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— THE —

ANNUAL REPORT

ON THE

Health of the

County Borough of Grimsby,

For the Year ending 31st December, 1949,

— BY —

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

Medical Officer of Health

and School Medical Officer

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

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GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1949)

The Worshipful the Mayor
(Councillor Mrs. M. Larmour, J.P.)

Chairman
Alderman W. H. Windley

Deputy Chairman
Councillor T. A. Parker

Aldermen

M. Bloom, J.P.
J. H. Franklin
W. Harris
C. W. Hewson, J. P.
J. W. Lancaster
C. H. Wilkinson, M.B.E., J.P.

Councillors

R. Bateson
A. Bradley
R. Bryant
R. Danby
T. Dawson
C. E. Franklin
F. G. Gardner
R. Gilliatt
C. W. Jakes
A. E. Kelham
Matthew Larmour
E. W. Marshall
H. D. Mitchell
J. C. B. Olsen
T. F. Smith
W. J. J. Stevens

and the following co-opted Members :—

Dr. J. Cottrell
Dr. P. R. Riggall
Dr. M. A. Watt
R. C. Bellamy
C. W. Spendelow
M. G. Smith

Sub-Committees of the Health Committee

Finance and Buildings :—

Alderman Windley (*Chairman*) ; Councillor Parker (*Deputy-Chairman*) ; Aldermen Bloom, Franklin, Harris and Lancaster; Councillors C. E. Franklin, Jakes, Mitchell and Olsen.
Co-opted Members—Messrs. W. Bacon, R. C. Bellamy, A. Cuckson, F. C. Northcote and C. W. Spendelow.

Maternity and Child Welfare :—

Aldermen Harris (*Chairman*) ; Councillor Danby (*Deputy-Chairman*) ; Aldermen Lancaster and Windley ; Councillors Bryant, Gilliatt, and Parker.
Co-opted Members—Mesdames M. Cresswell, A. Garlick, L. Nicholls, F. W. Morris and Dr. T. Barrowman.

Mental Health :—

Councillor Mitchell (*Chairman*) ; Councillor Stevens (*Deputy-Chairman*) ; Aldermen Bloom and Windley ; Councillors Bryant, Kelham, Parker and Smith.
Co-opted Members—Mesdames A. Garlick, J. Hall, E. M. Savidge, A.B. Turner and Dr. J. D. Horsburgh.

Personal Health :—

Councillor Parker (*Chairman*) ; Councillor Kelham (*Deputy-Chairman*) ; Aldermen Wilkinson and Windley ; Councillors Bryant, Danby, C. E. Franklin, Jakes and Marshall.
Co-opted Members—Mesdames L. A. Cowie, A. Martyn, A. B. Turner and J. A. Wood ; Mr. P. R. Robinson.

Sanitary :—

Councillor Gilliatt (*Chairman*) ; Councillor Smith (*Deputy-Chairman*) ; Aldermen Lancaster and Windley ; Councillors C. E. Franklin, Gardner, Jakes, Marshall, Olsen and Parker.
Co-opted Members—Messrs. A. Cuckson, T. Hunt, A. J. Fawcett, C. Parker and Dr. G. N. Reed.

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

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STAFF OF THE HEALH DEPARTMENT.

The staff of the Health Department on 31st December, 1949, was as follows :—

MEDICAL.

J. A. KERR, V.R.D., 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.*

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

GERTRUDE K. BIRCHENOUGH, M.R.C.S., L.R.C.P., *Assistant Medical Officer for Maternity and Child Welfare and Assistant School Medical Officer.* (Commenced 5-3-1949).

I. L. D. HODGE, M.B., CH.B., *Temporary Assistant Medical Officer of Health and Assistant School Medical Officer* (left 12-3-1949)

SANITARY INSPECTORS.

*† H. PARKINSON, *Chief Sanitary Inspector.*
*† H. CORMACK, *Deputy Chief Sanitary Inspector.*
*† A. MANSON, *Senior District Sanitary Inspector.*
*† A. H. RANDS.
*† E. JACKSON, (left 4-12-1949).
*† W. W. REED.
*† T. TURTON, (left 21-2-1949).
*† R. GROAT.
*† J. M. STAMP.
*† R. H. MANN.
*† R. B. POWELL.
* S. F. BIRKETT, (Commenced 16-9-1949).
J. WILSON, Disinfector ; and 3 rat catchers.

HEALTH VISITORS.

