

[Report 1958] / Medical Officer of Health, Gainsborough U.D.C.

Contributors

Gainsborough (England). Urban District Council.

Publication/Creation

1958

Persistent URL

<https://wellcomecollection.org/works/bkfs4wbb>

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
<https://wellcomecollection.org>

LIBRARY

24

URBAN
DISTRICT



COUNCIL
OF

GAINSBOROUGH



Annual Report

of the

MEDICAL OFFICER
OF HEALTH

FOR THE YEAR 1958



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

URBAN DISTRICT COUNCIL OF GAINSBOROUGH



1958

CHAIRMAN OF THE COUNCIL:

Councillor E. Salisbury, J.P.

VICE-CHAIRMAN OF THE COUNCIL:

Councillor Mrs. J. Wright.

HEALTH COMMITTEE

Chairman:

Councillor Mrs. M. Brame

Councillor H. Asquith.
Councillor H. J. Atkinson.
Councillor G. R. Baines.
Councillor H. Coulson.
Councillor T. C. Jefferson.
Councillor W. H. Longshaw.
Councillor A. Newman.
Councillor E. Salisbury, J.P.
Councillor C. W. Wilson.
Councillor Mrs. J. Wright.

CLERK OF THE COUNCIL:

J. E. Barrie, Esq., LL.B., A.C.I.S.

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.

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.

(Resigned: 31st August, 1958)

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.

General Assistant:

M. S. EDWARDS
(Commenced: 1st May, 1958)

Clerk:

D. COOK.

ANNUAL REPORT

of the

Medical Officer of Health

for the year 1958

TO THE CHAIRMAN AND MEMBERS OF THE URBAN 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 1958 on the health and sanitary circumstances of your district. This is my second report and covers the first whole year I have been in your service.

VITAL STATISTICS

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

INFECTIOUS DISEASE

There was an increase in the number of notifications of infectious disease. This was due to an epidemic of measles. The disease, although never absent tends to show a biennial peak of incidence.

There has been an increase in the number of cases of venereal disease, especially Gonorrhoea. This increase has been noticed over the country as a whole and has caused some concern. The number of new cases of gonorrhoea for the country rose from 17,845 in 1955 to 27,887 in 1958. The Minister of Health has drawn the attention of Local Health Authorities to these facts.

The cause of this increase is due to many factors. A relatively small group of infected women is a most important factor in the spread of the disease. The apparent enlargement of the affected group is causing concern. The Chief Medical Officer of the Ministry of Health in his Annual Report for 1957 mentions this fact. He states : " An increased proportion of persons committed to prison have been found to suffer from gonorrhoea. This is particularly noticable in Holloway women's prison, where the consultant venereologist reports a startling rise in teen-age prostitutes, many of whom had been remanded in custody for a medical report under section 26 of the Criminal Justice Act, 1948. Over 50 per cent. of the girls committed under this section were

found to be infected and most of them were not only unaware of their condition but were also quite ignorant of the dangers of venereal disease."

The disease is not so apparent in women and when affected they are less likely to seek treatment. They may not be aware they are infected or they may fear that treatment will curb their activities. An out and out campaign to get infected people to seek treatment early and to trace contacts is advocated. Treatment is provided free and with strict secrecy at special clinics in the hospitals.

Another important factor is the mistaken belief that one shot of penicillin is a cure and that one can immediately resume promiscuous behavior. This is not so. It is now becoming evident that some strains of gonococcus are resistant to penicillin. Follow up tests to ensure a cure is most important.

Publicity and other means of health education have a valuable part to play in bringing to the notice of the public and especially the teenagers the dangers of the disease and the risks one runs of contracting the disease by promiscuous behaviour.

The other infectious diseases were within the normal limits.

IMMUNISATION AND VACCINATION

I am sorry to report a big drop in the numbers of children who received immunisation against diphtheria and whooping cough. This drop occurred in spite of an increase in the birth rate. Last year several small outbreaks of diphtheria occurred throughout the country and there was an increase in the total number of cases. Fortunately we have not had a case. The declining rate of immunisation is an ominous sign. As the number of unprotected in the community increases so also does the risk of a return of this dreadful disease.

Despite the efforts of all officers connected with the preventive health services and the publicity campaigns it is regrettable that so many parents remain apathetic to the need for protecting their children against diphtheria at an early age. I would urge all those parents who think there is no such thing as diphtheria nowadays, and those who are just not bothered, to seriously think again and have their children protected against diphtheria.

Vaccination against Poliomyelitis continued on a much larger scale in 1958. Salk vaccine was imported from America and Canada and this supplemented our own very limited stocks of British manufactured vaccine.

Initially there was some hesitation by parents to accept Salk Vaccine for their children but this was eventually overcome, mainly because of the acute shortage of British Vaccine. Once it became obvious that there were no untoward reactions from the Salk vaccine the public became less firm in their choice of vaccine. In September 1958 vaccination was extended to people born in the years 1933 to 1942 and third injections were made available. The response to the offer of vaccination from the older age groups was most disappointing. Perhaps next year more teenagers will accept vaccination.

CANCER OF THE LUNG

This year ten males died of cancer of the Lung as against four male and one female death last year. This year the deaths have doubled.

In last year's report I drew attention to the growing volume of statistical evidence associating cancer of the lung with tobacco smoking. Many people still do not believe that smoking has any effect on one's health let alone be a possible cause of cancer. They say it is only statistical evidence and that cannot prove anything. Some quote: "Statistics can be made to prove anything, including the truth." In his book on "Biological Aspects of Cancer" Sir Julian Huxley (1958, pp. 118—119) sums up the matter thus:—

"The conclusion to be drawn from the evidence is definite; increased smoking increases the probability of developing lung cancer. Unfortunately the significance of such a statement is not clear to many people. Obsessed by the naive idea of finding a single cause for every effect, they shake their heads and say that the evidence is only statistical, as if that invalidated it."

Another excuse for throwing doubt on the epidemiological evidence was commented upon thus by Huxley in his book (pp. 63—64):

"Some workers are still trying to dodge the issue by pointing out that not all those given to heavy cigarette smoking develop lung cancer. It is surely time that we should drop mediaeval concepts concerning causation and think in terms of multiple correlation. We then find just what we should expect on the supposition that some substances in tobacco smoke and in exhaust fumes or ordinary smoke are carcinogenic, and that the population varies widely in cancer proneness (susceptibility) to them."

As I have said before, whilst smoking has not been definitely proven as **the** cause of cancer, it is most certainly plays some part in its causation. Atmospheric pollution also plays some part. The evidence so far gathered indicates tobacco smoking and atmospheric pollution as major causative agents in cancer of the lung.

