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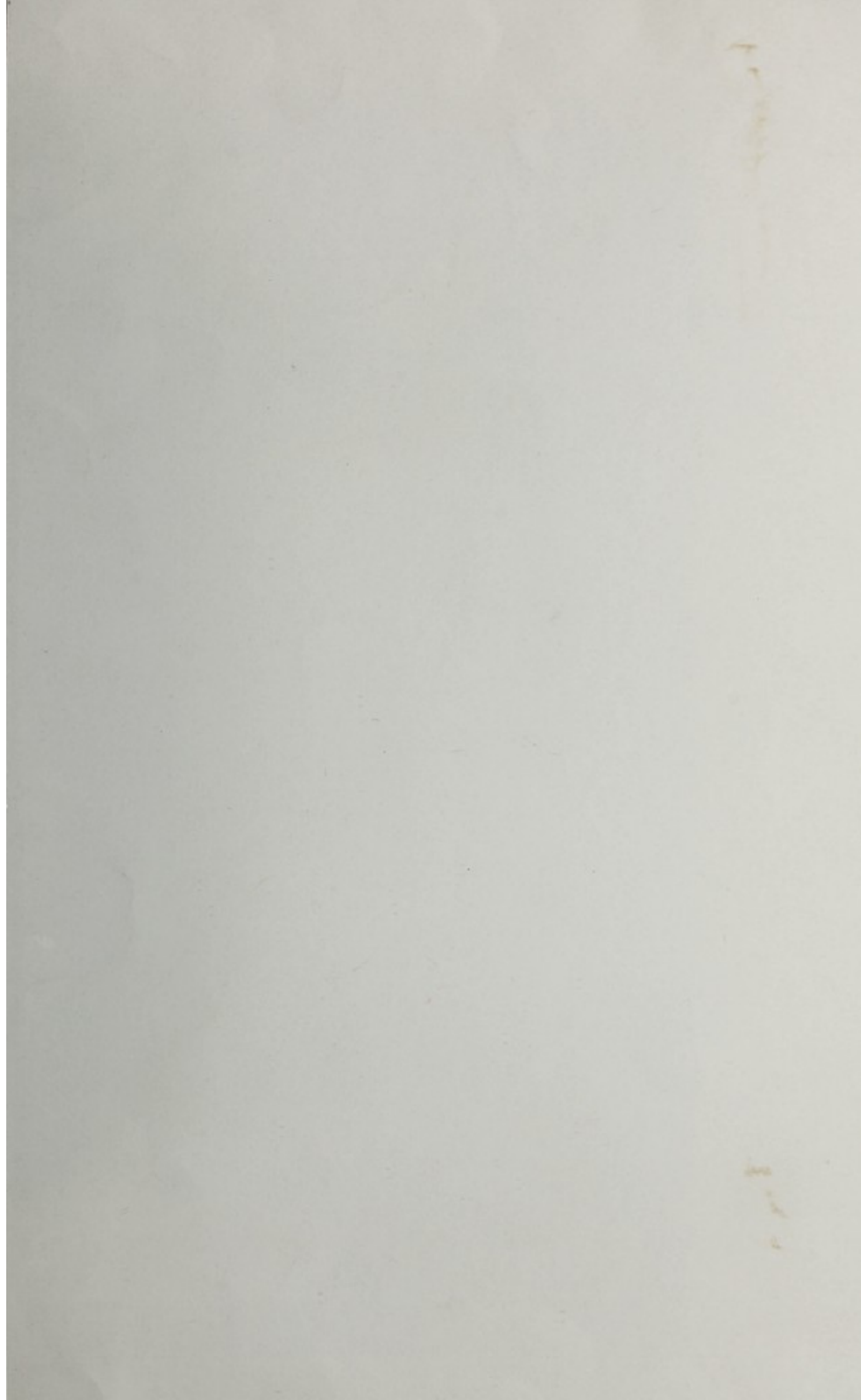
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THE INSTITUTE OF SOCIAL MEDICINE,
10, Parks Road, Oxford.

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MEDICINE
10, PARKS ROAD,
OXFORD

THE

ANNUAL REPORT

ON THE

*Health of the
County Borough of Grimsby,
For the Year ending 31st December, 1947,*

— BY —

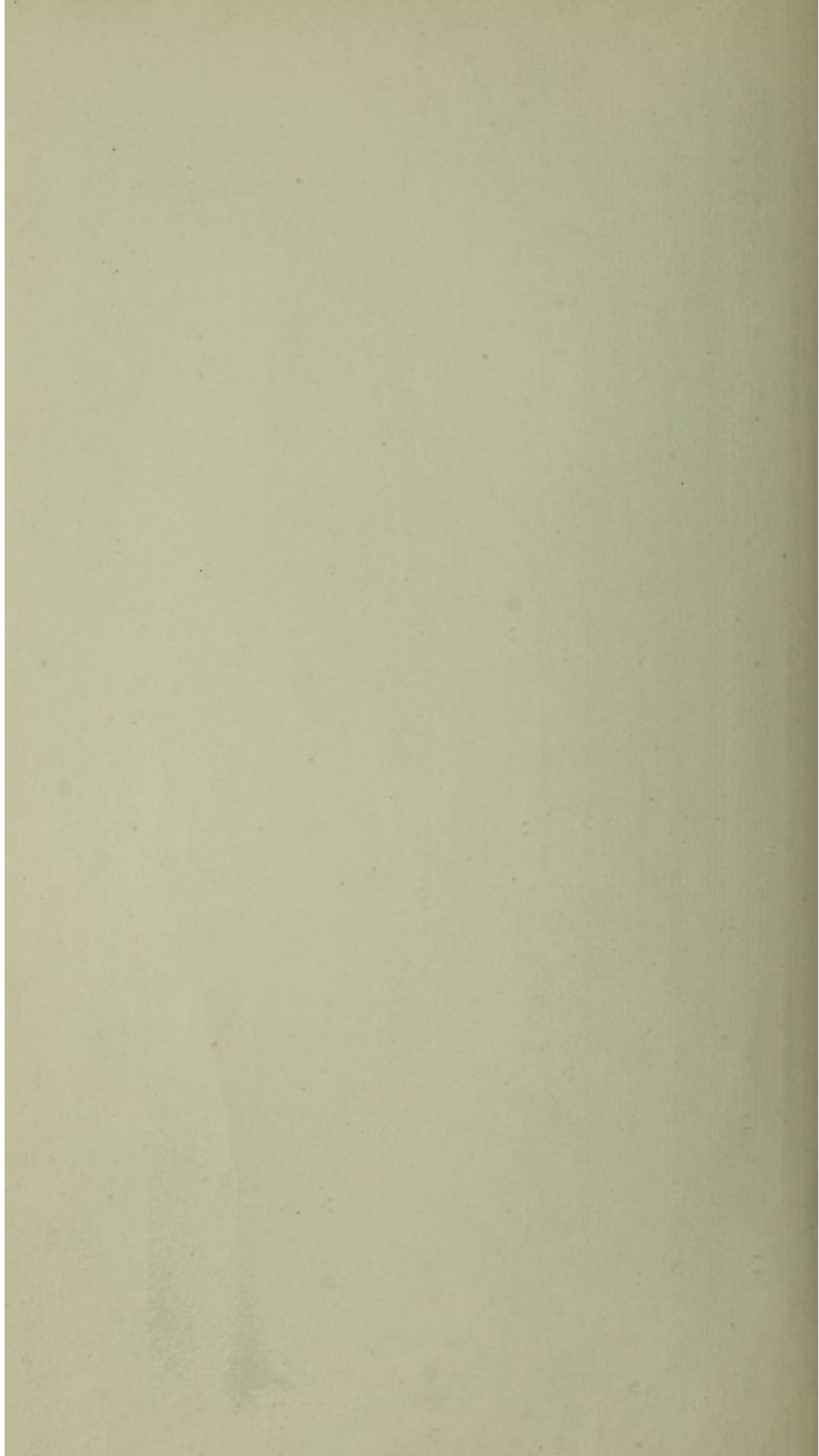
JAMES A. KERR, V.R.D., B.Sc., M.D., D.P.H.

Medical Officer of Health
Administrative Tuberculosis Officer
and School Medical Officer

GRIMSBY:

ROBERTS & JACKSON, Ltd., Printers, 7a & 9 Maude Street.

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HEALTH COMMITTEE.

(25 members and 6 co-opted representatives).

CHAIRMAN :—COUNCILLOR J. F. S. JONES, M.A.

DEPUTY CHAIRMAN :—COUNCILLOR Mrs. M. LARMOUR.

SUB-COMMITTEES OF THE HEALTH COMMITTEE.

FINANCE AND BUILDINGS :—

Chairman :—COUNCILLOR J. F. S. JONES, M.A.

Deputy Chairman :—ALDERMAN J. H. FRANKLIN.

PERSONAL HEALTH :—

Chairman :—ALDERMAN C. H. WILKINSON, M.B.E., J.P.

Deputy Chairman :—COUNCILLOR Mrs. M. LARMOUR.

MATERNITY AND CHILD WELFARE :—

Chairman :—COUNCILLOR Mrs. M. LARMOUR.

Deputy Chairman :—COUNCILLOR Miss J. B. B. McLAREN.

MENTAL HEALTH :—

Chairman :—ALDERMAN M. BLOOM.

Deputy Chairman :—COUNCILLOR Miss J. B. B. McLAREN.

SANITARY :—

Chairman :—ALDERMAN J. W. LANCASTER, J.P.

Deputy Chairman :—COUNCILLOR E. W. MARSHALL.

LOCAL ACTS, ADOPTIVE ACTS, BYE-LAWS, AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

LOCAL ACTS.

- The Great Grimsby Improvement Act, 1853.
- The Grimsby Improvement Act, 1869.
- The Grimsby Extension and Improvement Act, 1889.
- The Grimsby Corporation Act, 1921.
- The Grimsby Corporation Act, 1927.
- The Grimsby Corporation (Dock, &c.) Act, 1929.
- The Grimsby, Cleethorpes and District (Water, etc.) Act, 1937.

ADOPTIVE ACTS.

- The Public Health Acts Amendment Act, 1890.
- The Private Street Works Act, 1892.
- The Public Libraries Acts.
- The Public Health Acts Amendment Act, 1907. (Parts II., IV., VI. & X)
- The Public Health Act, 1925—(Sections 13 to 33 and 35 of Part II.)

BYE LAWS.

- Common Lodging Houses, 1892.
- Offensive Trades, 1892.
- Public Bathing, 1892.
- Nuisances, 1892, 1898, 1901, and 1923.
- Houses-let-in-Lodgings, 1903.
- Section 23 of Municipal Corporations Act, 1882.
- Premises where Food is prepared or cooked, 1926.
- Tents, Vans, Sheds and similar structures, 1926.
- Conduct of persons waiting in streets to enter public vehicles, 1930.
- Smoke Abatement, 1936.
- New Streets, 1937.
- Nursing Homes, 1938.
- Employment of Children and street trading by Young Persons, 1938.
- Seamen's Lodging Houses, 1938.
- Building Byelaws, 1939.
- Slaughterhouses, 1939.
- Parking Places, 1941.
- Fouling of Footways by Dogs, 1942.

LOCAL REGULATIONS.

- Grimsby Port Health Authority Regulations.

STAFF OF THE HEALTH DEPARTMENT.

The Staff of the Public Health Department on the 31st December, 1947, was as follows :—

MEDICAL STAFF—Whole-time :—

J. A. KERR, B.Sc., M.D., D.P.H., *Medical Officer of Health, School Medical Officer, Medical Officer under the Mental Deficiency Acts and Medical Inspector of Aliens.*

J. M. VINE, M.B., B.S., D.P.H., *Deputy Medical Officer of Health, Clinical Tuberculosis Officer and Medical Inspector of Aliens.*
(With U.N.R.R.A. as from 9-3-1944).

JANET W. HEPBURN, M.B., Ch.B., D.P.H., *Senior Assistant Medical Officer Maternity and Child Welfare.*

RACHEL HALPERIN, M.B., B.S., D.P.H., *Assistant Medical Officer, Maternity and Child Welfare and Assistant School Medical Officer.* (Resigned 12-7-1947).

JEAN D. MCKELLAR, M.B., B.S., *Assistant Medical Officer, Maternity and Child Welfare and Assistant School Medical Officer.* (Appointed 15-11-1947).

D. J. CAMPBELL, F.R.C.P. (Ed.), D.P.H., L.D.S., *Venereal Diseases Medical Officer.*

J. GLEN, M.B., Ch.B., D.P.H., *Clinical Tuberculosis Officer.*

CHRISTINA A. GUNN, M.B., Ch.B., D.P.H., *Resident Medical Officer, Corporation Hospital.* (Resigned 7-11-1947.)

T. W. MORRIS, M.R.C.S., L.R.C.P., *Resident Medical Officer, Corporation Hospital.* (6-5-1947).

I. T. T. HIGGINS, M.B., B.S. M.R.C.P., *Resident Medical Officer, Corporation Hospital.* (Appointed 6-11-1947).

MARY D. GARDNER, M.B., Ch.B., *Resident Medical Officer, Municipal Maternity Home.* (Resigned 31-8-1947).

ALEXANDRA C. WATSON, M.B., Ch.B., *Resident Medical Officer, Municipal Maternity Home.* (Appointed 21-10-1947).

C. R. MACDONALD, F.R.C.S., M.R.C.O.G., *Consultant Obstetrician and Gynaecologist—jointly with the Lindsey County Council.*

SANITARY INSPECTORS.

BOROUGH :—

*† H. PARKINSON, *Chief Sanitary Inspector.*

*† H. CORMACK, *Deputy Chief Sanitary Inspector.*

*† E. H. LAND, *Assistant Sanitary Inspector.*

*† A. MANSON, " " "

*† T. C. CORMACK, " " "

* A. H. RANDE, " " "

*† R. GROAT, " " " (Resigned 11-10-1947).

*† G. OAKES, " " " (Appointed 13-1-1947).

*† E. JACKSON, " " " (" 13-1-1947).

*† W. W. REED, " " " (" 1-2-1947).

*† T. TURTON, " " " (" 8-12-1947).

*† F. W. MURRAY, " " " (" 8-12-1947).

T. H. R. JOHNSON, *Disinfectors,
and 2 rat catchers.*

HEALTH VISITORS.

MISS F. S. HIGLEY, *Superintendent, ‡||§.* (Resigned 29-5-1947).

MISS E. M. M. ROBERTS, *Superintendent, ‡||§.* (Appointed 1-9-1947).

MRS. C. E. CHAPMAN, ‡||.

MRS. M. SHANNON, ‡||.

MISS R. E. BRAYBROOKS, ‡||§.

MRS. F. M. KEARNEY, ‡||§.

MISS E. M. TIPPLER, ‡||§.

MISS H. BRAGG, ‡||§.

MISS M. J. MUMBY, ‡||§. (Appointed 9-1-1947).

MISS E. M. HENLEY, ‡||§. (Appointed 25-8-1947).

MRS. B. SMITH, *Tuberculosis health visitor. ‡||§.*

CLERICAL.

T. E. DAVIDSON, Chief Clerk.	Miss J. M. WERGE, (M. & C. W.).
R. TULLOCH,	—Resigned 31-1-1947.
E. BROWN, (also Vaccination Officer).	Miss. M. BELL, (M. & C. W.).
W. R. GALE,	Miss. D. CALVERT, (M. & C. W.).
D. AMERY,	Mrs. J. A. POTTER, M. & C. W.).
Miss J. SHAW,	Miss. D. POPPLETON, M. & C. W.).
Miss J. MALLINSON,	Miss B. THOMPSON, (M. & C. W.).
S. NASH, (Sanitary)	Mrs. E. NUNDY, (Maternity Home).
Miss J. WESTLAND, (Sanitary).	Miss M. SMART, (Chest Clinic).

MENTAL WELFARE.

Miss E. M. WOULD, <i>Petition Officer and Mental Visitor.</i>	
Miss. I. M. STORY, <i>Assistant Petition Officer.</i>	(Appointed 1-9-1947).
Miss K. F. W. Clarke, <i>Mental Welfare Worker.</i>	(Appointed 6-10-1947).
Miss C. M. GEMMELL, <i>Supervisor, Occupation Centre.</i>	
Miss L. A. WILLERTON, <i>Assistant,</i>	" "
Miss A. Y. FULFORD, <i>Assistant,</i>	" "
Miss M. BARKER, <i>Trainee,</i>	" "
Miss L. M. KAY, <i>Clerk.</i>	(Resigned 8-2-1947).
Miss M. MOORE, <i>Clerk.</i>	(Appointed 2-6-1947).
Miss J. A. McOLIVE, <i>Clerk.</i>	(Appointed 1-9-1947).

VENEREAL DISEASES CLINIC.

J. BROOKS, <i>Laboratory Technician.</i>	
H. THOMAS, <i>Orderly.</i>	
Miss E. M. POTTER, <i>Nurse.</i>	
T. BAKER, <i>Laboratory Assistant.</i>	(Resigned 28-6-1947).
Miss J. HAY, <i>Student Laboratory Technician.</i>	(Appointed 6-10-1947).

MUNICIPAL MIDWIVES.

Miss A. WEBSTER, ‡||§, <i>Superintendent.</i>	
Miss M. E. BROUGHTON, ‡||.	
Miss E. M. BARNARD, ‡||.	
Miss D. DAVY, ‡||.	
Miss I. DRANSFIELD, ‡||.	(Resigned 20-10-1947).
Miss M. L. FAWCETT, ‡||	(Resigned 30-9-1947).
Miss D. G. INKPEN, ‡||.	
Miss E. MARSHALL, ‡||.	
Miss D. B. McLACHLAN, ‡||.	(Resigned 28-11-1947).
Mrs. L. R. PIDD, ‡||.	(Appointed 18-10-1947).
Miss J. E. REID, ‡||.	
Mrs. A. THACKER, ‡||.	
Miss P. TOOGOOD, ‡||.	
Miss C. TIERNEY, ‡||.	(Appointed 12-1-1948).
Miss R. SMITH, ‡||.	(Appointed 12-1-1948).
Miss J. STEEL, ‡||.	(Appointed 16-4-1947).
Miss M. M. B. WILLIAMS, ‡||.	

HOME HELP SUPERVISOR :—Miss L. BLACKBURN, (Appointed 27-10-1947).

CORPORATION HOSPITAL.

Miss E. D. MACKENZIE, R.R.C., ||, <i>Matron.</i>	(Retired 8-10-1947).
Miss L. TEGGERT, ||§. <i>Matron.</i>	(Appointed 17-9-1947).

MUNICIPAL MATERNITY HOME.

Miss M. L. ARCHER, ‡||, *Matron.*

- * Holds Inspector's Certificate of Royal Sanitary Institute.
- † Holds certificate for inspecting Meat and Other Foods.
- ‡ State certified midwife.
- || State registered nurse.
- § Holds Health Visitor's certificate.

To the Mayor, Aldermen and Councillors of the County Borough of Grimsby.

LADIES AND GENTLEMEN,

I beg to present the Annual Report on the Health Services of the Borough for the year 1947. As this year is the centenary of public health work as we know it, it is interesting to recall that the first whole-time medical officer of health for Grimsby (the late Dr. W. B. Simpson) was appointed in the year 1906. Prior to that year the office was held by a general practitioner in the town who acted as part-time medical officer of health. In looking through past records it is noted that in 1906 a total of 366 children under one year of age died in Grimsby, the infant mortality rate being 176 per thousand births—a terrifying figure when compared with the rate of to-day. In the same year there were 101 cases of typhoid fever in the borough, a disease of rare occurrence nowadays.

During 1947 the health of the borough remained generally satisfactory, and the improvement in general cleanliness has been more than maintained. Unfortunately, there were two epidemics, the first of small pox of Asiatic type in February, and the second that of poliomyelitis in August and September. Both these outbreaks severely taxed the staff of the Health Department both in hospital and otherwise.

The birth rate remained high, 24.4 as compared with 24.5 in 1946, the highest for a quarter of a century, and compared with a rate of 20.5 for England and Wales. Unfortunately, the infant mortality rate which in 1946 had fallen to 34, the lowest ever recorded in Grimsby, rose to 44 per thousand live births as compared with 41 for England and Wales. This increase in the infant death rate was due to an increase in the number of deaths from diarrhoea and enteritis which were rather mysteriously occurring throughout the whole of the country at the time. Of these deaths artificial feeding was being carried out in fourteen cases and only one infant was breast fed at the time of death. In many of these cases an inquest was held by H.M. Coroner without elucidating any especial cause to which the deaths could be attributed.

The number of cases of diphtheria fell to 21, the lowest number recorded for fifty years. The percentage of immunised children has been fully maintained.

The death rate from tuberculosis was 0.72 per thousand of the population (0.64 in 1946), compared with 0.54 for England and Wales. The amount of thoracic surgery at the Corporation Hospital continues to be considerable, a total of 118 operations having been carried out. The total new cases of tuberculosis reported was 142 as compared with 179 in 1946. Attendances at the Chest Clinic fell from 13,052 to 10,613.

During the year an additional task was imposed on the sanitary inspectors in getting out details required in respect to the various reconstruction areas under consideration by the local authority.

At the Municipal Maternity Home, owing to the restriction of the number of beds and the shortage of staff, the system of selection of cases for admission apart from those specially admitted on obstetric grounds had to be as stringent as ever. Fortunately, a home-help organiser was appointed, and the nucleus of an efficient body of home-helps was laid down.

There was a very marked drop in the attendances at the infant welfare clinics owing to the restrictions during the poliomyelitis outbreak, but the ante-natal figures remained fairly constant and the same complete service for expectant mothers was carried out as before. In particular it became a routine for the expectant mother attending the clinic to have her teeth examined and her chest X-rayed. The mothers of Grimsby were also learning something of the mysteries of the Rhesus factor. The nature of the treatment at the venereal diseases centre has been completely altered in recent years by the introduction of penicillin therapy.

The necessity for the provision of a municipal abattoir looms as large as ever, and it is unfortunate that post-war conditions still prevent an attack being made on the 5,000 houses without an internal water supply while some of the old type of refuse collection vehicles linger on the roads a decade too long.

It is of interest that Grimsby was selected as one of the five pilot areas in the country for notification of acute rheumatism in persons under the age of 16 years.

During the year under review we had to regret the death of two members of the staff who died in harness and in both cases their early demise may be indirectly attributed to the small pox epidemic. Dr. T. W. Morris who came to us as a temporary medical officer in January, 1946, died at the Corporation Hospital on 6th May, 1947; and Mr. G. Elvidge, an ambulance driver who had been in the service of the Corporation Hospital since 1920 and who had given help and comfort to many patients and relatives, died on 10th March, 1947.

In conclusion, the thanks of the department are due to the Chairman and Deputy Chairman of the Health Committee and the members of the Council and co-opted bodies who belong to the various sub-committees, for their interest in the work of the department and appreciation of the difficulties which from time to time it has to contend.

I am, Ladies and Gentlemen,

Yours faithfully,

JAMES A. KERR,

Medical Officer of Health.

HEALTH DEPARTMENT,
1, BARGATE, GRIMSBY.

November, 1948.

SECTION A.—STATISTICS AND SOCIAL CONDITIONS.

GENERAL STATISTICS.

Area (in acres)—excluding foreshore.....	5,468
Registrar-General's estimate of Civilian Population, mid-1947..	89,190
Number of inhabited houses (end of 1947) according to Rate Books	24,845
Rateable value	£545,032
Sum represented by a penny rate	£2,148

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Live births :—	Males.	Females.	Total.	
Legitimate ..	1022	1012	2034	} Birth Rate per 1,000 estimated population 24.4.
Illegitimate ..	84	65	149	
	<u>1106</u>	<u>1077</u>	<u>2183</u>	

Stillbirths :—				
Legitimate ..	28	22	50	} Rate per 1,000 total (live and still) births *25.0
Illegitimate ..	2	4	6	
	<u>30</u>	<u>26</u>	<u>56</u>	

Deaths ..	654	521	1175	Death Rate per 1,000 estimated population .. 13.1
-----------	-----	-----	------	---

Deaths from puerperal causes (Headings 29 and 30 of the Registrar-General's Short List) :—

	Deaths.	Rate per 1,000 total (live and still) births.
No. 29. Puerperal and Post Abortive Sepsis ..	1	0.44
No. 30. Other maternal causes ..	2	0.89
Total ..	<u>3</u>	<u>1.33</u>

Death rate of Infants under one year of age per 1,000 live births :—

	Legitimate 44	Illegitimate 47	Total 44		Number	Rate
Deaths from Measles	4	0.04
„ Whooping Cough	2	0.02
„ Diarrhoea (under two years of age)	19	†
„ Respiratory Tuberculosis	57	0.63
„ Other Tuberculous Diseases	8	0.09
Total Tuberculosis Deaths	65	0.72
Deaths from Cancer	191	2.14
„ Influenza	3	0.03

* 0.62 per 1,000 of the population.

