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Contributors

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URBAN
DISTRICT



COUNCIL
OF

GAINSBOROUGH

Annual Report

of the

MEDICAL OFFICER
OF HEALTH

FOR THE YEAR 1962

Caldicotts, Ltd., Printers, Gainsborough.





URBAN DISTRICT COUNCIL OF GAINSBOROUGH



1962

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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 McKECHNIE, M.A.P.H.I.

1. Certificate of the Royal Sanitary Association (Scot) in Sanitary Inspectorship.
2. Certificate of the Royal Sanitary Association (Scot) in Inspection of Meat, Meat Products and Fish.
3. Diploma of University of Technology (Glasgow) in Microbiology, Pure and Applied.
4. City and Guild of London Certificate in Boilerhouse Practice and smoke abatement.
5. Royal Society of Health Certificate of Smoke Inspector.

A. J. ROBINSON, M.A.P.H.I.

Additional Public Health Inspector:

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. Liverpool University School of Hygiene Certificate in Sanitary Science.
4. Liverpool University School of Hygiene Certificate of Meat and Other Foods.

Pupil Public Health Inspector:

M. S. EDWARDS

Clerks:

Miss C. PICKWELL

J. B. ROWE

ANNUAL REPORT

of the

Medical Officer of Health

for the year 1962

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

VITAL STATISTICS

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

INFECTIOUS DISEASES

The number of cases notified during the year was 142. This figure is quite low and consists of 134 cases of measles and eight cases of influenzal pneumonia. One person died of pneumonia.

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

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

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

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

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

CORONARY ARTERY DISEASE

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

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

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

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

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

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

RADIO ACTIVE MATERIALS

In February three small boys aged around twelve took some bottles of a radio active luminising material from where it was stored in an old Anderson shelter on the local R.E.M.E. Camp. Fortunately all they did with these bottles was to examine them, break two against a wall and throw the others away. They did not put any of the material in their mouths or actually touch it with their hands.

With the aid of an expert from the Ministry all areas of contamination were found and decontaminated. The children and their clothing were free from radio active material.

This theft resulted in intensive activity and anxiety by the police, the Army, the C.D. and the Health Department over several days. All of this could have been avoided if this material had been stored in a more safe place. The material, not used for years, was in an Anderson shelter with a padlock on the door. The shelter was surrounded by some strands of barbed wire and there was a notice warning the public of the danger of Radio-Activity. The shelter was near to a road in the comp. It would appear to be a safe store. The boys could not read the notice and to them it looked an old shelter worth breaking into, which they did easily by hitting the lock with an axe.

Radio-active materials are being used more frequently in industry, in technical colleges and in hospitals. Care must be taken to ensure that strict safe methods are adopted when these materials are transported, used and stored. Every precaution should be taken to keep them out of the often inquisitive reach of the public. There are regulations to ensure this safety and they should be carefully observed by all who use radio-active materials.

SMOKING AMONGST SCHOOL LEAVERS

In the past two years when I have medically examined school leavers, i.e., boys and girls aged fifteen years, I have enquired if they smoked and, if they did, how many cigarettes they smoked each week. No further investigation was carried out and I relied upon the truthfulness or not of the answers

received. It can be assumed that these are minimum figures as many who smoked did not admit it. This I know to be true. I have enquired, on occasions, of the P.E. teacher or one of the boys in the group examined how many they thought smoked in that group. On all occasions they knew of more who smoked than I had found by direct questioning.

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

I obtained the following results:

Number who smoked

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

Quantity smoked

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

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

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

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

In spite of the fact that in all the schools I visited cigarettes are not allowed, and in fact smoking is discouraged by the head teachers, it was obvious that a fairly large percentage of the pupils smoked. Most, in fact nearly all, the pupils who smoked were aware of the danger of cancer of the lung but it did not really bother them. It was something too remote to really worry about and cause them to give up the habit. The film on smoking and cancer of the lung, "Facts and Figures," had been shown in these schools; I had given a talk on hazards of smoking in some schools; posters are displayed pointing out the dangers

to health of smoking, but still they smoke. Only a few gave up smoking because of this publicity. The smoking habits in school children is a serious problem. There is no easy solution, no short cut to stop it, but I feel one must keep on trying.

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

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

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

A HOSPITAL PLAN FOR ENGLAND AND WALES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STAFF

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

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

Finally I wish to record my thanks to the staff of my own department, Mr. J. McKechnie, Senior Public Health Inspector, Mr. A. J. Robinson, Additional Public Health Inspector, Mr. M. S. Edwards, Pupil Public Health Inspector, and the clerical staff for the 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 ..	17,210
Number of inhabited houses end 1962.....	5,674
Rateable Value	£620,087
Sum represented by 1d. Rate.....	£888/18/4

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 Castle Hills Secondary Modern School. I should like to thank the Headmaster, Mr. R. M. Underhill, for the following information.

SUMMARY OF METEOROLOGICAL CONDITIONS FOR 1962

Month	No. of inches	No. of days on which rain fell	TEMPERATURE	
			Maximum Temperature °F	Minimum Temperature °F
January	2.08	19	56.0	17.0
February	1.01	14	54.0	25.0
March	1.15	14	52.0	23.0
April	2.13	17	66.0	30.0
May	2.21	14	66.0	33.0
June	0.23	1	76.0	34.0
July	2.81	14	74.0	39.0
August	2.20	12	76.0	43.0
September	2.37	14	69.0	40.0
October	0.60	6	66.0	30.0
November	1.69	16	57.0	23.0
December	1.40	9	55.0	19.0

Monthly Average of rainfall — 1.65 inches
 Heaviest rainfall for one month — July — 2.81 inches
 Lowest rainfall for one month — June — 0.23 inches

VITAL STATISTICS

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

Births

	Total	Male	Female
Live Births—Legitimate	287	145	142
Illegitimate	30	15	15
Totals	317	160	157

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

	Gainsborough U.D.C.	England & Wales
Birth Rate per 1,000 population :		
Live Births	18.42	18.0
Still Births	0.232	0.332
Still Birth Rate per 1,000 total live and still births	12.46	18.1

Deaths

	Total	Male	Female
All Causes	253	135	118
	Gainsborough U.D.C.	England & Wales	
Revised death rate per 1,000 population	14.7	11.9	
Maternal Mortality :			
Deaths from pregnancy, childbirth, abortion	Nil	300	
Mortality Rate per 1,000 total (live and still) births	Nil	0.35	