MISS E. M. M. ROBERTS, *Superintendent,* ‡‖§. (Left 30-1-1949).
MISS C. M. LORD, *Superintendent,* ‡‖§. (Commenced 4-4-1949).
MRS. C. E. CHAPMAN, ‡‖. (Retired 15-5-1949).
MRS. M. SHANNAN, ‡‖.
MISS R. E. BRAYBROOKS, ‡‖§. (Left 27-11-1949).
MRS. F. M. KEARNEY, ‡‖§. (Left 21-5-1949).
MISS E. M. TIPPLER, ‡‖§.
MISS H. BRAGG, ‡‖§.
MISS M. J. MUMBY, ‡‖§.
MISS E. M. HENLY, ‡‖§.
MISS M. C. BUGG, ‡‖§. (Commenced 18-1-1949).
MRS. I. HALDANE, ‡‖§. (Commenced 8-8-1949).
MRS. B. SMITH, Tuberculosis health visitor, ‡‖§. Retired 31-3-1949).
MISS D. ATKIN, ,, ,, ,, ‡‖§. (Commenced 21-3-1949).
MRS. R. DONSON, ,, ,, ,, part-time.
MISS E. M. POTTER, V.D. health visitor, ‡‖§.

CLERICAL.

T. E. DAVIDSON, Chief Clerk.
W. R. GALE,
D. AMERY,
MISS J. SHAW,
MISS J. MALLINSON,
MISS C. WARBURTON,
MISS C. F. BODSWORTH (Commenced 16-5-1949.)
T. H. R. JOHNSON (Sanitary)
S. NASH (Sanitary),
MISS J. WESTLAND (Sanitary)
MISS C. DOIG (M. & C.W.- left 28-2-1949).
MRS. J. A. POTTER, (M. &. C.W.).
MRS. E. DUMELOW, (M. & C.W.).
MISS M. ABRAM, (M. & C.W.).
MISS B. THOMPSON, (M. &. C.W.).

BOROUGH AMBULANCE SERVICE.

E. BROWN, Ambulance Officer, with one telephonist and 24 driver attendants.

MENTAL HEALTH.

MISS E. M. WOULD, *Petition Officer and Mental Visitor.*
MISS I. M. STORY, *Assistant Petition Officer.* (Left 17-9-1949).
MRS. J. M. PURKHARDT, *Mental Welfare Worker.*
MISS M. G. DEIGHTON, ,, ,, ,, (Commenced 3-10-1949).
L. C. RACKHAM, *Authorised Officer.*
G. W. A. MACKENZIE, *Authorised Officer.* (Commenced 1-3-1949).
MISS C. M. GEMMELL, *Supervisor,* Occupation Centre.
MISS L. A. WILLERTON, *Assistant Supervisor,* Occupation Centre.
MISS A. Y. FULFORD, *Assistant,* Occupation Centre.
MISS M. BARKER, *Trainee,* Occupation Centre.
MISS M. MOORE, *Clerk.*
MISS L. I. JACKSON, *Clerk.*

DOMICILIARY MIDWIVES.

MISS A. WEBSTER, ‡‖§, *Superintendent,* (left 31-8-1949).
MISS R. F. A. MILLINGTON, ‡‖, *Superintendent,* (Commenced 1-11-1949).
MISS M. E. BROUGHTON, ‡‖.
MISS D. DAVY, ‡‖.
MISS D. G. INKPEN, ‡‖.
MISS E. MARSHALL, ‡‖.
MRS. A. THACKER, ‡‖.
MISS C. TIERNEY, ‡‖.
MISS R. SMITH, ‡‖.
MISS E. BAXTER, ‡‖.
MISS G. A. BAXTER, ‡‖.
MISS F. E. JOHNSON, ‡‖. (Commenced 1-3-1949).
MRS. K. A. BIRKETT, ‡‖. (,, 11-4-1949).
MISS D. M. DAWSON, ‡‖ (,, 1-5-1949).
MRS. C. WESTACOTT, ‡‖. (,, 15-8-1949).

HOME NURSES.

MISS A. H. FELTON, ‡‖ *Superintendent.*
MISS J. BELL, ‡‖ *Deputy Superintendent.*
MRS. F. B. STEELE, ‡‖.
MISS K. M. HAIGH, ‖
MISS K. L. SPENCER, ‡‖.
MR. V. TOWRISS, (Commenced 15-9-1949).
MRS. E. BEASLEY, ‖ part-time, temporary.
MRS. B. BILLINGHAM, ‖ ,, ,,
MRS. A. LAWE, ‡‖ ,, ,,
MISS L. WILKINSON, ,, ,,

DOMESTIC HELP SUPERVISOR :—MISS L. BLACKBURN.

ALMONERS.

MISS A. GREENSTOCK, (commenced 15-3-1949).
MISS D. M. WATTAM, part-time.

* 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 1949. This is the first complete year of functioning since the division and alteration in the services brought about by the National Health Service Act.

The Health Committee reduced in size, with its appropriate sub-committees, has proved a suitable instrument of administration in the new order of things ; and the presence of co-opted members of the committee and sub-committees, particularly those with technical qualifications has assisted in their deliberations. It gradually became clear to the members of the local authority, the staff, and to the general public that the work of the Health Department fell into two main sections (a) the work carried out under the Public Health and other Acts, and (b) the work carried out under the various sections of Part III of the National Health Service Act, 1946, which was subject to Government grant and to Government audit.