† 8.70 per 1,000 live births.

Population.—The Registrar-General's estimate of the civilian population of Grimsby for 1947 is 89,190 or 2,850 above his estimate for 1946.

The natural increase of the population, i.e., the excess of live births over deaths, for the year was 1,008.

Births.—A total of 2,183 live births (1,106 males and 1,077 females) were registered, giving a birth rate of 24.4 per thousand of the estimated civilian population, compared with 20.5 for England and Wales. One hundred and forty-nine (6.82 per cent) of the births were illegitimate.

Stillbirths.—There were 56 stillbirths, giving a rate of 0.62 per thousand of the population, compared with 0.50 for England and Wales. The rate expressed per thousand total births (including stillbirths) was 25, while for England and Wales it was 24.

Deaths.—There were 1,175 deaths (654 males and 521 females), equal to a death rate of 13.1, compared with 12.0 for England and Wales.

611 persons, comprising residents and non-residents, died in institutions in the borough, equivalent to 52 per cent of the total deaths.

Coroner's inquests or inquiries to the number of 153 were held, and the findings were :—Accident or misadventure 47 ; natural causes 88 ; suicide 14 ; and open verdict 4.

During the year 559 persons died at ages varying from 70 to 95, the numbers at age periods being :—

	MALES	FEMALES	TOTAL
Between 70 and under 75 years	115	66	181
„ 75 and under 80 years	79	73	152
„ 80 and under 85 years	66	63	129
„ 85 and under 90 years	42	40	82

also 4 males and 11 females at age 90 and over.

This is equal to a rate per thousand of the population of 6.26, and to 47.5 per cent. of the total deaths.

Table 5 at the end of this report, giving the causes of death in age periods, was prepared in the Health Department from information supplied weekly by the local registrar. The classification agrees closely with the figures received from the Registrar-General on 18th May, 1948.

Infant Mortality.—There were 97 deaths of infants under one year of age, giving an infantile mortality rate of 44 per thousand live births, compared with 41 for England and Wales. For further information see Maternity and Child Welfare, page 22.

Social Conditions.—As in other parts of the country, the degree of overcrowding continued to be marked, pending the provision of additional houses by the local authority. Besides the physical degree of overcrowding, except to those engaged in care or social work, the degree of psychological trauma, particularly to young married couples reunited after years of war service, are not always full appreciated.

The commencement of the experiment of the Housing Committee in sharing new municipal houses between two families of small size was viewed with a certain amount of concern.

The arrival of new industries in the Pyewipe district and other areas, while tending to increase the amount of overcrowding in the borough, was a good feature in that the risk of industrial depression was being spread over a larger number of types of industry.

The Manager of the Employment Exchange has kindly furnished particulars regarding the number of unemployed persons in the Grimsby Exchange area, which covers Grimsby, Cleethorpes and the outlying districts within a radius of 12 miles, including Immingham :—

Total live register in January, 1947,			
(men 1,204 ; women 142 ; juveniles 96)	..	..	.. 1,442
Total live register in July, 1947,			
(men 737 ; women 59 ; juveniles 29)	..	..	.. 825
Total live register in December, 1947			
(men 1,082 ; women 126 ; juveniles 17)	..	..	.. 1,225

The approximate number of persons who left the district permanently to take up employment in other districts was 180.

The approximate number of juveniles transferred to permanent employment in other parts of the country was 9.

Climatic Conditions.—The freak weather of 1947 will long be remembered as snow lay on the ground from late January to Mid-March. This was followed by an exceptionally dry and sunny summer. Only 19.24 inches of rain fell during the year as compared with 28.48 inches in 1946. Curiously enough the heaviest rainfall in a single day was in June, when $\frac{3}{4}$ -inch fell in two and a half hours during a thunderstorm and when Roberts Street and other areas in Grimsby were flooded.

Sunshine totalled 1,607 hours, compared with 1,516 in 1946.

SECTION B.—GENERAL PROVISION OF HEALTH SERVICES.

Public Health Officers.—A list of the whole-time officers of the Health Department is given on pages 6 and 7.

Dr. J. M. Vine is still on service with the United Nations World Health Organisation in Greece.

The staff employed in the school health service is listed on page 70.

Laboratory Facilities.—These remained as in the previous year : the examination of specimens is carried out at the laboratory established at the Grimsby and District General Hospital. A total of 2,274 specimens were sent for examination in 1947.

In addition, the laboratory attached to the Grimsby Venereal Diseases Clinic examines specimens sent by the City of Lincoln, the Lindsey County Council and Holland County Council, as well as those for the borough. A total of 28,254 tests and serum tests were carried out, and of these 10,355 related to persons residing in Grimsby.

Ambulance Facilities.—For infectious cases the Corporation Hospital has three ambulances, which are also used for transporting tuberculous patients from the sanatorium to the dispensary for X-ray examinations. Owing to age two of these vehicles are not suitable for long distance work.

NON-INFECTIOUS AND ACCIDENT CASES.—The Borough Ambulance Service operates from the Central Fire Station. The vehicles consist of three ambulances and two cars for sitting cases. This service is necessarily somewhat expensive to run because it is maintained on a 24-hour basis. The ambulances of the Grimsby and District Hospital Contributors' Association provide a busy service for their own members during a limited portion of the day.

The Borough service dealt with 757 accident cases and 1,372 removals in 1947. Good routine of vehicle maintenance and other work has been put into operation and a sound foundation laid for taking over wider responsibilities on the appointed day of the National Health Service Act, 1946.

Nursing in the Home.—The Queen's Nurses of the Grimsby and District Nursing Institution continue to do good work for the local authority. Under an agreement which came into operation on 1st January, 1939, an arrangement was made by the Maternity and

Child Welfare Committee to pay to the Institution a grant of £225 per annum for the first 5,000 visits and £10 for every 250 completed visits thereafter. They also receive a substantial annual donation from the Public Assistance Committee.

Under the above arrangement the Queen's Nurses attend cases of ophthalmia neonatorum and special cases of measles, whooping cough, etc., recommended by the Medical Officer of Health, and they are also available for the nursing of puerperal cases.

A summary of the work carried out by the staff of the Grimsby and District Nursing Institution on behalf of the local authority is as follows:—

<i>Mothers.</i>			<i>New Cases.</i>	<i>Visits.</i>
Maternity .. ..	..	..	.. 20	165
Ante-natal .. ..	..	..	.. —	—
Post-natal .. ..	..	..	.. 3	105
Puerperal pyrexia ..	..	..	.. —	—
General .. ..	..	..	.. 22	575
<i>Children under 5 years of age.</i>				
Medical .. ..	..	..	.. 51	500
Surgical .. ..	..	..	.. 40	488
Discharging eyes ..	..	..	.. 4	82
			140	1915

It was with regret that the local health authority learned of the intention of the District Nursing Institution to terminate their work on the appointed day and hand it over to the local health authority. A request was submitted for the Corporation to become affiliated to the Queen's Institute of District Nursing, and arrangements were made to co-opt certain of the Committee of the Institution who were prepared to give service during the transitional period.

Home of Help.—Working under difficulties because the original premises had been requisitioned, the district worker did useful service in dealing with unmarried mothers and co-operated well with the health visitors.

The local authority made themselves responsible for the payment of the salary of one of the two moral welfare workers under the terms of Circular No. 2866/43 of the Ministry of Health, and it hoped to continue this arrangement after the appointed day.

Clinics and Treatment Centres.—The Clinics and treatment centres provided by the local authority and the education authority in the Borough are as follows :—

MATERNITY AND CHILD WELFARE.

Infant Welfare Centres.

Second Avenue, Nunsthorpe	Monday	2 p.m.
	Thursday	9-30 a.m.
Hope Street (Tel. 4012)	Tues. and Thurs. ..	2 p.m.
Watkin Street (Tel. 4564)	Tues. and Thurs. ..	2 p.m.
Old Clee	Friday	2 p.m.

Ante Natal Clinics.

Municipal Maternity Home	Mon. and Fri. ..	9-30 a.m.
Nunsthorpe (Tel. 7222)	Wednesday	2 p.m.
do. do.	Monday	2 p.m.
Hope Street	Friday	2 p.m.
do.	Monday	9-30 a.m.
Watkin Street	Wednesday	2 p.m.
do.		

Post Natal Clinics.

Municipal Maternity Home	Wednesday	9-30 a.m.
Hope Street	Thursday	9-30 a.m.
Watkin Street	Monday	2 p.m.

Toddlers' Clinics.

Hope Street	Tuesday	9-30 a.m.
Hope Street (Special cases)	Wednesday	9-30 a.m.
Second Avenue, Nunsthorpe	Wednesday	2 p.m.
Watkin Street	Friday	9-30 a.m.

Dental Clinic.

Hope Street	Every afternoon (except Saturday)	
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Diphtheria Immunisation Clinics.

Second Avenue, Nunsthorpe	Third Monday in each month	2 p.m.
Watkin Street	First Monday in each month	2 p.m.
Hope Street	Wednesday	2 p.m.

SCHOOL MEDICAL SERVICE.

School Clinic. (Tel. : No. 4867)

Municipal Hall, Burgess Street	Daily (except Saturday)	9 a.m.
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Eye Clinic.

Municipal Hall, Burgess Street	Tuesday (by appointment)	2 p.m.
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Special Investigation Clinic.

Municipal Hall, Burgess Street	Friday	2 p.m.
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Ophthalmological Clinic.

Municipal Hall, Burgess Street	Thursday (fortnightly)	2 p.m.
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Ear, Nose and Throat Clinic.

Municipal Hall, Burgess Street	Friday (monthly)	2 p.m.
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Rheumatic and Heart Clinic.

Municipal Hall, Burgess Street	Monday (monthly) ..	2 p.m.
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Dental Clinic.

Hope Street	Daily	9 a.m.
Watkin Street	Daily	9 a.m.

ANTI-TUBERCULOSIS SERVICE.

Chest Clinic.

Abbey Villa, Abbey Road	Tuesday (men only) ..	2 p.m.
(Tel. No. 2030)	Wednesday (women only)	2 p.m.
	Wednesday (men and women)	5-30 p.m.
	Thursday (children) ..	2 p.m.

Artificial Pneumothorax Clinic.

Abbey Villa, Abbey Road	Monday (women)	9 a.m.
	Monday (men)	10-30 a.m.

Ultra Violet Radiation Clinic.

Abbey Villa, Abbey Road	Monday, Wednesday and Friday	9 a.m.
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Special Clinic.

Abbey Villa, Abbey Road	Friday (chest screening of expectant mothers)	9 a.m.
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VENEREAL DISEASES.

Clinic, 38 Queen Street	Monday (women) ..	2 p.m.
(Tel. No. 4754)	Tuesday (men) ..	4-30 p.m.
	Wednesday (women) ..	2 p.m.
	Thursday (men) ..	2 p.m.
	(women) 10 a.m. & 4-30 p.m.	
	Friday (men) ..	4-30 p.m.

OTHER SERVICES.

Orthopaedic Clinic.

Grimsby & District Hospital	Monday and Thursday	
	(by appointment only)	9-30 a.m.

Psychiatric Clinic.

Grimsby & District Hospital	First and third Wednesday in month	
	(by appointment only).	

Cleansing Facilities.—The cleansing station made available by the Education Committee at the school clinic in Burgess Street continues to be made use of from time to time. It is not often required to be used other than by school children. Complicated cases of scabies with secondary infection are always admitted to hospital.

Municipal Hospitals.—The following is a summary of the Municipal Hospitals, full descriptions of which have been given in previous reports:—

CORPORATION HOSPITAL.—A survey of this hospital shows that there are now available 80 beds for infectious diseases and 130 for pulmonary and surgical tuberculosis, a total of 210 beds. A ten-bed ward was converted into living accommodation for re-habilitated nurses who are engaged in part-time hospital duties.

A children's playroom attached to Block V was opened. This was provided through the generosity of members of the Grimsby Cyclists Club with particular reference to a memorial to the child of Skipper W. Mogg, M.B.E., D.S.C.

SCARTH ROAD INFIRMARY.—This institution and infirmary has a total of 439 beds. During the year the daily average of occupied beds was 220 in the infirmary and 150 in the institution.

The medical staff consists of Dr. F. Martyn, medical officer ; one resident medical officer ; and the following consultants and specialists :—

Mr. S. E. Duff, F.R.C.S., surgical consultant ;
 Dr. J. W. Brown, M.D., consultant physician and cardiologist ;
 Mr. R. G. Pulvertaft, F.R.C.S., consultant orthopædic surgeon ;
 Mr. G. Macpherson, F.R.C.S., surgical consultant ;
 Mr. Spencer Harrison, F.R.C.S., ear, nose and throat specialist ;
 Mr. C. R. Macdonald, F.R.C.S., consultant gynæcologist ;
 Dr. W. G. Davidson, D.O.M.S., consultant ophthalmologist ;
 Dr. D. J. Campbell, F.R.C.P., venereal diseases specialist ;
 Dr. J. Glen, M.B., Ch.B., D.P.H., tuberculosis specialist ; and
 Mr. T. Felton, L.D.S., dental surgeon.

The Infirmary is still feeling the effects of the national shortage of nurses. The establishment which under the Rushcliffe Scheme should be 66 is at present nineteen below strength.

Figures representing the work of the infirmary during the period under review are :—operations 602 ; X-ray examinations 1,287 ; pathological specimens examined 787 ; and attendances at gynæcological out-patient department 232.

Through the advent of patients from Mr. Macpherson's list at the Grimsby General Hospital there was a marked increase in the major surgery performed. The attendance at the Gynaecological out-patient department fell, probably because of the wider facilities at another hospital.

MUNICIPAL MATERNITY HOME.—Owing to the high birth rate the pressure on the beds was again very severe because, as mentioned in the last annual report, the number of available beds had been reduced

to 38. An even more ruthless curtailment of the number of admissions had to be undertaken, consideration being given both to obstetric and environmental factors. It was, however, possible to always admit for primipara when necessary. 883 cases were admitted as compared with 948 during 1946.

The onset of the economic crisis in the autumn of the year delayed the start of the provision of additional baby ward accommodation as recommended by the Ministry of Health.

SMALL POX HOSPITAL, LACEBY.—This small hospital of 20 beds had been kept for years in a good state of repair and in a fit state to admit cases if necessary at a few hours notice. Unfortunately, when the first emergency arose since the year 1931 it was not anticipated that there would have been such a severe fall of snow as to completely block $1\frac{1}{2}$ miles of private road leading to the hospital, nor was it anticipated that many of the pipes would be burst owing to the sharp frost. Nevertheless, with the aid of the Cleansing Superintendent, the electrical staff of the Borough Engineer, the caretakers, the Matron and nursing staff it was fully functioning as a hospital within 36-hours.

Between 19th February and 15th May, 1947, a total of twenty-two cases—14 Grimsby residents and eight from Scunthorpe—were treated at Laceby. (For further information see page 44).

Voluntary Hospital.—A description of the Grimsby and District General Hospital has been given in previous reports. The Secretary-Superintendent has furnished the following notes :—

The number of beds available is 220. A total of 4, 079 patients—2,318 of which were Grimsby residents—were admitted and treated. The number of new out-patients totalled 16,602 (Grimsby residents 11,497) who made 45,730 attendances.

During the year Mr. R. G. Pulvertaft, orthopaedic surgeon for ten years, resigned to take up another appointment in Derby. Mr. Pulvertaft was responsible for the inauguration of the orthopaedic service which has so efficiently dealt with so many patients over the years. Mr. S. M. Thompson, F.R.C.S., has been appointed in his stead.

Dr. J. Macarthur, honorary psychiatrist since 1934, has retired, and Dr. W. A. S. Falla has taken over his duties.

It has been necessary to increase the resident medical staff complement by the addition of a house surgeon and a house surgeon to special departments. The total full-time medical staff is now eight. The hospital has been approved by the Royal College of Physicians and Surgeons for residents taking the Diploma of Laryngotomy and Otology, also by the British Medical Students Association for medical students in their final year for the purpose of experience. Three students gave assistance during their vacations this year.

The hospital participates in a group preliminary training school for nurses at Lincoln, and seven students have received primary instruction there during the year. A joint lecture scheme has been arranged for nurses at this hospital and the Scartho Road Infirmary. On account of the shortage of nursing staff, 39 part-time nurses and orderlies are employed for 1,000 hours per week, and seven male nursing orderlies have been employed for duty in male wards, theatres and out-patient department.

The hospital had to adjust itself to two emergencies during the year when the town and district suffered an epidemic of small-pox and poliomyelitis. The outbreak of small-pox reduced the bed accommodation for general cases at the Scartho Road Infirmary and accommodation was provided at the hospital. When poliomyelitis cases were discharged from the Grimsby Isolation Hospital they were transferred to the hospital annexe, and 32 cases were admitted during the year.

Full use has been made of facilities for patients who in the opinion of the medical staff required treatment in special treatment centres, and 150 patients have been transferred at no cost to themselves for treatment in radiotherapy, plastic surgery, neuro surgery and thoracic surgery. Further, on account of shortage of nursing staff, a number of patients were admitted to Scartho Road Infirmary for general surgery.

The X-ray department under the charge of Dr. J. L. Freer has been further increased in staff and gives a regular service of 12-hours daily. There are now four fully qualified radiographers on duty.

The past ten years has seen great development in regard to the pathological laboratory, and it became necessary to request Grimsby Corporation to make other arrangements for the Coroner's Court and the public mortuary which have given service to the community for fifteen years, and extend the laboratory into premises formerly used by the Coroner.

A visiting chiropodist has been appointed, and this officer will undertake duties as part of the orthopaedic service.

A canteen with a full-time assistant has been appointed for supplying light meals to out-patients.

At the request of the surgical staff Mr. Macpherson has undertaken duty in a hand clinic, and all injuries to hands are treated under the direction of this surgeon.

The blood transfusion service is undertaken by the regional blood bank of the Ministry of Health, and some 800 donors in this area have been enrolled. On four taking sessions 566 donations of blood have been subscribed to the bank.

HULL ROYAL INFIRMARY.—14 Grimsby residents availed themselves of the facilities offered at the Hull Royal Infirmary—4 in-patients and 10 out-patients.

Poor Law Medical Out Relief.—There has not been any change in the nature of the work of the district medical officers since the transfer of the duties of the Poor Law Authority to the County Borough.

The number of attendances on persons in receipt of medical relief during the year ended 31st December, 1947, was :—

	At Surgery.	At Home.	Medicine supplied without seeing patient.
No. 1 District (Dr. A. Harris)	570	392	133
No. 2 District (Dr. F. E. Hampton)	662	443	66

Care and Treatment of Mental Defectives.—The number of new cases referred to the department during the year was 37.

At the beginning of the year 40 patients were under guardianship, and a further five patients were received under Order during the year, but one of the original patients became unsuitable for guardianship and was transferred to an Institution, a second was discharged from Order as being competent to manage his own affairs, a third died, and the Order of a fourth patient lapsed by operation of law, and was renewed.

Several patients in need of financial assistance have such unsatisfactory homes that it is impossible to recommend them for guardianship and one of the patients so placed should be in an institution, but our need for vacancies is so acute that it is impossible to place the patients in this way.

Statutory supervision of defectives living in the community has now been brought into line as new staff has been appointed and community care is therefore again practicable.

Visitation of patients under guardianship and on licence is also now up-to-date. Work has been found for patients during the year, but in two cases licence has later been withdrawn.

A number of patients, particularly juveniles, continue to be brought before the Petty Sessional Court charged with offences of varying degree. A number of children so charged live in homes where there is little or no parental care, in some cases owing to the fact that the parents themselves are of subnormal mentality.

The Occupation Centre has passed through a more peaceful year. A number of younger children have been admitted. The total number of patients in attendance at the end of the year was 48. The Christmas Party and display of work was attended by a number of parents and members of the Committee. Redecoration of part of the building has now been carried out.

Licence was granted to 12 patients during the year of whom three were later returned to the Institution as unsuitable, together with a further three patients licenced before the beginning of the year. Two patients were transferred to other care and one to guardianship. In addition four patients were licenced to hospital for medical attention. Five patients on licence were discharged during the year.

In the autumn a Girls' Club was started, using two rooms of the Occupation Centre and this caters mainly for patients on licence or under guardianship. Of the original eight members one has left the town and one discontinued attendance, but a further six have been added to the roll. The Club operates one evening a week and activities include various forms of handwork, singing, country dancing, and a cookery lesson once monthly. The girls come alone or in groups, but escort home is arranged by the staff after the Club is over.

MENTAL TREATMENT ACT, 1930.—The Psychiatric Clinic held 22 sessions during the year at the Grimsby and District General Hospital under the direction of the Honorary Psychiatrist, Dr. Macarthur, until December 3rd, when the direction of the clinic was taken over by Dr. W. A. S. Falla of Bracebridge Heath Hospital, Lincoln.

The clinic is now held fortnightly and we have usually a waiting list for the next clinic. The number of new patients attending has now risen to 82 and approximately half these patients make a second attendance.

MATERNITY AND CHILD WELFARE.

HEALTH VISITING.—28,143 home visits were made compared with 20,398 in 1946. The staff of health visitors was increased again in 1947, Miss Mumby joining the staff in January after passing her examination in December 1946, and Miss Henley on August 25th. On September 1st Miss E. M. M. Roberts joined the staff as superintendent health visitor in place of Miss Higley who retired owing to illness. This increase in staff was responsible for the increase in home visits as given above.

MIDWIVES.—Of the 39 midwives who notified their intention to practice 31 were in the service of the local authority, the remainder being in independent practice. Four new appointments were made to the district midwifery staff, three being pupils trained here, the fourth being a district teaching midwife.

1947 again showed an increase in the number of domiciliary confinements, due in part to the limitation of admissions to the municipal maternity home and in part to the higher birth rate. 1,164 domiciliary confinements were conducted, 1,031 by municipal midwives and 133 by independent midwives. Of the total district confinements 62% were taken by midwives, the remaining 38% being taken as maternity cases. 963 confinements took place in institutions, 112 of these in private

maternity homes, the others in municipal hospitals. Municipal midwives made 4,743 ante-natal visits, 18,212 nursing visits and 804 special visits—a total of 23,759 visits as compared with 20,320 in 1946.

MATERNAL MORTALITY.—There were three maternal deaths during the year, two of which took place in institutions. One death was due to sepsis, and the others due to the following causes :—eclampsia, obstetric shock and post partum haemorrhage. The maternal mortality rate was 1.33 per thousand births (live and still) registered, compared with 1.17 for England and Wales. For the year 1946 the rate was 1.82 and 1.43 respectively.

PUERPERAL PYREXIA.—25 cases were notified, the case rate being 11.16, 13 of these cases occurred in the municipal maternity home and of the total cases 11 were admitted to the Grimsby Corporation Hospital and one to the Grimsby and District Hospital ; and home nursing was provided for two district cases.

ORTHOPAEDIC CASES.—20 maternity and child welfare cases were referred from the Health Department for treatment at the Grimsby and District Hospital.

UNMARRIED MOTHERS.—During the year nine girls were transferred to an institution outside the area through the agency of Sister Tipping, Matron of the Home of Help for Girls, the local authority were responsible for their maintenance. Six of these cases were sent to the Quarry Maternity Home, Lincoln, and the other three to the Salvation Army Home in Leeds.

NOTIFICATION OF BIRTHS.—2,110 live births and 54 still births were notified during the year, 75 of the registered births were not notified, information concerning these being obtained from the local registrar of births and deaths.

INFANT MORTALITY.—97 deaths of infants under one year occurred during 1947, the infant mortality rate being 44 as compared with 34 in 1946. The chief causes of death were congenital defects (including atelectasis, injury at birth, congenital debility) respiratory diseases, enteritis and prematurity, in that order.

