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URBAN DISTRICT COUNCIL
OF GAINSBOROUGH




Annual Report

of the

**MEDICAL OFFICER OF
HEALTH**

for the year

1970



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URBAN DISTRICT COUNCIL OF GAINSBOROUGH



1970

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Councillor J. C. Fitchett, B.E.M.

VICE-CHAIRMAN OF THE COUNCIL:

Councillor J. G. Stanley.

SOCIAL SERVICES COMMITTEE:

Chairman

Councillor D. H. Betts.

Councillor D. Blackburn.

Councillor W. Doughty.

Councillor D. R. Gamwell.

Councillor F. A. Hearn.

Councillor Mrs. I. Motley.

Councillor L. G. Smith.

Councillor A. Theaker.

CLERK OF THE COUNCIL:

William McIntyre, Esq., LL.B., F.C.C.S.

URBAN DISTRICT COUNCIL OF GAINSBOROUGH

HEALTH DEPARTMENT STAFF

Medical Officer of Health:

JAMES S. ROBERTSON,
M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Deputy Medical Officer of Health:

ALAN V. SHEARD,
M.B., Ch.B., D.O.bst.R.C.O.G., D.P.H.

Office: The Cedars, Bigby Road, Brigg.

Tel. Brigg 3604/5.

Clerks: Mrs. M. H. Akester, Mrs. N. A. Titman.

Senior Public Health Inspector:

THOMAS M. KILYON, M.A.P.H.I.

Office: The Guildhall, Gainsborough.

Tel. Gainsborough 2381.

1. Certificate of the Royal Sanitary Institute and Sanitary Inspector's Examination Joint Board.
2. Royal Society of Health, Certificate as Inspector of Meat and other Foods.
3. Royal Society of Health Certificate for Smoke Inspectors.

Deputy Chief Public Health Inspector:

J. P. R. CARTER, M.A.P.H.I.

1. Diploma of the Public Health Inspector's Examination Board.

Additional Public Health Inspector:

MR. F. V. SHEPHERD.

Clerk: Miss B. Chaffer.

ANNUAL REPORT

of the

Medical Officer of Health

for the year 1970

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

Public Health Department.
The Cedars,
Bigby Road,
BRIGG.
Tel. Brigg 3604/5.
August, 1971.

Mr. Chairman, Ladies and Gentlemen,

My deputy, Dr. Sheard, and I both took up our duties for you on October 1st, 1970. Consequently this is my first report relating to a period for which we held responsibility. I hope that we shall have a long and fruitful association with you and that between us we shall provide for the public the quality of service which they require.

It is our duty as a public health authority to promote the health of those who live in the town. We shall be more likely to succeed in this if we understand what we are trying to do.

Health is difficult to define. The World Health Organisation attempted it, but their definition substitutes the equally indefinable expression "well-being." The most useful concept is that health is a state of adaptation of the individual to his total environment, and includes his ability to withstand changes in that environment, the word "environment" being used to include social and emotional context as well as physical surroundings. This definition has the merit of providing some criteria of positive health and of drawing attention to the possibility of restoring or improving health by modifying the environments to suit the needs of individuals or of groups of people. It helps us to a better understanding of both health and disease and of ways in which health problems may be tackled. For example, the hay fever victim can regain his health more effectively by living in a pollen free environment than he can by suppressing his symptoms with drugs. In Antarctica he would be a healthy man. The man who gets angina climbing stairs can lead a healthy life in a bungalow, but is an invalid in a

house with stairs. The immunised child has greater reserves of positive health than an unprotected child who lacks the ability to withstand contact with infectious diseases without becoming ill. The social misfit in one district may be accepted and befriended in another. There are thus possibilities of promoting health by a variety of means, of which the classical public health approach of preventing access of noxious agents into the physical environment is only one.

In addition to minimising or eliminating the contamination of food and the pollution of water and air which affect the whole population we can modify the environments of individuals with special needs and so restore them to health.

As a housing authority you are in a position so to restore to health people with handicaps which the medical profession cannot cure. For example, the provision of a bungalow with wide doors, with ramps instead of steps, with specially designed washing and toilet facilities, suitably placed light switches and power points, and a kitchen with cupboards, sink and split level cooker at heights convenient to a wheelchair occupant, can turn a helplessly dependent cripple with paralysed legs into an independent householder capable of leading a satisfactory, if sheltered, life. This, of course, is an extreme example. Many people have simpler needs. The extent to which modification of homes can benefit the health of people with disabilities is much greater than is commonly realised. We have tended to do the obvious things like provide special dwellings for the elderly, but have failed so far to identify and meet the needs of some other groups in our society. This is partly because we have been too pre-occupied with physical factors, and partly because democratic bodies cannot easily try out new ideas until public opinion is ready for them.

Until very recently, the importance of social isolation as a cause of ill health has not been adequately understood and too little thought has been given to the ways in which it is caused or could be prevented. It has been found as a result of slum clearance schemes in some big cities that sickness rates in new housing estates have been higher than they were in the old slum communities. Families which used to rely upon the help and support of nearby relatives or friends have found it much more difficult to cope when rehoused far from their families. One of the potential dangers of overspill rehousing is that families may feel socially isolated, and care will be needed to minimise this risk in Gainsborough.

One cause of social isolation which we have so far avoided is the poorly designed high rise flat. High sickness rates have been noted in young families housed in such units in some

cities. It has also been found that in tall blocks of flats so designed as to provide safe passages or balconies which do not open onto stairs or lifts but which link the kitchen doors of the dwellings on a level, this increase in sickness does not occur. Children playing in such places and going into each other's homes help to establish friendships between their mothers and so overcome social isolation in just the same way as they do in a street. Clearly it is possible to do a great deal to minimise social isolation by care in the design, layout and administration of council housing once we know enough about its causes.

