resist the increase in rent by obtaining a Certificate of Disrepair from the Local Authority. This acted as a "stopper" of a rent increase.

The Local Authority act only in a judicial capacity upon the application for a Certificate of Disrepair and if they "are satisfied that the dwelling or any part thereof is in disrepair by reason of defects specified in the said notice and that all or any of those defects ought reasonably to be remedied, having due regard to the age, character, and locality of the dwelling, they shall issue to the tenant a Certificate of Disrepair accordingly and any such certificate shall be in the prescribed form and shall specify the defects as to which the Local Authority are satisfied as aforesaid, stating that the Local Authority are so satisfied." The Act expressly prohibits consideration of any obligations between a landlord and tenant or the origin of the defect.

This Act placed a great deal of work upon the Health Department. The Public Health Inspectors were obliged to inspect each house in respect of which an application for a Certificate of Disrepair had been received and report thereupon to the Health Committee. Further inspections had to be made when notice was received that the defects had or had not been remedied or an application received for cancellation of a Certificate of Disrepair.

In the course of these inspections many other defects were discovered and quite a considerable number of these had to be dealt with by the Local Authority under the Housing and Public Health Acts.

The extra work, and time which had to be devoted to this new act meant that other less urgent duties had to be postponed. Of course this means that one is faced for quite a considerable time with a back log of work which has to be made up.

## HOUSING STATISTICS.

<b>Total of New Houses erected during the year</b> .....		68	
(1) By the Local Authority .....		55	
(2) By other Local Authorities .....		—	
(3) By other bodies or persons .....		13	
<b>1. Inspection of Dwellinghouses during the year—</b>			
(1) (a) Total number of dwellinghouses inspected for housing defects (under public Health or Housing Acts) .....		87	
(b) Number of inspections made for that purpose .....		378	
<b>2. Remedy of defects during the year without service of formal Notices—</b>			
Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers .....		63	
<b>3. Action under Statutory Powers during the year—</b>			
(a) Proceedings under Sections 9, 10 and 36 Housing Act, 1936 :—			
(1) Number of dwellinghouses in respect of which notices were served requiring repairs .....		—	
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—			
(a) by owners .....		—	
(b) by Local Authority in default of owners .....		—	
(b) Proceedings under Public Health Acts :—			
(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied .....		12	
(2) Number of dwellinghouses in which defects were remedied after service of formal notices :—			
(a) by owners .....		43	
(b) by Local Authority in default of owners .....		—	
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 .....		—	
(d) Proceedings under Section 12 of the Housing Act, 1936 .....		—	
(e) Proceedings under Sections 25 & 26 .....		—	
<b>4. Housing Act, 1936—Part IV—Overcrowding.</b>			
(a) (1) Number of dwellings overcrowded			
at the end of the year		Not known	
(2) Number of families dwelling therein .....		Not known	
(3) Number of persons dwelling therein .....		Not known	
(b) Number of new cases of overcrowding reported during the year		—	
(c) (1) Number of cases of overcrowding relieved during the year		6	
(2) Number of persons concerned in such cases .....		51	
(d) Number of houses again overcrowded after being previously relieved .....		—	
<b>5. Housing Act, 1949.</b>			
(a) No. of applications for grants received .....		14	
(b) No. of grants made .....		15	
(c) No. of applications for grants made by Local Authority .....		—	
<b>6. Moveable Dwellings, Tents, Vans, etc.</b>			
No. of site licences .....	—	No. of individual licences .....	5
No. of inspections during the year—Sites.....	—	No. of contraventions remedied .....	—
—Dwellings	8		



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

The number of cases of infectious disease (excluding Tuberculosis) notified was 212 compared with 358 in 1956.

Details of infectious diseases are as follows

**TABLE I**

Disease	Number of Cases Notified
Measles ....	111
Scarlet Fever ....	8
Pneumonia ....	9
Whooping Cough ....	78
Erysipelas ....	5
Cerebro-spinal Fever ....	1
Total ....	212

**TABLE II**

### DISTRIBUTION IN WARDS

Disease	North	Market	Central	South
Measles ....	44	31	15	21
Scarlet Fever ....	2	6	—	—
Pneumonia ....	3	1	2	3
Whooping Cough	13	25	20	20
Erysipelas ....	2	1	2	—
Cerebro-spinal Fever ....	—	—	1	—

### LABORATORY FACILITIES

Bacteriological examinations are carried out by the Public Health Laboratory at Lincoln.