During the first quarter of 1949 the local health authority continued to act as agent for the hospital service in respect to Springfield Hospital and the Nunsthorpe Maternity Home. Unfortunately, the very close link between the local health authority and the hospital management committee was broken when the Rev. J. F. S. Jones, who had been Chairman of the Health Committee, left the district. Fortunately, the Vice-Chairman of the Hospital Management Committee, Alderman W. Harris, is a member of the Health Committee and Chairman of one of its sub-committees.

Despite the improved attendances at the maternity and child welfare clinics following the slump after the appointed day, it is considered that the changes brought about by the Act have on balance damaged the health services. As I stated last year, until comparable remuneration with the other members of the medical and dental professions is provided there will be no recruits to the health services, and those doing the work are unable to cover the ground properly. There have also been staff shortages in many types of technical appointment. When there is a national scale of remuneration Grimsby's geographical isolation makes it particularly difficult to attract female technical staff, who are quite content to live in their own homes on the national scale of salaries but who cannot do so when they have to live in lodgings and make long railway journeys when they desire to go home. The sanitary inspectors also, and all other types of social workers, feel a continuous sense of frustration at having to work among houses many thousands of which should be condemned as unfit for human habitation or as not up to modern standards, but which cannot be dealt with owing to the national post-war situation.

The birth rate (20.5) remains above the rest of England and Wales (16.7), while the death rate was 13.0 as compared with 11.7 for the remainder of the country. This gives an excess of births over deaths of about 750, yet the Registrar General's average increase of population is in the nature of 200 per annum. It looks as if there was a continuous drift of adolescents out of the town to other employment and that these people do not return. The 1951 census will provide some information.

The record of no maternal deaths made in 1948 was unfortunately not repeated, there being two such deaths in 1949. The lowest infant mortality rate ever recorded in Grimsby (29 in 1948) was not reached : it was 34 as compared with 32 for England and Wales. As regards general infectious diseases it has been a satisfactory year ; the incidence of measles, whooping cough and chicken pox being relatively low. The number of cases of diphtheria (8) was the lowest on record, but unfortately it included the death of an unimmunised boy who died on the day he was admitted to hospital. The outbreak of poliomyelitis was limited in extent compared with the outbreak in 1947. The death rate from tuberculosis which had persisted at 0.74 suddenly fell for the first time to 0.52, about the equivalent of the England and Wales figure of 0.45. For many years the figure had remained 50 per cent above that of the country as a whole and this sudden fall is interesting, but the reasons for the same are not obvious.

In conclusion, the thanks of the department are due to the Chairman of Committees and Sub-Committees and the members of the same for their encouragement and interest in all branches of work. I should also like to thank the staff for a strenuous year's work under difficulties both inside and outside the office.

I am, Ladies and Gentlemen,

Yours faithfully,

JAMES A. KERR,

Medical Officer of Health.

HEALTH DEPARTMENT,
1, BARGATE, GRIMSBY.
December, 1950.

I.—STATISTICS AND SOCIAL CONDITIONS.

General Statistics.

Area (in acres)—excluding foreshore	5,468
Registrar-General's estimate of Civilian Population, mid-1949	91,250
Number of inhabited houses (end of 1949) according to Rate Books	25,497
Rateable value	£548,345
Sum represented by a penny rate	£2,159

Extracts from Vital Statistics of the year.

Live births :—	Males.	Females.	Total.	
Legitimate	920	839	1759	Birth Rate per 1,000 estimated population 20·5.
Illegitimate	48	65	113	
	968	904	1872	
Stillbirths :—				
Legitimate	24	12	36	Rate per 1,000 total (live and still) births 19·8*
Illegitimate	—	2	2	
	24	14	38	
Deaths	621	504	1125	Death Rate per 1,000 estimated population .. 12.3

Adjusted death rate (area comparability factor) ..... 13·0

Deaths from puerperal causes :—	Deaths.	Rate per 1,000 total (live and still) births.
Puerperal and Post Abortive Sepsis	—	—
Other maternal causes	2	1·04
Total	2	1·04

Death rate of Infants under one year of age per 1,000 live births :—
Legitimate 35 Illegitimate 9 Total 34

	Number	Rate
Deaths from Measles	1	0·01
,, Whooping Cough	4	0·04
,, Diarrhœa (under two years of age)	4	†
,, Respiratory Tuberculosis	44	0·48
,, Other Tuberculous Diseases	4	0·04
Total Tuberculosis Deaths	48	0·52
Deaths from Cancer	166	1·81
,, Influenza	14	0·15

* 0·41 per 1,000 of the population.

† 2·13 per 1,000 live births.