Infant Deaths

	Total	Male	Female
Under 1 year —Legitimate	7	4	3
Illegitimate	2	1	1
Totals	9	5	4

		Total	Male	Female
Under 4 weeks—	Legitimate	5	3	2
	Illegitimate	2	1	1
Totals		7	4	3
		<hr/>		
		Total	Male	Female
Under 1 week		5	2	3
		<hr/>		
Infant Mortality Rate (i.e. under 1 year)		Gainsborough U.D.C.		England & Wales
All infants per 1,000 live births		28.39		21.6
Legitimate infants per 1,000				
legitimate births		24.39		
Illegitimate infants per 1,000				
illegitimate births		66.67		
Neo-natal Mortality Rate (i.e. under 4 weeks)				
All infants per 1,000 live births		22.08		15.1
Legitimate infants per 1,000				
legitimate births		17.42		
Illegitimate infants per 1,000				
illegitimate births		66.67		
Peri-natal Mortality Rate (i.e. Still Births and deaths under 1 week per 1,000 total births)		28.04		30.8

COMPARATIVE TABLE

URBAN DISTRICT OF GAINSBOROUGH												
Population 17,210												
Year 1962	Live Births		Deaths (All causes)		Still Births		Maternal Mortality		Infant Mortality			
	No. regis- tered	Rate per 1000 pop'n	No. regis- tered	Rate per 1000 pop'n	No. regis- tered	Rate per 1000 total births	No. of deaths regis- tered	Rate per 1000 total births	No. of deaths regis- tered	Rate per 1000 live births	No. of deaths regis- tered	Rate per 1000 live births
	317	18.97	253	14.7	4	12.46	Nil	Nil	9	28.39	7	22.08
Year 1961	312	18.72	243	11.16	9	28.03	1	3.11	7	22.43	5	16.02
Year 1960	327	18.94	239	11.57	5	15.06	Nil	Nil	6	18.35	5	15.29
Year 1959	308	19.03	225	8.84	6	19.11	Nil	Nil	6	19.48	6	19.48
Year 1958	292	17.71	247	11.68	10	33.11	Nil	Nil	7	23.97	5	17.12
Year 1957	277	16.80	216	10.44	6	21.2	Nil	Nil	10	36.1	6	21.66
Average 5 years —												
1957 — 1961	—	18.25	—	10.74	—	23.3	—	—	—	24.06	—	17.91

* 1961 standardised live birth rate (comparability factor, 1.03)

‡ 1961 standardised death rate (comparability factor, 0.87)

Summary of the Principal Causes of Death, 1962

(Registrar-General's Official Returns, 1962)

All Causes 253 — Males 135, Females 118.

	Causes of Death	Males	Females	Total
1	Tuberculosis, respiratory	1	—	1
2	Tuberculosis, other	—	—	—
3	Syphilitic disease	—	—	—
4	Diphtheria	—	—	—
5	Whooping Cough	—	—	—
6	Meningococcal infections	—	—	—
7	Acute poliomyelitis	—	—	—
8	Measles	—	—	—
9	Other infective and parasitic diseases	2	—	2
10	Malignant neoplasm, stomach	2	—	2
11	Malignant neoplasm, lung, bronchus	11	1	12
12	Malignant neoplasm, breast	—	3	3
13	Malignant neoplasm, uterus	—	—	—
14	Other malignant and lymphatic neoplasms	15	12	27
15	Leukaemia, aleukaemia	—	1	1
16	Diabetes	—	1	1
17	Vascular lesions of nervous system	17	17	34
18	Coronary disease, angina	29	19	48
19	Hypertension with heart disease	3	2	5
20	Other heart disease	11	23	34
21	Other circulatory diseases	5	3	8
22	Influenza	—	1	1
23	Pneumonia	7	8	15
24	Bronchitis	10	2	12
25	Other diseases of respiratory system	1	—	1
26	Ulcer of stomach and duodenum	—	—	—
27	Gastritis, enteritis, and diarrhoea	—	1	1
28	Nephritis and nephrosis	1	2	3
29	Hyperplasia of prostate	1	—	1
30	Pregnancy, childbirth, abortion	—	—	—
31	Congenital malformations	1	2	3
32	Other defined and ill-defined diseases	14	17	31
33	Motor vehicle accidents	3	—	3
34	All other accidents	1	3	4
35	Suicide	—	—	—
36	Homicide and operations of war	—	—	—
		135	118	253

ENGLAND AND WALES
BIRTH and DEATH-RATES, and ANALYSIS OF MORTALITY during the year 1962.
 (Provisional figures based on Registrar-General's Weekly and Quarterly Returns)

	Birth-Rate per 1,000 Population		Annual Death-Rate per 1,000 Population					Rate per 1,000 Live Births		Rate per 1,000 Live and Still Births	Rate per 1,000 total (live and still) Births
	Live Births	Still-Births	All Causes	Tuberculosis (all forms)	Coronary and Arteriosclerotic (Heart Disease)	Cancer (Lung & Bronchus)	Cancer (Other)	Infant Mortality	Neo-Natal Mortality	Peri-Natal Mortality	Maternal Mortality
Gainsborough Urban District											
(Estimated home population mid- 1962 — 17,210)	18.42	0.232 (12.46 (a))	14.88	0.06	2.8	0.91	1.94	28.39	22.08	28.04	Nil
England and Wales											
(Estimated home population mid- 1962 — 46,669,000)	18.00	0.332 (18.1 (a))	11.94	0.07	2.19	0.6	1.59	21.6	15.1	30.8	0.35

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

INFANT MORTALITY

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

CAUSES OF DEATH	Under one week	Under one month	Under three months	Under six months	Under nine months	Total under one year
All Causes	5	2	1	1	—	9
Heart Failure	—	1	—	—	—	1
Hydrocephalus	1	—	—	—	—	1
Prematurity	3	—	—	—	—	3
Spina Bifida	1	—	—	—	—	1
Haemorrhage	—	1	—	—	—	1
Broncho-Pneumonia	—	—	1	1	—	2

	Gainsborough U.D.C.	England & Wales
Infant Mortality Rate (i.e. Deaths under 1 year per 1,000 live births)	28.39	21.6
Neo-natal Mortality Rate (i.e. Deaths under 4 weeks per 1,000 live births)	22.08	15.1
Peri-natal Mortality Rate (i.e. Still births and deaths under 1 week per 1,000 total live and still births)	28.04	30.8

MATERNAL MORTALITY

No maternal deaths occurred during the year.