THE LAST GREAT EPIDEMIC

One of the sections at the Royal Society of Health Congress this year consisted of a symposium on dental disease which was called the last great epidemic. When one considers the prevalence of dental disease and the pain, misery, ill health and often disfigurement associated with it, one realises how apt is the title.

Although children are on the whole more healthy today, it has been shown that on an average two years after the first teeth have erupted no less than five will have decayed; and by the time the child is six years old seven teeth are affected.

Dental caries is caused by the action of bacteria in the mouth upon food especially refined carbohydrates and sugars. Bacteria

uses up the food and increases in numbers. Acid is produced in the breakdown of the sugars and this dissolves the highly calcified part of the tooth enamel. Other bacteria attack the organic part of the enamel. It is thought that destruction of these two portions of the enamel proceeds intermittently. The decay spreads through the enamel to the dentine and the crown of the tooth is destroyed. The infection may spread to the bone and soft tissues of the face, often with serious consequences.

Particles of food remain around the teeth after eating and this encourages the growth and activity of the bacteria which attack the enamel.

Control of Dental Disease

Once caries occurs, dental treatment by the dentist is the only effective way of dealing with it. Early diagnosis and treatment is essential. There is at the moment an acute shortage of dentists in this country. Over England as a whole there is one general dental practitioner to 4,186 persons. In some areas this figure is doubled. This compares unfavourably with the ration of one dentist to 1,600 persons in U.S.A. and Norway. In the school dental service the situation is even worse. In many parts of the country there is only one dentist to 10,000 — 12,000 children. There is not a school dentist for the Gainsborough Area.

Dentists spend quite a lot of valuable time in their surgeries treating dental disease that has been caused by neglect. The public are not fully aware of the importance of caring for their teeth. Few realise that preventive dentistry can be practised in the home by employing a correct dietary regime and simple oral hygiene methods. Nor are they encouraged to do so when many industries advertise sweet, starchy confectionery to be eaten between meals. Others advertise their product as protecting teeth from dental decay with one daily brushing. The public need educating in dental hygiene.

G. L. Slack, at the Conference, put control of dental diseases under three headings: Dental treatment; hygiene and dietary control at home and at school; and public health measures.

(a) Dental Treatment. This should be sought early and regular visits to the dentist will ensure dental health.

(b) Oral Hygiene and Dietary Control. The public need education in these simple matters which only call for the use of common sense. Dental health education should be directed to the children. They would grow up with better teeth and in turn they would ensure the education of their own families. Slack gives the following simple steps to be taken at home and at school to reduce dental disease:

- “ (i) No between-meal eating or drinking;
- (ii) Regular meal-times; a planned diet which allows the eating of chocolates and other sweetmeats at table; the eating of fibrous fruits or vegetables, *e.g.*, apples or carrots, at the end of meals to aid physiological cleansing;

(iii) The encouragement of children by example and instruction to use the bubble-and-swallow technique of rinsing the mouth with plain water three times after eating or drinking ; and

(iv) Oral hygiene instruction of young children by parents and teachers showing the value of tooth-brushing, especially as the last thing done at night.

It will be noticed that no mention has been made of tooth-pastes. This is deliberate for, although some promising work is in progress, there is as yet no toothpaste which will prevent dental disease. However, if the public are encouraged to attend more diligently to their mouth hygiene by the efforts of toothpaste manufacturers to sell their products, so much the better."

(c) Public Health Measures In the past quarter of a century studies have been carried out particularly in the United States on the effect of drinking water and dental caries. It was found that in areas where the drinking water had a high fluoride content the incidence of caries was low. Where there was a level of one part per million of fluoride the incidence of caries was 60% less among children age 12-14 years than among children of the same age group in non-fluoride areas. As a result of these findings it was decided to treat some drinking waters and bring the fluoride level up to one part per million and see if the same reduction in dental caries was observed. This procedure called fluoridation of water supplies was started in 1945. Control areas where the water was not treated were chosen. Detailed dental examinations were carried out in each area prior to fluoridation and each year afterwards. Reports at the end of ten years study showed that caries had been markedly reduced among those children who had consumed the fluoridated water for the whole of their lives. Up to the present the effect of fluoridation can be assessed only on children. This is because fluoridation, to be fully effective, must be ingested during the period of tooth formation, that is, from before birth until seven or eight years. There is good reason to believe that the benefit will extend to all ages.

It has been known for years in this country that fluoride in drinking water is associated with lowered dental caries. In 1952 the Government, on the recommendation of the Medical Research Council, sent a mission to the United States of America to study fluoridation in all its aspects. The mission's report was favourable and it was decided to introduce fluoridation in a few selected areas in this country. Fluoridation is operating under the auspices of the Ministry of Health in Anglesey, Kilmarnock and Watford. Each has a control area. Many local authorities are interested but have been advised to hold up their plans for the time being until results of these studies become available. There were originally four areas where fluoridation was started but unfortunately one local authority, Andover, abandoned its arrangements largely due to opposition from opponents of fluoridation. Like many discoveries in the past fluoridation has provoked stormy opposition

from certain members of the public. Before it can be introduced on a large scale this opposition will have to be overcome. This can only be achieved by placing the full facts before the public and educating them in the pros and cons of fluoridation and finally proving that it is of benefit to them to drink water containing a certain proportion of fluoride. It should be pointed out that all water supplies contain some natural fluoride and that fluoridation merely brings the level up to what is considered beneficial and safe.

The effects of fluoride have been observed in other areas where there is a naturally occurring water with a high fluoride content, *e.g.*, India, Italy, Morocco, Argentina, South Africa and Kenya. In each case a lower incidence of caries has been reported similar to the American findings.

Fluoridation is practised most extensively in the United States and Canada. In the United States 1,651 Communities serving 33 to 34 million were obtaining water to which fluoride had been added. In Canada one in seventeen of the population drinks fluoridated water. Twenty-eight municipalities, with a population of approximately one million have controlled fluoridation. Fluoridation is also practised to some extent in Australia, Belgium, Brazil, Chile, Columbia, Czechoslovakia, Germany, Holland, Japan, New Zealand, Sweden, Switzerland.

CLEAN AIR

The remaining provisions of the Clean Air Act, 1956 came into force on the 1st June and prohibited, with certain exceptions, the emission of dark smoke from chimneys; the discharge of grit and dust from furnaces and the emission of dark smoke from railway engines and ships.