**TABLE III.**  
**AGE INCIDENCE OF INFECTIOUS DISEASE.**

Ages	Measles	Scarlet Fever	Pneumonia	Whooping Cough	Erysipelas	Cerebro- Spinal Fever
0—1	5	—	—	3	—	—
1—2	10	—	—	6	—	—
2—3	11	1	1	7	—	1
3—4	14	—	—	9	—	—
4—5	10	—	—	11	—	—
5—10	49	5	—	42	—	—
10—15	7	—	—	—	—	—
15—20	2	1	—	—	—	—
20—35	2	—	1	—	—	—
35 Up	—	—	7	—	5	—
Age unknown	1	1	—	—	—	—
Total ..	111	8	9	78	5	1



TABLE IV.

## MONTHLY DISTRIBUTION OF INFECTIOUS DISEASES.

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Measles .....	8	6	8	1	2	14	33	29	16	—	—	—	111
Scarlet Fever .....	2	2	1	1	—	2	—	—	—	—	—	—	8
Pneumonia .....	—	1	1	2	—	—	—	—	1	1	2	1	9
Whooping Cough .....	52	7	7	4	2	5	1	—	—	—	—	—	78
Erysipelas .....	—	1	1	2	—	—	1	—	—	—	—	—	5
Cerebro-spinal Fever .	—	—	—	—	—	—	—	—	1	—	—	—	1
Tuberculosis (Respiratory) ...	1	—	—	—	1	1	—	2	1	2	2	—	10
Totals .....	63	17	18	10	5	22	35	31	13	3	4	1	222

## TUBERCULOSIS

There were ten new cases of Pulmonary Tuberculosis notified during the year. There was no 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, 1957

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	1	2	—	—	—	—	—	—
20-35 years	1	—	—	—	—	—	—	—
35-45 years	1	1	—	—	—	—	—	—
45-65 years	2	1	—	—	1	—	—	—
65 and over	—	—	—	—	—	—	—	—
Totals	5	5	—	—	1	—	—	—



Table (b) — TUBERCULOSIS REGISTER, 1957

	Pulmonary			Non-Pulmonary			Grand Total		
	M	F	T	M	F	T	M	F	T
<b>On Register 31/12/56</b>	56	32	88	10	11	21	66	43	109
Additions :									
Primary Notifications	5	5	10	—	—	—	5	5	10
Posthumous Notifications	—	—	—	—	—	—	—	—	—
Transfer from other areas	2	1	3	—	—	—	2	1	3
Returned to the District	—	—	—	—	—	—	—	—	—
Transfer from other sections	—	—	—	—	—	—	—	—	—
<b>Total Additions</b>	7	6	13	—	—	—	7	6	13
Deductions :									
Deaths	1	—	1	—	—	—	1	—	1
Left the District	1	—	1	—	—	—	1	—	1
Recovered	1	1	2	—	—	—	1	1	2
Diagnosis not confirmed	—	—	—	—	—	—	—	—	—
Transfer to other sections	—	—	—	—	—	—	—	—	—
<b>Total Deductions</b>	3	1	4	—	—	—	3	1	4
<b>On Register 31/12/57</b>	60	37	97	10	11	21	70	48	118

# **CHEST CLINIC.**

A chest clinic is held at the John Coupland Hospital each Tuesday and Thursday afternoon. I am indebted to Dr. J. B. Wilkinson, Consulting Chest Physician, for the following information:

	1957	1956	1955	1954	1953
Attendances .....	1710	1602	1551	1459	1281
New Cases .....	228	132	194	232	196

  

	Respiratory	Non-Respiratory
New notified cases of tuberculosis .....	8	3
Number of cases "Transferred in" .....	12	—
Number of notified cases attending the Clinic:		
1st January, 1957 ...	105	11
31st December, 1957 ...	104	8

These figures show that the majority of new cases attending the clinic are not suffering from tuberculosis. The chest clinic of today has replaced the old Tuberculosis Dispensary, and provides for the diagnosis and treatment of all diseases manifest in the chest. This has many advantages, one of the most important being that the stigmata and unpleasant associations so often connected with the word "tuberculosis" are avoided and patients are less fearful of attending the clinic.

Much preventive work is carried out at the chest clinic. Cases are supervised to prevent relapses and contacts are examined and watched to prevent the development of active disease. All school children who are found with a positive reaction to the test given prior to B.C.G. vaccination are seen and X-rayed by the Chest Physician to make sure they have not got active disease. I am most grateful to Dr. Wilkinson for his help and support in this matter.

# **VENEREAL DISEASE.**

Special treatment clinics are held at the John Coupland Hospital every Friday evening from 6 to 7 p.m. or, alternatively appointments can be made privately.

Details of attendances in 1957 are given below:

	Male.	Female.
Early Syphilis .....	—	—
Late Syphilis .....	2	4
Congenital Syphilis .....	—	—
Gonorrhoea .....	4	2
Non-Venereal Disease .....	6	—
Total ...	12	6



## CANCER

The number of deaths due to cancer in 1957 was 38 and compares favourably with the previous year. Nevertheless cancer is the second largest cause of death. The sites of the disease are shown in the following table.