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

Year	Total Number of Births	Number of Maternal Deaths
1962	321	Nil
1961	321	1
1960	332	Nil
1959	314	Nil
1958	302	Nil
1957	283	Nil

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

A. SERVICES PROVIDED BY THE COUNTY COUNCIL.

County Medical Officer of Health:

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

Health Information. Enquiries relating to local health services may be made of the Medical Officer of Health, Council Offices, 10/12 Lord Street, Gainsborough.
Many various facilities are available under the following headings:—

Maternity Service.

Child Care.

Home Nursing.

Health Visitors.

Home Helps.

Sick Room Requisites, Appliances and other Equipment.

Vaccination and Immunisation.

Mental Health.

Ambulance Service.

Minor Ailment Clinics for School Children.

Infant Welfare Centres and Ante-natal Clinics.

Welfare Services for the Aged and the Handicapped.

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

(a) At Spital Terrace Clinic.

School Clinic Tuesdays 2-0 p.m.

Infant Welfare Centre ... Thursdays 2-0 p.m.

Toddlers' Clinic 2nd and 4th Wednesdays in
each month, 2 p.m.

Vaccination and
Immunisation 3rd Wednesday in each month.

Sunlight Clinic Mondays and Thursdays 2 p.m.

Distribution of
Welfare Foods Tuesdays and Thursdays.

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

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

Infant Welfare Centre	...	Mondays 2-0 p.m.
Toddlers' Clinic	2nd Monday and 3rd Thursday 9-30 a.m. to 12 noon.
Immunisation	1st Tuesday in each month.
Mothercraft and Relaxation Class	1st and 3rd Friday in each month 2-0 p.m.
Ante-Natal for Maternity Home Patients	Tuesdays 1-30 p.m.

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

B. SERVICES PROVIDED BY THE LOCAL EXECUTIVE COUNCIL.

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

C. SERVICES PROVIDED BY THE REGIONAL HOSPITAL BOARD.

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

HOUSING STATISTICS

Total Number of New Houses erected during the year

(1) By the Local Authority	15
(2) By other Local Authorities	—
(3) By other bodies or persons	30
(4) Number allocated for replacing houses subject to Demolition Orders or otherwise Demolished	—

Housing Repairs and Rent Act, 1954-57

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

Inspection of Dwellinghouses during the year—

(a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	218
(b) Number of inspections made for the purpose	1072

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	41
--	----

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	59
(b) Number of dwellinghouses in which defects were remedied after service of formal notices :—	
(i) by owners	—
(ii) by Local Authority in default of owners	1
(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	—
(c) Number of certificates of disrepair issued	—
(3) Slum Clearance — proceedings under the Housing Acts:—	
(a) Number of dwellinghouses in respect of which Demolition Orders were made.	3
(b) Number of dwellinghouses demolished in pursuance of Demolition Orders	3
(c) Number of dwellinghouses, or parts, subject to Closing Orders	—
(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) Total number of dwellinghouses on which Demolition Orders are operative and which are still occupied except under the provisions of Section 34, 35 and 46 of the Housing Act, 1957	—
(h) Total number of Dwellinghouses occupied under Sections 34, 35 and 46 of the Housing Act, 1957	—
(i) Houses demolished or closed voluntarily by owners which would otherwise have been subject of statutory action to secure demolition or closure	—

(4)	Nissen Huts or other similar Hutments :—	
(a)	Number still occupied	—
(b)	Date at which it is anticipated occupants will be rehoused	—
(5)	Estimated number of dwellings, excluding those under paragraph (4) above, remaining to be dealt with under :—	
(a)	The Housing Act, 1957, Sections 16 and 18	3
(b)	The Housing Act, 1957, Section 42	366

Housing Acts—Overcrowding.

(a)	(i)	Number of cases of overcrowding relieved during the year	3
	(ii)	Number of persons concerned in such cases	21
(b)	(i)	Number of dwellings overcrowded at the end of the year	3
	(ii)	Number of families dwelling therein	3
	(iii)	Number of persons dwelling therein	23

Housing Acts, 1949-59.

Number of dwellings for which applications for grants have been received :		
(a)	Standard Grant	35
(b)	Discretionary Grant	32
Number of dwellings subject to grant :		
(a)	Standard Grant	35
(b)	Discretionary Grant	28
Number of houses owned by local authority which have been the subject of grant aid by the Ministry		
—		

Moveable Dwellings, Tents, Vans, etc.

Caravan Sites and Control of Development Act, 1960		
Number of site licences		1
Total number of caravans permitted under such licences		3
Number of inspections during the year — Sites		4
— Caravans		4
Number of contraventions remedied		—
Number of sites exempt from licence		—
Number of caravans thereon		—

Public Health Act, 1936

Number of site licences		—
Number of individual licences		—
Total number of dwellings permitted under above licences		—
Number of inspections during the year :—		
	Site	—
	Caravans	—
Number of contraventions remedies		—
Number of sites exempt from licence		—
Number of moveable dwellings thereon		—

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

The number of cases of infectious disease (excluding Tuberculosis) notified was 142 compared with 317 in 1961

Details of infectious diseases are as follows:—

TABLE I

Disease	Number of Cases	
	Notified	
Measles	134	
Influenzal Pneumonia	8	
	Total	142

TABLE II.