One section of society which is peculiarly vulnerable to isolation is the "one parent family." The young widow or widower with dependent pre-school age children, the divorced, separated, or deserted wife and the unmarried mother whose relatives have rejected her all face very grave difficulties and receive far too little help from society. At present we expect such families to live in ordinary houses designed to provide the privacy required by a self-sufficient married couple rather than promote the social contact needed by the lonely parent. Responsibility for looking after children and lack of day nursery provision prevents lone parents from obtaining employment and forces many to live on supplementary benefit. Those without a friend to baby-sit get no respite and no opportunity for recreation. They tend to be partially ostracised by better-to-do families with wage earners, and are driven to associate with other recipients of supplementary benefit. Often those not dependent on social security have difficulty in obtaining their maintenance payments regularly through the courts. They can see no likelihood of improving their condition until the children are off their hands and frequently deteriorate in mental attitude. Driven by loneliness and need of someone with whom to discuss problems and share responsibility for decision taking such people respond to any companionship which may be offered. They fall easy prey to the unscrupulous. It is easy to understand how so many unmarried mothers and deserted wives get into bad company and end up co-habiting with an unsuitable man, and how they may endanger other people's marriages.

Such situations are common, but like all generalisations the description does not apply to all cases. There are many "one parent families" who have helpful relatives and friends nearby and who have sufficient resources to enable them to manage in ordinary houses without special help. There are also some girls whose standards of morality and behaviour have never been nor ever will be acceptable to society. Apart from these two groups who either do not need it or would prove unsuitable for such accommodation there is a large group of one parent families whose lives could be made far more tolerable, and who could gain in self-respect and in value to the community from

specially designed housing. Small groups of flats with communal amenities designed for use as a communal play-school or nursery where two or three of the mothers could look after all the children and allow other parents to go out to work would be of inestimable value to these families. Such accommodation would enable them to baby-sit for each other so that each in turn could have some recreation. It would produce a small community in which they could help each other in many ways. Younger and less experienced girls would be able to get the advice of the more mature, and be more likely to accept advice from someone in like circumstances than they would from a professional social worker. Those who were able to go out to work would pay a suitable amount to the others for caring for their children, so that all would benefit financially.

Care would be necessary in selection of tenants to ensure that in such a unit there was at least one tenant mature and wise enough to be able to help the less adequate, but advice and help in selection would be readily available from the County Council Social Services teams. Units would need to be small and dispersed among general housing and the proportion of unmarried mothers kept low enough to avoid the unit becoming stigmatised as a home for the latter. Provided this were done such a unit would be of great social value. A few units of this kind have been provided by private charitable organisations by conversion of older property. They have shown the way to success. The time is now ripe for progressive local authorities to take up the challenge.

Special housing to suit the needs of mentally dull and inadequate parents presents a far more difficult problem which nobody has yet solved. Such people usually end up in the kind of housing which would tax the capacity of the most able, though their need is for a house which is simple and cheap to run and easy to clean. It should be possible to design accommodation which combines robustness of construction with simplicity and combines ease of cleaning with an attractive appearance. If, in addition, arrangements were made for provision of heating and lighting services paid with the rent so that people of poor budgeting ability were not expected to save from a supplementary pension to pay a quarterly account for gas or electricity, some of these families might be helped to improve their standards and conform with those of our society. The costs to society of supporting some inadequate families through the social services is so high that an experiment devised along these lines would seem well worth considering.

In the past society used to place many people of limited intelligence in large mental subnormality hospitals, where they were sheltered from most of the stresses and problems facing the

man-in-the-street. Unfortunately, insufficient money was devoted to these institutions, and conditions in many became unsatisfactory. Doubts also arose about selection of cases and concern about personal freedom led public opinion to reject this solution. Since the passing of the 1959 Mental Health Act the emphasis has been on community care. Many people who would formerly have had sheltered institutional lives are now expected to live in the community and abide by its rules and standards.

Society has, however, become very complex. There are now so many forms to be completed and so many rules, regulations, and laws to be observed that even the best informed and most intelligent citizen may inadvertently offend. The dull and poorly educated are at a grave disadvantage, and are more likely to commit offences than the rest of us. In addition they often fail to make the appropriate application to obtain security benefits for which they would qualify. We are in a way making petty criminals out of potentially law respecting people by expecting too much of them. Anything which we can do to simplify life for these people may help to keep someone out of trouble. The contribution which we could make may only be small compared with what central government could achieve, but could nevertheless be worthwhile.

Backed by the efforts of the social workers of the County Council, who try to help and guide those in need who are willing to accept such assistance, special housing with arrangements for provision of services does offer some chance of success for a small minority of people. There are, however, much larger numbers of social misfits whose needs could not be met in this way, and we must hope that sociological research may yield the information needed to enable us to help them. Clearly we need to know the fundamental causes of social failure if we are to prevent it. We need to understand why people turn to drugs and become dependent on them, what causes people to become habitual law breakers, and why some people and not others become sexually promiscuous. The little we know about these matters at present has not helped us yet to control the wave of drug abuse, the crime wave, or the venereal disease epidemic, which are affecting much of the western world. To some extent these may all have their roots in the rapid advances of science and technology, in improved education and in the rapidity of consequent social change which between them make much parental experience irrelevant to the needs of youth today. Young people who have learned facts, ideas and standards widely different from those of their parents may cease to respect the latter and ignore their advice. Some means must be sought to overcome these problems. It is, however, reassuring to note the similarities between the present "teenage problem" and those of the more remote past. There have been many accounts of similar difficulties, but all have ultimately resolved.

In Gainsborough we are fortunate in having an area office of what will in 1971 become the Social Services department of the County Council, in the calibre of the staff and the quality of the relationship between them and the staff of the Health Department. This should prove a sound foundation for the "bridges" which will in future be needed if the dangers inherent in separate development of health and welfare services are to be avoided.

Being a progressive town, Gainsborough has done a great deal to ensure future prosperity by attracting industry and building new housing to accommodate "London overspill" population. People moving from a large city to a small country town sometimes have difficulty in adapting to the new way of life. It is a considerable tribute to the friendliness and good neighbourliness of Gainsborough people that they have been able to absorb considerable numbers of new residents so easily.

Progress with the building of houses for "overspill" and for local need was impeded in 1970 by the bankruptcy of the firm working on a contract for 252 houses. As a result only six dwellings were completed during the year. Major progress towards improving the town's housing conditions resulted from the award of 44 standard grants and 93 discretionary grants. Progress was also made in the construction of new sewage treatment plant. The new sludge heat treatment plant designed to render the sludge innocuous did not live up to expectations and has so far proved unsatisfactory. We must hope that the teething troubles which are so common with new and untried equipment will prove to be remediable.