Site of Malignant Disease		1957	1956	1955	1954	1953	1952
Stomach	M	5	3	5	3	4	6
	F	2	4	3	3	3	5
Lung and Bronchus	M	4	4	3	8	4	7
	F	1	2	—	1	—	—
Breast	M	—	—	—	—	—	—
	F	5	1	7	2	4	9
Uterus	F	1	3	1	4	—	1
Other malignant and lymphatic neoplasms	M	10	18	15	8	8	8
	F	10	2	10	11	6	9
Leukaemia	M	—	—	—	—	—	—
	F	—	—	—	3	1	—
Totals	M	19	25	23	19	16	21
	F	19	12	21	24	14	24
Grand Total		38	37	44	43	30	45

## VACCINATION AND IMMUNISATION

Particulars of diphtheria immunisations, whooping cough immunisations, combined diphtheria and whooping cough immunisations, vaccinations and re-vaccinations carried out in the Gainsborough Urban District during 1957.

### Diphtheria Immunisations

Under five years of age at date of immunisation	Between five and fourteen years of age at date of immunisation	Boosting Doses
7	35	311

### Whooping Cough Immunisations (Under five years)

Under One	One	Two	Three	Four	Total
—	—	—	1	—	1

### Combined Diphtheria & Whooping Cough Immunisations (Under five years)

Under One	One	Two	Three	Four	Total
185	37	10	2	4	238

### Small-pox Vaccinations

Under One	1-4	5-14	15 or over	Total
126	14	15	25	180
1	—	—	17	18

### Re-vaccinations

### Vaccination against Tuberculosis.

Of 152 thirteen-years-old school children tested it was found that 34 were positive and did not require vaccination and 118 were negative and were given B.C.G. vaccination. The 34 positive reactors were X-rayed; none showed active tuberculosis.

### Vaccination against Poliomyelitis.

It has not been possible to break down the figures held by the County Council Health Department into individual districts. However, it can be said that vaccination is proceeding with all haste and it is only the shortage of vaccine that is limiting the number of children who can be vaccinated. When the supply of vaccine becomes more plentiful all who request it will be vaccinated.



### **GERIATRICS.**

The study of the increasing longevity of the population and the problems of the older members of the community has become an important concern of all engaged in the Public Health field. I mention one or two problems we are helping to solve.

It is essential for old folk to be kept in a very good state of physical health. Towards this it is important that they can see as well as is possible. This requires proper spectacles to help their vision and adequate lighting in the home. Next in importance I put the care of the feet. Foot complaints often limit their mobility and to overcome this chiropody is essential. In the latter case, chiropodists' services are available in this district through the Old People's Welfare Committee. Next in importance is adequate food. I mean adequate—quality as well as quantity. Much good work is done by the Women's Voluntary Service who provide a meals-on-wheels service. To help alleviate loneliness and keep the aged mentally alert and bright is the aim of our many voluntary clubs. Much good work is done by the clubs run by the Women's Voluntary Service, Red Cross, Co-operative Society and Marshalls Works Veterans' Club for the old folk. They extend an open invitation to any who wish to attend.

The Lindsey County Council provide a "Home Help" service and some home visits are made by members of the various voluntary organisations. These are contributing towards keeping the old people in their homes.

### **NATIONAL ASSISTANCE ACT, 1948, AND NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951.**

This Act provides for the removal to suitable premises of persons in need of care and attention. No action was necessary under this Act during the year.

# **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 1957 in our area.

**TABLE A**

## **ROUTINE MEDICAL INSPECTION**

Age Groups	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		
Entrants	275	6	38	42	270	5
Second age Group	448	35	62	89	429	19
Leavers	281	18	42	57	267	14
<b>Total</b>	1004	59	142	188	966	38



TABLE B.

Inspection carried out in the Gainsborough Urban District during 1957.

DEFECT	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring Treatment	Requiring observation	Requiring Treatment	Requiring observation
<b>Skin</b> .....	54	29	—	—
<b>Eyes</b>				
(a) Vision .....	60	84	1	—
(b) Squint .....	4	26	—	—
(c) Other .....	12	9	—	—
<b>Ears</b>				
(a) Hearing .....	1	9	—	—
(b) Otitis Media .....	4	3	—	—
(c) Other .....	—	1	—	1
<b>Nose and Throat</b> .....	13	160	—	1
<b>Speech</b> .....	1	11	1	—
<b>Lymphatic Glands</b> ....	1	17	1	—
<b>Heart</b> .....	7	17	—	—
<b>Lungs</b> .....	5	29	—	—
<b>Developmental</b>				
(a) Hernia .....	—	8	—	—
(b) Other .....	6	7	—	—
<b>Orthopaedic</b>				
(a) Posture .....	1	15	—	—
(b) Feet .....	11	56	—	—
(c) Other .....	9	76	—	1
<b>Nervous System</b>				
(a) Epilepsy .....	—	—	—	—
(b) Other .....	2	4	—	—
<b>Psychological</b>				
(a) Development .....	5	29	1	—
(b) Stability .....	1	—	—	—
<b>Other</b> .....	15	33	1	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 ....	68
Greengrocers and Fruiterers (including those selling wet fish, game, etc.) ....	26
Meat Shops (butchers, purveyors of cooked and preserved meats, tripe, etc.) ....	35
Bakers and/or Confectioners ....	11
Fried Fish Shops ....	18
Shops selling mainly Sugar Confectionery, Minerals, Ice Cream, etc. ....	28
Licensed Premises, Clubs, Canteens, Restaurants, Cafes, Snack Bars, etc. ....	49
Others ....	—
Total ....	235