<i>Percentage of Infant Deaths.</i>	1947.	1946.	1945.	1944.	1943.
Prematurity	11.34	33.80	13.75	18.61	19.27
Congenital defects (including atelectasis, congenital malformation, injury at birth, and congenital debility) ..	26.80	25.35	17.5	21.27	20.48
Respiratory diseases	19.58	19.71	23.7	20.21	27.7
Diarrhoea and enteritis	17.52	5.63	21.25	10.59	8.44

There is a noticeable drop in the deaths due to prematurity compared with 1946, but unfortunately an equally noticeable increase in deaths due to diarrhoea and to enteritis. Investigations were made into 15 of the 17 deaths due to enteritis, the other two infants died prior to a home visit being made by the health visitor. Feeding was artificial in 14 cases, only one infant was being given cow's milk and only one infant being breast fed at the time of death. Cleanliness was only fair in nine cases and one house was noticeably poor and dirty. Overcrowding was found in six cases and in four cases the families were living in rooms.

So far as seasonal incidence was concerned, ten cases occurred between June and October, the remainder between January and May. It is not thought that mothers yet realise the importance of strict cleanliness in the preparation of infant foods and storage of milk foods, and too often one sees food left uncovered in stuffy, overheated rooms. Much remains yet to be done by active teaching both in clinics and in the home by the health visiting staff.

With regard to prematurity, no less than 70 infants were notified as premature and of this number 11 died from prematurity though two others died from causes associated with prematurity. During 1947 it has been routine practice to admit to the municipal maternity home all mothers with their prematurely born babies where it was felt that successful home nursing could not be achieved. The seasonal death rate was 16.49 as compared to 18.3 in 1946 and 37% of the total infant deaths occurred in the first month. Of the 36 neo-natal deaths, nine were due to prematurity, nine to injury at birth, eight to congenital malformation and five to atelectasis and congenital debility.

STILL BIRTHS.—There were 56 still births during the year, 24 of these took place at the municipal maternity home. As usual, investigations were made into the cause of still birth.

INFANT WELFARE CENTRES.—The toddlers clinic was re-opened at Watkin Street. Apart from this all clinics continued as usual. During the year attendances at the various clinics were as follows :—

		1947	1946	1945	1944	1943
Hope Street	..	5,298	10,031	9,135	11,876	11,481
Watkin Street	.. ..	3,911	6,170	6,416	7,034	6,787
Nunsthorne	.. ..	3,258	5,465	6,904	8,657	8,442
Old Clee	.. ..	1,517	3,192	3,604	4,339	3,934
Toddlers	.. ..	695	792	885	885	1,168

Owing to the incidence of poliomyelitis, clinics were closed except for special cases from August until November and there was a drop of 10,975 as compared with 1946.

Voluntary workers again gave much appreciated assistance at all sessions.

MOTHERCRAFT.—Owing to shortage of staff very little general mothercraft work has been carried out except at the ante-natal sessions held at Hope Street and Nunsthorpe. Special courses in mothercraft and sex hygiene have been conducted by the superintendent health visitor to teen ages of both sexes. There has been no attempt to conduct cookery and sewing classes.

DISTRIBUTION OF MILK.—Distribution of dried milk at cost or assisted rate still continues, although mothers take full advantage of the Government milk scheme. The work of the distribution of National dried milk, codliver oil and orange juice is undertaken by the Food Office clerks. Facilities are still afforded to the Food Control officers at the infant welfare centres to enable them to carry out this work.

TODDLERS' CLINICS.—As noted above the Watkin Street clinic was re-opened. There was a considerable increase in the number of new cases seen but a slight drop in the number of attendances. There were 409 new cases and a total of 695 attendances.

TEST FEEDING CLINICS.—These were held at the various infant welfare centres and a total of 302 test feeds were carried out.

ANTE-NATAL CLINICS.—These continued to be held twice weekly at Watkin Street and Hope Street. The segregation of new cases and separate clinics has made work much easier. Blood examination were continued and the usual tests made for V.D., Wasserman, Kahn and complement fixation, etc.

<i>Clinic.</i>	<i>Attendances.</i>		<i>New Cases.</i>	
	1947	1946	1947	1946
Hope Street	1,622	2,979	486	772
Watkin Street	911	243	240	84
Municipal Maternity Home	2,601	2,443	458	462

POST-NATAL CLINICS.—One session is reserved for examination of post-natal cases at Watkin Street and Hope Street Clinics, although at the end of the year very little progress had been made in persuading mothers to attend a clinic after confinement.

<i>Clinic.</i>	<i>Attendances.</i>		<i>New Cases.</i>	
	1947	1946	1947	1946
Hope Street	8	17	8	17
Watkin Street	4	2	4	2
Municipal Maternity Home	13	4	11	3

MUNICIPAL MATERNITY HOME.—883 cases were admitted during the year of which 769 were delivered by midwives and 78 by doctors. There were 24 B.B.A.'s. Medical assistance was sought in 262 cases. Two

maternal deaths occurred during the year. There were 24 still-births and 17 deaths of infants within 10 days of birth, the causes being :—

STILL BIRTHS.—Congenital foetal abnormalities—5, intracranial haemorrhage—1, maternal toxæmia—5, maternal syphilis—1, cause unknown—4, anoxæmia from (a) accidental haemorrhage—2, (b) prolapsed cord—1, (c) after internal version, second of twins—1, prematurity—2, prolonged labour—2.

NEO NATAL.—Congenital foetal abnormalities—spina bifida—2, anencephalus—1, congenital polycystic kidneys—1, atelectasis—1, prematurity—6, intracranial haemorrhage—5, maternal toxæmia and ante-partum haemorrhage 1.

The shortage of nursing staff continued although less acutely than 1946 owing to the increase in the numbers of Part II pupil midwives.

Twenty-three pupils commenced training during 1947. Twelve of these continued their course into 1948, and all completed their three months training in the municipal maternity home although eight did not complete their training in the home until 1948. Out of 23 candidates who sat their Part II examination there were only three failures. As the home is still an approved school for the teaching of Gas and Air Analgesia, intensive instruction has been given to training midwives for other local authorities. The total number trained during the year was 71.

OPHTHALMIC TREATMENT.—During the year 47 cases were referred to the Consultant Ophthalmologist. Glasses were prescribed in 22 cases.

OPHTHALMIA NEONATORUM.—Eight cases of ophthalmia neonatorum were notified during the year. All cases made good recoveries. Home nursing was provided for five cases and two cases were removed to hospital for treatment. In all cases notified bacteriological examinations of the discharge were carried out as a routine.

PREMATURE BABIES.—The total number of premature babies notified during 1947 was 71. Of these 35 were born at home, 36 in hospital. Of those born at home, 31 were nursed entirely at home, four were transferred to hospital, two died during the first 24 hours and 32 survived the first month. Of those born in hospital two died during the first 24 hours and 30 survived the first month.

HOME HELP SERVICE.—A home help organiser was appointed to take up duty on June 9th, 1947. The number of home helps at the beginning of 1947 was :—Full-time—7, part-time—8. At the end of the year there were 16 full-time and 12 part-time home helps employed. Home helps were employed to assist in 218 cases including sickness cases. These services were allowed free of charge in two sickness cases.

DENTAL TREATMENT.—Mr. L. N. Alley, senior dental officer, gives the following report of work done by his department for maternity and child welfare cases.

Pre-school Children—(Toddlers).

No. of children referred for treatment..	..	..	..	284
No. of children selected and treated	..	..	..	268
Attendances made by children at the clinics for treatment	..	..	..	490
No. of temporary teeth extracted	..	..	..	261
Administrations of general anæsthetics for extractions	..	..	..	120
local anæsthetics	..	..	..	8
No. of fillings in temporary teeth	..	..	..	59
No. of silver nitrate applications	..	..	..	219
Other operations—dressings, etc.	..	..	..	251

Expectant and Nursing Mothers.

No. of patients inspected	..	..	..	..	288
No. of patients selected for treatment	..	..	..	..	288
No. of attendances made at the clinic	..	..	..	..	1,236
No. of extractions of permanent teeth	..	..	..	..	1,733
No. of fillings in permanent teeth	..	..	..	..	67
Administrations of general anæsthetics for extractions	..	..	..	..	205
local anæsthetics	..	..	..	..	60
Other operations—dressings, scalings, etc.	..	..	..	..	1,099
No. of patients supplied with dentures	..	..	..	..	61

Summary of dentures supplied :—

Full upper dentures	..	..	..	..	..	50
Full lower dentures	..	..	..	..	..	37
Part upper dentures	..	..	..	..	..	10
Part lower dentures	..	..	..	..	..	9
Repairs to dentures	..	..	..	..	..	3
Jacket crowns	..	..	..	..	..	2
Radiographs	..	..	..	..	..	9
No. of Sessions	..	..	..	..	..	227

SECTION C—Sanitary Circumstances.

Mr. Harold Parkinson has compiled this section of the report.

Water.—During the very hot and dry summer of 1947, the public water supply provided by the Grimsby, Cleethorpes and District Water Board proved to be adequate for all the demands throughout the Borough. At no time was it necessary to restrict the supply of water even when districts in other parts of the country were suffering from the effects of continued drought. The water coming from the Lincolnshire Wolds to artesian wells within the Borough was not treated before distribution.

There is a piped supply available in all the inhabited parts of the Borough. All periodic chemical and bacteriological examinations of the water being entirely satisfactory.

Local housewives would have appreciated treatment for the hardness of the water (24 degrees) particularly as soap continued to be rationed.

The occupants of about 5,000 working class houses obtain their supply of water from stand pipes in back yards. At some premises only one tap is available for three or four families. It is hoped that when re-construction and improvement schemes can be put into operation every house in Grimsby will have an internal water supply and sink.

Drainage and Sewerage.—The main system is described in the 1932 report. Towards the end of 1947, the construction of the intercepting sewer in the Grant Thorold Sewerage Scheme was almost completed. Sewers were also extended for new housing sites at Nunsthorpe and Little Coates.

During the year a scheme was in the course of preparation for the provision of a sewage pumping station at the Pyewipe outfall.

Rivers and Streams.—Attempts to deal with the cleansing of the River Freshney in a thorough manner were delayed because of legal difficulties.

Closet Accommodation.—Where possible flushing cisterns and water supply were provided to closets which had only a basin and seat. When supplies and labour are more abundant it is hoped that the remaining "hand flushed" closets will receive attention.

Public Cleansing.—The Cleansing Superintendent reports that 26,431 tons of refuse were collected during 1947. An increase of 158 tons in the year. 24,248 tons were disposed of by "controlled tipping." 62 tons (including "night soil") used on farms and allotments. 2,662

tons materials were salvaged and sold for £10,762 9s. 7d. 964 tons of household scrap were collected and sold for pig and poultry feeding. Waste paper salvaged amounted to 1,157 tons.

The destructor plant in Doughty Road was demolished early in 1947 to enable the Electricity Works to be extended. The Corporation is now without an incinerator.

General Sanitary Work.—With an increased staff of sanitary inspectors a start was made to deal with the arrears of work arising from the years of war, although the small pox outbreak imposed a heavy strain early in the year.

Sanitary Inspections.

Accumulations	206	Animals	45
Ashbins	665	Caravans	15
Complaints received and investigated	4570	Dirty houses and persons ..	217
Drain tests	69	Drainage	5066
Infectious disease enquiries ..	2770	Factories and outworkers ..	461
Offensive smells	124	Lodging houses	38
Passages and yards	2263	Miscellaneous matters ..	3983
Public conveniences	5	Offensive trades	30
Rooms disinfected after infectious disease	342	Piggeries and stables	335
Water supply	71	Rats and mice	187
		Smoke observations	21
		Verminous premises	119

Housing.

Houses, defects and nuisances (Public Health Act)	2762
Houses (Housing Act)	10689
Overcrowding (Housing Act)	36

Notices.

Informal notices served	3221
Statutory notices served	2084
(892—Public Health Act. 1181—Housing Act. 4 Factories Act. 3 Rats & Mice 4 Food and Drugs Act).	

Work in default was carried out by the Corporation at the cost of the owners in respect of 873 notices.

Defects remedied and nuisances abated included :—

Accumulations cleared ..	48	Animals (nuisances abated)	3
Ashbins provided	613	Chimney repairs	157
Doors and frames renewed or repaired	478	Drains cleared	977
Drain repairs	84	(involving 3824 houses)	
Eavesgutters new and repaired	847	Drain and inspection chambers (new)	56
Floor repairs or renewals ..	721	Fireplace and range repairs	505
Houses cleansed	44	Handrails provided and refixed	32
Offensive smells abated ..	3	Passages paved and repaired	11
Plaster repairs	1563	Rain water pipes repairs and renewals	285
Roof repairs	919	Stairway repairs	17
Sink and pipe repairs ..	67	Washboiler repairs and renewals	200
Wall repairs	318	Water closet repairs ..	821
Window repairs	990	Water pipes and taps repaired	613
Yard walls and gates repaired	5	Yards repaired and repaved	254

Passages.—Work continued to secure the renewal of the paving and draining of private passages in all wards of the Borough, but during the summer, cement was in very short supply in this district.

Offensive Trades.

Tripe dressers	4
Fish meal makers	1
Fat melters	2
Fish curers	36
Hide & skin dealers	2
Gut scraper	1
Rag & bone dealers	6

After an enquiry held under the Town and Country Planning Acts 1934, the Minister made an order for the compulsory purchase of property in Orwell Street which is to be cleared to provide sites for the establishment of fish curing premises.

During the year the Minister of Food decided to consider application, from ex-servicemen to commence business as wholesale fish merchants, consequently as there was little existing accommodation on the docks a number of requests were received and considered by the Sanitary Sub-Committee for persons to establish fish businesses amongst dwellings in the Borough. The members of the Sanitary Sub-Committee decided that to permit these new wholesale fish businesses to be established in

the Borough would conflict with their policy of keeping obnoxious trades away from houses, therefore the Grimsby Town Council confirmed the minute of the Planning and Building Plans Committee which stated that permission to establish wet fish businesses be granted only on the fish docks or on approved sites in the immediate vicinity of the fish docks.

The Minister of Agriculture and Fisheries visited some fish curing premises during his visit to the Borough.

The shortage of fuel at the fish meal works at Pyewipe caused considerable worry during the early part of the year as the stocks of decomposing fish and fish offal accumulated. Eventually, by various means, the difficulties were overcome but only after there had been nuisances from offensive smells which were very annoying to the residents in the Borough, particularly in the West Marsh district.

Keeping of Animals.—Inspections and complaints again stressed the need for the re-imposition of the byelaws regarding the keeping of pigs near dwellings and the adoption of byelaws for the keeping of poultry etc. One wondered whether the food supply of the nation was helped by the way stock was badly kept by some householders.

Fertilisers and Feeding Stuff.—Four samples (two inspectors and two official) of fertilisers and five samples (one inspectors and four official) of feeding stuffs were examined by the Agricultural Analyst (Mr. H. Childs).

The unsatisfactory samples were :—

Steamed Bone Meal.—Excess of phosphoric acid and deficiency in Albuminoids.

Naptha Lime.—Excess of Calcium Carbonate and deficient in Calcium Hydroxide.

It was necessary to warn a local manufacturer of National Poultry Balancer Meal about stating the amounts of ingredients as definite percentages and not as a range of percentages.

Rag Flock Acts.—Rag flocks are not made in the Borough.

Factories Act.—The full report is set out in the appendix (page 104)

The sanitary inspectors and the factory inspector continued to collaborate particularly in matters of difficulty.

Rat Repression.—In addition to routine work the Corporation rat catchers continued the treatment of the public sewers during the summer and autumn of 1947.

Third treatment.—1,355 manholes were baited and the bait was taken from 173 manholes. The poison used was 2½% Zinc Phosphide.

Fourth treatment.—1,355 manholes were baited and 82 baits were taken. Zinc Phosphide was again used.

Total Cost — £140 19s. 2d.

Shortage of staff did not permit systematic "block" control, except to a limited extent.

Several firms made contracts with the Corporation for periodical treatment of their premises to free the buildings of rats.

Atmospheric Pollution.—Rain (plus the impurities from the atmosphere) collected in the deposit guage stationed in the back garden of 1 Bargate, were examined monthly and the estimated solid deposit over a square mile was 12·95 tons.

On behalf of the Reconstruction Committee, officials of the Health Department arranged for tests to be made in the laboratory and on the site, of the air of the Corporation's industrial site on the Humber Bank.

The bacteriologist and analyst submitted very satisfactory reports on the freedom from grit, soot and minute putrescible matter.

Public Swimming Baths.—Samples of the water taken from the Eleanor Street and Orwell Street Baths at intervals during the season were reported to be satisfactory by the Area Bacteriologist of the Ministry of Health. The new filtration plant at Orwell Street had worked efficiently throughout the season.

Eradication of Vermin.—(Bed bugs, etc.).—79 houses, two of which were on the Municipal Estate were treated for bugs and 24 premises sprayed for fleas. Other infestations treated were, cockroaches—Seven, lice—four and moths 3.

D.D.T. solutions and powders were used effectively in all the verminous premises.

Attempts at the eradication of wood beetles from certain council houses caused considerable difficulty and expense. In one instance, the damage was so extensive that the tenants were found another house whilst repairs and disinfection measures were carried out.

Schools.—The sanitary accommodation at certain schools was found to be so grossly insufficient that at the end of the year plans were made for a detailed survey to be made of the sanitary arrangements at all the schools in the Borough.

Public Conveniences.—Two slipper baths were installed in East Marsh Street women's convenience. In this part of the town most of the dwellings were without baths.

Members and officials of the Town Council endeavoured to find suitable sites in the centre of the town for a new public convenience but without success.

SECTION D.—HOUSING.

The Chief Sanitary Inspector has prepared this section of the report :—

1947 has again been a most difficult and trying year when the housing situation is considered. Coupled with meat inspection duties most of the inspectors' efforts were aimed at securing the repair of houses—although substantial reconditioning of properties will be the programme in future years.

New Houses.—261 were erected in the Borough in 1947.

Derelict Houses.—Although 93 derelict houses (chiefly damaged beyond repair during the war) were demolished as dangerous structures in ten wards of the Borough, members of the Council and general public were still concerned about the delay in clearing the remaining dangerous and dilapidated unoccupied properties and neglected sites in the Borough and at the end of the year a satisfactory method of coping with the problem had not been discovered or evolved.

Housing Repairs.—Shortage of some materials caused some delay in securing the completion of repairs within a reasonable time. Many property owners complained that the prevailing high cost of repairs made them more reluctant in complying with notices served under Section 9 of the Housing Act, 1936 ; consequently there was a marked increase in the amount of work completed in default by the local authority.

Late in the year a deputation from the Grimsby and District Property Owners Association met Members of the Sanitary Sub-Committee and asked the Council to restrict the service and requirements of statutory notices. The Committee considered the submissions of the deputation and decided that the Council were unable to disregard their statutory obligations.

Byelaws under Section 6 and regulations under Section 12 of the Housing Act, 1936, were still needed at the end of the year to enable the Corporation to improve the standard of housing at existing properties and to deal effectively with certain underground rooms.

Sub-letting and Overcrowding.—As in the previous 3 years, sanitary inspectors continued their enquiries at every house visited and found that 533 out of 2,950 houses (18%) to be occupied by two or more families, but not necessarily overcrowded (1944—14% ; 1945—12% ; 1946—11·4%).

With the limited number of new Council houses available the Local Authority is at present unable to implement the sections of the Housing Act relating to overcrowding, although gross cases of overcrowding have received the sympathetic consideration of the House Letting Sub-Committee who must be sorely tried when deciding on who shall occupy the newly erected municipal houses.

Requisitioned Houses.—The adaptation of requisitioned houses continued to be undertaken by the sanitary inspectors until the Corporation appointed their first Housing and Estate Manager in 1947.

Small Dwellings Acquisition Act.—After inspection 68 reports and certificates on the sanitary condition of houses were issued by the Chief Sanitary Inspector.

SECTION E.—Inspection and Supervision of Food.

Mr. Harold Parkinson, the Chief Sanitary Inspector, is responsible for this section of the work :—

Inspections.

Bakehouses	144	Cowsheds	58
Dairies and milk vendors ..	136	Fish curers	166
Fish shops	37	Food preparers	135
Fried fish shops	117	Green grocers	7
Grocers	68	Ice cream makers and	
Markets	125	Vendors premises	490
Meat shops and stores ..	224	Slaughterhouses	1446
Other matters	163		

Milk Supply.

- 10 Registered cowkeepers (160 cows approx.).
- 12 Registered wholesalers.
- 330 Registered retail purveyors including :—
 - 28 dairymen with premises in Grimsby.
 - 11 dairymen with premises outside Grimsby.
- 291 bottled milk vendors.
- 3 Licensed producers of Tuberculin Tested Milk.
- 3 Licensed producers of Accredited Milk.
- 4 Licensed pasteurisers (2 Holder process, 2 High Temperature Short Time process).
- 1 Licensed pasteurised milk dealer (Supplementary).

During the year two producers of accredited milk became producers of tuberculin tested milk.

One producer of tuberculin tested milk surrendered his licence on leaving the district and his successor after holding a licence to produce accredited milk for a few months decided to surrender the licence.

Once again it is necessary to make the observation that "clean" milk including tuberculin tested milk is not necessarily "safe" milk. One sample of tuberculin tested milk from a Grimsby cowshed was found to be tuberculous. During the period the veterinary inspectors were examining and re-testing the cows the milk from this farm was pasteurised before being sold to the public.

Pasteurised milk delivered to all the Grimsby schools was examined regularly throughout the year.

The results of the bacteriological and biological tests applied to the samples of milk are as follows:—

Tuberculin Tested Milk.—19 samples (all Grimsby C.B.).

- 19 biological examinations (1 tuberculous).
- 19 bacteriological examinations—16 satisfactory.
- 1 failed methylene blue test.
- 1 contained B. Coli in 0·01 ml. in more than one tube.
- 1 failed both tests.

Accredited Milk.—19 samples (all Grimsby C.B.).

- 13 biological examinations—satisfactory.
- 19 bacteriological examinations (15 satisfactory).
- 3 failed methylene blue test.
- 2 contained B. Coli in 0·01 ml. in more than one tube.

Pasteurised Milk.—72 samples (60 Grimsby C.B. 12 Grimsby R.D.C.).

- 58 biological examinations—satisfactory. (48 Grimsby C.B. 10 Grimsby R.D.C.).
- 72 phosphatase tests—71 satisfactory. (60 Grimsby C.B. 12 Grimsby R.D.C.).
- 1 unsatisfactory—Grimsby R.D.C.
- 72 bacteriological examinations (60 Grimsby C.B. 12 Grimsby R.D.C.).
- 5 failed methylene blue test (1 Grimsby C.B. 4 Grimsby R.D.C.).
- 1 contained B. Coli in 0·01 ml. in more than one tube. (Grimsby C.B.).

Heat Treated Milk.—21 samples "sterilised" milk (All Grimsby C.B.).

21 Phosphatase, methylene blue, B.Coli tests—all satisfactory.

16 biological examinations—all satisfactory.

Note.—At one period of the year there was a great shortage of guinea pigs for biological tests and Lowenstein cultures were prepared instead.

Reports received from the Ministry of Agriculture and Fisheries show that in 1947 the herds in the Grimsby cowsheds were clinically examined as follows :—

Two herds	..	.. 3 times.	Three herds	..	.. twice.
Five herds	..	.. once.			

During these inspections, two cows were found to be tubercular and slaughtered under the Tuberculosis Order. Milk from the two farms concerned was sold to the public without heat treatment.

Meat and Food Inspection. Slaughterhouses.—The sanitary inspectors examined the carcasses and offals of 21,763 animals (89 bulls, 2,365 bullocks, 1,294 cows, 1,284 heifers, 142 pigs, 15,086 sheep, 1,503 calves) in the four Ministry of Food controlled slaughterhouses. This fresh meat was for consumption in the County Borough of Grimsby, Borough of Cleethorpes and the rural districts of Caistor and Grimsby.

Once again it is necessary to protest that the four slaughterhouses (pre-war private slaughterhouses) are totally inadequate for their present purpose. Without even considering the difficulties encountered in attempting the hygienic handling of meat and reasonable means of inspection there are not even reasonable working arrangements and space for the slaughtermen.