There were, as in the past, complaints of nuisance allegedly caused by gypsies camping on land adjacent to Summergangs Lane. As the County Council has not so far complied with its statutory duty to provide a site for gypsy caravans the Council considered that their eviction from this unlicensed site would be socially irresponsible and felt constrained to accept the situation despite the lack of any water supply or sanitary facilities in the area.

A considerable amount of the time of the public health inspectors has to be devoted to ensuring the fitness of food and supervising the hygiene of food premises. Regular visits were made to the broiler packing station, and to the slaughterhouse where, as the meat inspection figures show, there was a high throughput of pigs, sheep and cattle.

The town's vital statistics for 1970 were on the whole favourable. The only grossly adverse figure was due to the fact that two of the 28 illegitimate babies born in the year died. In fact the town's total infant mortality rate was satisfactory.

The commonest cause of death in later life was as usual Ischaemic Heart Disease, followed by cerebrovascular disease and other forms of heart disease. The cancers between them were an important cause of mortality, but apart from Lung Cancer no individual form of malignant disease stands out. The most notable feature of the statistics is the unduly high mortality from Pneumonia, Bronchitis and Emphysema. This has been a feature of Gainsborough statistics for several years, and indicates a need for investigation. Most of these respiratory deaths occurred in elderly people. It has not been possible in the brief period since I took office to ascertain what proportion of them were patients in geriatric hospital beds, or in the County Council hostel, but computerisation of our death records should facilitate this next year. This will enable us to assess to what extent it may be due to the import into the town of infirm old people from the surrounding area. When a person has been in an institution for more than six months before dying the death is attributed to the area of occurrence and not "transferred out" to the area of normal residence. It is thus possible that the high mortality from respiratory diseases could be due to selective importation or respiratory cripples. It is, however, equally possible that air pollution may be a contributory cause, and it would seem wise for us to consider installation of instruments to measure the degree of smoke and sulphur dioxide pollution so that we can assess the need for implementation of smoke control action under the Clean Air Act.

Our statistics for infectious diseases only relate to those which are notifiable. Of these the town's experience during 1970 was disappointing. Despite the availability of a vaccine, adequate use of which could have prevented the outbreak, there were 218 cases of measles in the town in 1970. Although usually accepted in the past as an inevitable and relatively mild disease of children natural measles in fact causes considerable disability. On average one case in fifteen develops a potentially serious complication including secondary infection and damage to lung or middle ear. A very small proportion of cases develop infection of, and damage to, the brain. These complications would be largely avoided by the use of the vaccine.

After measles, the next most troublesome notifiable disease was infective hepatitis (jaundice). This is a disease whose causative agent has yet to be identified, and whose control consequently presents grave difficulties. Many people are believed to experience a mild form of the infection without developing the jaundice which is so important a diagnostic sign. Consequently isolation of overt cases does not succeed in containing an outbreak, and it is only when an epidemic occurs in a closed compact community where a defined population can be offered protection with immune gamma globulin that attempts at control have had much demonstrable success.

It is pleasing to note that no outbreak of food poisoning was notified during the year. I have no doubt that this was in part due to the effort of Mr. Kilyon, Mr. Carter and Mr. Shepherd in enforcing the Food Hygiene Regulations, educating food handlers, and ensuring the soundness of food sold to the public.

I should like to take this opportunity to thank them for their work during 1970, for their unfailing help and courtesy, and for providing so many of the statistics required for the compilation of this report. These details are tabulated in the pages which follow and I commend them to your attention.

I am, your obedient servant,

J. S. ROBERTSON,

Medical Officer of Health.

VITAL STATISTICS

	1969	1970
Mid-year population	17,680	17,660
Live births	333	320
Stillbirths	5	4
Infant deaths under 4 weeks of age ...	3	2
Total deaths	238	262

	Legitimate			Illegitimate			TOTAL
	Male	Female	Total	Male	Female	Total	
Live births	146	146	292	15	13	28	320
Stillbirths	2	2	4	—	—	—	4
Infant deaths under 1 year	2	2	4	1	1	2	6
Infant deaths under 4 weeks	1	1	2	—	—	—	2
Infant deaths under 1 week	1	1	2	—	—	—	2

	Gainsborough U.D.		England and Wales
	1969	1970	1970
Crude birth rate	18.8	18.1	16.0
Corrected birth rate *	19.7	19.0	(16.0)
Stillbirth rate	15.0	12.0	13.0
Infant mortality rate	12.0	19.0	18.0
Legitimate Infant mortality rate	13.0	14.0	17.0
Illegitimate Infant mortality rate	—	71.0	26.0
Neonatal mortality rate	9.0	6.0	12.0
Early Neonatal mortality	9.0	6.0	11.0
Perinatal mortality rate	24.0	19.0	23.0
Illegitimacy rate	10.0	9.0	8.0
Crude death rate	13.5	14.8	11.7
Corrected death rate *	11.5	12.4	(11.7)

* These corrections take account of the different proportions of old and young people in the area, and make the resulting rate comparable with that for England and Wales. Thus, a resort to which old people retire would have a high crude rate, but low comparability factor would correct the false impression that this was an unhealthy area. The comparability factor for births in this district is 1.05 and for deaths .84.