The standard to be applied was laid down in the Dark Smoke (Permitted Periods) Regulations, 1958 which permitted the following :—

- (i) Not more than 10 minutes dark smoke emission in aggregate from any chimney in any period of 8 hours.
- (ii) This permitted time extended to 14 minutes if soot blowing is carried out within the 8 hour period.
- (iii) The 10 and 14 minutes to be extended for chimneys serving more than one furnace as follows :—
A chimney serving 2 furnaces — 18 and 25 minutes respectively ;
A chimney serving 3 furnaces — 24 and 34 minutes respectively ;
A chimney serving 4 or more furnaces — 29 and 41 minutes respectively.
- (iv) A continuous emission of dark smoke (other than that caused by soot blowing) for a period not exceeding 4 minutes.
- (v) The emission of black smoke up to 2 minutes in the aggregate in any period of 30 minutes.

In the case of ships a different standard was laid down in the Dark Smoke (Permitted Periods) (Vessels) Regulations, 1958.

The Alkali and Works Order, 1958 added to the list of processes subject to control under the Alkali and Works Regulation Act, 1906 the following :—

Iron works, Steel works, Copper works, Aluminium works, Electricity works, Producer Gas works, Gas and Coke works, Ceramic works, Lime works, Sulphate Reduction works, Caustic Soda works, and Chemical Incineration works.

Additions were made also to the list of noxious or offensive gases.

Control of these processes is exercised by the Ministry's Alkali Inspectorate and not by local Councils.

Only one works was registered under the Act in the Urban District, namely, the works of the East Midlands Gas Board.

During the year, the Council adopted a Model Byelaw, to come into operation on the 1st November, to meet the provisions of Section 24 of the Clean Air Act.

This byelaw provides for new buildings to be equipped only with such appliances as are suitably designed for burning gas, electricity, coke or anthracite, but does not apply to appliances of a capacity of 55,000 B.Th.U. or more.

The byelaw does not require smokeless fuels to be used but ensures that suitable appliances are already installed in buildings which might be included in a future smoke control area.

With a view to implementing the provisions of the Clean Air Act, all firms with boiler plant were visited, problems were discussed and firing techniques evolved for the particular plant under consideration at both managerial and operative level.

To emphasise the value of correct stoking practices, 22 smoke observations were made and their results communicated to the firms responsible, which resulted in a considerable diminution in smoke density.

Section 2 of the Clean Air Act permits Local Authorities to issue Certificates of Exemption, up to 4th July, 1963, in respect of furnaces where it is found not to be practicable to alter or equip the furnaces so as to enable them to be used without the likelihood of contravention of Section 1. One application by a local firm was considered after thorough investigation and granted a period of 12 months.

There are no smoke control areas within the Urban District.

FOOD HYGIENE

No case of food poisoning was reported during the year. A display for one week of educational material on food hygiene was arranged in the window of the East Midland Gas Board's Showroom in Market Street. At the same time leaflets and posters were displayed in most canteens and in the larger food premises.

I should like to thank all who helped with this week's campaign for food hygiene.

Health education of the public and all engaged in the handling of food is a constant need. One can never be too careful. The public can help us and themselves by shopping or dining only at premises where high standards of hygiene and cleanliness are observed and refusing to purchase food which has not been prepared, stored and served in such a manner. They should note :—

- (1) If the premises are clean.
- (2) Are the attendants clean and smart ?
- (3) Are their coats clean ?
- (4) Is the attendant smoking ?
- (5) Are there flies about ?
- (6) Is displayed open food covered ?
- (7) Is open food handled or picked up with servers ?
- (8) Is a cut on finger or hand properly dressed ?
- (9) Are servers, knives, forks, slicers, scales, etc., clean ?

Note if proper hygiene is practised. If not refuse the food and buy elsewhere. This would force the owners of unhygienic food premises to mend their ways or lose their business through lack of custom.

Just one point I should like to make. Few things cause me more annoyance than to see wrapped food in a shop pierced with a price tag. This tag will have been handled and may have some germs upon it. It is then thrust through the protective wrapping which the manufacturers have supplied, into the pie, sausage, or other food. It may be the equivalent of injecting food poisoning germs into the food. This method of marking the price carries with it a serious and most unnecessary risk of food poisoning. I strongly advise people not to purchase food that has been pierced with a price tag.

THE SLAUGHTERHOUSE ACT, 1958

The Slaughterhouse Act, 1958 came into operation this year. This Act and the regulations made under it aim at securing proper construction standards and practices for hygiene and the prevention of cruelty to animals. The Slaughterhouse (Hygiene) Regulations, 1958 are designed to secure the observance of sanitary and cleanly conditions in connection with the construction and operation of slaughterhouses and the handling of meat therein. They impose upon occupiers of slaughterhouses and others, requirements as to the construction, layout, drainage, equipment, maintenance, cleanliness, ventilation, lighting, water supply, management and personal hygiene.

The Slaughter of Animals (Prevention of Cruelty Regulations), 1958 are designed to secure the provision and use of stunning pens for the slaughter of cattle. Lairage shall be suitable for its purpose and be adequate in size and construction. It must provide shelter from the sun and adverse weather. Animals must not be kept in fields awaiting slaughter if the weather or the conditions of the field is likely to cause suffering to the animal.

Under Section 3 of the Slaughterhouse Act, 1958 each Local Authority shall carry out a review of, and after consultation with such organisations as appear to the authority to represent the interests concerned, submit to the Minister a report on :—

- (a) The existing and probable future requirements of their district for slaughterhouse facilities having regard to the needs both of persons requiring the use of such facilities and of other persons ; and
- (b) The slaughterhouse facilities which are, or are likely to become, available to meet those requirements.

The report must be submitted to the Minister not later than twelve months (or such longer period as the Minister may in any particular case allow) from a date appointed by him for that purpose. The Minister has appointed 2nd November, 1959 for this purpose.

Notification of a proposal and plans to build a new abbatoir have been received from a local firm. This abbatoir will meet with all the requirements of the Act and Regulations and should be in operation in 1959.

JUVENILE EMPLOYMENT

In last year's report I mentioned that very few school children were being presented for medical examination prior to being employed out of school hours. I formed the opinion that the Byelaws were either unknown to many of the business people or that they were ignored. I brought this matter to the notice of the Education Authority and the local Chamber of Trade. This brought an immediate response. Forty-two children were examined this year as against eight in 1957. I might add that not one child was found unfit for the type of work he wished to do. Despite this good response I am still not satisfied that all school-children are employed in accordance with the Bye-laws.