During the year 462 routine inspections were made of the above premises.

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

Type of Business	No. registered	No. of inspections during year
Ice Cream (Manufacture)	2	4
Ice Cream (Storage and Sale) ....	64	68
Preparations and Manufacture of Meat Products, including Meat Pies ....	18	67
Totals ....	84	139



## 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 dairies on register ..... 3

Number of distributors on register:

Sterilised Milk ..... 29

Pasteurised Milk ..... 5

Tuberculin Tested Milk ..... 6

During the year the following reports on samples of milk were received:

Sterilised Milk ..... 10

Pasteurised Milk ..... 63

Tuberculin Tested Milk ..... 53

All were satisfactory.

Ninety-nine samples of milk were taken prior to pasteurisation and sent for biological examination. These samples, for convenience, were taken from milk on its arrival at a pasteurising dairy in Gainsborough. Samples from two herds showed positive evidence of tuberculosis. Following investigations by the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, one cow from each herd was removed under the Tuberculosis Order, 1938.

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 two Manufacturer/Retailers and sixty-four Retailers. The former are traders supplying their own needs, the latter retail pre-packed ice cream.

Both manufacturers were visited to secure compliance with the Ice Cream (Heat Treatment) Regulations, 1947-1952. Inspections were made of all premises retailing ice cream.

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.
Milk .....	134
Dried Milk .....	1
Cream .....	1
Condensed Milk .....	1
Ice Cream .....	2
Margarine .....	2
Lard .....	1
Sausages and Sausage Meat (Pork Sausages) .....	5
Potted Meat .....	11
Meat pastes and spreads .....	1
Meat Pie .....	2
Other meat products (Brawn, Haslet, etc.) .....	5
Tinned Fish and other fish products, except paste	3
Peas (Tinned) .....	2
Other canned vegetables .....	3
Sauces and pickles (all types) .....	4
Flavouring substances (all types) .....	7
Soups (tinned and powdered) .....	1
Preserves: jam and marmalade .....	1
Tinned fruit .....	4
Dried and preserved fruit (open) .....	5
Vinegar .....	2
Non-brewed condiment .....	1
Spirits .....	1
Soft Drinks .....	7
Sugar confectionery and sweets .....	2
Jellies .....	1
Custard Powder .....	1
Flour .....	2
Miscellaneous foods .....	11
Drugs .....	10
Total .....	234

All the above were satisfactory with the exception of the following samples:—

Twenty-four samples of milk involving nine herds were deficient in solids, non-fat. Six samples were also deficient in milk fat. The deficiencies were due to natural causes and the producers were advised accordingly.

One sample of Channel Island Milk contained only 1.84% of milk fat. Legal proceedings were instituted and a fine of £5 imposed.

One sample of pork sausage showed a 20% deficiency in meat content. A warning was given and a request made to comply with the recommended standard of 65% of meat.

Four samples of potted meat contained starchy matter and warnings were issued. A further sample contained 12.0% of starchy matter. Legal proceedings were instituted and a fine of £5 imposed.

One sample of non-brewed condiment was found to be slightly deficient in acetic acid. Cask was returned to supplier after warning.



## Meat, Foods and Slaughterhouse Inspections

### CARCASSES INSPECTED AND CONDEMNED

	Cattle excl'd'g Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed.....	584	130	1	1759	3853
Number inspected .....	584	130	1	1759	3853
<i>All disease except Tuberculosis &amp; Cysticerci</i> Whole Carcasses con- demned .....	—	—	—	—	5
Carcasses of which some part or organ was con- demned .....	173	25	—	2	156
Percentage of number inspected affected with disease other than tuberculosis .....	29.6	19.2	—	0.12	4.1
<i>Tuberculosis only.</i> Whole Carcasses con- demned .....	2	3	—	—	2
Carcasses of which some part or organ was con- demned .....	32	30	—	—	317
Percentage of number inspected affected with tuberculosis .....	5.8	25.3	—	—	8.2
<i>Cysticercosis.</i> Carcasses of which some part or organ was con- demned .....	11	—	—	—	—
Carcasses submitted to treatment by refrigera- tion .....	11	—	—	—	—
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.