CAUSES OF DEATH IN THE DISTRICT DURING 1970
(Registrar General's Figures)

Causes of Death	0-	1-	15-	25-	45-	65+	Total	
							M	F
Enteritis and Other Diarrhoeal Diseases	1	-	-	-	-	-	1	-
Other Infective and Parasitic Diseases	-	-	-	1	-	-	-	1
Malignant Neoplasm —								
Buccal Cavity etc.	-	-	-	-	-	1	1	-
Oesophagus	-	-	-	-	1	-	1	-
Stomach	-	-	-	-	3	6	7	2
Intestine	-	-	-	1	3	5	5	4
Lung, Bronchus	-	-	-	-	9	7	14	2
Breast	-	-	-	-	-	2	-	2
Uterus	-	-	-	-	-	1	-	1
Prostate	-	-	-	-	1	1	2	-
Leukaemia	-	-	-	1	-	-	1	-
Other Malignant Neoplasms	-	-	-	1	6	8	10	5
Diabetes Mellitus	-	-	-	-	1	-	-	1
Anaemias	-	-	-	-	-	1	-	1
Multiple Sclerosis	-	-	-	-	1	-	1	-
Other Disease of Nervous System	1	-	-	-	1	-	1	1
Chronic Rheumatic Heart Disease	-	-	-	-	2	2	2	2
Hypertensive Disease	-	-	-	-	-	3	1	2
Ischaemic Heart Disease	-	-	-	2	13	45	42	18
Other Forms of Heart Disease	-	-	-	-	1	22	10	13
Cerebrovascular Disease	-	-	-	-	4	28	17	15
Other Diseases of Circulatory System	-	-	-	1	4	5	3	7
Influenza	-	-	-	1	-	3	3	1
Pneumonia	1	-	-	1	-	22	12	12
Bronchitis add Emphysema	-	-	-	-	1	6	7	-
Other Diseases of Respiratory System	-	-	-	-	-	1	1	-
Peptic Ulcer	-	-	-	-	-	2	2	-
Intestinal Obstruction and Hernia	1	-	-	-	-	-	-	1
Other Diseases of Digestive System	-	-	-	-	-	2	-	2
Nephritis and Nephrosis	-	-	-	1	-	1	-	2
Other Disease, Genito-Urinary System	-	-	-	-	2	3	4	1
Diseases of Musculo-Skeletal System	-	-	-	1	1	2	1	3
Birth Injury, Difficult Labour, etc.	2	-	-	-	-	-	1	1
Symptoms and Ill Defined Conditions	-	-	-	-	-	7	4	3
Motor Vehicle Accidents	-	-	-	-	-	1	1	-
All Other Accidents	-	-	-	-	-	2	-	2
Suicide and Self-Inflicted Injuries	-	-	-	-	1	-	1	-
All other External Causes	-	-	-	1	-	-	-	1
TOTAL	6	-	-	12	55	189	156	106

NOTIFICATION OF INFECTIOUS AND OTHER DISEASES

BY AGE GROUPS

DISEASE	0+	1+	2+	3+	4+	5+	10+	15+	25+	45+	N.K.	Total
Measles	13	26	41	26	26	77	3	4	1	—	1	218
Infective Jaundice	—	—	1	—	2	18	12	5	5	3	—	46
Scarlet Fever	—	3	3	—	3	5	—	1	—	—	—	15
Tuberculosis (rep.)	—	—	—	—	—	—	—	1	1	1	—	3
Whooping Cough	1	—	—	—	—	—	—	—	—	—	—	1
Meningitis	—	—	—	—	—	—	—	1	—	—	—	1
TOTAL	14	29	45	26	31	100	15	12	7	4	1	284

WATER SUPPLY

Water is supplied by the Lincoln and District Water Board. It is obtained from four boreholes and is stored in two reservoirs with an estimated total capacity of one and a half days' normal demand. A water tower with a capacity of 30,000 gallons is also provided for gravity feeding to the higher levels of the town.

QUALITY

The results of Chemical and Bacteriological examination shown below indicate a good potable water, free from bacterial contamination and from chemical evidence of pollution.

It is a hard water and may be expected to exert the beneficial influence associated with hardness on mortality rates from cardiovascular disease, but is grossly deficient in fluoride ions needed to confer protection against dental caries.

BACTERIOLOGICAL EXAMINATION

During the year 400 samples of water, taken before and after chlorination, were submitted for bacteriological examination. These samples were made up of 213 taken by the Health Department and 187 taken by the Lincoln and District Water Board. Of these, only one was reported as having coliforms present and the affected source was free from organisms when resampled.

CHEMICAL EXAMINATION

Report on a sample of water taken from No. 1 borehole, Lea Road Pumping Station:

Chemical Analysis in mg/l.

Appearance — Clear and bright, few black specks.	
Colour (°Hazen)	4
Odour and Taste	Normal
Turbidity (silica scale) ... 0.8	
Conductivity at 20° (Recip. Megohms)	
675	
pH	
7.85	
Total Dissolved Solids (180°C)	555
Total Hardness as CaCO ₃ ..	360
Non-Carbonate Hardness as CaCO ₃	170
Magnesium Hardness as CaCO ₃	115
Chloride as Cl	21.0
Phosphate as PO ₄	0.02
Sulphate as SO ₄	170
Free Ammoniacal Nitrogen as N	0.06
Nitrate Nitrogen as N ...	0.45
Alkalinity as CaCO ₃	
190	
Calcium Hardness as CaCO ₃	
245	
Free Carbon Dioxide as CO ₂	
5.5	
Fluoride as F	
0.2	
Silica as SiO ₂	
12.5	
Albuminoid Nitrogen as N	
0.02	
Nitrite Nitrogen as N — less than 0.001	

Oxygen absorbed from Permanganate (4 hour at 27°)	Nil
Iron as Fe	0.10
Potassium as K	5
Heavy Metals (copper, lead and zinc)	less than 0.05
Manganese as Mn	Nil
Sodium as Na	20

DOMESTIC SUPPLIES

Number of dwelling-houses supplied by public mains
 — direct to house 6,063

Number of houses supplied from private source Nil

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area of the Urban District	2,406 acres
Estimated Population	17,680
Number of inhabited houses	6,063
Rateable Value	£778,057
Estimated Sum represented by 1d.	£3,090

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 1970

Month	TEMPERATURE		RAINFALL
	Maximum Recorded	Minimum Recorded	No. of inches
January	51	27	2.5
February	53	29	1.1
March	60	30	2.2
April	62	34	2.4
May	70	36	0.9
June	79	41	1.8
July	80	46	3.1
August	72	46	3.8
September	70	36	1.4
October	65	31	2.2
November	56	24	2.6
December	54	22	2.4

Month with most rainfall: August, 3.8.

Month with least rainfall: May, 0.9.

GENERAL PROVISION OF HEALTH AND SOCIAL SERVICES IN GAINSBOROUGH

A. PUBLIC HEALTH

Environmental Health Services

Most routine environmental health matters are dealt with by the Public Health Inspectors, who are based as before at the Guildhall.