THE OLDER FOLK

Last year I mentioned in my report that the Gainsborough Urban and Rural Old People's Welfare Committee were endeavouring to organise a voluntary home visiting service for the older members of our community. I am pleased to report that a start has been made and that twelve people have come forward and offered to undertake this work. It will take some time to such a service working but if more people with the same enthusiasm help the Committee I am certain this most useful work of visiting the lonely old people will be successful. Our initial and limited experience is that many elderly people who live alone welcome a visit from a friend or neighbour who would sit and talk to them and perhaps run the odd errand. I am thankful to the visitors who have undertaken this work and hope that we shall have many more in the near future.

STAFF

We had some changes of staff during the year. Mr. M. S. Edwards was appointed as General Assistant and Mr. A. F. Green, the Additional Public Health Inspector resigned on the 31st August. It has not been possible to replace Mr. Green. No applications have been received in answer to our advertisements for the position. There is a shortage of Public Health Inspectors and many Local Authorities are advertising for Public Health Inspectors at a grade higher than the standard. They of course are getting the staff. Many Local Authorities are in the same position as ourselves, so there is quite a choice of positions available to a Public Health Inspector who requires a job.

Meanwhile this shortage of staff has placed considerable extra work on Mr. Carter the Chief Public Health Inspector. He has to work many hours overtime and has had to forego some week-ends off. Less pressing but non-the-less important work has had to be left to one side for the moment. However this means that the department will be faced for quite a considerable time with a back log of work which has to be made up. I am grateful to Mr. Carter for all the extra work he has undertaken in the past few months and I hope we get a replacement Public Health Inspector in the very near future to relieve him.

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 1958.....	5,771
Rateable Value	£195,999
Sum represented by 1d. Rate.....	£706/3/5

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 1958

Month	RAINFALL		TEMPERATURE	
	No. of inches	No. of days on which rain fell	Maximum Temperature °F	Minimum Temperature °F
January	2.02	14	56.0	13.5
February	3.14	18	59.0	22.0
March	1.74	16	61.5	20.0
April	0.33	11	74.0	24.5
May	1.95	17	78.5	35.5
June	4.77	20	77.0	41.5
July	5.63	16	84.5	41.0
August	1.75	18	81.0	45.0
September	1.66	17	81.0	36.0
October	2.03	14	65.0	31.0
November	0.84	13	57.0	26.0
December	2.80	17	57.0	25.5

Monthly Average of rainfall — 2.39 inches

Heaviest rainfall for one month — July — 5.63 inches

Lowest rainfall for one month — April — 0.33 inches

VITAL STATISTICS

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

Births

	Total	Male	Female
Live Births—Legitimate	275	134	141
Illegitimate	17	12	5
Totals	292	146	146

	Total	Male	Female
Still Births—Legitimate	8	5	3
Illegitimate	2	2	—
Totals	10	7	3

	Gainsborough U.D.C.	England & Wales
Birth Rate per 1,000 population :		
Live Births	17.20	16.4
Still Births	0.57	0.36
Still Birth Rate per 1,000 total live and still births	33.11	21.6

Deaths

	Total	Male	Female
All Causes	247	143	104

	Gainsborough U.D.C.	England & Wales
Revised death rate per 1,000 population	12.84	11.7
Maternal Mortality :		
Deaths from pregnancy, childbirth, abortion	Nil	322
Mortality Rate per 1,000 total (live and still) births	Nil	0.43

Infant Deaths

	Total	Male	Female
Under 1 year —Legitimate	7	4	3
Illegitimate	—	—	—
Totals	7	4	3

	Total	Male	Female
Under 4 weeks—Legitimate	5	3	2
Illegitimate	—	—	—
Totals	5	3	2

	Total	Male	Female
Under 1 week 	4	2	2

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

	Gainsborough U.D.C.	England & Wales
All infants per 1,000 live births	23.97	22.6
Legitimate infants per 1,000 legitimate births 	25.45	
Illegitimate infants per 1,000 illegitimate births 	Nil	

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

All infants per 1,000 live births	17.12	16.2
Legitimate infants per 1,000 legitimate births 	18.18	
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)

46.36	35.1
-------	------

COMPARATIVE TABLE

URBAN DISTRICT OF GAINSBOROUGH		Live Births		Deaths (All causes)		Still Births		Maternal Mortality		Infant Mortality			
										Total		Neo-Natal	
Population 17,490		No. regis- tered	Rate per 1000 pop'n	No. regis- tered	Rate per 1000 pop'n	No. regis- tered	Rate per 1000 total births	No. of deaths regis- tered	Rate per 1000 total births	No. of deaths regis- tered	Rate per 1000 live births	No. of deaths regis- tered	Rate per 1000 live births
Year 1958		292	*16.69	247	†14.11	10	33.11	Nil	Nil	7	23.97	5	17.12
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
Average 5 years — 1953 — 1957		—	16.93	—	12.19	—	30.89	—	—	—	36.04	—	23.15

* 1958 adjusted live birth rate (comparability factor, 1.03) — 17.20 per 1,000

† 1958 adjusted death rate (comparability factor, 0.91) — 12.84 per 1,000

Summary of the Principal Causes of Death, 1958

(Registrar-General's Official Returns, 1958)

All Causes 247 — Males 143, Females 104.

	Causes of Death	Males	Females	Total
1	Tuberculosis, respiratory	—	—	—
2	Tuberculosis, other	—	—	—
3	Syphilitic disease	1	1	2
4	Diphtheria	—	—	—
5	Whooping Cough	—	—	—
6	Meningococcal infections	—	—	—
7	Acute poliomyelitis	—	—	—
8	Measles	—	—	—
9	Other infective and parasitic diseases	—	—	—
10	Malignant neoplasm, stomach	4	2	6
11	Malignant neoplasm, lung, bronchus	10	—	10
12	Malignant neoplasm, breast	—	3	3
13	Malignant neoplasm, uterus	—	2	2
14	Other malignant and lymphatic neoplasms	13	8	21
15	Leukaemia, aleukaemia	3	1	4
16	Diabetes	—	2	2
17	Vascular lesions of nervous system	19	12	31
18	Coronary disease, angina	25	8	33
19	Hypertension with heart disease	3	4	7
20	Other heart disease	17	18	35
21	Other circulatory diseases	6	3	9
22	Influenza	2	2	4
23	Pneumonia	2	3	5
24	Bronchitis	16	3	19
25	Other diseases of respiratory system	2	—	2
26	Ulcer of stomach and duodenum	—	—	—
27	Gastritis, enteritis, and diarrhoea	—	1	1
28	Nephritis and nephrosis	2	—	2
29	Hyperplasia of prostate	2	—	2
30	Pregnancy, childbirth, abortion	—	—	—
31	Congenital malformations	1	1	2
32	Other defined and ill-defined diseases	12	29	41
33	Motor vehicle accidents	1	—	1
34	All other accidents	2	1	3
35	Suicide	—	—	—
36	Homicide and operations of war	—	—	—
		143	104	247

ENGLAND AND WALES

BIRTH and DEATH-RATES, and ANALYSIS OF MORTALITY during the year 1958.