# MEAT CONDEMNED DURING THE YEAR.

The following carcasses and offals were condemned as unfit for human consumption at the two Licensed Slaughterhouses within the district:—

11 Beasts Carcasses (sent for refrigeration) ...	Cysticercus Bovis
5 Beasts Carcasses and all offal .....	Generalised Tuberculosis
2 Forequarters of Beef .....	Tuberculosis
23 Thick Skirts .....	Tuberculosis
2 Thick Skirts .....	Abscesses
1 Hind Shin .....	Tuberculosis
70 lbs. of Beef .....	Bruising
1 Beasts Head and Tongue .....	Abscesses
25 Beasts Heads and Tongues .....	Actinomycosis
9 Beasts Head and Tongues .....	Cysticercus Bovis
30 Beasts Heads and Tongues .....	Tuberculosis
5 Sets of Beasts Lungs .....	Abscesses
13 Sets of Beasts Lungs .....	Pulmonary Distoma
41 Sets of Beasts Lungs .....	Tuberculosis
1 Set of Beasts Lungs .....	Emphysema
4 Beasts Hearts .....	Cysticercus Bovis
22 Beasts Hearts .....	Tuberculosis
21 Beasts Livers .....	Abscesses
2 Beasts Livers .....	Cirrhosis
1 Beasts Liver .....	Cysts
53 Beasts Livers .....	Distomatosis
1 Beasts Liver .....	Peritonitis
2 Beasts Livers .....	Telangiectasis
15 Beasts Livers .....	Tuberculosis
2 Beasts Livers .....	Cysticercus Bovis
20 Beasts Part Livers .....	Abscesses
9 Beasts Part Livers .....	Cirrhosis
2 Beasts Part Livers .....	Telangiectasis
61 Beasts Part Livers .....	Distomatosis
1 Beasts Kidney .....	Abscesses
3 Sets of Beasts Stomachs .....	Abscesses
2 Sets of Beasts Stomachs .....	Inflammation
8 Sets of Beasts Stomachs .....	Tuberculosis
1 Set of Beasts Stomachs .....	Actino Bacillosis
3 Sets of Beasts Intestines .....	Enteritis
9 Sets of Beasts Intestines .....	Tuberculosis
3 Sets of Beasts Intestines .....	Pentastomes
1 Set of Beasts Intestines .....	Actino Bacillosis
1 Set of Beasts Intestines ...	Oesophogustomum Columbianum
24 lbs. of Mutton .....	Injury and Bruising



2 Pigs Carcases and all Offal .....	Emaciation with Oedema
1 Pigs Carcase and all Offal .....	Generalised Tuberculosis
1 Pigs Carcase and all Offal .....	Miliary Tuberculosis
2 Pigs Carcases and all Offal .....	Icterus
87 lbs. of Pork .....	Bruising
1 Pigs Head .....	Abscesses
267 Pigs Heads .....	Tuberculosis
1 Pigs Pluck .....	Abscesses
6 Pigs Plucks .....	Hepatitis
5 Pigs Plucks .....	Inflammation
59 Pigs Plucks .....	Pneumonia
63 Pigs Plucks .....	Tuberculosis
14 Pigs Plucks .....	Pericarditis
1 Pigs Plucks .....	Echinococcus Granulosa
2 Pigs Plucks .....	Pleurisy
5 Sets of Pigs Intestines .....	Bowel Oedema
10 Sets of Pigs Intestines .....	Enteritis
60 Sets of Pigs Intestines .....	Tuberculosis
2 Pigs Kidneys .....	Cysts
3 Pigs Kidneys .....	Hydronephrosis
2 Pigs Kidneys .....	Tuberculosis
4 Pigs Kidneys .....	Nephritis
2 Pigs Kidneys .....	Tumours
74 Pigs Livers .....	Ascaridae
4 Pigs Livers .....	Cirrhosis

#### FATSTOCK GUARANTEE SCHEME.

Both your Inspectors are appointed Certifying Officers by the Ministry of Agriculture, Fisheries and Food under the above scheme. During the year 49 pig carcases were certified for guarantee payment.

In August, the Ministry of Agriculture, Fisheries and Food, after reviewing the extent of deadweight certification carried out by Meat Inspectors throughout the country under the above scheme, decided to discontinue using the Wembley Street Slaughterhouse as a Certification Centre due to the inadequate use of the facilities provided, and approval was officially withdrawn on the 16th September.

#### SLAUGHTER OF ANIMALS ACT, 1933 to 1954.

There are 42 slaughtermen licensed by the Council under the above Acts.