Matters requiring attention by a Medical Officer should now, however, be referred to the Health Department, The Cedars, Bigby Road, Brigg. Either the Deputy Medical Officer of Health or the Medical Officer of Health can, however, be seen at the County Council Clinic at Spital Terrace, Gainsborough, every Wednesday morning.

Personal Health Services

(a) At 32 Spital Terrace, Gainsborough.

Tel. Gainsborough 2923

Chiropody	... ..	Monday and Thursday, all day, by appointment.
School Clinic	... ..	Wednesday, a.m.
Child Health Clinic	...	Friday, p.m.
School Dental Clinic	...	Every weekday by appointment.
Toddler Clinic	... ..	2nd Friday in each month, a.m.
Immunisation Clinic	...	3rd Friday in each month, a.m.
Family Planning	... ..	Wednesday, 6-30 p.m.
Speech Therapy	... ..	Tuesday, a.m.
Cervical Cytology	... ..	1st and 3rd Thursday, p.m.

The Clinic is the base for the Home Nurses and Bathing Attendant—24-hour robophone service.

(b) At Woods Terrace Clinic, Gainsborough.

Tel. Gainsborough 2555

Child Health Clinic	...	Monday, p.m.
Antenatal Clinic	... ..	Tuesday, a.m.
Lindsey Blind Club	...	Wednesday, p.m.
Health Visitor's		
Hearing Clinic	... ..	Wednesday, a.m.
Toddler Clinic	... ..	4th Friday in the month, a.m.
Mothercraft Session	...	Friday, p.m.

B. PERSONAL SOCIAL SERVICES

By the date of publication of this report the re-organisation consequent on the Social Services Act will have been completed.

Personal social services will be provided by a team of generic social case workers under the direction of an area officer and based on the office in Trinity Street.

The services provided will include child care, mental welfare, general welfare, welfare of the elderly and physically handicapped and the prevention and relief of homelessness. Institutional care for the elderly and for the mentally subnormal in special hostels can be arranged by this office where and when necessary, as can the institutional care or fostering of children.

The provision of home help services and of training for mentally subnormal adults is now a function of the Social Services Department. The provision of training for mentally subnormal children has been transferred to the Education Authority.

C. GENERAL MEDICAL SERVICES

Primary medical care is provided by two group practices and one individual general medical practitioner. Residents should ensure that they are registered with one of these as will facilitate the provision of care in the event of sickness. An up to date list of Practitioners providing general medical services is maintained at the Post Office.

There are 3 Dentists, 4 Pharmacies, and 4 Opticians in the town.

D. HOSPITAL SERVICES

Full General Hospital Services are provided at Lincoln, but limited services are available at John Coupland Hospital, Ropery Road, at which beds for cases not requiring intensive care, are provided and consultant out-patient clinics, including a chest clinic are held.

Geriatric beds are provided at Foxby Hill Hospital, and General Practitioner Maternity beds at the Maternity Hospital, North Marsh Road. Consultant Maternity beds are provided at Lincoln, as are infectious disease beds and beds for Psychiatric care.

Services for patients requiring the more highly specialised forms of treatment such as renal dialysis or transplant, heart or brain surgery, etc., are provided at Sheffield.

Mr. Chairman, Ladies and Gentlemen,

In reviewing the work of my department over the year one of the highlights is the substantial increase in the number of applications for improvement grants. Perhaps the main reason is the new legislation which increased the limits which may be paid, but nevertheless the Council can derive satisfaction from the fact that they have always pursued a positive policy which is bearing fruit. There are still less progressive authorities who will not consider applications for the discretionary type of grant. Improvement grant work occupies quite a substantial part of the time of the staff for not only have enquiries to be considered but visits have to be paid whilst work is in progress. A very high percentage of the applications are still received from owner-occupiers, and one would like to see a greater number of the owners of tenanted houses taking advantage of the grants and the higher rents which may be charged. There is a greater awareness of tenants that if the owner is not prepared to improve the house then they may request the Council to use their powers. Inevitably owners in turn have taken the opportunity to serve purchase notices upon the Council which they are obliged to accept. It is cheaper over the long term for the Council to pay money for improving houses than the houses to be allowed to fall into decay, become the subject of clearance, and the Council to have to build new houses in which to house the families displaced. There are still far too many houses which have only outside toilets. In wintertime when there is heavy rain, snow or ice about it becomes a long, hazardous and dangerous journey for the more elderly. Many houses still have small inadequate scullery kitchens. These are ill-equipped, poorly constructed and incapable of being kept clean. In these circumstances food poisoning organisms may exist, multiply and cause ill-health to members of the families. In many cases these can be enlarged and improved by the use of improvement grants. Education in the schools now includes social studies in the school curriculum and there is a greater awareness amongst the young of the basic needs of life. Therefore, when they leave school and marry and set up their first home they are more demanding. I am most grateful to the headmasters and teachers of those schools who have permitted me to enter their schools and speak to their students upon environmental health. The latest housing legislation amended the laws relating to area improvement and enables local authorities to improve the environment as well as the improvement of the individual houses. Areas of the town have been visited, surveyed and inspected with this in mind and discussions have taken place with representatives from the Department of the Environment. A new list of houses was

prepared to be included in the Council's future clearance programme. There are still pockets of properties in the town which do not comply with the standard of fitness laid down in the Housing Acts, which are incapable of satisfactory improvement and which must be considered for clearance and then the redevelopment of the cleared site may take place. Nevertheless the Council have already cleared the worst of these areas.

Another time consuming but necessary duty is the daily visits to the slaughterhouse to perform meat inspection. Slaughtering takes place six days a week and all meat has to be inspected. There has been a distinct improvement in animal health over the years and fewer have to be totally condemned. Nevertheless vigilance has to be maintained. Food animals are subject to parasitic infestations but usually only certain organs are affected. In many cases the dog is the host of these parasites. The sterilisation of all unfit meat and the development of the pet meat trade has reduced the incidence of many of these conditions but there is still room for improvement. Perhaps this is a field in which the Government's Veterinary Inspectors can carry out further investigation.

In general the standard of food hygiene in the town has been good. Where contraventions have been found to exist it has been possible to have them remedied without difficulty. All food handlers should recognise that they are employed in a potentially dangerous occupation. Food poisoning can not only be an inconvenience—it can be fatal.