DISTRIBUTION IN WARDS

Disease	North	Market	Central	South
Measles	58	9	31	36
Influenzal Pneumonia	3	1	1	3

LABORATORY FACILITIES

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

TABLE III

AGE INCIDENCE OF INFECTIOUS DISEASE

	Measles	Influenzal Pneumonia
0— 1	2	-
1— 2	9	-
2— 3	11	-
3— 4	9	-
4— 5	16	-
5—10	84	-
10—15	-	-
15—29	-	-
20—35	1	-
35 upwards	-	6
Age unknown	2	2
	<hr/>	<hr/>
Totals ...	134	8
	<hr/>	<hr/>

TABLE IV
MONTHLY DISTRIBUTION OF INFECTIOUS DISEASE

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Measles	—	—	—	1	1	5	—	—	—	—	2	125	... 134
Influenzal Pneumonia	5	—	—	—	1	1	—	—	1	—	—	—	... 8
Tuberculosis													
(Pulmonary)	2	—	2	1	—	—	1	—	1	—	2	—	... 9
Tuberculosis													
(Non-Pulmonary)	—	—	1	—	—	—	—	—	—	—	—	—	... 1
Totals ...	7	—	3	2	2	6	1	—	2	—	4	125	... 152

TUBERCULOSIS

There were nine new cases of Pulmonary Tuberculosis notified during the year, and one new case of Non-Pulmonary Tuberculosis. One death from Pulmonary Tuberculosis occurred.

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

TUBERCULOSIS, 1962

Table (a) — New Cases and Deaths.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—
1-2 years	—	—	—	—	—	—	—	—
2-3 years	—	—	—	—	—	—	—	—
3-4 years	—	—	—	—	—	—	—	—
4-5 years	—	—	—	—	—	—	—	—
5-10 years	—	—	—	—	—	—	—	—
10-15 years	—	—	—	—	—	—	—	—
15-20 years	—	2	—	—	—	—	—	—
20-35 years	1	—	—	1	—	—	—	—
35-45 years	3	—	—	—	—	—	—	—
45-65 years	2	—	—	—	—	—	—	—
65 and over	1	—	—	—	1	—	—	—
Totals	7	2	—	1	1	—	—	—

Table—(b)—TUBERCULOSIS REGISTER, 1962

	Pulmonary			Non-Pulmonary			Grand Total		
	M	F	T	M	F	T	M	F	T
On Register 31/12/61	53	26	79	6	10	16	59	36	95
Additions :									
Primary Notifications	7	2	9	—	1	1	7	3	10
Posthumous Notifications	—	—	—	—	—	—	—	—	—
Transfer from other areas	—	2	2	—	—	—	—	2	2
Returned to the District	—	—	—	—	—	—	—	—	—
Transfer from other sections	—	—	—	—	—	—	—	—	—
Total Additions	7	4	11	—	1	1	7	5	12
Deductions :									
Deaths	1	—	1	—	—	—	1	—	1
Left the District	—	1	1	—	—	—	—	1	1
Recovered	6	1	7	1	1	2	7	2	9
Diagnosis not confirmed	—	—	—	—	—	—	—	—	—
Transfer to other sections	—	—	—	—	—	—	—	—	—
Total Deductions	7	2	9	1	1	2	8	3	11
On Register 31/12/62	53	28	81	5	10	15	58	38	96

CHEST CLINIC

A Chest Clinic is held at the John Coupland Hospital each Tuesday afternoon and Friday morning. I am indebted to Dr. J. B. Wilkinson, Chest Physician, for the following information

	1962	1961	1960	1959	1958
Total attendances	1328	1497	1339	1386	1520
New cases	207	247	226	252	160

TUBERCULOSIS.

	Respiratory	Non-Respiratory
Number of cases added to Register	13	2
Cases of Tuberculosis on Register		
January 1st, 1962	54	5
December 31st, 1962	41	4

Contacts: 94 cases were examined, including 23 children. Cases found to be Tuberculin negative were given B.C.G. vaccine.

Other cases: 207 new cases were seen at the clinic and these contained 20 cases of chronic bronchitis and three of carcinoma of the bronchus.

VENERIAL DISEASE.

Special treatment clinics are held at the John Coupland Hospital every Friday evening from 6 to 7 p.m.

Details of attendances in 1962 are given below:

The following cases were dealt with during 1962:

Male:	Syphilis	Nil
	Gonorrhoea	1
	Non Specific Urethritis	2
	Other Conditions	3
Female:	Late Syphilis	1
	Congenital Syphilis	Nil
	Gonorrhoea	1
	Other Conditions	1
	Total Male ...	6
	Total Female ...	3
	Total ...	9

CANCER

The number of deaths due to cancer in 1962 was 45 compared to 40 in 1961. Cancer is the second largest cause of death. The sites of the disease are shown in the following table.

Site of Malignant Disease		1962	1961	1960	1959	1958	1957
Stomach	M	2	3	1	1	4	5
	F	—	4	—	4	2	2
Lung and Bronchus	M	11	11	7	8	10	4
	F	1	1	4	—	—	1
Breast	M	—	1	—	—	—	—
	F	3	3	3	2	3	5
Uterus	F	—	—	3	2	2	1
Other malignant and lymphatic neoplasms	M	15	10	12	8	13	10
	F	12	6	12	6	8	10
Leukaemia	M	—	1	1	—	3	—
	F	1	—	—	—	1	—
Totals	M	28	26	21	17	30	19
	F	17	14	22	14	16	19
Grand Total		45	40	43	31	46	38

VACCINATION AND IMMUNISATION

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

Diphtheria Immunisation

Under five years of age at date of immunisation	Between five and fourteen years of age at date of immunisation	Boosting Doses
3	3	168

Diphtheria and Whooping Cough Immunisations

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

Diphtheria, Tetanus and Whooping Cough Immunisations

Under 1	1	2	3	4	5-9	10-14	Total
117	119	5	7	4	18	2	272

Diphtheria Tetanus Immunisations

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

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

Vaccination

Re-vaccination

Under One	1-4	5-14	15 or over	Total
194	91	257	220	762
—	4	30	122	156

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

Vaccination against Tuberculosis.

Of 261 school children tested it was found that 34 were positive and did not require vaccination and 227 were negative and were given B.C.G. vaccination. The 34 positive reactors were X-rayed, but did not show active tuberculosis.

Vaccination against Poliomyelitis.

Salk Vaccine

Had 2 injections

Persons born in the years				
62	61	60-43	42-33	Others
6	78	65	27	47

Had 3 injections

Persons born in the years				
62	61	60-43	42-33	Others
—	23	120	47	146

Had 4 injections

Persons born in the years				
62	61	60-43	42-33	Others
—	—	101	—	—

Oral Vaccine

Initial course of 3 oral doses

Persons born in the years				
62	61	60-43	42-33	Others
16	51	68	40	68

3rd oral after 2 salk injections

Persons born in the years				
62	61	60-43	42-33	Others
—	45	151	44	90

4th oral after 3 salk injections

Person born in the years				
62	61	60-43	42-33	Others
—	—	192	—	—

SCHOOL HEALTH SERVICE.