For many reasons the provision of a modern public abattoir is an urgent need in this Borough.

The standards of Memorandum 62 Foods were applied during the inspections and the following condemnations were made :—

Tuberculosis.—The complete carcasses and organs of 17 bullocks, 55 cows, 10 heifers, 4 pigs, 1 sheep and 9 calves were found to be affected with generalised tuberculosis.

44 bulls, 589 bullocks, 677 cows, 287 heifers and 19 pigs were found to be tubercular in varying degrees.

The total weight of tuberculous meat was 52 tons 26 lbs.

56.5% of the cows after post mortem examination were found to be tubercular.

The arrangement with the Ministry of Agriculture and Fisheries Department continued during 1947 when nine calves found with congenital tuberculosis in the Grimsby slaughterhouses were reported to the Ministry's Divisional Veterinary Inspector. The dams of the affected calves were found at some farms in the adjoining rural districts and as

a result several cows were slaughtered under the Tuberculosis Order and condemned because of generalised tuberculosis.

Other Diseases.—The complete carcasses and organs of 2 bullocks 17 cows, 3 heifers, 4 pigs, 21 sheep and 7 calves were condemned.

39 bulls, 1,379 bullocks, 810 cows, 549 heifers, 62 pigs, 60 calves and 5,320 sheep were found to be affected with localised diseases.

The main diseased conditions found were parasitic conditions of lungs and livers, pneumonia, pleurisy, dropsy, mastitis, Johnes disease, actinomycosis, pericarditis, nephritis and angioma.

Weight—32 tons, 8 cwts. 2 qrs. 6 lbs.

Meat Depot.—By arrangement with the Manager of the Central Meat Depot, Brighowgate (from which all meat is distributed) inspectors examined all meat coming in from other districts, and as a result of these examinations meat was condemned which had come from Louth, Barton-on-Humber, Boston, Skegness and Louth R.D.C. (Weight 9cwts. 2 qrs. 13 lbs.).

Throughout the year home-killed meat was examined in the Depot for bone taint and the total amount of meat found to be unsound was 1 ton 14 cwt. 1 qr. 9 lbs.

Horseflesh.—During the year, two retail shops were opened for the sale of horseflesh for human consumption. The meat was inspected before sale, although the horses were slaughtered outside the Borough. Seven livers were condemned as unfit for food because of cysts.

Stores and Shops.—Set out below are details of various foods condemned :—

3413 cans of vegetables	2 tins dried eggs.
63 cans of soup	7 tons 1cwt. 2 qrs. 7 lbs. fish
361 cans of fruit	113 jars fish paste
2234 cans of meat	6 table jellies
2766 cans of fish	22 jars of meat paste
2865 cans of milk	1 meat pie
169 lbs. bacon	1 cwt. whale meat
83 fish cakes	2 packets oats
2 chickens	14 crates peas
37 lbs. cheese	9 crates peaches
181 lbs. dried fruit	8 doz. pikelets
83 lbs. confectionery	31 jars pickles
1360 lbs. Italian pears	2 jars Bovril
120 lbs. raspberries	153 jars preserves
156 lbs. strawberries	28 lbs. rabbits
28 tons 16 lbs. biscuits	3 bottles sauce
237 lbs. butter	8 lbs. sausage
29 lbs. cake	1 jar lemonade crystals
145 packets cake and pudding	28 tripes
Mixture	165 lbs. ox livers
285 eggs	

Total weight of all diseased and unsound food condemned was 130 tons 3 cwts. 3 qrs. 22 lbs.

Disposal of Unsound food.—Periodic checks were made of the efficiency of the Ministry's arrangement for "staining," storage and disposal of condemned meat and it was necessary to complain to the officials concerned about the unsatisfactory means of storage which did not prevent theft and the insignificant amount of stain used on large pieces of meat from which joints could be cut without showing any stain.

A meat and bone meal maker at Killingholme (Glanford Brigg R.D.C.) received the unsound and diseased meat.

When possible, damaged and unsound (not diseased) food was used for animal feeding after satisfactory safeguards had been made to prevent its use as human food.

Ice Cream.—36 registered premises for making and sale of ice cream.

62 registered premises for sale of ice cream.

The results of 119 samples taken for bacteriological examination are set out below. It will be noted that nearly half of the samples contained B.Coli, which gave rise to considerable concern to the officials and members of the Council.

Several makers and vendors of unsatisfactory samples were interviewed and warned by the Sanitary Sub-Committee that unless they could produce and sell ice cream without B.Coli the registrations under the Food and Drugs Act would be revoked. Following these warnings—one producer retailer went out of business and later in the year at a special meeting of the Town Council the registration of an ice cream making place was cancelled.

Methylene Blue Test.				B.Coli.	
Provisional Grades.				Absent.	Present.
I.					
Not reduced at 4½ hours	..	..	51	38	13
II.					
Reduced 2½ hours—4 hours	..	..	14	7	7
III.					
Reduced ½ hour—2 hours	..	..	19	11	8
IV.					
Reduced at 0 hours	..	..	35	11	24

After the experience of interpreting and applying the Ice Cream (Heat Treatment) Regulations for a few months it was patent that these could not be considered the last word on the matter.

When most of the Ice Cream (Heat Treatment) Regulations became operative, the temperature of the ice cream on barrows, stalls and in shops was taken, particularly on very hot days, and in every instance the temperature was below 28°F.

Samples of Food and Drugs.—180 samples (62 formal and 118 informal) were taken for analysis. 29 (16·6%) were not satisfactory. Six were broken in transit to the Analyst.

The satisfactory samples were :—

Ale 1, amm. quin. tablets 1, arrowroot 1, aspirin tablets 2, baking powder 1, blackcurrant syrup 1, bronchial elixir 1, butter 2, cider 2, cocoa 2, coffee 1, condensed milk 3, cooking fat 1, cough mixture 1, cream of tartar 2, disinfectant 1, dried milk 4, epsom salts 2, fever and influenza mixture 1, fish cakes 8, gelatine 2, ginger (root) 1, glauher salts 1, golden raising powder 1, halibut liver oil capsules 1, ice cream 2, jam 2, lemon squash 1, lemonade powder 1, lemon curd 1, malt vinegar and caramel 2, margarine 2, marmalade 2, mincemeat 2, milk 57, milk of magnesia tablets 1, mustard 2, olive oil 1, orange squash 1, paragoric elixir 2, polony 1, prunes 2, rasp. vinegar 2, ruby port style wine 1, white port style wine 1, saccharine tablets 2, salami sausage 1, salted cod 2, sal volatile 2, sausage meat 3, stout 1, sweet spirits of nitre 2, wheat embryo meal 1.

The unsatisfactory samples were :—

Glauber Salts.—1 informal and 1 formal sample each contained an excess of Sodium Sulphate.

Sausage Meat.—2 informal and 3 formal samples. Four had slight deficiencies in meat content and 16% of meat was absent from one. (Official sample taken early 1948).

Milk.—9 formal samples were deficient in milk fat—ranging from very slight deficiencies to a 16% deficiency.

5 formal and 3 informal samples showed slight deficiencies in non fatty solids.

2 formal samples were slightly deficient in both milk fat and non fatty solids.

Court proceedings were taken against a producer retailer from the Rural District for selling milk deficient in fat and after he had pleaded that the milk sold was as given by the herd (which was composed chiefly of Freisian cows) the magistrates dismissed the case.

Tinned Grape Fruit.—3 informal samples of American tinned grape fruit (which included 2 blown tins) were found to contain 4·8, 3·4 and 3 grams of tin per pound. The Public Analyst considered that the grape fruit, if taken from unblown tins, and mixed with fresh fruit could be used for marmalade making, provided the tin content was reduced to 0·5 grams per pound. Marmalade made in accordance with the Public Analyst's recommendations was submitted for analysis and found to contain 0·22 and 0·16 grams of tin per pound.

Public Health (Condensed) Milk Regulations.—One tin of full cream milk, one tin of machine skimmed sweetened milk and one tin of homogenised evaporated milk were examined and found to be genuine.

Public Health (Dried) Milk Regulations.—Three samples of dried full cream milk and one sample of half cream milk examined by the Public Analyst were genuine.

Public Health Preservatives Etc. in Food Regulations.—Two samples of salted cod were found to contain sulphur de oxide, but as the entire supply of fish processed by the Grimsby firm is exported further action was not necessary.

Chemical Analyses.—All samples were submitted to the Public Analyst, Mr. Hugh Childs, B.Sc., F.R.I.C., 67 Surrey Street, Sheffield.

Bacteriological and Biological Examinations.—Dr. Frank Hampson and the staff at the Ministry of Health Area Laboratory at the Grimsby and District Hospital were responsible for this phase of the work and specimens of diseased meat were also submitted for histological reports.

SECTION F.—PREVENTION OF AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The incidence of notifiable diseases (other than tuberculosis) was as shewn below.

Diseases.	Total Cases notified.	Cases admitted to Hospital.	Total Deaths.
Small pox	15	15	6
Scarlet fever	119	80	—
Diphtheria	21	21	1
Acute pneumonia	32	4	58 (all forms)
Cerebro-spinal fever	7	7	1
Acute poliomyelitis	32	32	1
Acute polioencephalitis	3	3	1
Ophthalmia neonatorum	8	1	—
Puerperal pyrexia	26	16	—
Erysipelas	14	4	—
Chicken pox	455	14	1
Measles	1,250	11	4
Whooping cough	165	9	2
Malaria (contracted abroad)	1	—	—
Dysentery	1*	1	—
Acute Rheumatism	5	2	—

*The case of dysentery occurred in the Port Health district.

No notifications were received of other notifiable diseases not specified in the Table above (e.g., typhus fever).

Table 4 on page 99 gives an analysis of the total notified cases under various age groups and in Wards.

Table 7 on page 102 gives a comparison of the death rates and case rates of certain infectious diseases.

Scarlet Fever.—119 notifications relating to civilians (54 males and 65 females) and one concerning a male non-civilian were received, compared with 55 and one respectively in 1946. The attack rate was 1.33 per thousand of the population; for England and Wales it was 1.37. Eighty cases (67.2 per cent) were removed to the Corporation Hospital for treatment. No deaths were attributed to scarlet fever, which was of a mild type.

The following table shows the comparative prevalence of scarlet fever over a period of ten years :—

INCIDENCE OF SCARLET FEVER IN VARIOUS YEARS.

1 Year	2 Estimated Population	3 Total No. of Cases Notified	4 Attack Rate per 1,000 Population	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified	7 Mortality per 1,000 Population	8 No. of Cases treated in Hospital	9 Percentage removed to Hospital
1938	92,320	185	2.00	—	—	—	149	80.5
1939	90,520	141	1.55	—	—	—	119	84.3
1940	82,560	110	1.33	1	0.90	0.01	90	81.8
1941	78,680	141	1.79	1	0.70	0.01	98	69.5
1942	76,800	262	3.41	—	—	—	177	67.5
1943	76,460	206	2.69	1	0.48	0.01	144	69.9
1944	76,150	153	2.00	1	0.65	0.01	121	79.0
1945	78,030	76	0.97	—	—	—	50	65.7
1946	86,340	55	0.63	—	—	—	41	74.5
1947	89,190	119	1.33	—	—	—	80	67.2

Diphtheria.—Only 21 cases occurred (13 males and 8 females), compared with 31 in 1946. The local attack rate was 0.23 and for England and Wales it was 0.13. All the cases were removed to the Corporation Hospital for treatment.

One death occurred giving a death rate of 0.01 per thousand of the population, the same as for England and Wales.

The table appended shows the prevalence of Diphtheria over a period of ten years :—

INCIDENCE OF DIPHTHERIA IN VARIOUS YEARS.

1 Year	2 Estimated Population	3 Total No. of Cases Notified	4 Attack Rate per 1,000 Population	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified	7 Mortality per 1,000 Population	8 No. of Cases treated in Hospital	9 Percentage removed to Hospital
1938	92,320	126	1.36	3	2.38	0.03	119	94.4
1939	90,520	90	0.99	8	8.88	0.08	83	92.0
1940	82,560	87	1.05	2	2.29	0.02	85	97.7
1941	78,680	90	1.14	5	5.55	0.06	88	97.7
1942	76,800	123	1.60	1	0.81	0.01	123	100.0
1943	76,460	167	2.18	10	5.98	0.13	160	95.8
1944	76,150	150	1.96	2	1.33	0.02	150	100.0
1945	78,030	53	0.67	1	1.88	0.01	52	98.1
1946	86,340	31	0.35	1	3.22	0.01	31	100.0
1947	89,190	21	0.23	1	4.75	0.01	21	100.0

Immunisation Against Diphtheria.—During the year 1,312 children were immunised against diphtheria by the medical staff of the department. Of this number 1,167 were under five years of age and 145 were between five and fifteen. It is estimated that 61 per cent. of children under fifteen have been immunised.

Efforts are being made to publicise the fact that one "booster" dose should be given to each child immunised in infancy shortly after it has entered school.

Pneumonia.—Thirty-two notifications were received—28 of primary pneumonia and 4 of influenzal pneumonia—giving an attack rate of 0.35 as against 0.79 for England and Wales. Four cases were treated in the Corporation Hospital.

Cerebro-Spinal Fever.—Seven cases were notified, 6 males and 1 female, all being removed to the Corporation Hospital for treatment. The attack rate was 0.07, and for England and Wales it was 0.05. One death occurred from this disease.

Acute Poliomyelitis and Polioencephalitis.—Thirty-five cases—32 of acute poliomyelitis and 3 of acute polioencephalitis—occurred in the borough, and all were removed to hospital for treatment.

This outbreak was similar to that occurring in a large region of the country at the same time, and was associated with a long spell of hot dry weather. Only in two of the Grimsby cases was there the slightest correlation between them, and it was interesting to note that the cases seemed to be in those under school age or adolescents and adults. The school population, although they were on holiday at the time, were relatively little affected. The sex distribution was 17 males and 18 females.

The degree of severity of the cases seemed to be much less marked on the average as compared with the outbreak in 1938. Some of the staff with experience of that outbreak were still available. Through the generosity of Lord Nuffield more Both respirators were at hand, and the co-ordination of the work of the consultant physician and the orthopaedic surgeon was more quickly accomplished. Unfortunately, the impact fell on the nurses at the Corporation Hospital already below establishment and who had had already to deal with the small pox outbreak.

Two deaths of Grimsby patients occurred, a female infant of 2-months and a male aged 39. At the request of the Public Health Laboratory Service (directed by the Medical Research Council for the Ministry of Health) a detailed follow-up was made into each individual case by the staff of sanitary inspectors. Also see page 52, Hospital report.

Puerperal Pyrexia.—26 notifications of puerperal pyrexia were received. The attack rate per thousand total births was 11.61, compared with 7.16 for England and Wales. When a case is nursed at home the services of a district nurse are offered by the local authority, but 16 of the cases notified were removed to Hospital for treatment.

Ophthalmia Neonatorum.—Eight cases of this disease were reported, one of which was treated in the Corporation Hospital. The services of a nurse from the District Nursing Association are offered by the local authority in all cases nursed at home.

Erysipelas.—14 cases of erysipelas were notified (7 males, 7 females), compared with 10 in 1946. The attack rate was 0.15, while for England and Wales it was 0.19. Four cases were treated in the Corporation Hospital. There were no deaths.

Malaria.—One notification of malaria was received, the disease having been contracted abroad during the man's service in H.M. Forces.

Dysentery.—One case occurred in the port district. The man—a Dutch seaman—was removed to the Scartho Road Infirmary for treatment.

Measles.—1,250 notifications of measles (658 males, 592 females) were received, compared with only 81 in 1946. The heaviest incidence occurred in the second quarter of the year. The attack rate for Grimsby was 14.0 per thousand population, while for England and Wales it was 9.41. Four deaths were attributed to measles, giving a death rate of 0.04 compared with 0.01 for England and Wales. Eleven cases were treated in the Corporation Hospital.

Whooping Cough.—165 notifications (79 males, 86 females) were received, compared with 216 the previous year. The attack rate was 1.84 ; for England and Wales it was 2.22. Two deaths were attributed to this disease, giving a death rate of 0.02, the same as for England and Wales. Nine cases were treated in the Corporation Hospital.

Chicken Pox.—455 notifications were received (235 males and 220 females), compared with 241 in 1946. Fourteen cases were admitted to the Corporation Hospital for treatment.

Influenza.—This is not a notifiable disease unless complicated by pneumonia. Three deaths were attributed to influenza (5 in 1946), giving a death rate of 0.03 compared with 0.09 for England and Wales.

Acute Rheumatism.—Mainly because a consultant physician had been holding rheumatic and cardiac clinics under the auspices of the local health authority for a number of years, Grimsby was selected as one of the five pilot areas for notification of acute rheumatism in persons under the age of 16.

The Acute Rheumatism Regulations, 1947, came into force on 1st October, 1947, and from that date to the end of the year five cases (2 males and 3 females) were notified.

In each case after notification the family history is checked up by a social worker and the housing conditions are investigated by a sanitary inspector. The case is always finally reported on by the consultant physician for assessment and placing in the appropriate category under a scheme devised by the Royal College of Physicians. *See Table 8 at end of this report.*

Small Pox.—Fifteen cases of small-pox occurred in Grimsby in 1947, all being males, and there were 6 deaths.

The first case—an unvaccinated man aged 86—was removed from a common lodginghouse in the borough to Scartho Road Infirmary on 13th February, 1947, and died two days later. The remaining 14 cases were removed to the Corporation's small-pox hospital at Laceby, and of these five died aged 75, 79, 79, 75 and 71 respectively.

Following is a report on the outbreak which was submitted to a meeting of the Royal Society of Medicine :—

SMALLPOX, GRIMSBY.

At 4-30 p.m. on Monday, 17th February, 1947, a case arrived in an ambulance at the door of the local Poor Law Infirmary. A senior member of the nursing staff with recent smallpox experience in North Africa made the provisional diagnosis in the ambulance, which was promptly confirmed. The special interest of this particular outbreak was the physical difficulty arising out of abnormal weather.

At a conference held under the auspices of the Senior Medical Officer of the Ministry of Health at Nottingham many months before it was arranged that the Grimsby Smallpox Hospital should be one of the three in Lincolnshire available for an emergency of this kind. Unfortunately, when the case of variola major was diagnosed the road to that hospital was many feet deep in snow, and despite large scale employment of manual labour the road could not be opened for 48-hours. It was necessary, therefore, to have the patient admitted to the ordinary isolation hospital, but we were fortunate in having (a) an empty ward there, and (b) sufficient nursing and domestic staff who had been vaccinated within the last 12-months and who had volunteered for such an emergency. The ward was open within half an hour and the nursing and domestic staff took sufficient of their clothing with them to live, sleep and eat on the ward.

The patient was a man of 75 years who had not been out of doors for 6 weeks owing to severe weather, and who lived in a small common lodging house with about two dozen inmates, where all cooked their

own food. The majority of the inmates were aged permanent residents, but there was a minority of floating population. The only record kept of this floating population was in a small notebook kept at the lodging house ; the entries were in pencil, some were illegible and some without doubt were not the true names of those signing in. The original case was not vaccinated in infancy.

When the outbreak was discovered the sanitary inspector for the district, who had joined the staff three weeks previously, was at once despatched to the common lodging house without enquiring as to vaccination. He had never been vaccinated and contracted the disease. He did not volunteer the information about his unvaccinated state because he did not wish to appear afraid. He was one of the twelve cases in the second wave occurring at the end of the month. No person was found to be ill at the lodging house, but three persons had been admitted from the lodging house to the infirmary during the incubation period of the primary case. On enquiry at the infirmary, it was found that one aged 85 years had died of pneumonia, but that his body was still in the mortuary. On examination the latter was found to have the rash of smallpox in the very early stages. New lesions had appeared since death, but lesions were actually present ante-mortem. It will be appreciated that one sequel to that is that a considerable number of persons had travelled in an ambulance which had become infected and a large number of contacts had to be traced. This shows the necessity of keeping in an ambulance log books with the names and addresses of all persons who travelled therein, even to kind hearted spectators who accompany road accident cases to hospital.

At the time of the onset of the primary case, because the public vaccinators were not vaccinating owing to weather conditions, there was no fresh calf lymph in the town and on the following day it was not possible to get any in because both railway lines and all roads were completely blocked by snow ; an abnormal situation which might arise once in a century. It was not possible to start vaccinating the contacts on the staff or in the lodging house until 36-hours after the discovery of the first case.

Throughout the outbreak all direct contacts were offered vaccination, and there were only two refusals. 766 contacts were vaccinated, the majority being either patients or staff of the two hospitals affected, besides many others who desired to be vaccinated as a precautionary measure. The outbreak never got out of control and mass vaccination was never attempted, although all arrangements were made for this to be done as and when the necessity arose. There was a 70 per cent. completely unvaccinated population at risk. We had no cases of encephalitis, though I believe one occurred in Scunthorpe.

We shared the Ministry's concern about two matters :—

(a) We could not trace 15 contacts from the lodging house, but this was gradually narrowed down to about half by the time the period

of infection had passed. Broadcasting was not attempted, but press advertisement was tried on two occasions. Full co-operation was obtained from the Police, the Ministry of Food, the trawler owners, etc., and the regional machinery of the poor law was put into full operation by one of the regional inspectors.

(b) The Scartho Road Infirmary of 220 beds could not be closed to admissions because the nearest equivalent hospital was 16 miles away and the road was completely blocked ; and it could not be closed to discharges because of the degree of overcrowding which would have resulted. All cases discharged were subjected to daily surveillance by the staff of sanitary inspectors, and they carried out these duties with a great deal of common sense and the number of cases that a medical officer had to visit to check up was very small.

The second wave consisted of 13 cases, six were from the lodging house, four were from the Infirmary (three were in the infected ward and one had been admitted to the House side of the Institution from the lodging house). One case was a man who had spent one night in the lodging house owing to matrimonial friction, and two were members of the staff of the Health Department, the afore-mentioned sanitary inspector and a disinfecter who had been vaccinated in infancy. Both officers had been vaccinated 36-hours after exposure.

When the second wave of cases arrived in the Infirmary, it had to be closed to admissions, but the effects of the great blizzard of the night of 24th/25th February, which had blocked all roads out of the town and the approaches to the isolation hospital as well as the smallpox hospital, had been overcome. No third wave of cases occurred in Grimsby, but there is every likelihood that the Scunthorpe cases and possibly the Stepney case were related to this outbreak.

We closed the common lodging house to new admissions, promising the keeper compensation for loss of trade, and we endeavoured to persuade the inmates to remain in residence during the period of incubation by giving them free lodging, by helping them in the purchase of their food, which they had found difficult owing to the disinclination of local traders to serve them.

During the period of surveillance three contacts absconded and wide publicity was given to this fact. The first case at Scunthorpe came from a common lodging house there at a date which would fit in with being one of the third wave cases associated with the Grimsby outbreak.

Just when the end of the Grimsby outbreak was occurring the hospital staff had to take the first case from Scunthorpe on the 2nd April. A further eight cases came to Grimsby and the Laceby Hospital was not closed until the 15th May, 1947, having been opened on the 19th February. The Grimsby outbreak resulted in 15 cases and six deaths, but the ages of the latter were 75, 86, 75, 79, 79 and 71 respectively, and one of these cases was suffering from some other serious physical condition.

We were fortunate in having on the staff Dr. J. Glen to take clinical charge of the cases, because he had already been in charge of the cases in the Glasgow outbreak in 1942 and read a paper about them before the Society.

Dr. Glen was able fully to appreciate the great effect of penicillin which has no effect on the original infection but has a marked effect on the secondary septic infection and materially reduces the scarring. It was found best to give this in a dosage of 30,000 units 3-hourly in serious cases and 100,000 units in oil three times a day in less serious cases, and it was most desirable to start this treatment at least 48-hours before there was likely to be any rise in temperature from secondary sepsis. This was strikingly confirmed in one of the cases which we saw in the Bilston outbreak and which had not had penicillin till later in the disease and had reverted to what Dr. Glen calls the typical Glasgow type, and the bed sheets needed to be changed twice a day owing to the pouring out of pus. The cases as a whole confirmed the protective value of vaccination, the severity of the attack varying with the vaccinal state and time interval between exposure and vaccination or re-vaccination. Full use was made of the facilities for laboratory diagnosis by sending scales and vesicle fluid from patients in doubtful cases.