### FOODS CONDEMNED DURING 1957.

Canned Fruit .....	730 lbs.
Canned Vegetables .....	111 lbs.
Canned Fish .....	26 lbs.
Canned Tomatoes .....	314 lbs.
Canned Preserves .....	46 lbs.
Canned Soup .....	50 lbs.
Canned Milk .....	81 tins
Canned Beef .....	262½ lbs.
Cooked Ham .....	306 lbs.
Canned Tongue .....	73 lbs.
Jellied Veal .....	57 lbs.
Other Canned Meats .....	117 lbs.
Bacon .....	24 lbs. 6 ozs.
Sausages .....	105½ lbs.
Butter .....	8 lbs.
Lard .....	2 lbs.
Currants .....	50 lbs.
Cod Fish .....	35 lbs.
Crabs .....	35 lbs.
Cheese .....	296 lbs.
Meat Pies .....	72
Chocolates .....	2½ lbs.
Flour Confectionery .....	28 lbs.
Fish Cakes .....	42
Meat and Fish Pastes .....	6 lbs.
Sauces and Pickles .....	12½ lbs.
Miscellaneous Tinned Foods .....	34 lbs.
Nuts .....	11 lbs.
Canned Liver .....	15 lbs.
Frozen Liver .....	13¼ lbs.
Beef (decomposition) .....	154 lbs.
Beef (diseased) .....	27 lbs.

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



## SANITARY CIRCUMSTANCES OF THE AREA.

### WATER SUPPLY.

- (i) Water is obtained from three boreholes at the Council's Waterworks and is stored in two open reservoirs with an estimated total capacity of three days normal demand. Two water towers with a total capacity of 36,500 gallons are also provided for gravity feeding to the higher levels of the town.

### (ii) BACTERIOLOGICAL EXAMINATIONS.

During the year, 253 samples of water were submitted for bacteriological examination both before and after chlorination. Results are reported upon in accordance with the Ministry of Health's suggested classification.

#### RAW WATER.

Class 1 (Highly satisfactory) .....	77	97.5%
Class 2 (Satisfactory) .....	2	2.5%
Class 3 (Suspicious) .....	0	
Class 4 (Unsatisfactory) .....	0	
Total .....		79

#### WATER GOING INTO SUPPLY.

Class 1 (Highly satisfactory) .....	155	89.1%
Class 2 (Satisfactory) .....	10	5.7%
Class 3 (Suspicious) .....	1	.6%
Class 4 (Unsatisfactory) .....	6	3.4%
Doubtful .....	2	1.2%
Total .....		174

### CHEMICAL ANALYSIS.

Three samples of water were taken during the year and were reported upon as "Satisfactory."

- (iii) As the water has an average total hardness of 304 parts per million and an average pH value of 7.5 the possibility of the water having a plumbo-solvent action is extremely remote.
- (iv) The water is chlorinated at the waterworks by means of an automatic chlorinating and recording apparatus.
- (v) Number of dwellinghouses supplied from public water mains direct ..... 5,317  
 Number of dwellings supplied by means of stand-pipes ..... 430  
 The average Flourine content of the borehole water is 0.13 parts per million.

### **DRAINAGE AND SEWERAGE.**

For drainage purposes the Urban District is divided into two areas by a ridge of high ground running north to south.

The western half, lying between the ridge of high ground and the River Trent is almost fully developed and contains the business area of the town. This area is in the River Trent Catchment Area and is drained by the combined system, that is to say the foul sewage and the rain water from the roads, roofs, yards and paved areas are taken into one system of pipes. These combined sewers discharge into the River Trent at eleven separate outfalls between Morton and Carr Lane. Each outfall is fitted with a flap valve and/or a manually operated penstock valve so that the sewers may be closed when the river is in flood. This is to prevent river water backing up the sewers and flooding the low lying districts. There is an automatic pumping station on each of the outfalls at North Warren Road, Bowling Green Road and Bridge Street. These come into operation when the sewer valves are closed and empty the sewers.

The eastern half of the district is only partially developed and includes the new housing estate. This area is in the Witham and Steeping Rivers Catchment Area and is drained on the "separate" system. In this system there are two distinct sets of pipes; one carries the foul sewage and the other the rain water from roads, roofs, yards and paved areas. The rain water is discharged directly into existing open water courses. The foul sewage flows to the White's Wood Lane Sewage Disposal Works. This small works is not adequate to deal with our new housing on the estate. The new sewage disposal works at Heapham Road is nearly completed and in the near future should be working. This works will take most of the sewage from the new housing estates and relieve the White's Wood Lane disposal works.

I am indebted to Mr. W. W. Garner, the Surveyor and Waterworks Engineer, who is responsible for the drainage and sewerage and water supply of the area for much of the information on these subjects.