This service is provided by the County Council and I, as School Medical Officer, carried out inspections, etc., in our schools. The state of health, general nutrition and cleanliness of the children was of a high standard. Routine medical inspection is carried out on children in their first year at school, in their first year at secondary school, and in their last year at school. Besides these routine medical inspections, children with any defects are regularly seen at "supervisory" examinations and any child referred by a parent or teacher is given a "special" examination. I am grateful to the County Medical Officer for permission to include the following summary of work carried out during 1962 in our area.

TABLE A.

ROUTINE MEDICAL INSPECTION

Age Groups (by years of birth)	Number of Children				Physical Condition	
	Inspected	Found to require treatment (including cases under treatment —excluding dental diseases, and infestation with vermin)			Satisfactory	Unsatisfactory
		For defect- ive vision excluding squint	For any other condition	Total in- dividual requiring treatment		
1958 and later	10	—	—	—	10	—
1957	85	2	11	13	85	—
1956	142	—	22	22	142	—
1955	11	—	3	3	11	—
1954	1	—	—	—	1	—
1953	6	—	1	1	6	—
1952	2	—	1	1	2	—
1951	72	12	—	22	72	—
1950	207	21	9	35	207	—
1949	83	9	17	15	83	—
1948	12	—	6	—	13	—
1947 and earlier	390	69	20	87	390	—
TOTAL	1021	113	90	199	1021	—

TABLE B.

Inspections carried out in the Gainsborough Urban District during 1962.

DEFECT	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring Treatment	Requiring observation	Requiring Treatment	Requiring observation
Skin	24	4	—	—
Eyes				
(a) Vision	113	35	—	—
(b) Squint	19	4	—	—
(c) Other	1	1	—	—
Ears				
(a) Hearing	5	—	—	—
(b) Otitis Media	—	2	—	—
(c) Other	—	—	—	—
Nose and Throat	8	12	—	—
Speech	1	11	—	—
Lymphatic Glands	—	2	—	—
Heart		16	—	—
Lungs	6	11	—	—
Developmental				
(a) Hernia	2	—	—	—
(b) Other	2	4	—	—
Orthopaedic				
(a) Posture	1	9	—	—
(b) Feet	7	8	—	—
(c) Other	8	22	—	—
Nervous System				
(a) Epilepsy	1	—	—	—
(b) Other	2	2	—	—
Psychological				
(a) Development	1	4	—	—
(b) Stability	3	19	—	—
Abdomen	—	1	—	—
Other	2	4	—	—

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	15
Shops selling mainly Sugar Confectionery, Minerals, Ice Cream, etc.	27
Licensed Premises, Clubs, Canteens, Restaurants, Cafes, Snack Bars, etc.	43
Others	—
Total	225

During the year 249 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	6
Ice Cream (Storage and Sale)	78	90
Preparation and Manufacture of Meat Products, including Meat Pies	20	26
Totals	100	122

MILK AND DAIRIES

The Milk (Special Designation) Regulations, 1960

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

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

1. Number of milk pasteurising dairies	1
2. Number of dealers retailing T.T. Milk Pasteurised, Pasteurised Milk, Sterilised Milk	5
3. Numbers of dealers retailing sterilised milk only	40
4. Number of dealers retailing Tuberculin Tested Milk (raw)	3

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

(a) Samples from Pasteurising Plant:

Tuberculin Tested Milk (Pasteurised)	67
Pasteurised Milk	129

One sample of Tuberculin Tested Milk (Pasteurised) and three samples of Pasteurised Milk failed the Phosphatase Test for the efficiency of heat treatment. Specialist advice was obtained from the dairying engineers in order to deal with this matter and subsequent samples were satisfactory.

One sample of Tuberculin Tested Milk (Pasteurised) and two samples of Pasteurised Milk failed the Methylene Blue Test for keeping quality. The matters were investigated as necessary.

(b) Samples of milk taken in course of delivery:

Tuberculin Tested Milk (Pasteurised)	19
Pasteurised Milk	40
Sterilised Milk	51
Tuberculin Tested Milk (Farm Bottled)—Raw ...	6

Two samples of Tuberculin Tested Milk (Farm Bottled) failed the Methylene Blue Test. This milk was produced in Nottinghamshire and the matter was referred to the Nottinghamshire County Council and to the Milk Production Officer of the Ministry of Agriculture, Fisheries and Food and appropriate action taken.

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

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 Manufacturers/Retailers and seventy-eight 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, 1947-52. Inspections were made of 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
1. Milk	90
2. Processed milk products (including cream, butter and ice cream)	5
3. Preserves	3
4. Tinned, bottled and dried articles	9
5. Alcoholic beverages	2
6. Non-alcoholic beverages	3
7. Sugar and flour confectionery	8
8. Meat and fish products (not included in item 4)	5
9. Vinegar, pickles, sauces, spices, flavourings and essences	1
10. Cereal products	5
11. Miscellaneous	7
12. Medicines and drugs	2
Total ...	140

The number of samples of milk is substantial as this includes those from producer/retailers taken on arrival at the pasteurising depot in Gainsborough.

Two samples of milk showed natural deficiencies in fat and in solids other than fat respectively. These were remedied by advisory action.

One sample of potato crisps bore the claim relating to "starch reduction" on the label. Representation has been made to the manufacturers who have now deleted reference to this matter as the extent of the reduction of the starch was almost negligible. In addition the claim has also been deleted from the manufacturer's vehicles.

The following complaints relating to the presence of extraneous matter were received and dealt with as follows:—

Cotton fibre in tin of corned beef.	Warning to importer (manufactured in Australia).
Presence of animal hairs and cotton fabric in pork luncheon meat.	Warning to importer.
Maggot in chocolate.	Warning to vendor and manufacturer.
Glass in one-third pint bottle of milk.	Legal proceedings instituted. Fine of £20 imposed on dairy company together with £5 5s. 0d. costs.
Frozen peas in decomposed condition.	Legal proceedings instituted. Fine of £59 imposed on manufacturer together with £5 5s. 0d. costs.