One final matter might be mentioned. There were nine nurses at the Infirmary who had never been vaccinated. After a primary vaccination, which shook them considerably, they gave blood so that serum would be available for a possible third wave of cases. Their sporting effort was not in vain as some of it was sent to treat a case of encephalitis at Scunthorpe, while the remainder was sent to the Lister Institute for storage against other outbreaks.

JAMES A. KERR,

Medical Officer of Health.

Vaccination.—Of the 2,121 infants whose births were reported by the local Registrar to the Vaccination Officer 391 were successfully vaccinated, equal to 18.4 per cent. a decrease of 4 per cent. on the previous year. It is satisfactory to note that the farce of compulsory vaccination is shortly to come to an end. It is not always appreciated that it may be necessary in adult life to be vaccinated, with a good deal of inconvenience if one wishes to proceed overseas.

766 vaccinations were performed under the Public Health (Small-pox Prevention) Regulations, 1917.

Venereal Diseases.—By arrangement, the Queen Street clinic treats cases from part of Lindsey County Council area, and also deals with diagnosis and continued treatment of Services personnel in the district.

In-patient treatment for cases referred from the clinic is provided at the Scarthoe Road Infirmary, to which hospital also are admitted by arrangement, patients from Lindsey, Lincoln, and Holland with Boston.

Hospital treatment is under the supervision of the V.D. Medical Officer.

425 Borough residents attended for the first time during the year.

The classification of these cases was as follows :—

CONDITION	MALES	FEMALES	TOTAL
Syphilis	22	46	68
Chancroid	—	—	—
Gonorrhoea	73	45	118
Other than Venereal	164	75	239
	<hr/> 259	<hr/> 166	<hr/> 425

Including Borough residents a total of 1,007 (762 men and 245 women and children), attended for the first time during the year.

Numbers of attendances by all patients were :—

	BOROUGH RESIDENTS	OTHER AREAS	TOTAL
Males	2,242	1,518	3,760
Females	2,490	361	2,851
	<hr/> 4,732	<hr/> 1,879	<hr/> 6,611

115 patients defaulted during the year, 78 of whom had completed treatment but failed to complete tests of cure. Of the 51 women included in this total, 31 had completed treatment.

All cases of primary or secondary syphilis whose work permitted the necessary attendance at the clinic or admission to hospital were treated with penicillin, followed by a course of arsenicals and bismuth.

33 males and 30 females suffering from syphilis were treated with penicillin at the clinic, and 4 males and 9 females at the Scartho Road Infirmary.

1,233 doses of approved arseno-benzene compounds were administered, also 316 other arsenicals, and 1,763 bismuth injections.

All cases of gonorrhoea who received initial diagnosis and treatment at the clinic received penicillin.

In addition, numbers of seamen for whom chemotherapy had been prescribed at foreign ports, or who had been treated aboard ship, as advocated in the pamphlet issued by the Ministry of War Transport, and who were found to be sulphonamide-resistant were treated with penicillin.

219 male and 54 females cases of gonorrhoea were treated with penicillin at the clinic, and two male and two female cases received such treatment in hospital.

Supporting the opinion expressed in last year's report that the rapid abolition of clinical manifestations of venereal diseases by penicillin causes a greater tendency on the part of patients to default is the fact that 55 of the patients treated for gonorrhoea with penicillin during the year did not complete adequate surveillance and tests of cure.

Regulation 33B.—Appropriate action was taken in regard to contacts reported under this regulation. Contacts notified during the year numbered 28 females.

As in the two previous years, proceedings were instituted against one contact for failure to submit to and continue treatment. The young woman was brought before the Court on 23rd December, 1947, having failed to appear the previous day, and was placed in the care of the venereal diseases medical officer and had to report regularly to the probation officer. She ultimately completed treatment and was discharged under the First Offenders Act.

V.D. Laboratory.—By arrangement the laboratory examines specimens sent in by general practitioners, V.D. clinics and ante-natal clinics in Grimsby, Lindsey, Holland and Lincoln.

4,226 specimens were received from the Grimsby V.D. clinic. Of a total of 28,254 specimens examined, 10,355 were from the Grimsby district.

1,190 blood tests were done upon specimens from expectant mothers in the Grimsby district.

The Wassermann test was positive in 1.09 per cent. and the gonococcal complement fixation Test in 0.25 per cent.

Penicillin is the treatment of choice in early syphilis and gonorrhoea. The high standard of cure obtained in the previous years is still maintained and in our experience there is no indication as yet that penicillin resistance or relapse is increasing.

The efforts of the nursing and technical staff have played a big part in maintaining this standard.

Cancer.—The number of deaths in Grimsby due to cancer was 191, giving a rate of 2.14 per thousand of the population, compared with 1.85 for England and Wales. The figures for the previous year were 1.87 and 1.84 respectively. The higher death rate is due to the increase of diagnostic facilities in the area and the increased number of post mortem examinations made at the various hospitals.

During the year the medical director of the radiotherapy centre, Dr. James Z. Walker, resigned and was succeeded by Dr. J. R. Condon. Work continues also to be done in treating non-cancerous cases susceptible to improvement or cure by radio-therapy.

As this is the last complete year in which the Lincolnshire Joint Cancer Committee's scheme will function in its present capacity it should be pointed out, while it was not ideal in that it was not affiliated to one of the national centres, it has been a pioneer scheme of its kind and has made a great deal of specialist treatment available to many who would not otherwise have received any.

For the year ended 31st December, 1947, the number of Grimsby residents treated at the Scunthorpe Treatment Centre was 78 in-patients (23 males and 55 females), and 44 out-patients (23 males and 21 females), a total of 122 patients.

At the Grimsby and District General Hospital, which is an approved hospital under the joint scheme, the number of borough residents who received in-patient treatment was 93 (45 males and 48 females).

Prevention of Blindness.—Four persons were reported to the Health Department under Section 176 of the Public Health Act, 1936, and were provided with spectacles after examination by the ophthalmologist.

The welfare of the blind is delegated by the Council to the Grimsby Society for the Blind, and at the end of the year the number of blind persons in the borough was 135 (72 males and 62 females). During the year the Society's Ophthalmic Surgeon (Dr. W. Gordon Davidson) made 12 examinations, as a result of which 8 persons were certified as blind within the meaning of the Blind Persons Act.

Corporation Hospital.—During the year 424 patients were admitted to the fever wards of this hospital for treatment, compared with 354 during 1946. The figure of 424 includes 115 cases from outside the borough.

The figures have been corrected as regards their true diagnosis ; for example, sixteen patients who were admitted from the borough with a notified diagnosis of diphtheria required revision of diagnosis as follows:— tonsillitis 7, laryngitis 2, Vincent's angina 1 and no evidence of diphtheria 6. Such patients are included at the end of the table under Other Diseases.

Disease	Grimsby	Other areas	Service	Total
Scarlet fever ..	80	7	—	87
Diphtheria ..	21	13	—	34
Parathpyoid fever ..	—	2	—	2
Cerebro-spinal fever ..	7	2	—	9
Pneumonia ..	4	1	—	5
Ophthalmia neonatorum	1	—	—	1
Puerperal pyrexia ..	15	10	—	25
Erysipelas ..	4	2	—	6
Chicken pox ..	14	1	1	16
Measles ..	11	4	—	15
Whooping cough ..	9	4	—	13
Pemphigus ..	8	2	—	10
Poliomyelitis ..	32	38	—	70
Polioencephalitis ..	3	1	—	4
Other diseases ..	100	22	5	127
	309	109	6	424

20 infants were admitted with the puerperal pyrexia cases, and 9 mothers with the pemphigus and ophthalmia cases.

In addition to the above, one case of poliomyelitis, one case of dysentery and two cases of rheumatism from the borough were admitted to the Scartho Road Infirmary for treatment, also one case of puerperal Pyrexia was admitted to the Grimsby and District General Hospital.

A special tribute must be paid to the heroic efforts of the nursing staff of this hospital who have set a standard which their successors in the National Health Service will have something to emulate. First of all they provided the volunteers at a moment's notice to staff the Laceby Small-pox Hospital from the 17th February until the 15th May, 1947, and the remainder of the staff had to carry on the less spectacular work of dealing with the case of tuberculosis and infectious diseases with their off duty time much curtailed because of the absence of the others.

They had hardly recovered from that and a reasonable number of the staff had had some leave when the outbreak of poliomyelitis burst upon them at the end of July. The strain on the depleted staff was tremendous ; over a hundred cases were admitted, 74 of which were found to be substantiated. Some of the other cases were brain tumour, etc. which required operative treatment and much nursing. Time and again the admission of further cases would have been refused but had to be accepted on humanitarian grounds as there were no other trained staff and specialist facilities available. Cases came from as far west of the county as Gainsborough, from Barrow-on-Humber in the north and from Boston in the south. It was only at the tail end of the epidemic when the staff were at the last stages of exhaustion that cases from outside the borough were finally refused admission.

Out of the 74 cases treated there were only eight deaths, two of Grimsby residents and six from areas of other authorities. At the peak of the case load at the hospital we had five Both cabinet respirators in action at one time. These proved invaluable and the nurses became very experienced in handling them, as did the electrical maintenance staff. As a result of the experience gained the following variations have been forwarded to the Regional Hospital Board :—

“(a) Respirator has been used in a cubicle isolation ward where
“it is difficult to keep the temperature up. We have got over the
“difficulty by warming the air by installing a 100 volt lamp inside the
“respirator on either side on foot level. One or both may be switched
“on as required.”

“(b) There should be openings properly hinged with sorbo in
“the sides of the respirator so that the patient could be lifted up and
“placed on a bedpan without removal from the respirator. We under-
“stand that this improvement is incorporated in the latest types, but
“we have not seen one.”

“(c) The main air inlet for control of respiration rate should be
“in a safer place and not on top of the respirator where it is apt to be
“covered by a blanket by inexperienced staff or otherwise accidentally
“interfered with.”

TUBERCULOSIS.

I am indebted to Dr. John Glen for the following report on this branch of the Health Department :—

The work of the Chest Clinic has continued at about the same pitch as in the previous year despite an interruption by weather conditions in the early part of the year. I have tried to encourage general practitioners to use the Clinic for investigation of their non-tuberculous chest disease cases to which there has been a good response ; in that a very large proportion of the early investigations are now carried out at my Clinic. The Ante-Natal Clinic cases have continued to attend for chest screening and I am grateful to the M. & C. W. medical officers for their co-operation in this branch. A small number of definite cases of tuberculosis requiring treatment and observation have been discovered. In addition, non-tuberculous abnormalities have been found and referred to the appropriate quarter. The response from general practitioners concerning their ante-natal patients is still far from satisfactory, but is slowly improving.

TABLE SHEWING TUBERCULOSIS MORTALITY DURING 1947.

Age Groups.	PULMONARY		NON-PULMONARY	
	Males.	Females.	Males.	Females.
0—1	—	—	3	—
1—5	2	—	—	1
5—10	—	1	—	1
10—15	—	1	1	—
15—20	—	4	—	1
20—25	2	4	—	—
25—35	5	12	—	—
35—45	6	2	—	1
45—55	7	4	—	—
55—65	2	—	—	—
65 and upwards	3	2	—	—
Totals. ..	27	30	4	4

Death Rate per 1,000 of Population	Pulmonary	..	0.63
”	Non-Pulmonary		0.09
”	All Forms	..	0.72

Tables shewing Primary cases of Tuberculosis notified during 1947, together with their Ward distribution.

Age Groups.	PULMONARY.		NON-PULMONARY.	
	Males.	Females.	Males.	Females.
Under 1	—	—	1	—
1—5	2	2	3	2
5—10	5	4	2	—
10—15	3	3	2	4
15—20	4	17	3	—
20—25	12	9	—	4
25—35	13	7	—	3
35—45	11	8	1	1
45—55	9	—	1	—
55—65	5	—	—	—
65 and upwards	5	—	—	—
Totals ..	69	50	13	14

Ward Distribution.	PULMONARY.		NON-PULMONARY .	
	Males.	Females.	Males.	Females.
Alexandra	3	2	3	1
Central	3	—	1	—
Clee	9	3	1	2
Coates	6	3	2	—
Hainton	—	5	1	1
Humber	10	5	1	1
North East	6	3	—	2
Scartho	—	—	—	—
South	11	8	1	3
South West	7	10	—	1
Victoria	5	4	—	—
Weelsby	3	1	—	2
Wellow	1	1	2	—
Wellington	5	5	1	1
Totals	69	50	13	14

The death rate from tuberculosis still remains high as compared with England and Wales, but this is a frequent finding in sea-port towns.

Included in the deaths were nine cases that had not been previously notified as suffering from tuberculosis. The proportion of non-notified deaths is 13.8, as compared with 8.9 in 1946.

The number of primary notifications received per 1,000 of the population, and the ratio of non-notified deaths for the past few years, are as follows :—

Year.	Total primary notifications.	Notifications per thousand of population.	Ratio of non-notified Deaths.	Ratio of non-notified Deaths.	
				Pulmonary.	Non-Pulmonary
1939	135	1.49	9%	2.9%	4.5%
1940	116	1.40	9.2%	2.6%	6.6%
1941	127	1.61	4.6%	3.0%	1.6%
1942	147	1.91	6.5%	4.9%	1.6%
1943	138	1.80	5.6%	4.2%	1.4%
1944	153	2.00	1.8%	1.8%	—
1945	176	2.25	15.8%	14.3%	1.5%
1946	179	2.07	8.9%	8.9%	—
1947	146	1.63	13.8%	7.7%	6.1%

The following Table is a general analysis of the work done through the Chest Clinic in 1947 :—

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A.—NEW CASES examined during the year (exclud- ing contacts):													
(a) Definitely tuberculous	56	34	9	8	5	8	7	6	61	42	16	14	133
(b) Diagnosis not com- pleted ..	—	—	—	—	—	—	—	—	7	19	2	3	31
(c) Non-tuber- culous ..	—	—	—	—	—	—	—	—	379	1218	114	115	1826

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
B.—CONTACTS ex- amined dur- ing the year : (a) Definitely tuberculous	1	5	1	1	—	—	1	—	1	5	2	1	9
(b) Diagnosis not com- pleted ..	—	—	—	—	—	—	—	—	3	—	2	6	11
(c) Non-tuber- culous ..	—	—	—	—	—	—	—	—	66	130	107	116	419
C.—CASES written off the Dispensary Register as : (a) Recovered	13	10	1	1	4	3	6	2	17	13	7	3	40
(b) Non-tuber- culous (in- cluding any such cases previously diagnosed and entered on the Dis- pensary Register as tuberculous)	—	—	—	—	—	—	—	—	452	1365	227	236	2280
D.—NUMBER OF CASES on Dispensary Register on Dec. 31st :— (a) Definitely tuberculous	238	218	44	29	26	43	23	22	264	261	67	51	643
(b) Diagnosis not com- pleted ..	—	—	—	—	—	—	—	—	12	26	4	11	53

1. Number of cases on Dispensary Register on January 1st, 1947 659
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years .. 20
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" 31
4. Cases written off during the year as Dead (all causes) .. 61
5. Number of attendances at the Dispensary (including Contacts) 10,613
6. Number of Insured Persons under Domiciliary Treatment on the 31st December 1947 Nil
7. Number of consultations with medical practitioners :—
 - (a) Personal Nil
 - (b) Otherwise 3,355

8. Number of visits by the Tuberculosis Officer to homes of patients (including personal consultations) Nil
9. Number of visits by Nurses to homes of cases for Dispensary purposes 1,320
10. Number of :—
- (a) Specimens of sputum, etc., examined :—
- Positive 292
- Negative 302
- Total 594
- (b) X-ray examinations made in connection with Dispensary work :—
- Films 1,616
- Screens 5,352
- Total 6,968
11. Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b) above Nil

During the year 3,107 individual persons attended the Chest Clinic, making a total of 10,613 attendances. The following table gives a comparison with previous years :—

Year.	Total number of persons who attended.	Number of new Cases.	Total Attendances.
1939	1314	614	6,699
1940	1256	473	5,287
1941	1244	671	5,798
1942	1395	905	6,116
1943	1443	936	6,473
1944	1809	1126	6,904
1945	1902	1291	9,219
1946	2976	2320	13,052
1947	3107	2449	10,613

The following are details of Special examinations conducted during the year apart from cases referred to the Chest Clinic in the usual manner by general practitioners :—

	A.M.	A.F.	M.C.	F.C.	Total
<i>Grimsby Corporation :—</i>					
(a) Maternity & Child Welfare Dept., Expectant Mothers ..	—	894	—	—	894
(b) Transport Department. ..	79	—	—	—	79
(c) Scartho Road Infirmary Staff	10	14	—	—	24
Canadian Migrants	2	3	2	2	9
Police Candidates	26	5	—	—	31
Totals	117	916	2	2	1,037

While the local authority has used the facilities at the Chest Clinic for the routine X-raying of many of their various staff, it is felt that these facilities could be further extended by the Grimsby Corporation and by private firms. I am specially interested in persons in an occupation involving work with children, and also in any occupation dealing directly with food ; and think it is highly desirable that employees should have routine chest examinations.

APPLICATIONS FOR TREATMENT.

During the year under review 146 cases were notified under the Public Health (Tuberculosis) Regulations, 1930, as suffering from Tuberculosis (all forms). It is pleasing to record that each of these attended the Dispensary.

CLASSIFICATION OF NEW CASES.

(a) *Pulmonary Tuberculosis.*

During 1947 applications were received from 115 new cases of pulmonary tuberculosis, including eight which were discovered in the examination of contacts. In the previous year there were 119 new cases diagnosed, including 13 discovered in contact examinations.

The following table is the classification of new cases at the end of the year, together with a comparison of figures for previous years :—

	1947.	1946.	1945.	1944.	1943.
(1) T.B. Minus (Sputum negative or absent)	70	87	79	75	76
(2) T.B. Plus 1 (Positive early case)	7	3	7	3	2
(3) T.B. Plus 2 (Positive intermediate case)	29	21	15	20	17
(4) T.B. Plus 3 (Positive advanced case)	9	8	10	15	10
	<hr/> 115 <hr/>	<hr/> 119 <hr/>	<hr/> 111 <hr/>	<hr/> 113 <hr/>	<hr/> 105 <hr/>

(b) *Non-Pulmonary Tuberculosis.*

There were 27 cases diagnosed as suffering from non-pulmonary tuberculosis during the year as compared with 37 in 1946.

The following table gives a comparison with previous years :—

Year.	Bones.	Abdomen.	Other Organs.	Peripheral Glands.	Total.
1939	6	3	8	17	34
1940	5	—	6	2	13
1941	4	3	10	9	26
1942	7	2	6	8	23
1943	5	—	7	4	16
1944	3	—	9	5	17
1945	8	3	12	7	30
1946	5	5	14	13	37
1947	9	4	4	10	27

CONTACTS.—During 1947 a total of 439 contacts were seen. As a result of these examinations eight persons were found to be suffering from pulmonary tuberculosis and one non-pulmonary (six adults and three children). While the number of contacts examined remains high, I am not satisfied with this figure. Increasing duties at the Chest Clinic has allowed the Health Visitors less time for home visiting ; and as the clinic facilities are extended this lack of time will become accentuated. The obvious answer is the employment of a futher health visitor.

NUMBER OF CONTACTS FOUND TO BE TUBERCULOUS.

	PULMONARY.				NON-PULMONARY.				Total
	A.M.	A.F.	M.C.	F.C.	A.M.	A.F.	M.C.	F.C.	
1938	—	1	1	1	—	—	2	1	162
1939	1	1	—	1	—	—	1	—	197
1940	—	—	—	—	—	—	—	—	97
1941	2	2	1	—	—	—	—	—	272
1942	3	7	—	—	—	—	2	—	345
1943	4	5	4	—	—	—	—	1	370
1944	2	5	4	2	—	—	—	—	519
1945	3	3	3	1	—	—	1	—	413
1946	1	5	2	5	—	—	—	—	482
1947	1	5	1	1	—	—	1	—	439

ARTIFICIAL SUNLIGHT TREATMENT.—This form of treatment was brought into full use between January-May and October-December 1947, when the attendances numbered 2,608. The Mercury Vapour Lamp provided by the Grimsby Tuberculosis Care Committee continues to give splendid service.

ARTIFICIAL PNEUMOTHORAX CLINIC.—The work at this weekly session is increasing yearly. During 1947 patients made a total of 2,436 attendances (1,537 Grimsby and 899 Lindsey County Council), as compared with a total of 2,197 in 1946. These figures do not include refills carried out at a "Workers' Clinic" held on Sunday mornings at the Corporation Hospital. The following table shows the increase in this branch of tuberculosis work in recent years :—

	<i>Grimsby Patients.</i>	<i>Lindsey County Council Patients.</i>	<i>Total Refills.</i>
1942	964	273	1,237
1943	937	292	1,229
1944	1,327	392	1,719
1945	1,429	534	1,963
1946	1,477	720	2,197
1947	1,537	899	2,436

X-RAY WORK.—During 1947, 6,968 Grimsby and 438 Lindsey County Council cases were X-rayed and reported upon, as compared with a total of 7,474 in the previous year. The reduction in the number x-rayed is partly due to the installation of a plant at the Corporation Hospital and Sanatorium where most of the Sanatorium x-ray work is now performed.

The first table shows an analysis of the work done in the Chest Clinic so far as Grimsby cases are concerned during the year, the second giving comparative figures in recent years :—

	Adult Males.	Adult Females.	Boys.	Girls.	Total.
Screening :— Pulmonary	1,621	2,930	445	356	5,352
Films :— Pulmonary	809	706	59	42	1,616
Totals	2,430	3,636	504	398	6,968

	<i>Grimsby Borough.</i>		<i>Lindsey Area.</i>		<i>Total</i>
	<i>Films.</i>	<i>Screens.</i>	<i>Films.</i>	<i>Screens.</i>	<i>Examinations.</i>
1942	960	2,964	169	273	4,366
1943	982	3,002	259	292	4,535
1944	1,308	3,921	306	392	5,927
1945	1,322	4,288	300	534	6,444
1946	1,666	5,808	408	720	8,602
1947	1,616	5,352	438	899	8,305

It is very gratifying to find so many cases referred to the Dispensary for investigation under the National Service Acts, 1939/1941 by the Ministry of Labour and National Service. These are persons who show suspicious physical signs, or who give a doubtful history at their medical examination for the Armed Forces, etc.

DENTAL WORK.—The following is a brief report on cases referred to the Senior Dental Officer from the Clinic during 1947 :—

No. of patients referred to the Dental Clinic	..	..	2
No. of attendances made for treatment	..	..	18
No. of extractions of permanent teeth	..	..	22

Administrations of anaesthetics for extractions—

General	..	..	..	3	
Local	..	..	..	4	Total 7
Miscellaneous treatments, scalings, dressings, etc.	..				15
Patients supplied with dentures	..	..	..		2
Full upper dentures	..	..	..		2
Full lower dentures	..	..	..		2

I wish to record my appreciation of the help given to tuberculosis patients ill at home during the year by the Grimsby and District Nursing Institution and also for the considerable number of visits that they have paid to these homes, despite shortage of staff.

Memo. 266/T.

During 1947 payment was made to 167 cases, as compared with 166 in the previous year, under the following headings:—

Maintenance Allowances	..	..	..	..	124
Maintenance and Discretionary Allowances	..				14
Discretionary and Special Payments	..	..			—
Special Payments	..	..	..	..	29
					—
					167

REHABILITATION.—I continue to have the helpful services of these offices in dealing with this difficult aspect of tuberculosis work.

CORPORATION HOSPITAL AND SANATORIUM, SCARTHO.

TUBERCULOSIS SECTION.

Staffing difficulties have persisted at this hospital during the year, and approximately 20 beds have had to remain unoccupied for this reason.

Chest Surgery facilities are available to patients from the Grimsby Borough, Lindsey County Council, and the Norfolk City and County Councils. In a hospital of this size we are now near the limit of the work which can be undertaken. The hospital does not fully serve the areas mentioned, as there is almost a constant small waiting list of persons requiring surgical treatment. The lee-way has been made good so far as Grimsby cases are concerned, and the main activities are directed toward new cases coming under treatment in the current year.