(Provisional figures based on Registrar-General's Weekly and Quarterly Returns)

	Birth-Rate per 1,000 Population		Annual Death-Rate per 1,000 Population					Rate per 1,000 Live Births		Rate per 1,000 Live and Still Births	Rate per 1,000 total (live and still) Births
	Live Births	Still-Births	All Causes	Tuberculosis (Respiratory)	Tuberculosis (Non-respiratory)	Cancer (Lung & Bronchus)	Cancer (Other)	Infant Mortality	Neo-Natal Mortality	Peri-Natal Mortality	Maternal Mortality
Gainsborough Urban District											
Estimated home population mid- 1958 — 17,490)	17.2	0.57 (33.1(a))	12.84	Nil	Nil	0.57	2.06	23.97	17.12	49.67	Nil
England and Wales											
(Estimated home population mid- 1958 — 45,109,000)	16.4	0.36 (21.6 (a))	11.7	0.09	0.01	0.44	1.68	22.6	16.2	35.1	0.43

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

INFANT MORTALITY

Infant deaths under one year of age for 1958 were seven. 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	4	2	—	1	—	7
Prematurity	2	—	—	—	—	2
Atelectasis	—	—	—	—	—	—
Pneumonia	—	—	—	1	—	1
B.Coli Meningitis	—	1	—	—	—	1
Spina Bifida	2	—	—	—	—	2
Kernicterus	—	1	—	—	—	1

	Gainsborough U.D.C.	England & Wales
Infant Mortality Rate (i.e. Deaths under 1 year per 1,000 live births)	23.97	22.6
Neo-natal Mortality Rate (i.e. Deaths under 4 weeks per 1,000 live births)	17.12	16.2
Peri-natal Mortality Rate (i.e. Still births and deaths under 1 week per 1,000 total live and still births)	46.36	35.1

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
1958	302	Nil
1957	283	Nil
1956	338	Nil
1955	286	Nil
1954	306	Nil
1953	262	Nil

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

A. SERVICES PROVIDED BY THE COUNTY COUNCIL.

County Medical Officer of Health:

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

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

Many various facilities are available under the following headings:—

Maternity Service.

Child Care.

Home Nursing.

Health Visitors.

Home Helps.

Sick Room Requisites, Appliances and other Equipment.

Vaccination and Immunisation.

Mental Health.

Ambulance Service.

Minor Ailment Clinics for School Children.

Infant Welfare Centres and Ante-natal Clinics.

Welfare Services for the Aged and the Handicapped.

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

(a) At Spital Terrace Clinic

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

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

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

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

B. SERVICES PROVIDED BY THE LOCAL EXECUTIVE COUNCIL.

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

C. SERVICES PROVIDED BY THE REGIONAL HOSPITAL BOARD.

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

HOUSING STATISTICS

Total Number of New Houses erected during the year

(1) By the Local Authority	52
(2) By other Local Authorities	—
(3) By other bodies or persons	4
(4) Number allocated for replacing houses subject to Demolition Orders	29

Rent Act, 1957

Number of certificates of disrepair issued	15
--	----

Inspection of Dwellinghouses during the year—

(a) Total number of dwellinghouses inspected for housing (under Public Health or Housing Acts)	79
(b) Number of inspections made for the purpose	347

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	5
--	---

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	40
(b) Number of dwellinghouses in which defects were remedied after service of formal notices :—	
(i) by owners	11
(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	33
(3) Slum Clearance — proceedings under the Housing Acts :—	
(a) Number of dwellinghouses in respect of which Demolition Orders were made	—
(b) Number of dwellinghouses demolished in pursuance of Demolition Orders	—
(c) Number of dwellinghouses, or parts, subject to Closing Orders	11
(d) Number of dwellinghouses, or parts, rendered fit by undertakings	—
(e) Number of dwellinghouses included in confirmed Clearance Orders	—
(f) Number of dwellinghouses demolished in pursuance thereof	—
(g) Number of dwellinghouses in confirmed Clearance Orders demolished	—
(h) Number of dwellinghouses on which Demolition Orders are operative which are still occupied	—
(4) Number of Nissen Huts or other similar Hutments still occupied	9

Housing Acts—Overcrowding.

(a)	(i)	Number of cases of overcrowding relieved during the year	15
	(ii)	Number of persons concerned in such cases	53
(b)	(i)	Number of dwellings overcrowded at the end of the year	49
	(ii)	Number of families dwelling therein	61
	(iii)	Number of persons dwelling therein	205

Housing Act, 1949.

Number of houses for which applications for grants have been received	15
Number of houses subject to grant	15
Number of houses owned by local authority which have been the subject of grant aid by the Ministry	—

Moveable Dwellings, Tents, Vans, etc.

Number of site licences	—
Number of individual licences	2
Total number of caravans permitted under licences	2
Number of inspections during the year — Sites	—
— Dwellings	4
Number of contravention remedied	—

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

The number of cases of infectious disease (excluding Tuberculosis) notified was 419 compared with 212 in 1957.

Details of infectious diseases are as follows :—

TABLE I

Disease	Number of Cases Notified
Measles	382
Scarlet Fever	28
Pneumonia	6
Whooping Cough	2
Erysipelas	1
Total	419

TABLE II

DISTRIBUTION IN WARDS

Disease	North	Market	Central	South
Measles	94	137	68	83
Scarlet Fever	10	7	6	5
Pneumonia	5	1	—	—
Whooping Cough	—	1	—	1
Erysipelas	—	—	—	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
0—1	20	—	—	—	—
1—2	31	—	—	—	—
2—3	47	3	—	—	—
3—4	51	5	—	—	—
4—5	62	7	1	—	—
5—10	157	12	—	—	—
10—15	9	1	—	2	—
15—20	—	—	—	—	—
20—35	—	—	3	—	—
35 Upwards	—	—	2	—	1
Age Unknown	5	—	—	—	—
Total	382	28	6	2	1