It has been necessary to review the refuse collection incentive bonus scheme and a work study of this section is being carried out by the Lindsey County Council. The storage and collection of trade refuse is a continual problem. There are many of the older business premises in the town without sufficient space for the storage of their refuse and without rear access. The emphasis on the packaging of goods seems to grow daily. Everything seems to be put in a box, a tin or a carton, few of which now seem to be returnable. All these have to be disposed of. Even pre-packaged goods are put in a paper bag before given to the customer. One wonders at times where this will end. In many cases little consideration is given by management or members of the staff to the difficulties posed to the refuse collectors. Bulk can be reduced by the compression of cardboard boxes and cartons. Larger containers can be used for storage of smaller items. Requests have been made time and time again and an improved service could be given if they were only heeded.

Complaints of noise were received and investigated. Noise and vibration nuisance can arise from varying sources and circumstances. Most can be avoided by the single practice of

showing consideration to one another. Others arise from industrial plant where insufficient thought may have been given as to how it should be housed. The mode of construction of the building, the position of doors and windows in relation to the siting of noisy plant and machinery, the manner in which the plant and machinery is installed, all these factors should be considered by the architect when he is preparing his plans and specifications. He should investigate more carefully the nature of the business to be carried out within the premises and where necessary seek expert advice, particularly where these premises are sited in close proximity to residential properties.

The work of my department has essentially been concerned with the general environmental circumstances of the town, the places in which people work as well as live, the control of rodents and other pests, and the abatement of nuisances. I hope that to a large degree we have succeeded in what we have tried to do.

I wish to extend my appreciation to all the members of my staff and particularly to my deputy Mr. Carter, to my assistant Mr. Shepherd (who is the second student who has been successfully trained as a public health inspector in this department in recent years), and to my secretary Miss Chaffer.

I am, your obedient servant,

T. M. KILYON,
Chief Public Health Inspector.

HOUSING STATISTICS

Total Number of New Houses erected during the Year

(1) By the Local Authority	6
(2) By other Local Authorities	—
(3) By other bodies or persons	12
(4) Numbers allocated for replacing houses subject to Demolition Orders or otherwise demolished	10

Housing Repairs and Rent Acts, 1954-57

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

Inspection of Dwelling Houses during the year

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health Acts) ...	770
(b) Number of inspections made for the purpose ...	1407

Remedy of Defects during the year without Service of Formal Notices—

Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers	19
--	----

Action Under Statutory Powers during the year—

(1) Proceedings under Public Health Acts:	
(a) Number of dwellings in respect of which notices were served requiring defects to be remedied ...	—
(b) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(i) By owners	—
(ii) By local authority in default of owners ...	—
(2) Proceedings under the Housing Acts:—	
(a) Number of dwelling-houses in respect of which notices were served requiring repairs	—
(b) Number of dwelling-houses 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 Housing Acts ...	—
(c) Number of certificates of disrepair issued ...	—

(3) Slum clearance—proceedings under the Housing Acts:—	
(a) Number of dwelling-houses in respect of which Demolition Orders were made	—
(b) Number of dwelling-houses demolished in pursuance of Demolition Orders	—
(c) Number of dwelling-houses, or parts subject to Closing Orders	—
(d) Number of dwelling-houses, or parts rendered fit by undertakings	—
(e) Number of dwelling-houses included in confirmed Clearance Orders	—
(f) Number of dwelling-houses demolished in pursuance thereof	5
(g) Total number of dwelling-houses on which Demolition Orders are operative and which are still occupied except under the provisions of Sections 34, 35 and 46 of the Housing Act, 1957	—
(h) Total number of dwelling-houses 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 the subject of statutory action to secure demolition or closure	11
(4) Nissen Huts, or other similar hutments:—	
(a) Number still occupied	—
(b) Date by which it is anticipated occupants will be rehoused... ..	—
(5) Estimated number of dwellings, excluding those under paragraph (4) above, remaining to be dealt with under:—	
(a) The Housing Act, 1957, Sections 16 and 18 ...	—
(b) The Housing Act, 1957, Section 42	90

Housing Acts—Overcrowding

(a) (i) Number of cases of overcrowding relieved during the year	2
(ii) Number of persons concerned in such cases	16
(b) (i) Number of dwellings overcrowded at the end of the year	—
(ii) Number of persons dwelling therein ...	—

Housing Acts, 1949-59

Number of dwellings for which applications for grants have been received—					
(a) Standard Grant	...	...	...	...	44
(b) Discretionary Grant	...	...	...	...	93
Number of houses owned by the 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	...	...	...	...	—
Number of caravans permitted under such licences					
Number of inspections during the year					
...	—
Number of sites exempt from licence	...	...	...	...	—
Number of holiday chalets	...	...	...	...	—

Public Health Act, 1936

Number of site licences	...	...	...	...	1
Number of individual licences	...	...	...	...	—
Total number of moveable dwellings permitted under above licence					
...	...	...	...	...	3
Number of inspections during the year—					
Sites	...	...	...	...	1
Dwellings	...	...	...	...	1
Number of contraventions remedied	...	...	...	...	—
Number of sites exempt from licence	...	...	...	...	—
Number of dwellings thereon	...	...	...	...	—

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	72
Greengrocers and Fruiterers (including those selling wet fish, game, etc.)	29
Meat Shops (butchers, purveyors of cooked and preserved meats, tripe, etc.)	32
Bakers and/or Confectioners	9
Fried Fish Shops	16
Shops selling mainly Sugar Confectionery Minerals, Ice Cream, etc.	28
Licensed Premises, Clubs, Canteens, Restaurants, Cafes, Snack Bars, etc.	45
Poultry Packing Station	1

During the year 563 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)	1	—
Ice Cream (Storage and Sale)	63	47
Preparation and Manufacture of— Meat Products, including Meat Pies	18	8

MILK AND DAIRIES

The Milk (Special Designation) Regulations, 1963-65

Licences are issued by the Lindsey County Council authorising pre-packed milk to be sold using the designations Pasteurised, Ultra Heat Treatment, Sterilised and Untreated.