A total of 118 operations were carried out, consisting almost entirely of chest work, most of these being performed by Mr. E. C. Wynne-Edwards, F.R.C.S., who very kindly undertakes the major operations. The arrangement is of great advantage to patients from the authorities mentioned. A useful addition to the Sanatorium in the latter part of the year was the installation of a mobile x-ray plant.

	Thoraco- plasty	Thoraco- scopy	Phrenic Crush	Thoraco- scopy with separation of adhesions	Others	Total
Grimsby Borough	13	7	10	9	15	54
Lindsey County	40	4	6	8	3	61
Norwich City	3	—	—	—	—	3
Totals.	56	11	16	17	18	118

The following tables give particulars of admissions, discharges, etc., of persons treated at the Corporation Hospital during the past few years.

		1943.	1944.	1945.	1946.	1947.
<i>Admissions :—</i>	(a) Definite cases	140	149	133	148	124
	(b) Observation cases	26	49	34	32	22
	Total admissions	166	198	167	180	146
<i>Discharges :—</i>	(a) Definite cases	87	110	110	117	92
	(b) Observation cases	24	59	41	25	25
	Total discharges	111	169	151	142	117
<i>Deaths :—</i>	(a) Definite cases	35	33	23	28	25
	(b) Observation cases	1	1	3	3	2
	Total deaths	36	34	26	31	27

In addition, the following cases have been admitted to the Tuberculosis Wards during recent years on behalf of outside authorities :—

			1943.	1944.	1945.	1946.	1947.
Adult Males	..	..	58	56	27	31	25
Adult Females	..	..	25	38	31	29	9
Children	..	..	3	12	13	3	1
Total admitted	..	..	86	106	71	63	35

The following table shews the number of Service cases of tuberculosis dealt with during the year :—

	Under Treatment 1-1-47	Admitted	Discharged	Died	Remaining 31-12-47
Grimsby Residents	4	5	8	—	1
Lindsey County Council Residents	4	9	9	2	2
	8	14	17	2	3

The total number of cases admitted to this section of the Corporation Hospital during 1947 was 195, as compared with 262 in 1946.

Grimsby cases.

Outside cases.

Patient days. Bed case days. Patient days. Bed case days.

1938 ..	31,466	22,113	5,974	4,244	
	(Average daily number cases whole institution			..	102.1)
1939 ..	28,645	21,143	6,203	4,065	
	(Average daily number cases whole institution			..	94.5)
1940 ..	25,564	17,193	8,318	6,009	
	(Average daily number cases whole institution			..	91.1)
1941 ..	24,229	15,763	10,813	7,468	
	(Average daily number cases whole institution			..	94.5)
1942 ..	25,782	20,528	9,738	6,960	
	(Average daily number cases whole institution			..	97.6)
1943 ..	24,844	18,415	10,228	6,816	
	(Average daily number cases whole institution			..	96)
1944 ..	30,036	21,420	11,951	8,093	
	(Average daily number cases whole institution			..	114.6)
1945 ..	25,237	16,457	14,376	9,283	
	(Average daily number cases whole institution			..	111)
1946 ..	28,360	19,491	13,762	8,489	
	(Average daily number cases whole institution			..	115.4)
1947 ..	24,787	17,791	11,046	8,817	
	(Average daily number cases whole institution				97.9)

The handicraft scheme of diversional and occupational therapy instituted in 1945 on the tuberculosis wards has continued to make good progress during the year under the part-time supervision of a teacher. The scheme is financed by the Tuberculosis Care Committee. The patients have shewn great interest in the work, the quality of the goods made being very high.

Care Committee.—The Tuberculosis Care Committee was appointed in this County Borough in 1925, and its work has functioned with marked success since.

A sum of £5 per 1,000 of the population per annum in accordance with the Local Government Act, and set out in the explanatory Circular 1072, is available for the use of the Committee and this amounts to £470 per annum. In addition to this official grant the Committee has also a Special Fund, which assists in the provision of extra nourishment, dental treatment, clothing and footwear, bedsteads and bedding, and grants to patients receiving occupational therapy. The Special Fund is kept in a solvent condition by donations and efforts made by the Committee itself through dances, street collections, etc.

Tuberculosis Regulations, 1925.—No action was taken during 1945 relating to persons suffering from pulmonary tuberculosis employed in the milk trade.

Public Health Act, 1936.—No action was taken under Section 172 of this Act relating to the compulsory removal to hospital of persons suffering from tuberculosis.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Summary of Notifications during the period from the 1st January, 1947, to the 31st December, 1947, in the area of the County Borough of Grimsby.

Formal Notifications.													
Number of Primary Notifications of new cases of tuberculosis													
AGE PERIODS	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total (all ages)	Total Notifications.
Respiratory Males ..	—	2	5	3	4	12	13	11	9	5	5	69	71
“ Females ..	—	2	4	3	17	9	7	8	—	—	—	50	50
Non-respiratory Males ..	1	3	2	2	3	—	—	1	1	—	—	13	13
“ Females	—	2	—	4	—	4	3	1	—	—	—	14	14

SUPPLEMENTAL RETURN.

New Cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

AGE PERIODS	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
Respiratory Males ...	—	2	—	—	—	1	2	1	1	3	1	11
“ Females ...	—	—	—	—	2	4	2	—	—	—	1	9
Non-respiratory Males ...	1	—	—	—	1	—	—	—	—	—	—	2
“ Females	—	—	—	—	1	—	—	—	—	—	—	1

The source or sources from which information as to the above-mentioned cases was obtained should be stated below :—

SOURCE OF INFORMATION	No. of Cases		Total
	Respiratory	Non-Respiratory	
Death returns—			
From local Registrars	5	2	7
Transferable deaths from Registrar-General ..	2	—	2
Posthumous notifications	—	—	—
“Transfers” from other areas (other than transferable deaths) ..	13	1	14
Other sources, if any (specify)	—	—	—

TABLE SHOWING THE ANNUAL DEATH RATE FROM TUBERCULAR DISEASES IN GRIMSBY AS COMPARED WITH ENGLAND AND WALES AS A WHOLE SINCE 1922.

Year.	Population.	Tuberculosis (Pulmonary).			Tuberculosis (all forms).		
		GRIMSBY.		England and Wales.	GRIMSBY.		England and Wales.
		No. of deaths.	Rate per thousand of population.	Rate per thousand of population.	No. of deaths.	Rate per thousand of population.	Rate per thousand of population.
1922	83,600	89	1.06	.89	117	1.39	1.12
1923	84,650	82	.96	.84	102	1.24	1.06
1924	85,620	83	.97	.84	99	1.16	1.06
1925	86,810	77	.91	.83	98	1.21	1.04
1926	87,190	92	1.04	.77	127	1.43	0.96
1927	88,340	86	.97	.74	105	1.19	0.95
1928	90,270	72	.79	.75	102	1.12	0.92
1929	91,440	96	1.05	.79	115	1.25	0.95
1930	91,440	85	.93	.73	109	1.19	0.89
1931	92,280	85	.92	.74	108	1.16	0.89
1932	92,250	81	.87	.68	106	1.14	0.84
1933	93,090	71	.76	.69	89	.95	0.83
1934	93,700	58	.62	.63	72	.77	0.76
1935	93,900	61	.65	.60	74	.78	0.71
1936	93,690	49	.52	.58	64	.68	0.68
1937	92,760	53	.57	.58	63	.67	0.69
1938	92,320	61	.66	.53	69	.74	0.63
1939	92,230	57	.62	.53	66	.72	0.63
1940	82,560	64	.78	.59	76	.92	0.70
1941	78,680	56	.71	.60	65	.82	0.73
1942	76,800	52	.67	.54	61	.79	0.66
1943	76,460	65	.85	.55	71	.93	0.66
1944	76,150	50	.66	.52	56	.73	0.62
1945	78,030	53	.68	.52	63	.80	0.62
1946	86,340	48	.55	.46	56	.64	0.55
1947	89,190	57	.63	.47	65	.72	0.54

SECTION G.—SCHOOL MEDICAL SERVICE.

GRIMSBY EDUCATION COMMITTEE.

Report of the School Medical Officer
FOR THE YEAR 1947.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
COMMITTEE.

I have the honour to present my eighth annual report of the school medical service for 1947, most of which was written by other officers.

The health of the school population, which is expanding rapidly as the result of recent legislation, has remained satisfactory, and there have been no serious epidemics as the poliomyelitis outbreak of the summer of 1947 did not find many cases among the school age groups in Grimsby. It is not possible to compare with absolute accuracy the nutritional figures with those of the previous year owing to alterations, recommended by the Ministry of Education, in the designation of the various categories but it is considered that the standard is much about the same. Despite the increase in the school population the amount of milk consumed remains about the same, but there was some increase in the numbers of meals provided.

It has not yet been possible to amalgamate the nursing and clerical staffs of the health and school medical services. There is some overlapping and it mitigates against recruitment of certain categories.

During the year it has been possible by diverting to this work some of the sanitary inspectors to make a detailed survey of the whole of the sanitary accommodation of the schools. A great many of these defects will have been remedied by the time this report is printed.

The number of children found to be unclean during routine inspections by the school nurses showed a marked drop, but unfortunately this was more than counter-balanced by an increase in numbers of cases found during routine medical inspection to have lice infestation. The incidence of scabies continues to diminish.

In October 1947 this county borough became one of the five pilot areas in which the Ministry of Health had made acute rheumatism under the age of 16 a notifiable disease. This was mainly because of the pioneer work done by the cardiac consultant in his special school clinics and the records completed there.

There seems to be no early prospect of the appearance of a trained orthoptist or a teacher of speech therapy in Grimsby, but the need for the former will disappear if the hospital service take over the whole of the ophthalmic services for school children. Pending the re-organisation there will be a good deal of confusion in this work when the National Health Service Act, 1946, comes into force.

During the year consultations at regional level finally laid down the ultimate arrangements for a full provision of institutional accommodation for all types of handicapped children within the region, but that day is not in the immediate future.

The school dental service ably led by Mr. L. N. Alley goes on from strength to strength, quite unconscious as yet that it is to receive shattering blows from administrative action at higher level.

After a prolonged period of a vacancy in the past, the appearance of Miss E. M. M. Roberts as superintendent school nurse was most welcome. She made it her special interest to commence mothercraft instruction in the grammar school.

I should like to close these introductory remarks by thanking the Chairman and members of the Education Health Sub-Committee for the keen interest they have displayed in all branches of the work, and to the Director and his staff for their help and co-operation.

JAMES A. KERR,
School Medical Officer.

Health Department,
St. James House,
Bargate, Grimsby.

November, 1948.

GRIMSBY EDUCATION COMMITTEE.*Chairman*—COUNCILLOR H. D. MITCHELL.*Deputy-Chairman*—COUNCILLOR W. HARRIS.

DIRECTOR OF EDUCATION—

DR. R. E. RICHARDSON, M.Sc.

EDUCATION WELFARE SUB-COMMITTEE.*Chairman*—ALDERMAN W. ROBERTS.*Deputy-Chairman*—COUNCILLOR R. DANBY.

THE MAYOR—COUNCILLOR W. B. BAILEY, J.P.

Alderman	M. BLOOM	Councillor	Rev. J. F. S. JONES, M.A.
"	H. WELDRICK	"	Miss J. B. McLAREN
"	W. H. WINDLEY	"	J. C. OLSEN
Councillor	G. H. ATKINSON	Mr. A. COLLINSON	
"	C. BRADLEY	Mr. S. NEAL	
"	C. W. CLOW	Mrs. N. TROUGHT	
"	Mrs. LARMOUR		

STAFF OF SCHOOL MEDICAL DEPARTMENT.MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER—
JAMES A. KERR, B. Sc., M.D., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS—

W. G. SOUTHEY, M.B., B.S., D.P.H.

Miss R. HALPERIN, M.B., B.S., D.P.H. (resigned 12.7.47).

Miss J. B. McKELLAR, M.B., B.S. (appointed 15.11.47).

PART-TIME SCHOOL MEDICAL OFFICERS—

Dr. M. D. GARDNER (resigned 31.8.47).

Dr. C. A. GUNN (resigned 7.11.47).

Miss A. C. WATSON, M.B., Ch.B. (appointed 21.10.47).

I. T. T. HIGGINS, M.B., B.S., M.R.C.P. (appointed 6.11.47).

J. W. BROWN, M.D., B.S.(Lond.), M.R.C.P., M.R.C.S., L.R.C.P.
(Eng.), F.R.C.P.

W. GORDON DAVIDSON, M.B., Ch.B., D.O.M.S.

M. SPENCER HARRISON, M.B., Ch.B., M.D., F.R.C.S. (Eng.),
M.R.C.P.

SENIOR DENTAL OFFICER—

LEONARD N. ALLEY, L.D.S., R.C.S. (Eng).

ASSISTANT SCHOOL DENTAL OFFICERS—

W. G. WALCH, L.D.S. (resigned 29.8.47).

H. Y. MCCARTHY, L.D.S.

SCHOOL NURSES—

Miss F. HIGLEY (*Superintendent*, invalided 29.5.47).Miss E. M. M. ROBERTS (*Superintendent*, appointed 1.9.47).*Nurses*—A. ABBEY, D. CROWE, H. SCARLETT, A. NICHOLSON.
F. WYATT.

DENTAL STAFF—

Miss R. HENFREY, Mrs. O. CURR, Miss. B. SMITH, Miss. M.
BALDRY, Miss B. BUTLER (resigned 29.11.47).

CLERICAL STAFF—

Miss A. ROBERTS, Mrs. D. MILLWARD (resigned 31.10.47),
Miss J. ROBINSON.

MENTAL WELFARE VISITOR—

Miss E. M. WOULD.

Co-ordination.—Unfortunately the staffs of health visitors and school nurses have not yet been fused into one co-ordinated unit. This is due to a variety of reasons, inadequate office accommodation, school nurses without health visitors' qualification, etc. The only real connecting link is the superintendent school nurse, who is also superintendent health visitor. One great difficulty due to separate clerical staffs, separate offices, etc. is the proper assimilation of records. For example, the school nurses should be fully briefed about those toddlers who have defects for which treatment has not been provided, and this information should be gleaned from the health visitors' record cards 3 to 6 months before the child is due to enter school. The present dichotomy is an additional factor in the difficulty in staffing the health department with an adequate number of health visitors.

School Hygiene.—As suggested in the report of the Chief Medical Officer a report is being made each year on one aspect of the hygienic conditions in the schools. Towards the end of the year a thorough survey was made of the sanitary accommodation in the schools using the standards laid down in B. of E. Educational Pamphlet No. 107.

It is appreciated that since that survey a considerable amount of work has been put in hand, and that the remedying of many defects was held up by shortage of materials, complete inadequacy of existing buildings, etc.

GROUP 1.

(most urgently requiring attention).

ARMSTRONG STREET SCHOOL.—As the water closet basins are all small a number of full size basins should be provided for use by the biggest boys and girls. Hot water supplies should be available in all cloakrooms. The number of water closets for the senior boys should be increased from 7 to 21, the number of urinal stalls increased by 25-feet, and the number of wash basins increased by 18.

EDWARD STREET SCHOOL.—*Senior and junior girls.*—Five additional closets required with full size water closet basins for the biggest senior girls. Full doors instead of half doors. 17 additional wash basins are required.

Senior and junior boys.—Three additional closets are required, and full size water closet basins should be provided for use by the biggest boys. Full doors should be fitted to compartments, 11-feet of additional urinal accommodation is required, 12 additional wash basins are required, and all basins should have hot water supply instead of only to four basins as at present.

Infant boys and girls.—Two additional wash basins should be supplied, and the five without hot water should have that supply.

For the school generally eight drinking fountains should be provided.

HAROLD STREET SCHOOL.—Insanitary trough latrines should be abolished, and pedestal water closets with separate flushes and compartments with doors should be provided, 24 for the girls and 19 for the boys. Several for each sex should have full size basins for use by the biggest children. The existing urinal should be abolished and 60-feet of urinal accommodation provided with sufficient automatic flushing tanks and sparge pipes. 18 extra basins for the girls and 24 extra for the boys should be provided all with hot water supply, and proper sanitary arrangements for the disposal of waste. Some of the present girls' basins with worn glazing should be renewed. 12 drinking fountains should be provided.

LITTLE COATES SCHOOL.—Six additional water closets are required for the junior girls, three for the junior boys and six for the infants. Automatic flushing tanks and sparge pipes should be fitted to all the urinals. The floor and channel need repair in junior boys urinal. 13 additional lavatory basins are required for the junior girls, 13 for the junior boys, eight for the infant girls and nine for the infant boys, while the disposal of liquid waste from the wash basins should be re-modelled so as to discharge on to external gullies. Seven drinking fountains should be provided.

NUNSTHORPE SCHOOL.—*Senior Department.*—Full size water closet basins should be provided for use by the biggest boys and girls in the school. Five additional water closets are required for the boys and five for the girls. The latter should be provided near the huts so that there are water closets within easy reach of the classrooms. 10-feet more urinal accommodation is required, and 13 lavatory basins are required for the girls and a similar number for the boys. Six drinking fountains should be provided.

Junior department.—Eight more water closets are required for the girls and a similar number for the boys. The urinal accommodation would be adequate if urinal adjoining girls' water closet block could be used, but position cannot be considered suitable and thus another 20-feet urinal is required. 16 more lavatory basins are required for boys and a similar number for girls. Eight drinking fountains should be provided.

Infants department.—There is no complaint here except that some of the younger children from 5 to 7 years are not strong enough to pull the W.C. flushes.

ST. JOHN'S SCHOOL.—Existing school buildings may not merit the expense of the complete re-modelling of present arrangements. Any reconstruction in this respect should be considered as a whole. The insanitary trough latrines in all departments should be abolished and blocks of pedestal wash-down water closets, complete with separate flushing cisterns and doors, should be provided on the following ratio :—

Junior department	Girls 9, Boys 7.
Infant department	Girls 6, Boys 5.

Existing urinals should be abolished and modern urinals provided with automatic flushing cistern and sparge pipe, 20-feet in the case of the junior boys and 12-feet in the case of the junior male infants. The present arrangement of lavatory basins is totally inadequate, and should be replaced by lavatory basins with hot and cold water supply and proper drainage in the following proportions :—

Junior girls	15.	Infants, girls	12.
Junior boys	16.	Infants, boys	13.

Six drinking fountains should be provided.

STRAND STREET SCHOOL.—*Water closet accommodation.*—The insanitary trough latrine for the junior girls should be abolished and replaced by nine pedestal wash-down water closets. The compartments should be fitted with doors as should those for the junior boys. There is no water closet accommodation for the infant girls, and a new block of four pedestal wash-down closets with separate flushing cisterns and doors should be erected.

The insanitary trough latrine for the infant boys should be abolished and replaced by a block of five pedestal wash-down closets with flushing cisterns and doors to compartments.

Urinal accommodation.—Infant boys' urinal requires thorough cleansing and urine stains removing.

Lavatory basins.—The three for the junior girls should be removed as they are worn and pitted, and 15 new basins fitted. The three for the junior boys should be removed also as they are in a similar state, and 14 new basins fitted. The present insanitary arrangements for disposal of liquid waste should be altered. The three existing basins in the infants department should be removed and 17 new ones fitted.

Drinking fountains.—Six should be provided.

WELHOLME SCHOOL.—The entire sanitary arrangements at this school require re-modelling.

Senior girls.—Insanitary trough latrine should be abolished and a block of 12 full size pedestal basins, with separate flushing cisterns, should be provided. 18 lavatory basins required with hot and cold water supply.

Senior boys.—Insanitary trough latrine should be abolished and 10 full size pedestal basins with separate flushing cisterns should be provided, doors to be fitted to closets. Parts of urinal with worn glazing should be renewed, and automatic flushing tanks required. 20 lavatory basins required with hot and cold water supply.

Junior girls.—12 closets required, pedestal basins with separate flushing apparatus to be provided, doors to be fitted to compartments. 13 extra lavatory basins required with hot and cold water supply. Hot water should be available for existing five basins.

Junior boys.—Abolish existing trough latrine and substitute 10 pedestal basins with separate flushing apparatus, doors to be fitted to compartments. 16-feet more urinal accommodation required, and automatic flushing cisterns needed. 11 extra lavatory basins required with hot and cold water supply. Hot water should be available for existing nine basins. Arrangements for disposal of liquid waste to be abolished and a sanitary method employed.

Infants, girls.—Abolish existing trough latrine and substitute seven pedestal basins with separate flushing apparatus, doors to be fitted to compartments.

Infants, boys.—Six water closets required, pedestal basins with separate flushing apparatus to be provided, doors to be fitted to compartments.

Infants, boys and girls.—19 lavatory basins required with hot and cold water supply.

For the school generally 14 drinking fountains are required.

WINTRINGHAM SECONDARY SCHOOL, HIGHFIELD.—Two additional water closets are required for girls and one for boys. Three additional feet of urinal is required, and the cement rendering of existing urinal should be renewed. 18 additional lavatory basins are required and four drinking fountains.

In the playing fields water closet accommodation, urinal accommodation and washing facilities should be provided as well as two drinking fountains.

GROUP 2.

HOLME HILL SCHOOL.—An additional water closet is required for use by the girls, and doors should be provided to all closet compartments used by both sexes. The trough closets used by the junior boys should be abolished. The remaining block of eight closets at present used by the infants is sufficient for all the juniors and infants in the boys department.

The urinal used by the junior boys could be abolished as the present urinal used by infant boys is sufficient for all boys attending. 11 additional wash basins should be provided for the junior girls, eight for the junior boys and eight for the infants.

Three of the present basins used by the junior boys and three used by the infants have worn glazing and should be renewed, while the disposal of lavatory waste from the infants wash basins is insanitary and should be re-modelled. The provision of separate flushing cisterns to each closet might also be considered, and five drinking fountains should be provided.

TECHNICAL SCHOOL, ELEANOR STREET.—The girls should have separate accommodation of two water closets instead of sharing with Wintringham School. The rendering of the wall of the boys' urinal should be renewed. The girls should have seven lavatory basins with hot and cold water instead of relying on Wintringham Secondary School, and the boys instead of two basins with cold water supply only should have a total of 13 with hot water supply. Two drinking fountains required.

WINTRINGHAM GRAMMAR SCHOOL.—One additional water closet required for the girls as well as the two to be constructed for the use of technical school girls.

In the case of the boys the two closets in the cloakroom, which is at present used for storing equipment, should be brought into use. The lavatory basins for both boys and girls should be provided with a hot water supply as well as sanitary arrangements for disposal of liquid waste.

In the case of the girls one additional basin is required if separate accommodation is provided for technical school girls. The boys require 10 additional basins and replacement of such of the existing seven as have worn glazing.

Five drinking fountains are required.

GROUP 3.

HILDA STREET INFANTS' SCHOOL.—Three additional wash basins are required.

VICTORIA STREET SCHOOL.—Urinal accommodation should be extended by 12-feet, and five extra lavatory basins are required for use by junior and infant boys. Four drinking fountains required.

WEELSBY STREET JUNIOR SCHOOL.—Six more lavatory basins for boys are required and three more drinking fountains.

SCARTHO SCHOOL.—Five additional lavatory basins are required.

SOUTH PARADE SCHOOL.—One additional lavatory basin is required for junior girls and two for junior boys. Two additional drinking fountains required.

ST. MARY'S R.C. SCHOOL.—Urinal accommodation used by junior and infant boys should be increased by 13-feet, and two extra lavatory basins should be provided for use in junior and infant departments. The provision of a hot water supply for junior children should be considered.

CANON AINSLIE SCHOOL.—Three extra drinking fountains should be provided.

CARR LANE SCHOOL.—The water closet accommodation for senior and junior girls and senior boys is adequate, but full size pedestal basins should be provided for the biggest boys and girls. Five additional closets and 9-feet more urinal accommodation are required for the junior and infant boys.

Four more lavatory basins are required for the senior girls, three for the senior boys and six for the juniors and infants. Six extra drinking fountains are required.

MACAULAY STREET SCHOOL.—*Junior department.*—Two additional water closets are required for use by the girls and four by the boys. Four additional lavatory basins are required for use by boys and girls, and five additional drinking fountains.

Infants department.—Three additional water closets are required for use of boys. Six additional lavatory basins for use by boys and girls, and two additional drinking fountains.