TABLE IV.
MONTHLY DISTRIBUTION OF INFECTIOUS DISEASE.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Measles	—	1	—	6	—	—	1	15	14	168	165	12	382
Scarlet Fever	1	5	3	8	2	—	—	—	3	3	—	3	28
Pneumonia	2	—	1	1	—	—	—	—	—	—	—	2	6
Whooping Cough	—	—	—	—	—	—	—	—	—	2	—	—	2
Erysipelas	—	—	1	—	—	—	—	—	—	—	—	—	1
Tuberculosis—													
(Respiratory) ...	—	—	—	—	1	—	—	—	—	—	—	—	1
Tuberculosis—													
(Non-Respiratory) ...	—	1	—	—	—	—	—	—	—	—	1	—	2
Totals ...	3	7	5	15	3	—	1	15	17	173	166	17	422

TUBERCULOSIS

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

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

TUBERCULOSIS, 1958

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

Table (b) — TUBERCULOSIS REGISTER, 1958

	Pulmonary			Non-Pulmonary			Grand Total		
	M	F	T	M	F	T	M	F	T
On Register 31/12/57	60	37	97	10	11	21	70	48	118
Additions :									
Primary Notifications	1	—	1	—	2	2	1	2	3
Posthumous Notifications	—	—	—	—	—	—	—	—	—
Transfer from other areas	—	1	1	—	—	—	—	1	1
Returned to the District	—	—	—	—	—	—	—	—	—
Transfer from other sections	—	—	—	—	—	—	—	—	—
Total Additions	1	1	2	—	2	2	1	3	4
Deductions :									
Deaths	—	—	—	—	—	—	—	—	—
Left the District	1	1	2	1	1	2	2	2	4
Recovered	1	4	5	—	—	—	1	4	5
Diagnosis not confirmed	1	—	1	—	—	—	1	—	1
Transfer to other sections	—	—	—	—	—	—	—	—	—
Total Deductions	3	5	8	1	1	2	4	6	10
On Register 31/12/58	58	33	91	9	12	21	67	45	112

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:

	1958	1957	1956	1955	1954	1953
Attendances	2318	1710	1602	1551	1459	1281
New Cases	202	228	132	194	232	196

	Respiratory	Non-Respiratory
New notified cases of tuberculosis	1	3
Number of cases "Transferred in"	4	—
Number of notified cases attending the Clinic:		
1st January, 1958	104	8
31st December, 1958	84	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 1958 are given below:

Number of cases attending —

Disease	Male	Female	Total
Syphilis	6	9	15
Gonorrhoea	8	3	11
Other	10	1	11

Number of new cases —

Disease	Male	Female	Total
Syphilis	3	1	4
Gonorrhoea	7	2	9
Other	7	1	8

CANCER

The number of deaths due to cancer in 1958 was 46 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	1958	1957	1956	1955	1954	1953
Stomach	M 4	5	3	5	3	4
	F 2	2	4	3	3	3
Lung and Bronchus	M 10	4	4	3	8	4
	F —	1	2	—	1	—
Breast	M —	—	—	—	—	—
	F 3	5	1	7	2	4
Uterus	F 2	1	3	1	4	—
Other malignant and lymphatic neoplasms	M 13	10	18	15	8	8
	F 8	10	2	10	11	6
Leukaemia	M 3	—	—	—	—	—
	F 1	—	—	—	3	1
Totals	M 30	19	25	23	19	16
	F 16	19	12	21	24	14
Grand Total	46	38	37	44	43	30

VACCINATION AND IMMUNISATION

Particulars of immunisations and vaccinations carried out in the Gainsborough Urban District during 1958.

Diphtheria Immunisation

Under five years of age at date of immunisation	Between five and fourteen years of age at date of immunisation	Boosting Doses
9	13	151

Diphtheria and Whooping Cough Immunisations

Under 1	1	2	3	4	5-9	10-14	Total
30	10	2	—	—	—	—	42

Diphtheria, Tetanus and Whooping Cough Immunisations

Under 1	1	2	3	4	5-9	10-14	Total
118	13	1	2	—	—	—	134

Diphtheria Tetanus Immunisations

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

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
104	21	15	34	174
—	—	1	14	15

Vaccination

Re-vaccination

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

Vaccination against Tuberculosis.

Of 209 thirteen-years-old school children tested it was found that 29 were positive and did not require vaccination and 180 were negative and were given B.C.G. vaccination. The 29 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's Health Department into individual districts. This year with the increase of vaccine available it was possible to vaccinate most of the children whose parents wished vaccination. Some children have also received their third injection.

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. During the year it was necessary to apply to the magistrates for an order to remove to hospital an elderly lady. She was living alone, not receiving proper care and attention, and was in need of hospital treatment but she refused to enter hospital.

She settled in the hospital and her condition improved so that she could return to her home after a stay of several months.

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 1958 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		
1954 and later	—	—	—	—	—	—
1953	47	—	4	4	47	—
1952	184	1	22	22	184	—
1951	42	1	4	4	42	—
1950	5	—	2	2	5	—
1949	—	—	—	—	—	—
1948	6	1	—	1	6	—
1947	83	14	3	16	83	—
1946	227	25	12	33	227	—
1945	59	9	7	14	59	—
1944	4	3	—	3	4	—
1943 and earlier	266	40	11	48	266	—
TOTAL	923	94	65	147	923	—

TABLE B.

Inspections carried out in the Gainsborough Urban District during 1958.

DEFECT	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring Treatment	Requiring observation	Requiring Treatment	Requiring observation
Skin	11	9	—	—
Eyes				
(a) Vision	94	38	—	—
(b) Squint	23	5	—	—
(c) Other	—	—	—	—
Ears				
(a) Hearing	3	3	—	—
(b) Otitis Media	2	12	—	—
(c) Other	—	1	—	—
Nose and Throat	3	30	—	1
Speech	4	9	—	—
Lymphatic Glands	—	12	—	1
Heart	1	12	—	—
Lungs	1	18	—	—
Developmental				
(a) Hernia	—	2	—	—
(b) Other	1	3	—	1
Orthopaedic				
(a) Posture	2	38	—	—
(b) Feet	6	23	—	—
(c) Other	6	13	—	—
Nervous System				
(a) Epilepsy	—	—	—	—
(b) Other	—	—	—	—
Psychological				
(a) Development	—	6	—	—
(b) Stability	—	2	—	—
Other	2	3	—	—

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.	27
Licensed Premises, Clubs, Canteens, Restaurants, Cafes, Snack Bars, etc.	49
Others	—
Total	234

During the year 97 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	14
Ice Cream (Storage and Sale)	66	68
Preparation and Manufacture of Meat Products, including Meat Pies	19	56
Totals	87	138

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 28

Pasteurised Milk 4

Tuberculin Tested Milk 4

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

Sterilised Milk 9

Pasteurised Milk 95

Tuberculin Tested Milk 56

All the above were satisfactory.