(1)	Number of milk pasteurising dairies	—
(2)	Number of milk dealers licensed to retail pre-packed milk	45

Eighty-three samples of pasteurised and sterilised milk were taken from dairies and milk shops and on delivery by retailers. These were subject to tests for the efficiency of pasteurisation and sterilisation and for keeping quality. One of these samples failed the methylene blue test for keeping quality. A warning was issued and further samples have been satisfactory.

ICE CREAM

There are on the Register one Manufacturer/Retailer and 63 Retailers. The former is a trader supplying his own needs and the latter retail pre-packed ice cream.

The Manufacturer was visited to secure compliance with the Ice Cream (Heat Treatment) Regulations, 1959. Inspections were made of premises retailing ice cream.

SAMPLES TAKEN UNDER THE FOOD AND DRUGS ACT, 1955

Articles sampled	No. of samples taken
Milk	10
Processed Milk Products	5
Preserves	2
Tinned, Bottled and Dried Foods	6
Non-alcoholic Beverages	3
Confectionery	5
Meat and Fish Products	5
Spices	2
Cereals	1
Drugs	1
	—
	40
	—

Unsatisfactory Food and Drugs samples

The following specimens/samples were dealt with by legal proceedings or warnings as noted. In addition advice has been offered on numerous instances regarding compliance with requirements of the Act.

Loaf of bread containing portion of broken slicing blade
—Legal proceedings instituted. Fine £50. Costs £5.25.

Warnings:

Tinned fruit salad found to contain two bees.

Pork pies (two instances) affected with mould.

Beef pie affected with mould.

Infested chocolate.

Processed cheese of unsatisfactory flavour which was attributed to breakdown in refrigerator.

Lemonade containing cyclamate, an artificial sweetener which is now prohibited in food. In this instance, the cyclamate was not declared on the label and the retailer destroyed all existing stock by arrangement.

MEAT, FOODS AND SLAUGHTERHOUSE INSPECTIONS

CARCASES INSPECTED AND CONDEMNED IN WHOLE OR IN PART

Unsound Food:

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	3,359	29	12	8,215	10,397
Number inspected	3,359	29	12	8,215	10,397
All disease except Tuberculosis and Cysticerci : Whole carcases condemned	34	6	6	11	55
Carcases of which some part or organ was condemned	171	5	—	16	121
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	6.103	37.93	50.0	.329	1.69
Tuberculosis only : Whole carcases condemned	—	—	—	—	2
Carcases of which some part or organ was condemned	—	—	—	—	28
Percentage of the number inspected affected with Tuberculosis					.289
Cysticerosis : Carcases of which some part or organ was condemned	7	—	—	—	—
Carcases submitted to treatment by refrigeration	7	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

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

No Veterinary ante-mortem inspection of animals undertaken.

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

MEAT CONDEMNED DURING THE YEAR

CATTLE

4	Carcases and all offal	Johne's Disease
2	Carcases and all offal	Septic Peritonitis
3	Carcases and all offal	Septicaemia
1	Carcase and all offal	Septic Pneumonia
2	Carcases and all offal	Pyæmia
3	Carcases and all offal	Pyæmia and Oedema
2	Carcases and all offal	Emaciation and Oedema
2	Carcases and all offal	Septic Pericarditis
1	Hindquarter	Damaged Pelvis
1	Head	Abscess
1	Head	Calcified unidentified cyst
2	Heads	Calcified unidentified cyst
97	Livers	Distomatosis
23	Livers	Abscesses
3	Livers	Hydatid cysts
4	Livers	Angioma
1	Liver	Fatty degeneration
1	Lung	Fasciola Hepatica

PIGS

17	Carcases and all offal	Multiple Abscesses
9	Carcases and all offal	Emaciation
2	Carcases and all offal	Immaturity
2	Carcases and all offal	Peritonitis
1	Carcase and all offal	Acute swine erysipilis
1	Carcase and all offal	Anaemia
1	Carcase and all offal	Malignant Tumours
2	Carcases and all offal	Moribund
5	Heads	Tuberculosis
9	Hindquarters	Fractures and infiltration
22	Hindquarters, Loins and Shoulders	Abscesses
5	Hindquarters	Bruising
3	Legs	Bruising
1	Loin	Damaged
5	Hindquarters	Arthritis
2	Hearts	Congestion
1	Kidney	Nephritis
1	Kidney	Congestion
3	Heads	Abscesses
1	Lung	Septic Pneumonia
2	Lungs	Pleurisy
1	Heart	Pericarditis
27	Plucks	Ascaris Lumbricoides

SHEEP

3 Carcases and all offal	Oedema
3 Carcases and all offal	Emaciation
1 Carcase and all offal	Septicaemia
1 Carcase and all offal	Severe injuries
1 Hindquarter	Infiltration
1 Hindquarter	Damaged
1 Liver	Abscess

CALVES

1 Carcase and all offal	Moribund
1 Carcase and all offal	Septic Pneumonia
1 Carcase and all offal	Immaturity
1 Carcase and all offal	Acute Enteritis
1 Carcase and all offal	Umbilical Pyaemia
1 Leg	Damaged

OTHER FOODS CONDEMNED DURING 1970

Frozen Meat	75 lbs.
Meat Pies	59
Meat	29 tins
Meat	17 pkts.
Sausages	14 lbs.
Vegetables	402 tins and pkts.
Fruit	165 pkts.
Puddings	33 tins and pkts.
Fish	148 pkts.
Fish Pastries	143 pkts.
Coffee	4 tins
Sultanas	10 pkts.
Raisins	11 pkts.
Potato Products	138 pkts.
Butter	42 lbs.
Nuts	56 lbs.
Biscuits and Cakes	30 pkts.
Cereals	13 pkts.
Pastries	17
S.R. Flour	26 lbs.
Salt and Pepper	12 lbs.
Soup	20 tins
Cheese	60 lbs.
Milk	74 tins
Flour	131 lbs.
Sugar	27 lbs.
Vegetables	32 lbs.
Jam	19 jars
Chicken	7 tins
Chicken Pastries	97 pkts.

POULTRY PACKING STATION

Although the Health Department are unable to employ an officer full-time at the poultry packing station to inspect the poultry being prepared for sale for human consumption, emphasis has been placed on daily visits as far as possible.