Staff.—Dr. R. Halperin resigned on 12th July, 1947 and was replaced by Dr. J. D. McKellar on the 15th November. Dr. M. D. Gardner resigned on 31st August, 1947 and was replaced by Dr. A. C. Watson on the 21st October. Dr. G. Gunn was replaced by Dr. I. T. T. Higgins on 6th November, 1947, while Mr. W. D. Walch, L.D.S., resigned on the 29th August, 1947.

Miss E. M. Roberts was appointed Superintendent to Health Visitors and School Nurses on 1st September, 1947, in place of Miss F. Higley who was invalided out of the service on 29th May, 1947.

Mrs. D. Millward left the clerical staff on 31st October, 1947, while Miss B. Butler, Dental Attendant, resigned on 29th November, 1947.

We are extremely grateful to the two Red Cross members, Mrs. Moore and Mrs. Bird, for their continued voluntary help at the School Clinic. Mrs. Moore for two mornings and Mrs. Bird for one morning each week.

The number of children on the register on the 1st April, 1947 was 13,643, an increase of 1,988.

FINDINGS OF MEDICAL INSPECTIONS.

Nutrition.—The average nutrition of school children was maintained at a satisfactory level throughout the year. Classification of those medically inspected was made under the new designation "General Condition," and not "Nutrition," as in previous years.

From the inspectors' point of view, this seems to have the advantage of emphasising that the assessment is not of the physique of the child, but of the actual well-being of the latter at the time of examination.

"General Condition" is assessed under the headings A 'good,' B 'fair' and C 'poor.' Of the 2,910 children who were medically inspected during the year, 1,777 or 61.1 per cent. were classified A, 1,115 or 38.3 per cent. were classified B, and 18 or 0.6 per cent. were classified C.

Nutritional surveys were made in all the schools in the town on one or more occasions during the year.

At the end of the year 2,985 children were paying for school dinners, and 821 children were receiving them free. The total of children drinking school milk was 10,300 each day.

Uncleanliness.—The total inspections of school children during 1947 was 22,535, to effect which the nurses paid an average of 16.2 visits per school. The number found to be unclean was 1,616.

At routine school medical inspections, 361 children out of 2,910 examined showed evidence of louse infestation, a somewhat higher percentage than last year.

Diseases of the Skin. The incidence of scabies and of all skin diseases found at routine medical inspections during the last six years is shown in the accompanying table.

	ROUTINE MEDICAL INSPECTIONS Incidence per 1,000 inspections.					
	1942	1943	1944	1945	1946	1947
All skin diseases ..	12.9	20.5	16.7	24.9	10.1	10.65
Scabies ..	7.5	10.1	5.1	5.6	2.7	2.4

A further table shows the number of cases of the chief infectious skin diseases seen by the Medical Officer and treated at the school clinic during the same six years.

Disease.	1942	1943	1944	1945	1946	1947
Ringworm (Scalp)	3	1	9	10	3	—
Ringworm (body)	6	9	5	9	10	4
Scabies	1,082	978	373	241	188	73
Impetigo	79	51	27	16	21	20

Minor Ailments Clinic.—The figures for attendance at the school clinic during 1947 were as follows :—

Total Attendances—18,526, (comparing with 17,810 in 1946).

Special Inspections.—1,820, (cases seen by the Medical Officer).

Re-inspections.—4,812, (cases seen at the clinic).

1,507 were dealt with by one or other of the nurses in attendance, and were not seen by the Medical Officer.

Infectious Diseases.—It was not necessary to take any special action in regard to infectious disease throughout the year. Fortunately one or two children were contacts during the smallpox outbreak. The incidence of diphtheria continued low.

Defects of Vision and Diseases of the Eye.—Refraction clinics were held every Tuesday afternoon as in previous years. 353 children (of which 289 were new cases) had refraction carried out, and 344 obtained glasses under the authority's scheme.

Dr. W. Gordon Davidson, consulting ophthalmologist to the authority, held clinics on Thursday afternoons, at which a further 199 children (of which 61 were new cases) had refraction, 193 had glasses prescribed, and 186 obtained glasses. 18 cases of eye disease (apart from squints, etc.) were referred to him from the school clinic during the year.

Diseases of Ear, Nose and Throat.—A clinic every five or six weeks has been held by Mr. M. Spencer Harrison, F.R.C.S. consultant ear, nose and throat specialist to the authority for these diseases. (8 clinics altogether). 51 cases (of which 42 were new) made a total of 56 attendances. Operative treatment was provided for 67 cases at the Grimsby and District General Hospital under the authority's scheme, but progress was retarded because the outbreak of poliomyelitis in the summer led to a six months cessation of such operations.

Nose and Throat Defects.—The number of cases found at routine and special inspections to require treatment was 327. These were classified as follows :—

Chronic tonsillitis	..	..	..	39
Adenoids only	..	..	..	13
Chronic tonsillitis and adenoids	..			38
Other conditions	..	..	..	237

The nasal hygiene clinic continued to be held daily throughout the year under the supervision of the senior clinic nurse (Miss Abbey). Successful results were obtained in all types of cases showing catarrhal conditions of the nose and throat.

The number of children treated was 262 and total attendances were 5,013. In addition, 154 children (2,772 attendances) have had diastolisation treatment. In addition to these cases, a further 162 children were treated for otorrhoea and chronic otitis media making an attendance of 2,311.

Heart Diseases and Rheumatism.—A clinic every five or six weeks (11 clinics altogether) were held by Dr. J. W.

Brown, the consultant physician for these diseases. 97 cases (of which 38 were new) made a total of 146 attendances. As from 1st October, 1947 Grimsby was made one of the pilot areas in which acute rheumatism under the age of 16 was made a notifiable disease.

Orthopaedic Defects.—The orthopaedic scheme continues to perform its useful work and clinics are held at the Grimsby and District Hospital where operative work is carried out. Long term cases are transferred to special orthopaedic hospitals where they receive the benefits of educational training along with their treatment.

During the year 63 cases were referred to the out-patient department of the Grimsby and District Hospital, of which 30 were admitted for operative treatment. Five patients were admitted to Harlow Wood Orthopaedic Hospital for treatment.

Mentally Defective Children (Handicapped Pupils and School Health Service Regulations, 1945).—The number of children reported during the year ending December 31st, 1947, to the local mental health authority was 14.

63 children were referred for examination during the year, of whom six were found to be ineducable and excluded from school ; 19 proved to be educationally sub-normal and 24 dull and backward ; two were not sub-normal in any way ; one was a mal-adjusted child and one was bordering on deficiency but a decision has not, as yet, been reached. The remaining 10 children had not been examined at the end of the year.

Of the 14 reported to the local mental health authority three were sent to institutions, five were admitted to the occupation centre and six were placed under statutory supervision.

Eight educationally sub-normal boys were admitted to the new St. Christopher's School at Lincoln and one boy to Monyhull Residential Special School.

The need for institutional provision for E.S.N. children becomes more clamant as time passes. The steep rise in juvenile delinquency has accentuated the problem because many children who would otherwise have earned a period of sojourn in an approved school have proved on investigation to be in the former category. The promised advent of an educational psychologist should be most helpful in assessment and in commencing to lay the foundations of a child guidance service.

Handicapped and Sub-Normal Children.—The following cases were dealt with during the year :—

Name.	Date of Birth	Disability.	Special School.	Admitted.
Brian Hardy ..	.. 1. 3.39.	Deaf	Yorkshire Res. School for Deaf, Doncaster	14. 1.47.
Shirley Parkin ..	.. 6.11.36.	Epileptic	Maghull Homes for Epileptics.	19. 4.47.
Vera Letch ..	.. 10.11.34.	Physically Handicapped.	Children's Convalescent Home, West Kirby.	30.10.47.
Patricia Reveller ..	.. 1. 8.35.	Delicate, Transferred to :—	Cheyne Hospital Home. Oak Bank Open Air School.	16. 6.47. 1.10.47.
Raymond Metcalfe ..	.. 17. 7.33.	E.S.N.	Monyhull Residential School.	2. 9.47.
William Howell ..	.. 21. 5.34.	do.	St. Christopher's Special School, Lincoln.	9. 9.47.
James Campling ..	.. 3. 2.35.	do.	do.	17.11.47.
William Mears ..	.. 3.10.34.	do.	do.	9. 9.47.
James G. Goodwin ..	.. 18.12.36.	do.	do.	9. 9.47.
Albert Stones ..	.. 6. 4.36.	do.	do.	29. 9.47.
Charles E. Burton ..	.. 7. 6.34.	do.	do.	9. 9.47.
Peter Newton ..	.. 8.10.33.	do.	do.	9. 9.47.
Jack Brewster ..	.. 6.10.33.	do.	do.	9. 9.47.
Brian L. Smith ..	.. 4. 8.35.	do.	do	13.11.47.

The following cases previously dealt with were still a responsibility of the Education Committee :—

Name.	Date of Birth	Disability.	Special School.	Admitted.	Left.
Janet Cole	.. 16.10.33.	Blind	Royal Blind School, Sheffield.	30. 1.41.	31. 3.47.
Brian Cox	.. 17. 6.32.	Transferred to :— Blind	Yorkshire School for Blind.	1. 4.47.	
Maurice Gear	.. 24.8.34.	Blind	Birmingham Royal Institution for Blind.	4. 5.42.	
Katherine Ingham	.. 11. 8.32.	Transferred to :— Blind	Royal Blind School, Sheffield.	11. 1.43.	31. 8.47.
Frederick Thomason	.. 22. 5.26.	Blind	Yorkshire School for Blind.	1. 9.47.	
Elizabeth Ann Cotter	.. 24. 4.37.	Deaf	Birmingham Royal Institution for Blind.	7. 1.42.	
Kenneth Ronald Friskney	.. 4. 7.34.	Deaf	National Institute for the Blind.	16. 2.45.	2.12.47.
Sheila Gresham	.. 30. 3.40.	Deaf	St. John's Institution for Deaf and Dumb	28. 8.42.	
Pauline Mogg	.. 22. 8.36.	Deaf	Yorkshire Institution for Deaf.	31. 7.40.	
Barbara Mogg	.. 22. 8.36.	Deaf	do.	22.10.45.	
Iris Garrity (Lucas)	.. 19. 7.39.	Epileptic	do.	22. 9.43.	
Sheila Johnson	.. 12. 2.35.	Epileptic	Lingfield Epileptic Colony.	27. 7.45.	5. 7.47.
Gloria Elizabeth Thomas	.. 14.10.34.	Physically Handicapped.	Maghull Homes for Epileptics.	4. 5.43.	21. 5.47.
Gordon Dixon	.. 10. 8.30.	Physically Handicapped.	Bethesda Cripples Home.	29. 7.44.	
			Queen Elizabeth Training College.	15. 5.46.	30.4.47, responsibility assumed by Ministry of Labour.

The following cases previously dealt with were still a responsibility of the Education Committee :—

Name	Date of Birth	Disability	Special School	Admitted	Left
Geoffrey Cotterill	.. 15.10.32.	Maladjusted	Moel Lllys Hostel for Difficult Boys.	22.12.45.	15. 5.47.
Barbara Cross	.. 7. 8.36.	Delicate	Oak Bank Open Air School.	22. 1.46.	
George Edward Boggis	.. 18. 4.34.	Educationally Sub-normal	Monyhull Residential School.	20. 5.43.	
Arthur Clark Gibson	.. 24.12.34.	do.	do.	4. 2.46.	
David Walden	.. 11. 5.36.	do.	Beacon Residential School.	1. 4.46.	
Peter Aitken	.. 28. 9.39.	Physically Handicapped	Children's Hospital, Gringley-on-the-Hill.	18. 3.46.	21. 2.48.
Kenneth Cave	.. 26. 1.41.	do.	do.	1. 7.47.	
Barry Preston	.. 30. 3.35.	do.	do.	17. 1.46.	22. 3.47.

Employment Certificates.—179 certificates were given to school children during the year who were engaged in partial employment after school hours, 35 less than last year.

Wintringham Grammar School.—During the year 170 pupils were subjected to routine medical inspection, but only 39 parents attended. The percentage of children found to require treatment other than dental treatment was 7.6 per cent. the greater proportion being girls. The co-operation freely given by the late headmaster has been continued by Mr. W. Forrest and good relations are maintained between the teaching staff and the officers of the school medical service.

Mothercraft.—It is proposed to make a start with mothercraft instruction in the Wintringham Grammar School at the beginning of 1948.

V.D. Photographic Display.—Arrangements were made for all school leavers and other suitable children from the Wintringham Grammar School to visit the exhibition at Hope Street Clinic in small groups. After seeing the exhibition, they were given a short explanatory talk by the V.D. Medical Officer and by the Superintendent School Nurse.

Spastics.—At the request of the local education authority in the region who are going to make provision for spastic paralysis and allied conditions, a special investigation was made as to the numbers at the end of the year. Somewhat to our surprise we found that they total as many as 13; some being merely spastic, others being E.S.N. as well.

There is no doubt that adequate provision for this type of case will fill our long-felt need, and the formation of the British Council for the Welfare of Spastics is a great step forward.

Brains Trust.—One interesting sideline of the educational programme was that in certain secondary modern boys' schools, teams of four were sent out with the task of making factual reports of certain aspects of the health services. It is not known whether the teams or the health staff enjoyed this experiment most.

N.S.P.C.C.—Inspector T. Edmed has been replaced by Mr. R. Evans but the tradition of full co-operation goes on just the same. There are certain aspects of this work of protection of the children which can be better done by a voluntary organisation than by a statutory body.

Nursery Schools.—It is pleasing to record that despite accommodation difficulties two nursery classes were full swing during the year.

Remand Home.—Arrangements are made for the medical examination of the children on admission to Watkin Lodge, prior to appearance in Court and prior to being sent to an approved school.

Annual Conference.—The sixth annual conference of the Education Welfare Service was held in the Town Hall, Grimsby, on 25th September, 1947. The subject for discussion was Nutrition and General Health, emphasising aspects of child welfare, and the special speaker was the late Sir Albert Howard, C.I.E., M.A., F.I.C.S.

DENTAL SERVICE.

I am indebted to Mr. Leonard N. Alley, L.D.S., R.C.S., (Eng.), Senior Dental Officer, for the following report :—

I have the honour to present my ninth annual report of the School Health Dental Service.

The year 1947 has again proved a very busy one, and in spite of shortage of staff the service has justified itself in the work it has done to further health education and in preventive medicine.

Although we have fallen far short of requirements, a matter which will be dealt with later, the dental facilities have been so planned to ensure that the services of the school dental officers should be used to the best advantage. It can be definitely stated that all the children that have attended the clinics for dental treatment have been thoroughly treated. There has been no incomplete treatment, except in those cases where for health reasons it was advised that further treatment be postponed. It is interesting to note that during the last nine years the dental service has had the equivalent of three full-time officers for three years, two for one and a half years, and one for four and a half years. Unfortunately the three years of three officers have not been consecutive.

It is laid down in the Education Act, 1944 that entrants to schools must be dentally inspected, and that their parents shall be given the opportunity to be present at that inspection. The Minister has not yet, however, made any regulation in regard to the period of time which should elapse between successive dental inspections and opportunities for treatment.

My own desire in this respect would be that decay in teeth, untreatable by conservative means, should not be able to develop between successive dental inspections.

It has also been emphasised that the toddler presents a somewhat difficult problem as far as dental inspection is concerned, and it is agreed that, if better provision could be provided for the dental care of children between the ages of two and five years, some defects now found in children entering school could be prevented.

During 1947, our dental inspections of children between the ages of two and five years was two hundred and eighty four, the highest on record—but not near the figure it should be with a fully staffed and planned service.

In the schools 2,758 children received routine inspection, and 1,994 attended for re-inspection and as emergency cases. This totals 4,752 out of a school population of 13,643.

Unfortunately 1,915 permanent teeth had to be extracted, either because they were past restoring or for regulation purposes. In comparison 1,152 permanent teeth were conserved. The service will feel it is overcoming its areas of work when more permanent teeth are conserved than those extracted.

The acceptance rate for routine cases was just below seventy per cent. On the other hand we have a large number of children who voluntarily come for bi-annual and in some cases quarterly re-inspection.

Demand for orthodontic treatment, (regulation of teeth and development of mouth) which is being regarded as a speciality—is developing quickly. In fact our inspections show that quite a large percentage of the children require some form of this treatment. A number of children have under developed jaws with the subsequent overcrowding of teeth. Doubtless a great deal of this is due to bottle feeding, and lack of the hard foods. One seldom sees the hard crisp crust there used to be on a loaf of bread, and the scarcity of meat, which suggests that the softer type of food does not help in bone growth. Little preparation by chewing is required before these foods are swallowed. Of course there are other factors which one must not enter into here.

There are, however, two problems which this service has tackled in co-operation with Mr. Spencer Harrison. First the cases of cleft palate—in these we have been able to assist in the repair of such mal-development by splinting and the use of appliances to support tissues, which has meant a better final result.

Secondly, in persistent mouth breathers, Mr. Spencer Harrison is a believer in team work, and in these cases his aim is to try to correct disturbances before an established pathological state supervenes. We have been able to assist him by making certain appliances to be worn in the mouth, the use of which, under the guidance and advice of the orthodontic dental surgeon, helps to obviate these conditions which are likely to predispose to such pathological conditions.

Our aim is to ensure that pupils shall leave school without loss of permanent teeth. Our efforts to this end are sometimes stultified by various circumstances, nevertheless, it can be stated that a good number of our boys and girls have this advantage.

The circumstances that hinder, from time to time, our reaching the results we would like to see, will be dealt with in a report to be issued in 1948, relating to the full implementation of the Education Act, 1944, School Health Services (Dental Service) in the light of the National Health Service.

Many of the requirements which have been lacking in 1947, we hope to make good in 1948. One help in diagnosis will be the X-ray unit, delivery of which has been promised about mid-year.

In addition to the School dental work—statistical details on page 27 the service has catered for cases referred from the maternity and child welfare department, mental defectives and some tuberculosis patients.

It has been, and will continue to be, the endeavour of the staff of the dental service to use its opportunities for the prevention of disease, and the promotion of good health.

PHYSICAL EDUCATION.

Mr. T. S. Hadley, Organiser of Physical Education, reports as follows :—

The recovery from the restrictions of the war years of this integral part of the school health service has proved unexpectedly rapid, and the present year has been one of progressive developments.

The scheme of physical education in primary schools covers four main types of activity—normal physical training activities, dancing, games and swimming. A daily organised physical activity is desirable for, and is advocated for, all

primary junior children, and a period of organised physical activity each session for infant children. Many schools already enjoy this, but lack of facilities in some departments, particularly indoor accommodation for training during bad weather, is a limiting factor.

The modern conception of education demands the development of a wide scheme of physical education in secondary schools. Such schemes include activities selected for their corrective and development effects, their carry-over value to post-school life, and their interest and character training value. In this way a wider range of activities is fostered, and a love of the open-air is encouraged. The inclusion of physical exercises, with or without apparatus, organised games, athletics, dancing, swimming and life saving, personal contests, and other open-air activities, aims primarily at improving the standard of the average child, and in addition offers a wide scope for the individual as well as for the characteristic development of a school.

Every pupil who is physically able is required, where adequate facilities exist, to take part in some form of organised outdoor activities, and there is a commendable keenness on such activities. The generous provision by the Education Committee of apparatus is enabling a wider and more comprehensive scheme of training to be undertaken, and the facilities available are used most extensively. The raising of the school leaving age and the ever-increasing demands for playing field facilities from secondary and primary schools necessitates the earliest possible development of additional fields. The excellent provision for playing fields made by the Authority in its Development Plan will undoubtedly be of inestimable value in the future. Facilities for organised games at playing fields at present are provided in some measure for practically all secondary schools, and for a number of older children at primary schools. The space available is in some cases still limited, and not all that is desirable; particularly does this apply to the West Marsh area, where lack of adequate and suitable facilities severely hampers the work.

The interest and keenness on swimming is very noteworthy. Swimming is a most important branch of physical education, particularly in a town such as Grimsby. It is therefore all the more pleasing to be able to report that the standard of swimming generally is markedly improving. A new set of graded tests has been introduced during the year, which it is hoped will increase still further the enthusiasm of the children, and promote greater all-round proficiency in swimming and life-saving. Swimming instruction has been given throughout the year in the two baths available, which

have been very well attended. The standard of swimming on the girls' side has fallen behind that of the boys, primarily due to loss of facilities during the war years. But the keenness and general improvement of the girls augurs well for the future and the continuity of training, now possible throughout the year with winter swimming being available, should enable the proper progress to be made. Swimming and life-saving should be a part of the education of every pupil physically fit. Such a development will require the provision of modern facilities suitably situated for school instruction. It would be appropriate to note the excellent work undertaken by voluntary organisations which, although it makes a demand on the accommodation almost impossible to meet, continues and supplements the work done during the school day.

The importance of appropriate clothing and footwear for full beneficial health effects from physical activity is clearly recognised, but present economic conditions restrict the provision of storage equipment, changing rooms, shower baths, clothing and footwear. Improving conditions generally should enable the sound progress already made in this important aspect of the work to be further developed.

Reference must be made to the most valuable work carried out by the Schools' Sports Association. The voluntary services rendered by the Association, catering for so many and such varied sporting activities, are of great value and importance in the education of the children, and the appreciation of all is due to those concerned with the promotion of such activities.

In conclusion, my sincere thanks are due to the Chairman and Members of the Education Committee and to the Director of Education, for their generous help and support, and to the members of the school medical staff, headteachers and staff generally for their continued help and co-operation.

TABLE I.

**Medical Inspection of pupils attending Maintained Primary
and Secondary Schools.**

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	1,129
Second Age Group	921
Third Age Group	638
Total	2,688
Number of other Periodic Inspections	222
Grand Total	2,910

B.—OTHER INSPECTIONS.

Number of Special Inspections	1,820
Number of Re-Inspections	4,812
Total	6,632

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual pupils found at periodic Medical Inspection to
require treatment (excluding Dental Diseases and Infestation with
Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants ..	2	131	132
Second Age group	20	129	144
Third age group	20	79	94
Total (prescribed groups) ..	42	339	370
Other Periodic Inspections ..	3	12	12
Grand Total ..	45	351	382

TABLE II.

A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1947.

Defect Code No.	Defect or Disease	PERIOD INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	32	31	276	
5	Eyes— <i>a.</i> Vision ..	44	279	143	
	<i>b.</i> Squint ..	19	69	8	
	<i>c.</i> Other ..	20	37	8	
6	Ears— <i>a.</i> Hearing ..	5	10	16	
	<i>b.</i> Otitis Media ..	1	7	7	
	<i>c.</i> Other ..	31	9	120	
7	Nose or Throat ..	97	146	233	
8	Speech	2	17	5	
9	Cervical Glands ..	6	13	23	
10	Heart and Circulation ..	21	44	3	
11	Lungs	11	20	13	
12	Developmental				
	<i>a.</i> Hernia ..	—	—	—	
	<i>b.</i> Other ..	—	6	—	
13	Orthopaedic—				
	<i>a.</i> Posture ..	5	13	10	
	<i>b.</i> Flat foot ..	8	2	10	
	<i>c.</i> Other ..	16	31	104	
14	Nervous system—				
	<i>a.</i> Epilepsy ..	—	3	1	
	<i>b.</i> Other ..	12	13	7	
15	Psychological—				
	<i>a.</i> Development ..	—	6	12	
	<i>b.</i> Stability ..	—	6	4	
16	Other	77	27	482	

B.—Classification of the general condition of pupils inspected during the year in the age groups (*see note (b) on Table I*).

Age Group	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,129	685	60.6	436	38.7	8	0.7
Second Age Group ..	921	532	57.8	381	41.4	8	0.8
Third Age Group ..	638	403	63.2	233	36.5	2	0.3
Other Periodic Inspections ..	222	157	70.7	65	29.3	—	—
Total	2,910	1,777	61.1	1,115	38.3	18	0.6

TABLE III.

Group I.—Minor Ailments (excluding Uncleanliness).

	Number of defects treated, or under treatment during the year.
SKIN—	
Ringworm—Scalp—	
(i) X-ray treatment. If none, indicate by dash	—
(ii) Other treatment	—
Ringworm—Body	4
Scabies	80
Impetigo	207
Other skin diseases	509
Eye Disease	170
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	
Ear Defects	336
(Treatment for serious diseases of the ear (<i>e.g.</i> operative treatment in hospital should not be recorded here but in the body of the School Medical Officers Annual Report).	
Miscellaneous	1,507
(<i>e.g.</i> minor injuries, bruises, sores, chilblains, etc.)	
Total	2,813
(b) Total number of attendances at Authority's minor ailments clinics	18,526

Group II.—Defective Vision and Squint (excluding Eye Disease).