Forty-eight samples of milk were taken prior to pasteurisation and sent for biological examination. One sample showed positive evidence of tuberculosis and an infected cow was removed from the herd and slaughtered. Three of the above samples showed positive evidence of *Brucella Abortus* and the producers were advised accordingly. In all cases the milk was normally subject to pasteurisation.

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-six 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 & DRUGS ACT, 1955.

Article Sampled	No. of samples taken
Milk	78
Dried Milk	—
Cream	—
Condensed Milk	1
Ice Cream	2
Margarine	3
Butter	1
Sausages and Sausage Meat (Pork Sausages) ...	1
Potted Meat	2
Meat Pastes and Spreads	2
Meat Pie	—
Other Meat Products (Brawn, Haslet, etc.)	1
Tinned Fish and other fish products, except paste	2
Peas (Tinned)	—
Other Canned Vegetables	2
Sauces and Pickles (all types)	1
Flavouring Substances (all types)	1
Soups (tinned and powdered)	1
Preserves: Jam and Marmalade	5
Tinned Fruit	1
Dried and Preserved Fruit (open)	1
Vinegar	1
Seasoning	1
Stouts and Ale	1
Soft Drinks	3
Sugar Confectionery and Sweets	2
Jellies	1
Custard Powder	—
Flour	2
Miscellaneous Foods	10
Drugs	3
Total	<u>129</u>

Nine samples of milk were deficient in solids non-fat and one was deficient in milk fat. These deficiencies were due to natural causes and advice was given to the producers concerned in order to improve the quality.

Of the above, a sample of meat paste was found to contain 84 parts per million of sulphur dioxide, a preservative which is prohibited in this food. A warning was issued to the manufacturer.

One sample of pork sausage was found to contain only 47.7% of meat. This sample was deficient in meat to the extent of 17.30% in accordance with the widely accepted standard of 65.0%. The manufacturer has given an undertaking to comply with the standard of 65.0% and a subsequent sample proved satisfactory.

Meat, Foods and Slaughterhouse Inspections

CARCASSES INSPECTED AND CONDEMNED

	Cattle excl'd'g Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed.....	432	161	—	1528	3908
Number inspected	432	161	—	1528	3908
<i>All disease except Tuberculosis & Cysticerci</i> Whole Carcases con- demned	—	—	—	—	4
Carcases of which some part or organ was con- demned	95	18	—	—	201
Percentage of number inspected affected with disease other than tuberculosis	21.99	11.18	—	—	5.14
<i>Tuberculosis only.</i> Whole Carcases con- demned	4	—	—	—	7
Carcases of which some part or organ was con- demned	31	15	—	—	124
Percentage of number inspected affected with tuberculosis	7.18	9.32	—	—	3.17
<i>Cysticercosis.</i> Carcases of which some part or organ was con- demned	6	—	—	—	—
Carcases submitted to treatment by refrigera- tion	6	—	—	—	—
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:—

6	Beasts Carcases (sent for refrigeration) ...	Cysticercus Bovis
4	Beasts Carcases and all Offal	Generalised Tuberculosis
1	Thick Skirt	Abscesses
15	Thick Skirts	Tuberculosis
2	Forequarters of Beef	Tuberculosis
1	Beasts Head and Tongue	Abscesses
10	Beasts Heads and Tongues	Actinomycosis
6	Beasts Heads and Tongues	Cysticercus Bovis
17	Beasts Heads and Tongues	Tuberculosis
3	Sets Beasts Lungs	Actinomycosis
1	Set Beasts Lungs	Abscesses
1	Set Beasts Lungs	Cysts
1	Set Beasts Lungs	Pneumonia
4	Sets Beasts Lungs	Pulmonary Distoma
34	Sets Beasts Lungs	Tuberculosis
1	Beasts Heart	Cysticercus Bovis
1	Beasts Heart	Pericarditis
15	Beasts Hearts	Tuberculosis
9	Beasts Livers	Abscesses
2	Beasts Livers	Cirrhosis
31	Beasts Livers	Distomatosis
14	Beasts Livers	Tuberculosis
15	Beasts Part Livers	Abscesses
11	Beasts Part Livers	Cirrhosis
50	Beasts Part Livers	Distomatosis
2	Beasts Kidneys	Tuberculosis
3	Sets Beasts Stomachs	Abscesses
13	Sets Beasts Stomachs	Tuberculosis
15	Sets Beasts Intestines	Tuberculosis
1	Set Beasts Intestines	Pentastomum Denticulatum
3	Beasts Spleens	Tuberculosis
7½	lbs. Leg of Lamb	Caseous Lymphadenitis
5	Pig Carcases and all Offal	Generalised Tuberculosis
2	Pig Carcases and all Offal	Miliary Tuberculosis
1	Pig Carcase and all Offal	Jaundice
1	Pig Carcase and all Offal	Fever with Emaciation
1	Pig Carcase and all Offal	Uraemia
1	Pig Carcase and all Offal	Dropsy
40	lbs. Pork	Injury
1	Leg of Pork	Bruising
141	Pigs Heads and Tongues	Tuberculosis
2	Pigs Heads and Tongues	Tumours

1	Pigs Pluck	Cysts
1	Pigs Pluck	Hepatitis
2	Pigs Plucks	Inflammation
86	Pigs Plucks	Pneumonia
30	Pigs Plucks	Tuberculosis
1	Pigs Pluck	Tumours
2	Pigs Plucks	Pleurisy
5	Pigs Plucks	Pericarditis
2	Sets Pigs Intestines	Ascaris Lumbricoides
11	Sets Pigs Intestines	Enteritis
27	Sets Pigs Intestines	Tuberculosis
6	Pigs Kidneys	Cysts
2	Pigs Kidneys	Nephritis
128	Pigs Livers	Ascaridae
6	Pigs Livers	Cirrhosis
1	Pigs Liver	Echinococcus Multilocularis
1	Pigs Liver	Hepatitis
1	Pigs Liver	Cysts
3	Pigs Part Livers	Ascaridae
1	Pigs Part Liver	Distomatosis

SLAUGHTER OF ANIMALS ACTS, 1933 to 1954.

There are 38 slaughtermen licensed by the Council under the above Acts.

FOODS CONDEMNED DURING 1958.