The firm employ a team of quality control spotters under the charge of a supervisor. These spotters are placed at strategic points. There is one in the plucking room, three on the evisceration lines (two are stationary and one roaming) and one in the box room. An officer from my department then checks on all birds that have been withdrawn for any reason and condemnation tickets are made out.

The firm take regular samples for bacteriological examination in their own laboratories for purposes of quality control.

All water used in the factory is chlorinated in excess of the recommendations contained in the Code of Practice. Spot checks are made with the use of a Lovibond Comparator.

Number of poultry-packing premises in the district ...	...	1
Number of visits to these premises ...	...	297
Total number of birds processed during the year ...	...	6,529,319
Percentage of birds rejected as unfit for human consumption ...	...	0.9214%
Weight of poultry condemned as unfit for human consumption ...	...	240,920 lb.

SWIMMING POOLS

There is one public swimming pool in the area which is owned by the Local Authority. It 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 the pool.

MORTUARY ACCOMMODATION

The building originally used as slipper baths and situated at North Warren Road, Gainsborough, has been completely re-designed by the Council's Architect and now provides extremely good mortuary facilities. These include autopsy room, reception area, refrigerated storage for six bodies which can be increased if necessary, offices and other amenities. The public area is most tastefully designed and furnished. This mortuary replaces the most unsatisfactory building in Wembley Street, Gainsborough.

MOVEABLE DWELLINGS

No licences were issued under the Caravan Act.

PET ANIMALS ACT, 1951

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

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

No application for licences under the above Act were received.

OFFENSIVE TRADES

The number on the register is one and 21 visits were paid to these premises to ensure compliance with the bye-laws.

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 cases were dealt with during the year.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

218 premises are licensed under the above Act. 293 inspections were made. 20 defects were found.

REFUSE COLLECTION

Refuse collected from 7,813 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 the house refuse.

REFUSE DISPOSAL

The amount of domestic refuse dealt with at the tip was estimated to be 12,320 tons for the year, which was 424 tons more than the previous year.

The method in use is that of controlled tipping. Soil is dug out by the angledozer, deposited on top of the refuse, and finally levelled off. Soil is also received from excavations on building sites in the immediate area.

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.

HOUSE REFUSE COLLECTION AND DISPOSAL

(Financial Year ending 31st March, 1971)

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

Refuse Collection and Disposal	... ..	£36,647
Revenue	... ..	£1,816

Nett Cost ... £34,831

No. of Weekly Collections		Method of Collection	Method of Disposal	COLLECTION AND DISPOSAL COSTS						
				Total Cost	Total Tons (Est.)	No. of Premises	Cost per Premise	Cost per 1,000 Houses	Cost per Head of Population	Cost 1,000 Head of Population
House	Trade	Three 18 Cu. Yd. Rear loading and one Cu. Yd. Side loading Motor Vehicles	Controlled Tipping	£34,831	12,320	7,813	£4.9.1	£4,454	£1.19.4	£1,966
Population 17,680										

Rate Represented for Collection and Disposal 10.77d.

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, 1970.

PROPERTIES OTHER THAN SEWERS

1. Number of properties in the district
2. (a) Total number of properties (including nearby premises) inspected following notification
 - (b) Number infested by (i) Rats
 - (ii) Mice
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification
 - (b) Number infested by (i) Rats
 - (ii) Mice

TYPE OF PROPERTY		
NON-AGRICULTURAL	AGRICULTURAL	
7,767	10	
662	—	
297	—	
48	—	
991	3	
58	—	
—	—	

SEWERS

4. Were any sewers infested by rats during the year ? Yes.

SANITARY IMPROVEMENTS EFFECTED

Rising dampness remedies	2
Wall plaster repaired	8
Burst water-pipe repaired	1
Eaves gutters repaired	7
Roofs repaired	5
Fireplaces renewed	2
Windows repaired	6
Staircases repaired	1
Pointing repairs	2
Chimney stacks repaired	5
Doors repaired	2
Floors repaired	2
Sanitary conveniences repaired	5
Yard walls repaired	1
Rain water pipes repaired	3
Ventilation pipe renewed	1
Sink waste pipe renewed	1
Water closet flushing cisterns repaired	2
Foodstore improved	1
Blocked and defective drains repaired	31
Dustbins provided	188

INSPECTIONS MADE DURING THE YEAR

Houses inspected under the Public Health Acts including revisits	1433
Complaints investigated	187
Factories with power	26
Outworkers	9
Drainage work	203
Butchers and departments	47
Bakehouse and confectionery departments	15
Fried fish shops	11
Grocers and greengrocers	126
Markets	104
Meat inspection and slaughterhouse visits	1023
Offensive trades premises	21
Ice cream shops	47
Cafes and restaurants	10
Licensed premises	15
Works canteens	12
Mobile shops	3
Meat manufacturing premises	8
Vermin and rodent control	1711
Depot and tip	145
Swimming bath visits	24
Unsound food	21

Offices, shops and railway premises	...	...	...	...	293
Atmospheric pollution	...	...	...	...	8
Poultry Packing Station	...	...	...	...	269
Improvement Grants	...	...	...	...	1579
Pet Animal shops	...	...	...	...	2
Noise abatements	...	...	...	...	32
Caravans	...	...	...	...	35
Dirty and verminous premises	...	...	...	...	12
Cattle market	...	...	...	...	23
Infectious diseases	...	...	...	...	6
House to house surveys	...	...	...	...	251
Mortuary	...	...	...	...	35
Houses in multiple occupation	...	...	...	...	5
Miscellaneous refuse collection and accumulation	...	...	...	...	60
Miscellaneous visits	...	...	...	...	315
Interviews	...	...	...	...	192

FACTORIES ACT, 1961

The number of factories on the register, including bake-houses, is 114. During the year, 26 visits were paid to these premises which resulted in one offence 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 purpose of provisions as to health (including inspections made by the 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	4		-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	106	26	2	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	8	8	-	-
TOTAL	114	34	2	-

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	3	3	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out work)	—	—	—	—	—
TOTAL	3	3	NIL	2	NIL

PART VIII OF THE ACT

Outwork

(Section 133 and 134)

Nature of Work	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 list (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wig Makers	20	—	—	—	—	—
TOTAL	20	—	—	—	—	—