### **SWIMMING POOLS.**

There are two public swimming pools in the area. Both are owned by the Local Authority. One is an open air pool filled and emptied as required from the mains water supply. The other is an indoor heated pool fitted with a continuous mechanical filtration and chlorination plant. Slipper baths are available at both pools.

### **COMMON LODGING HOUSES.**

There is one common lodging house registered by the Council under Section 237 of the Public Health Act, 1936.

Visits were paid periodically to these premises with a view to securing compliance with the Council's byelaws.

No contraventions were noted and the premises were maintained in a clean condition.



#### **MORTUARY ACCOMMODATION.**

The Council provide and maintain a mortuary under Section 198 of the Public Health Act, 1936. A Council employee attends twice weekly and as occasion requires, to cleanse and service equipment after use.

#### **MOVEABLE DWELLINGS**

There are five moveable dwellings licensed by the Council under Section 269 of the Public Health Act, 1936.

#### **PET ANIMALS ACT, 1951**

Three licences to keep a pet shop under the provisions of the above Act were issued by the Council during the year.

#### **OFFENSIVE TRADES.**

The number on the register is four and twelve visits were paid to these premises to ensure compliance with the Byelaws. One contravention was noted and dealt with during the year. Complaints of nuisance from the Hide and Skin Store again received attention but, until the County Development Plan for the town is implemented, no permanent solution can be achieved.

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

141 visits were paid during the year to ensure compliance with the provisions of the above Act in relation to the health and comfort of shop workers. 2 contraventions were found and remedied without recourse to formal action.

#### **INFECTIOUS DISEASE.**

Disinfection of eight houses in which infectious disease occurred was carried out.

#### **NATIONAL ASSISTANCE ACT, 1948.**

Under Section 50 of the above Act, it is the duty of the Council to cause to be buried or cremated the body of any person who has died or been found dead in the area where no suitable arrangements for disposal have been made. This function was delegated to your Public Health Inspector and two cases were dealt with during the year.

#### **SMOKE ABATEMENT.**

Several of the provisions of the Clean Air Act, 1956, came into operation on 31st December, 1956, but these left unaffected the existing law on smoke abatement contained in the Public Health Act, 1936, which require a nuisance to be proved.

The new provisions in force relate to the installation of new furnaces; smoke control areas; height of chimneys for new buildings; colliery spoilbanks and processes scheduled as special cases under the Alkali, etc., Works Regulation Act which come under the control of the Alkali Inspectorate.

Remaining provisions are to come into operation on a day to be appointed in 1958.

During April, approval was sought for the installation at a flour mill of a new boiler plant comprising a treble pass multi-tubular boiler with single furnace and fitted with an automatically controlled chain gate stoker. After investigation and consultation with the engineers by your Public Health Inspector, the plant received approval by the Council and I am pleased to state that it has continued to operate satisfactorily.

The Act, when fully in operation, will mark a big step forward in the field of public health and will make increasing demands on the time of your Inspectors.

#### **REFUSE COLLECTION.**

The town is divided into three districts, each served by one vehicle.

A fourth vehicle is employed to supplement this service when, for various reasons, delays are experienced.

This vehicle is also used for collections from business premises, hospitals, institutions, etc., and so concentrates the work of district vehicles on to house refuse.

46 dustbins were provided and 159 dustbins were renewed by the Council under Section 75(3) of the Public Health Act, 1936.

#### **REFUSE DISPOSAL.**

The amount of domestic refuse dealt with at the tip was estimated to be 10,070 tons for the year ending 31st March, 1958, which was an increase of 1,343 tons on the figure for the previous year.

The method in use is that of controlled tipping. Soil is dug out by an angledozer with scraper attachment, deposited on top of the refuse and finally levelled off.

In August, the M.R. Bristol Angledozer was replaced by a Track Marshall angledozer which was modified to take the existing scraper.

Tipping operations are carried out in fields on the North side of the flood band in Causeway Lane which were acquired by the Urban and Rural Councils for the construction of sewage disposal works and therefore require to be raised above the flood level of the River Trent.

#### **SALVAGE.**

226 tons 19½ cwt. of waste paper were collected by the Department, which together with other items, realised a gross value of £1,707.

The full effect of the limitation of deliveries of waste paper to the mills imposed during the latter half of 1956 did not make itself felt until this year and, in consequence, receipts fell by seventeen per cent.

However, the situation showed some improvement as the year closed and indications were that the installation of new board making machinery would considerably ease the position by the Spring of 1958.