Meat, Foods and Slaughterhouse Inspections CARCASSES INSPECTED AND CONDEMNED

	Cattle excl'd'g Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed.....	2405	642	46	6963	7091
Number inspected	2405	642	46	6963	7091
<i>All disease except Tuberculosis & Cysticerci</i> Whole Carcasses con- demned	7	19	8	35	69
Carcases of which some part or organ was con- demned	468	117	4	52	1132
Percentage of number inspected affected with disease other than tuberculosis	19.75	21.18	28.26	1.25	16.94
<i>Tuberculosis only.</i> Whole Carcasses con- demned	1	2	—	—	3
Carcases of which some part or organ was con- demned	—	2	—	—	195
Percentage of number inspected affected with tuberculosis	0.041	0.62	—	—	2.79
<i>Cysticercosis.</i> Carcases of which some part or organ was con- demned	11	4	—	—	—
Carcases submitted to treatment by refrigera- tion	11	4	—	—	—
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

BEASTS

3 Carcases and all offal	Generalised Tuberculosis
3 Carcases and all offal	Generalised Oedema
15 Carcases and all offal	Cysticercus Bovis
12 Carcases and all offal	Dropsical and Emaciation
1 Carcase and all offal	Septic Pneumonia
1 Carcase and all offal	Pyæmia
1 Carcase and all offal	Chronic Nephritis
1 Carcase and all offal	John's Disease
1 Carcase and all offal	Traumatic Septic Pericarditis
1 Carcase and all offal	Septic Pericarditis
3 Carcases and all offal	Peritonitis
1 Carcase and all offal	Septicaemia
1 Carcase and all offal	Acute and Septic Mastitis
1 Carcase and all offal ...	Acute Diffuse and Septic Peritonitis
967 lbs. beef	Bruising
565 lbs. beef	Broken Leg and Bruising
85 lbs. beef	Injury
119 lbs. beef	Pleurisy
18 lbs. beef	Actinomycosis
225 lbs. beef	Arthritis
32 lbs. beef	Actinobacillosis
342 lbs. beef	Peritonitis with Oedema
220 lbs. beef	Peritonitis
47 lbs. beef	Abscesses
20 lbs. beef	Oedematous
87 lbs. beef	Bruising and Broken Humerous
10 Heads and tongues	Abscesses
19 Heads and tongues	Actinomycosis
1 Head and tongue	Tuberculosis
1 Head and tongue	Tumour
8 Heads and tongues	Cysticercus Bovis
5 Heads and tongues	Actinobacillosis
18 Sets of lungs	Abscesses
28 Sets of lungs	Pleurisy
13 Sets of lungs	Pneumonia
3 Sets of lungs	Emphysema
4 Sets of lungs	Distomatosis
1 Set of lungs	Melanosis
6 Hearts	Pericarditis
5 Hearts	Inflammation
2 Hearts	Fatty Degeneration
6 Hearts	Cysticercus Bovis
1 Heart	Abscesses
1 Heart	Tuberculosis
151 Livers	Abscesses
5 Livers	Cirrhosis
61 Livers	Distomatosis
2 Livers	Necrosis

6 Livers	Peritonitis
11 Livers	Cavernous-Angioma
9 Livers	Hepatitis
6 Livers	Fatty Degeneration
7 Livers	Fatty Infiltration
166 Livers	Fascioliasis
1 Liver	Melanosis
3 Kidneys	Nephritis
7 Kidneys	Abscesses
1 Kidneys	Peritonitis
1 Spleen	Abscesses
1 Spleen	Peritonitis
1 Spleen	Bacterial Necrosis
2 Udders	Mastitis
1 Set Intestines	Abscesses
1 Diaphragm	Cysticercus Bovis
1 Diaphragm	Abscesses

CALVES

6 Carcasses and all offal	Enteritis
1 Carcase and all offal	Abscesses
1 Carcase and all offal	Pyæmia
1 Carcase and all offal	Septicæmia
15 lbs. veal	Abscesses
1 Set lungs	Pneumonia
1 Heart	Fatty Infiltration

SHEEP

14 Carcasses and all offal	Oedematous and Emaciation
11 Carcasses and all offal	Moribund
4 Carcasses and all offal	Dropsical Emaciation
2 Carcasses and all offal	Acute and Septic Pericarditis
1 Carcase and all offal	Pyæmia
1 Carcase and all offal	Arthritis and Emaciation
1 Carcase and all offal	Septicæmia
1 Carcase and all offal	Hoemolytic Icterus
1 Carcase and all offal	Gangrenous
1 Carcase and all offal	Acute and Septic Mastitis
1 Carcase and all offal	Uraemia
1 Lamb carcase and all offal	Moribund
1 Lamb carcase and all offal	Tetanus
12 lbs. lamb	Bruising
54 lbs. mutton	Bruising
9 lbs. mutton	Broken Leg
46 lbs. mutton	Peritonitis
10 lbs. mutton	Arthritis
4 Livers	Distomatosis
4 Livers	Parasites
7 Livers	Fascioliasis
2 Livers	Peritonitis
5 Livers	Fatty Infiltration
2 Livers	Abscesses

1 Liver	Hepatitis
1 Liver	Cysts
1 Heart	Fatty Infiltration
21 Sets of lungs	Strongylosis
1 Set of lungs	Distomatosis

PIGS

4 Carcases and all offal	Acute Swine Erysipelas
13 Carcases and all offal	Septicaemia
3 Carcases and all offal	Tuberculosis
11 Carcases and all offal	Moribund
8 Carcases and all offal	Septic Pericarditis
6 Carcases and all offal	Dropsical and Emaciation
5 Carcases and all offal	Pyaemia
2 Carcases and all offal	Urticaria
8 Carcases and all offal	Acute and Septic Pneumonia
2 Carcases and all offal	Septic Arthritis
1 Carcase and all offal	Generalised Arthritis with Emaciation
1 Carcase and all offal	Jaundice
1 Carcase and all offal	Multiple Abscesses
1 Carcase and all offal	Acute Diffuse and Septic Pleurisy
224 lbs. pork	Bruising
319 lbs. pork	Arthritis
75 lbs. pork	Scapula (Broken)
358 lbs. pork	Broken Leg
42 lbs. pork	Abscesses (Contamination)
44 lbs. pork	Gangrene
14 lbs. pork	Benign Tumour
181 Heads and tongues	Tuberculosis
21 Heads and tongues	Abscesses
216 Hearts	Pericarditis
2 Hearts	Abscesses
1 Heart	Fatty Infiltration
13 Intestines	Enteritis
5 Intestines	Tuberculosis
6 Kidneys	Nephritis
8 Kidneys	Cysts
321 Livers	Ascaridae
7 Livers	Tuberculosis
6 Livers	Hepatitis
32 Livers	Peritonitis
4 Livers	Abscesses
23 Livers	Cirrhosis
2 Livers	Fatty Infiltration
1 Liver	Necrosis
108 Lungs	Pleurisy
2 Lungs	Tuberculosis
208 Lungs	Pneumonia

SLAUGHTER OF ANIMALS, 1958.