	No. of defects dealt with
Errors of Refraction (including squint)	552
Other defect or disease of the eyes (excluding those recorded in group I.)	18
Total	570

No. of Pupils for whom spectacles were	(a) Prescribed ..	545
	(b) Obtained ..	530

Group III.—Treatment of Defects of Nose and Throat.

	Total number treated.
Received operative treatment—	
(a) for adenoids and chronic tonsillitis	67
(b) for other nose and throat conditions	1
Received other forms of treatment	262
Total	330

Group IV.—Orthopaedic and Postural Defects.

(a) No. treated as in-patients in hospitals or hospital schools	36
(b) No. treated otherwise <i>e.g.</i> in clinics or out-patient departments	73

Group V.—Child Guidance Treatment and Speech Therapy.

No. of pupils treated (a) under Child Guidance arrangements —	
(b) under Speech Therapy arrangements —	

TABLE IV.**Dental inspection and treatment.**

1. Number of pupils inspected by the Authority's Dental Officers—					
(a) Periodic age groups	2,758				
(b) Specials	1,994				
(c) TOTAL (Periodic and Specials)	4,752				
2. Number found to require treatment	3,689				
3. Number actually treated	3,169				
4. Attendances made by pupils for treatment	8,338				
5. Half-days devoted to—(a) Inspection	24				
(b) Treatment	879				
Total (a) and (b)	903				
6. Fillings—Permanent Teeth	1,152				
Temporary Teeth	248	Total	1,400		
7. Extractions—					
Permanent Teeth	1,915				
Temporary Teeth	5,022	Total	6,937		
8. Administration of general anaesthetics for extraction ..	2,413				
9. Other Operations—(a) Permanent Teeth	3,127				
(b) Temporary Teeth	2,317				
Total (a) and (b)	5,444				

TABLE V.

Infestation with vermin.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	22,535
(ii) Total number of individual pupils found to be infested	1,616
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE VI.

School medical and dental staff.

NAME OF OFFICER.	Proportion of whole time (expressed as a percentage) devoted to	
	School health service.	Public health
S.M.O. Dr. James A. Kerr	15%	85%
A.S.M.Os. Dr. W. G. Southey	100%	—
Dr. Rachel Halperin	50%	50%
(Resigned 12. 7.1947).		
Dr. Christina A. Gunn	10%	90%
(Resigned 7.11.1947).		
Dr. Mary D. Gardner	10%	90%
(Resigned 31. 8.1947).		
Dr. Jean D. McKellar	30%	70%
(Appointed 15.11.1947).		
Dr. Alexandra C. Watson	10%	90%
(Appointed 21.10.1947).		
Dr. I. T. Higgins	10%	90%
(Appointed 6.11.1947).		
Senior Dental Officer—		
Leonard N. Alley, L.D.S., R.C.S. (Eng.). ..	90%	10%
Assistant Dental Officers		
W. G. Walch, L.D.S.	95%	5%
(Resigned August, 1947).		
H. Y. McCarthy, L.D.S.	95%	5%

School nursing staff.

	Number of Officers.	Aggregate of time given to S.H.S. work in terms of whole time officers.
Supt. School Nurse ..	1	50 per cent.
School Nurses ..	5	Whole time.
District Nurses ..	—	—
Nursing Assistants ..	—	—
Dental Attendants ..	5	90 per cent.

WINTRINGHAM SECONDARY SCHOOL.

Return of Defects found in the course of Medical Inspection.

DEFECT.	ROUTINE INSPECTIONS.			
	Referred for Treatment.		Referred for Observation.	
	BOYS	GIRLS	BOYS	GIRLS
MALNUTRITION	—	—	—	—
UNCLEANLINESS				
Head	—	—	—	—
Body	—	—	—	—
SKIN				
Ringworm—Scalp	—	—	—	—
" Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	—	—	4	—
Other Diseases (non-tuberculous)	—	1	—	—
EYE				
Blepharitis	—	—	—	—
Conjunctivitis	—	—	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Other Conditions (excluding defective vision and squint)	—	2	—	1
Defective Vision (excluding squint)	2	—	13	3
Squint	—	—	2	2
EAR				
Defective Hearing	—	—	—	—
Otitis Media	—	—	—	2
Other Ear Diseases	—	—	—	—
NOSE AND THROAT				
Chronic Tonsillitis only	—	1	—	1
Adenoids only	—	—	—	1
Chronic Tonsillitis and Adenoids	—	1	—	—
Other Conditions	—	1	—	1
Enlarged Cervical Glands (non-tuberculous) Defective Speech	—	—	—	—
HEART AND CIRCULATION				
Heart Disease :—				
Organic	—	—	—	—
Functional	1	1	1	1
Anaemia	—	—	—	—
LUNGS				
Bronchitis	—	—	—	—
Other Non-Tuberculous Diseases	—	—	—	—
TUBERCULOSIS.				
Pulmonary :				
Definite	—	—	—	—
Suspected	—	—	—	—
Non-Pulmonary :				
Glands	—	—	—	—
Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	1
NERVOUS SYSTEM.				
Epilepsy	—	—	—	—
Chorea	—	—	—	—
Other Conditions	—	—	—	—
DEFORMITIES.				
Rickets	—	—	—	—
Spinal Curvature	—	—	—	—
Other Forms	—	—	3	1
Other Defects and Diseases	—	3	2	4
MENTAL DEFICIENCY	—	—	—	—

Number of Children Examined (not including Specials).
AGE GROUPS.

	10	11	12	13	14	15	16
Males ..	8	60	—	—	1	16	1
Females ..	8	68	1	3	1	2	1
Total ..	16	128	1	3	2	18	2

Referred for treatment 12 Reinspections nil. Specials nil.

Parents present .. 39

Routine medical inspection			Number inspected.	Number req. treatment.
Boys at all ages	86	3		
Girls at all ages	84	10		

STATISTICAL TABLES.

TABLE 1.—VITAL STATISTICS OF THE WHOLE BOROUGH DURING 1947 AND PREVIOUS YEARS.

YEAR	* Population	BIRTHS			TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT			
		Un-corrected Number	Nett		Number	Rate	of Non-residents registered in the District 8	of Residents not registered in the District 9	Under 1 Year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1927	88,340	1660	1654	18.7	1042	11.7	88	82	109	66	1036	11.7
1928	90,270	1733	1702	18.8	1052	11.6	75	48	132	77	1025	11.3
1929	91,440	1696	1673	18.2	1324	14.4	107	56	148	88	1273	13.9
1930	91,440	1745	1745	19.0	1125	12.3	69	44	129	74	1100	12.0
1931	92,280	1634	1650	17.8	1126	12.2	53	37	100	61	1110	12.0
1932	92,250	1584	1652	17.9	1198	12.9	88	48	111	67	1158	12.5
1933	93,090	1608	1671	17.9	1201	12.9	89	48	114	68	1160	12.4
1934	93,700	1753	1738	18.5	1096	11.6	89	32	86	49	1039	11.0
1935	93,900	1656	1621	17.2	1165	12.4	96	45	102	63	1114	11.8
1936	93,690	1677	1677	17.9	1153	12.3	105	30	113	67	1078	11.5
1937	92,760	1514	1516	16.3	1123	12.1	96	40	86	57	1067	11.5
1938	92,320	1628	1613	17.4	1141	12.3	116	29	79	49	1054	11.4
1939	92,230	1576	1563	16.9	1161	12.8	108	51	83	53	1104	12.1
1940	82,560	1501	1558	18.8	1250	15.1	168	55	80	52	1137	13.7
1941	78,680	1398	1403	17.8	1195	15.1	148	61	80	57	1108	14.0
1942	76,800	1500	1506	19.6	1076	14.0	124	58	84	56	1010	13.1
1943	76,460	1529	1539	20.1	1246	16.2	154	52	83	54	1144	14.9
1944	76,150	1745	1752	23.0	1062	13.9	110	49	94	54	1001	13.1
1945	78,030	1714	1686	21.6	1111	14.2	122	47	80	47	1036	13.2
1946	86,340	2121	2118	24.5	1120	12.9	133	41	71	34	1028	11.9
1947	89,190	2154	2183	24.4	1235	13.8	113	53	97	44	1175	13.1

* Resident population at mid-year estimated by Registrar-General.

Area of District in acres (land and inland water)	5,468	{	Total population at all ages			}	At Census of 1931
			Number of inhabited houses				
			Number of families, or separate occupiers ..				
			..	..	92,458		
			..	..	21,129		
			..	..	22,027		

TABLE 2. ENGLAND AND WALES AND GRIMSBY, 1936-1947.
BIRTH RATES.

Year	Number of Births	BIRTH RATE	
		Grimsby	England & Wales
1936	1677	17.9	14.8
1937	1516	16.3	14.9
1938	1613	17.4	15.1
1939	1563	16.9	15.0
1940	1558	18.8	14.6
1941	1403	17.8	14.2
1942	1506	19.6	15.8
1943	1539	20.1	16.5
1944	1752	23.0	17.7
1945	1686	21.6	16.1
1946	2118	24.5	19.1
1947	2183	24.4	20.5

TABLE 3. ENGLAND AND WALES AND GRIMSBY, 1936-1947.
DEATH RATES.

Year	Nett Deaths	GRIMSBY		England and Wales Death Rate
		Crude Death Rate	Adjusted Death Rate	
1936	1078	11.5	12.3	12.1
1937	1067	11.5	12.3	12.4
1938	1054	11.4	12.2	11.6
1939	1104	12.1	13.0	12.1
1940	1137	13.7	14.4	14.3
1941	1108	14.0	*	12.9
1942	1010	13.1	*	11.6
1943	1144	14.9	*	12.1
1944	1001	13.1	*	11.6
1945	1036	13.2	*	11.4
1946	1028	11.9	*	11.5
1947	1175	13.1	*	12.0

* In regard to the Comparability Factor previously used in connection with the death rate, the Registrar-General states:—"The variety and magnitude of local population movements and the uneven incidence of civilian war deaths have together combined to frustrate the attempt to secure comparability between local death rates by the use of Area Comparability Factors, and the preparation and issue of such factors are being suspended under present conditions."

TABLE 4.—CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1947.

NOTIFIABLE DISEASES.	Number of Cases notified												Total Cases notified in each Ward of the Borough.												Total Cases removed to Hospital.		
	At all ages.	At Ages—Years.											Alexandra.	Central.	Clee.	Coates.	Hainton.	Humber.	North-East.	Scartho.	South.	South-West.	Victoria.	Wellington.		Welsby.	Wellow.
		Under 1	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 35.	35 to 45.	45 to 65.																65 & upwards.
Small Pox	15	—	—	—	—	—	—	—	—	—	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	15
Scarlet Fever	119	—	5	7	7	9	52	19	5	9	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	80
Diphtheria (including Membranous Croup) ..	21	—	1	1	—	—	2	8	2	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21
Acute Prim. Pneumonia	28	1	2	1	—	—	3	2	1	—	5	2	7	4	—	—	—	—	—	—	—	—	—	—	—	—	4
Acute Influenzal Pneumonia	4	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ..	7	1	2	—	1	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
Acute Poliomyelitis ..	32	4	6	—	—	—	1	7	4	7	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	32
Acute Polioencephalitis	3	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
*Dysentery	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Ophthalmia Neonatorum	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Puerperal Pyrexia ..	26	—	—	—	—	—	—	—	—	3	19	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16
Erysipelas	14	—	—	—	—	—	—	—	—	—	2	10	2	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Chicken Pox	455	9	24	32	27	30	282	33	12	4	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Measles	1250	59	116	128	160	163	584	17	9	8	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14
Whooping Cough ..	165	20	24	18	29	17	54	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9
Malaria (cont. abroad) ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
†Acute Rheumatism	5	—	—	—	—	—	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	2154	102	180	187	224	226	992	80	41	58	22	25	17	110	304	35	110	130	107	38	555	198	80	142	163	83	220†

CASES OCCURRING AMONG NON-CIVILIANS (not included above) :—

Measles	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Scarlet Fever	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* Case occurred in Port Health District.

† Notifiable in Grimsby as from 1st October, 1947. (Acute Rheumatism Regulations 1947).

‡ Includes 1 case of Poliomyelitis, 1 case of Dysentery and 2 cases Rheumatism admitted to Scartho Road Infirmary; also 1 case of Puerperal Pyrexia treated in the Grimsby and District Hospital.

TABLE 6.—INFANTILE MORTALITY DURING THE YEAR 1947.
 Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.				Under 1 week	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 year
ALL CAUSES	Certified	..	..	25	3	4	4	36	26	20	7	7	96
	Uncertified	..	..	..	..	..	..	..	..	..	1	..	1
Measles	..	..	..	..	..	..	..	..	..	1	..	..	1
Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	1	1
Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Nervous System	..	..	..	..	..	..	..	..	1	1	..	..	2
Tuberculosis of Intestines and Peritoneum	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	..	..	..	..	..	..	..	1	..	..	..	1
Syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	1	1	..	2
Convulsions	..	..	..	..	..	..	..	..	1	..	1	1	3
Bronchitis	..	..	..	..	..	..	..	..	3	1	..	..	4
Pneumonia	..	..	..	..	..	1	1	2	3	5	3	2	15
Other Respiratory Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..
Inflammation of the Stomach	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhoea and Enteritis	..	..	..	..	..	..	1	1	3	9	2	2	17
Hernia, Intestinal Obstruction	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	..	..	..	6	1	1	..	8	3	..	..	..	11
Congenital Debility and Sclerema	..	..	..	1	..	..	1	2	1	..	..	..	3
Icterus	..	..	..	..	..	..	..	..	1	..	..	..	1
Premature Birth	..	..	..	8	1	..	..	9	2	..	..	..	11
Injury at Birth	..	..	..	7	1	1	..	9	..	..	..	..	9
Disease of Umbilicus	..	..	..	..	..	..	..	..	..	..	..	..	..
Atelectasis	..	..	..	3	..	..	..	3	..	..	..	..	3
Suffocation—in bed or not stated how	..	..	..	..	..	..	1	1	5	2	..	..	8
Chicken Pox	..	..	..	..	..	..	..	..	1	..	..	..	1
Other causes	..	..	..	..	..	1	..	1	1	..	1	1	4
Totals	..	..	..	25	3	4	4	36	26	20	8	7	97

Live Births in the year—

	Male	Female	Total
Legitimate	1,022	1012	2034
Illegitimate	84	65	149

Totals .. 1,106 1,077 2,183

Nett Deaths in the year—

	Male	Female	Total
	48	42	90
	4	3	7

Totals .. 52 45 97

TABLE 5.—CAUSES OF AND AGES AT DEATH DURING THE YEAR 1947.

Causes of Death.		Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.											Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District
		All Ages.			Under 1 year	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards	
		Total.	Males	Females									
ALL CAUSES { Certified Uncertified		1172 3	651 3	521 ..	96 1	13 ..	7 ..	12 ..	22 ..	94 ..	258 1	670 1	611 ..
1. Typhoid & Paratyphoid Fevers		..	..	..	..	..	..	..	..	..	..	..	..
2. Cerebro-spinal Fever		1	1	..	..	..	..	..	1	..	..	..	1
3. Scarlet Fever .. ..		..	..	..	..	..	..	..	..	..	..	..	..
4. Whooping Cough		2	..	2	1	1	..	..	..	..	..	..	3
5. Diphtheria		1	..	1	..	..	1	..	..	..	..	..	1
6. Tuberculosis of Resp. system..		57	27	30	..	2	..	1	10	26	10	8	34
7. Other forms of Tuberculosis ..		8	4	4	2	..	2	2	1	1	..	..	9
8. Syphilitic Disease		7	4	3	..	..	..	..	..	1	3	3	8
9. Influenza		3	1	2	..	..	..	..	..	1	..	2	..
10. Measles		4	2	2	1	2	..	1	..	..	..	..	1
11. Acute Poliomyelitis and Polio-encephalitis		2	1	1	1	..	..	..	..	1	..	..	8
12. Acute Infectious Encephalitis ..		..	..	..	..	..	..	..	..	..	..	..	..
13M. Cancer of buccal cavity and œsophagus (males only) ...		6	6	..	..	..	..	..	..	..	1	5	2
13F. Cancer of uterus		10	..	10	..	..	..	..	..	1	6	3	2
14. Cancer of stomach & duodenum		38	26	12	..	..	..	..	..	1	15	22	10
15. Cancer of breast		14	..	14	..	..	..	..	..	2	5	7	9
16. Cancer of all other sites		123	73	50	..	..	2	..	1	10	44	66	67
17. Diabetes		12	7	5	..	..	..	..	..	2	2	8	11
18. Intra-cranial vascular lesions..		114	54	60	..	..	..	..	..	2	27	85	64
19. Heart Disease		140	95	45	..	..	..	2	2	9	46	81	46
20. Other Diseases of the circulatory system		44	28	16	..	..	..	1	1	4	15	23	17
21. Bronchitis.. ..		64	39	25	4	..	..	..	..	1	19	40	20
22. Pneumonia		58	25	33	15	3	2	..	1	6	13	18	34
23. Other Respiratory Diseases ..		17	7	10	..	..	..	..	..	1	8	8	2
24. Ulceration of the stomach or duodenum		8	7	1	..	..	..	..	..	2	2	4	9
25. Diarrhœa (under 2 years of age)		19	13	6	17	2	..	..	..	..	..	..	15
26. Appendicitis		6	3	3	..	..	..	1	..	..	2	3	4
27. Other Digestive Diseases		17	8	9	..	..	..	..	1	3	5	8	15
28. Nephritis		24	10	14	..	..	..	..	..	4	7	13	15
29. Puerperal and post-abortive Sepsis		1	..	1	..	..	..	..	1	..	..	..	..
30. Other Maternal causes		2	..	2	..	..	..	..	1	1	..	..	2
31. Premature Birth		13	7	6	13	..	..	..	..	..	..	..	14
32. Congenital Malformations, birth injury, infantile disease ..		32	20	12	32	..	..	..	..	..	..	..	22
33. Suicide		14	10	4	..	..	..	..	..	4	8	2	2
34. Road Traffic Accidents		5	3	2	..	..	..	..	..	1	2	2	4
35. Other violent causes		30	16	14	7	2	..	1	..	3	4	13	26
36. All other causes		279	157	122	4	1	1	2	3	6	15	247	134
Totals ..		1175	654	521	97	13	7	12	22	94	295	671	611
Sub-entries (included above) :—													
Senility (in 36)		109	63	46	..	..	..	..	..	..	..	109	69
Small Pox (in 36)		6	6	..	..	..	..	..	..	..	..	6	1
Tetanus (in 36)		2	1	1	..	..	..	..	1	1	..	..	2
Chicken Pox (in 36)		1	1	..	1	..	..	..	..	..	..	..	..

TABLE 7.

BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1947.

(Provisional figures based on Weekly and Quarterly Returns).

	ENGLAND and WALES.	126 County Boroughs and Great Towns including London.	148 Smaller Towns (Resident populations 25,000 to 50,000 at 1931 Census).	London Administra- tive County.	GRIMSBY, C.B.
Rates per 1,000 Civilian population.					
<i>Births</i> :—					
Live	20.5	23.3	22.2	22.7	24.4
Still	0.50	0.62	0.54	0.49	0.62
<i>Deaths</i> :—					
All causes	12.0	13.0	11.9	12.8	13.1
Typhoid & Paratyphoid	0.00	0.00	0.00	0.00	—
Scarlet fever	0.00	0.00	0.00	0.00	—
Whooping cough	0.02	0.03	0.02	0.02	0.02
Diphtheria	0.01	0.01	0.01	0.01	0.01
Influenza	0.09	0.09	0.08	0.08	0.03
Small-pox	0.00	0.00	0.00	—	0.06
Measles	0.01	0.02	0.02	0.01	0.04
<i>Notifications</i> :—					
Typhoid fever	0.01	0.01	0.00	0.01	0.00
Paratyphoid fever	0.01	0.01	0.01	0.01	0.00
Cerebro-spinal fever	0.05	0.06	0.05	0.05	0.07
Scarlet fever	1.37	1.54	1.37	1.31	1.33
Whooping cough	2.22	2.41	2.02	2.80	1.84
Diphtheria	0.13	0.15	0.14	0.14	0.23
Erysipelas	0.19	0.21	0.18	0.22	0.15
Small-pox	0.00	0.00	0.01	0.00	0.16
Measles	9.41	9.13	9.58	5.29	14.00
Pneumonia	0.79	0.89	0.68	0.64	0.35
Rates per 1,000 Live Births.					
Deaths under 1 year of age	41	47	36	37	44
Deaths from Diarrhoea and Enteritis under 2 years of age	5.8	8.0	3.7	4.8	8.7
Rates per 1,000 Total Births (Live and Still).					
<i>Notifications</i> :—					
Puerperal fever	7.16	8.99	6.27	1.21	11.61
Puerperal pyrexia				6.94*	
<i>Maternal Mortality</i> :—					
Abortion with sepsis	0.10				—
Abortion without sepsis	0.06				—
Puerperal infections	0.16				0.44
Other	0.85				0.89
Total	1.17				1.33

* Including Puerperal Fever

A dash (—) signifies that there were no deaths.

TABLE 8.

TABLE A. NOTIFICATION AREA. Grimsby C.B.

ANALYSIS BY AGE AND CLINICAL CLASSIFICATION OF CASES.

NOTIFIED AS ACUTE RHEUMATISM. OCTOBER—DECEMBER, 1947.

Clinical Classification of Case Notified.	Age in Years.								All Ages.		
	0 — 4		5 — 9		10 — 14		15		Total	Total	Total
	Prim.		Recur.		Prim.		Recur.		Prim.	Recur.	Prim. and Recur.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
1. Rheumatic Pains or Arthritis.											
(a) With Carditis	- -	- -	1 -	- -	- -	- -	- -	- -	1 -	- -	1 -
(b) Without	- -	- -	- -	- -	- 1	- -	- -	- -	- 1	- -	- 1
2. Rheumatic Chorea											
(a) With Carditis	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
(b) Without	- -	- -	- -	- -	1 -	- -	- -	- -	1 -	- -	1 -
3. Rheumatic Carditis	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
	- -	- -	1 -	- -	1 1	- -	- -	- -	2 1	- -	2 1
4. Chronic Rheumatic Valvular Disease	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
									Total Rheumatic Cases		3
5. Congenital Heart Disease	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.		
	- -	- -	- -	- -	- -	- -	- -	- -	- -		
6. Other Non-Rheu- matic Heart Disease or Disorder	- -	- -	- -	- -	- -	- -	- -	- -	- -		
	- -	- -	- -	2	- -	- -	- -	- -	- 2		
7. Not rheumatic or Cardiac disease	- -	- -	- -	2	- -	- -	- -	- -	- 2		
									Total Non- Rheumatic Cases		2

TABLE 9—**FACTORIES ACT, 1937.**

Annual Report of the Medical Officer of Health in respect of the Year 1947 for the County Borough and Port of Grimsby in the County of Lincoln

Prescribed particulars on the administration of the Factories Act, 1937.

PART I OF THE ACT.**1—INSPECTIONS** for purposes of provisions as to health (including inspections made by Sanitary Inspectors.)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	370	562	103	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	329	407	25	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority † (excluding out-workers' premises)	25	79	10	—
TOTAL	724	1,048	138	—

2—CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	103	93	—	4	—
Overcrowding (S.2)	1	1	—	—	—
Unreasonable temperature (S.3)	3	1	—	2	—
Inadequate ventilation (S.4)	13	9	1	—	—
Ineffective drainage of floors (S.6)	29	31	—	1	—
Sanitary Conveniences (S.7)					
(a) insufficient	35	21	—	6	—
(b) Unsuitable or defective	63	63	—	28	—
(c) Not separate for sexes	14	10	—	—	—
Other offences against the Act (not including offences relating to Outwork)	33	34	—	—	—
TOTAL	294	263	1	41	—

PART VIII OF THE ACT.

OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc.	2	—	—	—	—	—
Nets, other than wire nets	250	2	—	—	—	—
TOTAL	252	2	—	—	—	—