## HOUSE REFUSE COLLECTION AND DISPOSAL.

(Financial Year Ending:—31st March, 1958)

Total cost of Collection and Disposal of the Town's Refuse  
is as follows:—

	£ s d		
Refuse Collection and Disposal	....	....	14,794 1 7
Revenue....	....	....	2,005 9 3
	Nett Cost	....	12,788 12 4

COLLECTION & DISPOSAL COSTS											
Pop.	No. of Weekly Collections		Method of Collection	Method of Disposal	Total Cost	Total Tons (Est.)	No. of Houses	Cost per House	Cost per 1000 Houses	Cost per Head of Population	Cost 1000 Head of Population
	House	Trade									
17,490	1	1	2 Ten Cu. Yd. Side Loading and 1 Seven Cu. Yd. Rear Ldg. Motor Vehicles	Controlled Tip	£12,789	10,070	5,734	£2.2	£2,230	14/8	£.731

Rate Represented for Collection and Disposal 18.9d.

## 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, 1958.

	Type of Property				Total
	Local Authority	Dwellinghouses	Agricultural	All other (including business premises)	
Number of properties in Local Authority's District	12	5530	12	962	6504
Number of properties inspected as a result of :					
(a) Notification	4	118	0	11	133
(b) Survey under the Act	12	143	9	105	260
(c) Otherwise ( <i>e.g.</i> when primarily visited for some other purpose)	12	401	14	458	871
Total inspections carried out (including re-inspections)	61	1947	23	601	2608
Number of properties inspected which were found to be infested by :					
(a) Rats (Major)	6	0	0	1	7
(Minor)	5	398	0	5	408
(b) Mice (Major)	0	0	0	2	2
(Minor)	0	30	0	1	31
Number of infested properties treated by the Local Authority	11	428	0	9	448
Total treatments carried out (including re-treatments)	29	453	0	19	501
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	23				



# SANITARY IMPROVEMENTS EFFECTED.

Drains cleansed or repaired	13
Drains constructed	1
Drain Ventilators fixed or repaired	4
Water Closets cleansed or repaired	15
Water Closet structures repaired	7
Sink waste pipes repaired or renewed	3
Portable Dustbins provided by Local Authority in default	46
Yard Pavements etc., repaired	5
Roofs repaired	22
Floors repaired	12
Rain water pipes and eaves gutters repaired	19
Plaster of walls and ceilings repaired	25
Firegrates repaired, re-set or renewed	6
Windows, skylights repaired	23
Wash-house structures repaired	3
Chimneys repaired or pointed	4
External walls pointed, repaired, etc.	11
Coal stores erected or repaired	3
Stairs repaired or renewed, Handrails fixed	3
Doors repaired	13
W.C. pans replaced	5
W.C. Flushing cisterns repaired	7

# INSPECTIONS MADE DURING THE YEAR.

Houses—Public Health Acts: Visits	378
Complaints investigated	509
Visits to Property under Notice	280
Common Lodging Houses	4
Factories—Mechanical Power	182
Factories—No Mechanical Power	15
Infectious Disease Cases	8
Drainage Work	38
Shops Act	141
Bakehouses	34
Fried Fish Shops	37
Other Food Preparation	220
Wet Fish Shops	9
Butchers Shops	58
Markets	104
Meat Inspection	350
Offensive Trades	15
Ice Cream Shops	72
Dairies and Milk Shops	14
Vermin	87
Depot and Tip	69
Refuse Collection	54
Marine Stores	3
Interviews with owners	49
Miscellaneous	6
Water Samples	253
Unsound Food	138
Overcrowding	6

Total .... 3,133

# **FACTORIES ACTS, 1937 & 1948.**

The number of factories on the register, including 11 bake-houses is 93. During the year, 208 visits were paid to these premises, which resulted in 12 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 list of Outworkers required to be kept under Section 110 of the Factories Act, 1937, contains the names of 12 persons resident in the area.

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.**

### **Inspections for purposes of provisions as to health.**

Premises.	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which Secs. 1, 2, 3, 4 and 6 are to be enforced by Local Authori- ties .....	6	19	—	—
(ii) Factories not in- cluded in (i) in which Section 7 is enforced by Local Authority .....	86	54	—	—
(iii) Other premises in which Sec. 7 is en- forced by the Local Authority exclud- ing outworkers ...	10	10	—	—
Totals .....	102	83	Nil	Nil



**Cases in which defects were found.**

Particulars	Number of Cases in Which Defects Were Found.				Number of Cases in which Prosecutions were Instituted
	Found	Remedied	To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness .	4	4	—	—	—
Overcrowding .....	—	—	—	—	—
Unreasonable temp. .	—	—	—	—	—
Inadequate ventilation .....	1	1	—	—	—
Ineffective drainage of floors .....	—	—	—	—	—
Sanitary conveniences					
(a) Insufficient ...	2	1	—	2	—
(b) Unsuitable or defective .....	4	4	—	4	—
(c) Not separate for sexes .....	—	—	—	—	—
Other offences against the Act .....	—	—	—	—	—
Totals ...	11	10	Nil	6	Nil