There are 26 slaughtermen licensed by the Council under the above Act.

FOOD CONDEMNED DURING 1962

2 Tins Rhubarb	22 Tins Soup
10 Tins Strawberries	2 Tins Butter Beans
51 Tins Gooseberries	1 Tin Beans
10 Tins Apricots	3 Tins Spaghetti
67 Tins Peaches	16 Tins Baked Beans
59 Tins Pineapple	38 Tins Rice Pudding
9 Tins Grapefruit	42 Tins Evaporated Milk
13 Tins Fruit Salad	15 Tins Condensed Milk
1 Tin Grapes	7 Tins Cream
26 Tins Pears	2 Tins Sago
77 Tins Oranges	2 Tins Semolina
5 Tins Raspberries	165 Jars Jam
6 Tins Cherries	51 Jars Branston Pickle
12 Tins Plums	2 Jars Picallili
2 Tins Loganberries	3 Jars Chutney
2 Tins Fruit Cocktail	22 Jars Pickled Onions
9 Tins Fruit Juice	2 Jars Fish Paste
70 Tins Beef Steaks	4 Jars Mussels
34 Tins Corned Beef	5 Jars Red Cabbage
23 Tins Luncheon Meat	1 Jar Mustard
45 Tins Pork	7 Jars Honey
49 Tins Ham	2 Jars Horlicks
3 Tins Veal	2 Jars Peanut Butter
3 Tins Lamb Chops	2 Jars Bournvita
3 Tins Tongue	15 Jars Coffee
2 Tins Minced Beef	6 Cakes
3 Pork Pies	3 Packets Crispbread
11 lbs. Bacon	2 Packets Cream Crackers
39 lbs. Ham	12 Pressed Sandwich Flans
22 lbs. Cheese	1½ lbs. Biscuits
2 Tins Herrings	2 Bottles Marmite
9 Tins Pilchards	16 Bottles Sauce
3 Tins Salmon	65 Packets Peas
4 Tins Shrimps	7 Packets Salt
2 Tins Lobster	65 Bags Flour
5 Tins Sardines	13 lbs. Sugar
5 Tins Sild	1 lb. Almond Icing
362 Tins Tomatoes	31 lbs. Butter
108 Tins Peas	3½ lbs. Suet

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

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

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

The supply is satisfactory in quality and in quantity.

(ii) **BACTERIOLOGICAL EXAMINATIONS.**

During the year, 406 samples of water were submitted for bacteriological examination, both before and after chlorination. These samples are made up of 200 taken by the Health Department and 206 taken by the Lincoln and District Water Board. Results are reported upon in accordance with the Ministry of Health's suggested classification.

RAW WATER.

Class 1 (Excellent)	80	98.00%
Class 2 (Satisfactory)	2	2.00%
Class 3 (Suspicious)	—	
Class 4 (Unsatisfactory)	—	
	<hr/>	<hr/>
	82	100.00%
	<hr/>	<hr/>

WATER GOING INTO SUPPLY.

Class 1 (Excellent)	196	86.72%
Class 2 (Satisfactory)	12	5.32%
Class 3 (Suspicious)	4	1.77%
Class 4 (Unsatisfactory)	14	6.19%
	<hr/>	<hr/>
	226	100.00%
	<hr/>	<hr/>

- (iii) Proven bacterial contamination was always dealt with promptly and the cause located in most cases. The chlorine content of the supply was increased temporarily and the service mains flushed. Repeat samples were always taken during and after this treatment and were satisfactory. The open reservoirs which supply most of the town are liable to pollution by animals and birds. The Water Board plan to cover these reservoirs and I hope it will be in the not too distant future.

- (iv) Number of dwelling houses supplied by public
 mains direct to houses 5,606
 Number of population supplied as above 16,992
 Number of dwelling houses supplied by public
 mains by means of stand pipes 68
 Number of population supplied as above 218

During 1960 the Health Committee resolved to take statutory action to make house owners install an internal supply of water. This action received support of the Council and the Health Department are surveying the district. Most of the dwellings supplied by stand pipes are situated in purposed slum clearance areas and where action is to be taken in the near future under the Housing Acts it would be unfair to ask the owners to bear the cost of installing an internal water supply. Others are being dealt with.

Nineteen statutory notices were served on owners during the year to get an internal water supply to houses.

DRAINAGE AND SEWERAGE.

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 new sewage disposal works at Heaptham Road. This works takes most of the sewage from the new housing estates and relieves the White's Wood Lane disposal works.

The new sewers were laid in Mayflower Close and this will relieve the surcharging of the sewer on Lea Road.

Sewage Disposal

Approximately 80% of the sewage is discharged directly and untreated into the River Trent at eleven outfall points along the District's Western Boundary.

The remaining 20% of the sewage is conveyed to the Council's sewage disposal plant in the Eastern sector. This plant is now running at a capacity of 67,500 gallons per day (normal dry weather flow).

The premises served by this plant are as follows:

1. Number of houses connected to sewer and to disposal plant	617
2. Number of shops connected to sewer and to disposal plant	8
3. R.E.M.E. Workshops, etc. (equivalent in houses),	30
4. Infant's School (equivalent in houses)	20
Total equivalent number of houses ...	675

The above disposal plant was originally designed to accommodate a normal dry weather flow of 75,000 gallons per day and was designed so as to be capable of extension.