779	cans Fruit.	2	bottles Sauce.
214	cans Meat.	1	tin Food Beverage.
31	cans Beans.	1	packet Sponge Mix.
97	cans Peas.	3	packets Twiglets.
96	cans Soup.	2	packets Puff Pastry.
74	cans Fish.	3	lbs. Butter.
22	cans Vegetables.	2	packets Cereals.
12	tins Ham.	1	jar Mint.
28	cans Milk.	25	lbs. Flour.
10	tins Chicken.	82½	lbs. Bacon.
11	tins Milk Puddings.	34¾	lbs. Sausage.
6	tins Coffee.	105½	lbs. Cheese.
1	tin Liver Salts.	24	lbs. Pig Livers.
36	jars Cheese Spread.	5	boxes Fish Fillets.
1	jar Sandwich Spread.	1	lb. Frozen Fish.
7	jars Pickles.	2¾	lbs. Sauerkraut.
10	jars Meat & Fish Pastes.	1	lb. Biscuits.
11	jars Jam.	9	Meat Pies.
5	jars Mayonnaisse.	13½	cwts. Potatoes.
2	bottles Vinegar.	1	lb. Mixed Nuts.

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, 250 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	100%
Class 2 (Satisfactory)	0	
Class 3 (Suspicious)	0	
Class 4 (Unsatisfactory)	0	
Total	77	

WATER GOING INTO SUPPLY.

Class 1 (Highly satisfactory)	156	90.17%
Class 2 (Satisfactory)	10	5.78%
Class 3 (Suspicious)	1	.58%
Class 4 (Unsatisfactory)	5	2.89%
Doubtful	1	.58%
Total	173	

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 5,472
 Number of dwellings supplied by means of stand-pipes 217
 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 two 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 five and ten 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.

53 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. 3 contraventions were found and remedied without recourse to formal action.

INFECTIOUS DISEASE.

Disinfection of one house 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.

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.

170 dustbins were provided and 74 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 10,226 tons for the year ending 31st March, 1959, which was an increase of 156 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.

Tipping operations are carried out in fields on the North side of the flood bank 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.

187 tons 5½ cwts. of waste paper were collected by the Department, which together with other items, realised a gross value of £1,404.

During the latter half of the year the pulping mills decided to experiment with the removal of all restrictions on the tonnage of waste paper received by them, but it was difficult to regain the ground which was lost during the previous two years of restriction.

However, by the installation of an electrical baling press in a shed built on the tipping site a greater output is to be expected during the next year.

HOUSE REFUSE COLLECTION AND DISPOSAL.

(Financial Year Ending:—31st March, 1959)

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

	£ s d		
Refuse Collection and Disposal	14,603	12	5
Revenue.... ..	1,854	15	1
Nett Cost	12,748	17	4

Pop.		No. of Weekly Collections		Method of Collection	Method of Disposal	COLLECTION & DISPOSAL COSTS					
		House	Trade			Total Cost	Total Tons (Est.)	No. of Houses	Cost per House	Cost per 1000 Houses	Cost per Head of Population
17,940	1	1	1	2 Ten Cu. Yd. Side Loading and 1 Seven Cu. Yd. Rear Ldg. Motor Vehicles	Controlled Tip	£12,749	10,226	5,771	£2.2	£2,209	14/7
											£.729

Rate Represented for Collection and Disposal 1/6d.

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, 1959.

	Type of Property				Total
	Local Authority	Dwellings	Agricultural	All other (including business premises)	
Number of properties in Local Authority's District	12	5568	12	961	6553
Number of properties inspected as a result of :					
(a) Notification	0	98	0	18	116
(b) Survey under the Act	12	65	8	239	324
(c) Otherwise (<i>e.g.</i> when primarily visited for some other purpose)	78	769	15	423	1285
Total inspections carried out (including re-inspections)	102	1524	23	79	1728
Number of properties inspected which were found to be infested by :					
(a) Rats (Major)	22	0	0	0	22
(Minor)	12	346	0	15	373
(b) Mice (Major)	0	0	0	0	0
(Minor)	0	50	0	6	56
Number of infested properties treated by the Local Authority	34	396	0	21	451
Total treatments carried out (including re-treatments)	49	428	0	36	513
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	27				

SANITARY IMPROVEMENTS EFFECTED.

Drains cleansed or repaired	37
Drains constructed	3
Drain Ventilators fixed or repaired	6
Water Closets cleansed or repaired	22
Water Closet structures repaired	16
Sink waste pipes repaired or renewed	7
Portable Dustbins provided by Local Authority in default	170
Yard Pavements etc., repaired	14
Roofs repaired	29
Floors repaired	44
Rain water pipes and eaves gutters repaired	18
Plaster of walls and ceilings repaired	36
Firegrates repaired, re-set or renewed	17
Windows, skylights repaired	11
Wash-house structures repaired	16
Chimneys repaired or pointed	6
External walls pointed, repaired, etc.	51
Coal stores erected or repaired	19
Stairs repaired or renewed, Handrails fixed	10
Doors repaired	28
W.C. pans replaced	9
W.C. Flushing cisterns repaired	24

INSPECTIONS MADE DURING THE YEAR.

Houses—Public Health Acts: Visits	347
Complaints investigated	403
Visits to Property under Notice	235
Common Lodging Houses	4
Factories—Mechanical Power	69
Factories—No Mechanical Power	23
Infectious Disease Cases	1
Drainage Work	28
Shops Act	53
Bakehouses	27
Fried Fish Shops	31
Other Food Preparation	97
Wet Fish Shops	6
Butchers Shops	56
Markets	104
Meat Inspection	348
Offensive Trades	10
Ice Cream Shops	68
Dairies and Milk Shops	12
Vermin	101
Depot and Tip	64
Refuse Collection	43
Marine Stores	2
Interviews with owners	65
Miscellaneous	4
Water Samples	250
Unsound Food	152
Overcrowding	5

Total 2,608

FACTORIES ACTS, 1937 and 1948

The number of factories on the register, including seven houses is 97. During the year, 138 visits were paid to these premises, which resulted in 8 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 Authorities	5	23	—	—
(ii) Factories not in- cluded in (i) in which Section 7 is enforced by Local Authority	87	61	—	—
(iii) Other premises in which Sec. 7 is en- forced by the Local Authority exclud- ing outworkers ...	5	8	—	—
Totals	97	92	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 .	3	3	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temp. .	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary conveniences					
(a) Insufficient ...	2	2	—	—	—
(b) Unsuitable or defective	3	3	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act	—	—	—	—	—
Totals ...	8	8	Nil	Nil	Nil

Caldicotts, Ltd., Printers, Market Place, Gainsborough.