Such an extension scheme is now being formulated by the Council's Consultant Engineer. When the extension has been completed the disposal plant will be able to cope with the following premises:

1. Existing houses as above	675
2. Future housing development	848
3. New shops	7
4. New Secondary Modern School (equivalent houses)	65
5. Poultry packing station (equivalent houses) ...	300
Total equivalent houses ...	2,105

I am indebted to Mr. W. W. Garner, Engineer and Surveyor, who is responsible for the drainage 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 twice weekly from the mains water supply. The season opens in May and closes in September. The other is an indoor heated pool fitted with a continuous mechanical filtration and chlorination plant. The season at this pool opens in April and closes in September. The bath is emptied and refilled in July and continuously topped up throughout the season from the mains water supply. Slipper baths are provided at both the 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.

Two contraventions were noted and were remedied after informal action.

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.

Minor works of improvement and repair were carried out during the year. Twenty-six bodies were brought into the mortuary and twenty-six post-mortem examinations were carried out.

MOVEABLE DWELLINGS

One Caravan Site Licence for three caravans was issued under the Caravan Act.

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 seven visits were paid to these premises to ensure compliance with the Byelaws. No contraventions were noted 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.

64 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. No contraventions were found.

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. No case was dealt with during the year.

REFUSE COLLECTION

Refuse is collected from 6,121 premises in the area. 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.

Seventy-seven dustbins were provided and five dustbins were renewed by the Council under Section 75(3) of the Public Health Act, 1936.

The Council took delivery on the 24th September, 1962, of a second Shelvoke and Drewry eighteen cubic yard fore and aft tipping refuse collection vehicle, which incorporates a powerpress for consolidating the refuse.

REFUSE DISPOSAL.

The amount of domestic refuse dealt with at the tip was estimated to be 12,717 tons for the year ending 31st March, 1963, which was an increase of 288 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.

80 tons 1 cwt. of waste paper was collected by the Department which together with other items, realised a gross value of £624 14s. 3d.

During the year the paper baling staff was reduced from two men to one because of the reduced demand by the waste paper mills for salvage material.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following information extracted from the form prescribed by the Ministry of Agriculture, Fisheries and Food, is for the year ending 31st December, 1962.

	TYPE OF PROPERTY				Agricultural
	Local Authority	Dwelling-houses	All other (including Business premises)	Totals of Cols (1) (2) & (3)	
Number of properties in Local Authority's District	43	5674	567	6284	12
Total number of properties inspected as a result of notification	4	464	14	482	—
Number of such properties found to be infested by :—					
Common rat Major	—	—	—	—	—
Common rat Minor	3	462	11	476	—
Ship rat Major	—	—	—	—	—
Ship rat Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
House mouse Minor	1	2	3	6	—
Total number of properties inspected in the course of survey under the Act	16	10	4	30	6
Number of such properties found to be infested by :—					
Common rat Major	—	—	—	—	—
Common rat Minor	12	8	—	20	—
Ship rat Major	—	—	—	—	—
Ship rat Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
House mouse Minor	—	—	—	—	—
Total number of properties otherwise inspected (e.g. when visited primarily for some other purpose)	4	218	107	329	3
Number of such properties found to be infested by :—					
Common rat Major	—	—	—	—	—
Common rat Minor	—	—	—	—	—
Ship rat Major	—	—	—	—	—
Ship rat Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
House mouse Minor	—	—	—	—	—
Total inspections carried out including re-inspections	193	1918	160	2271	9
Number of infested properties in Sections II, III and IV treated by the L.A.	16	472	14	502	—
Total treatments carried out including re-treatments	185	1698	49	1932	—
Number of notices served under Section 4 of the Act :—					
(a) Treatment					
(b) Structural Work (i.e. Proofing)					
Number of cases in which default action as taken following the issue of a notice under Section 4 of the Act					
Legal Proceedings					
Number of "Block" control schemes carried out	None				

SANITARY IMPROVEMENTS EFFECTED.

Drains cleansed or repaired	5
Drain Ventilators fixed or repaired	8
Roofs repaired	24
Floors repaired	11
Doors repaired	7
Chimneys repaired or pointed	5
Windows, skylights repaired	8
Stairs treads repaired	2
Wall plaster repaired	21
Skirting board renewed	3
Ceiling plaster renewed	3
Firegrates repaired or renewed	3
Yard gates repaired or renewed	2
Yard Paving repaired or renewed	1
External walls pointed or repaired	6
Water supply pipes renewed	6
Gulley traps repaired	1
Eaves gutters renewed	6
Rain water pipes renewed	3
Sink waste pipe renewed	5
Insanitary sinks renewed	3
W.C. basins renewed	4
W.C. Flushing cisterns repaired	23
Portable Dustbins provided by Local Authority in default	77

INSPECTIONS MADE DURING THE YEAR.

Houses—Public Health Acts: Visits	218
Complaints investigated	722
Visits to Property under Notice	854
Common Lodging Houses	14
Factories—Mechanical Power	83
Factories—No Mechanical Power	15
Infectious Disease Cases	4
Drainage Work	64
Shops Act	64
Bakehouses	68
Fried Fish Shops	31
Other Food Preparation	104
Wet Fish Shops	9
Butchers Shops	48
Markets	120
Meat Inspection	764
Offensive Trades	7
Ice Cream Shops	96
Dairies and Milk Shops	7
Vermin	2271
Depot and Tip	110
Refuse Collection	96
Marine Stores	3
Interviews with owners	94
Miscellaneous	9
Water Samples	200
Unsound Food	56
Overcrowding	9

Total 6,140

FACTORIES ACT, 1961.

The number of factories on the register, including three bakehouses, is 104. During the year 116 visits were paid to these premises, which resulted in four offences against the Act being remedied. This work has been facilitated by the ready co-operation which has been extended at all times by Her Majesty's Inspector for the District.

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

PART I OF THE ACT

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

Premises (1)	Number on Register (2)	Number of		Occupiers prosecuted (5)
		Inspections (3)	Written Notices (4)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	15	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	89	83	3	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	10	16	2	—
TOTAL	104	114	5	—

2—Cases in which defects were found.

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

PART VIII OF THE ACT

Outwork

(Sections 110 and 111)

Nature of Work (1)	SECTION 110			SECTION 111		
	No. of out-workers in August list required by Section 110(1)(c) (2)	No. of cases of default in sending list to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel Making, etc., Cleaning and washing	9	—	—	—	—	—
TOTAL	9	—	—	—	—	—