Population.—The Registrar General's estimate of the civilian population of Grimsby for 1949 is 91,250, an increase of 190 on his estimate for 1948. The natural increase of the population, i.e., the excess of live births over deaths for the year was 747.

Births.—A total of 1,872 live births (968 males and 904 females) were registered, giving a birth rate of 20.5 per thousand of the estimated civilian population, compared with 16.7 for England and Wales and 18.7 for the 126 county boroughs and great towns, including London.

Table 2 at the end of this report gives the rates over a period of years compared with those for England and Wales.

One hundred and thirteen (6.0 per cent.) of the births were illegitimate

Still Births.—Thirty-eight still births were registered, giving a rate of 0.41 per thousand of the population, compared with 0.39 for England and Wales. The rate expressed per thousand total births (including still births) was 19.8, while for England and Wales it was 23.

Deaths.—There were 1,125 deaths (621 males and 504 females), equal to a death rate of 12.3 The adjusted death rate for Grimsby (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.06) is 13.0, compared with 11.7 for England and Wales. Table 3 gives the local and national rates over a period of years.

Six hundred and eighteen persons, comprising residents and non-residents, died in institutions in the borough, equivalent to 54 per cent. of the total deaths.

Coroner's inquests or inquiries to the number of 134 were held, and the findings were :—accident or misadventure 43 ; natural causes 79 ; suicide 8 and open verdict 4.

During the year 624 persons died at seventy years of age and upwards, the numbers at age periods being :—

	Males	Females	Total
Between 70 and under 75 years	110	78	188
,, 75 and under 80 years	88	94	182
,, 80 and under 85 years	66	85	151
,, 85 and under 90 years	32	35	67

also 11 males and 25 females aged 90 and over.

This is equal to a rate per thousand of the population of 6.84, and to 55.4 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 23rd May, 1950.

Infant Mortality.—There were 63 deaths of infants under one year of age, giving an infantile mortality rate of 34 per thousand live births, compared with 32 for England and Wales. The latter rate is the lowest ever recorded in this country. For further information on infant and maternal mortality *see page* 26.

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, is not always fully appreciated.

The difficulties of the Housing Committee in their task is fully appreciated, but it is gratifying to note that they are beginning to have second thoughts about the practice of sharing new municipal houses between two families each with one child. Unfortunately, much of the old housing property in the town continues to deteriorate at a fairly rapid rate from a complex variety of reasons.

The Reconstruction Committee continue in their efforts to attract new industries to the Pyewipe district and other areas in an endeavour to diminish the degree of dependence that this town has on the fishing 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, 1949, (males 1,242 ; females 225	1,467
Total live register in July, 1949, (males 573 ; females 92)	665
Total live register in December, 1949, (males 1,216 ; females 286)	1,502

The number of juveniles transferred by the Ministry of Labour to permanent employment in other parts of the country was 23 (boys 18 and girls 5).

Rainfall.—The total rainfall for 1949 was 17.60 inches (23.79 inches in 1948), and the heaviest fall was 0.98 inch during the twenty-four hours period ending 9 a.m. on 25th July.

II.—PREVALENCE 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.
Scarlet fever	213	77	1
Diphtheria	8	7	1
Acute pneumonia	38	4	92 (all forms)
Cerebro-spinal fever ..	1	1	—
Acute poliomyelitis ..	14	14	2
Acute polioencephalitis ..	4	4	3
Ophthalmia neonatorum ..	21	2	—
Puerperal pyrexia	7	3	—
Erysipelas	14	5	—
Chicken pox	198	1	—
Measles	257	6	1
Whooping cough	379	9	4
Acute Rheumatism ..	6	5	—
Food poisoning	7	4	—
Malaria (contracted abroad)	2	—	—

No notifications were received of other notifiable diseases not specified in the table above (e.g., small pox).

Table 4 on page 88 gives an analysis of the total notified cases under various age groups and in Wards.

Table 7 on page 91 gives a comparison of the death rates and case rates of certain infectious diseases.

Scarlet Fever.—213 notifications of scarlet fever (108 males and 105 females) were received. The local attack rate was 2.33 per thousand of the population, while that for England and Wales was 1.63. Seventy-seven of these cases (36.1 per cent.) were removed to hospital for treatment. It has not been possible owing to shortage of nursing staff to admit cases to hospital unless there were special grounds for such removal. One death was attributed to scarlet fever.

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
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
1948	91,060	263	2·88	1	0·38	0·01	96	33·5
1949	91,250	213	2·33	1	0·46	0·01	77	33·1

Diphtheria.—Only 8 cases of diphtheria were notified (5 males and 3 females), the lowest number for over fifty years. The local attack rate was 0.08 ; for England and Wales it was 0.04. One death occurred of a boy aged 6-years. This child had not been immunised, and he died the same day he was admitted to hospital. The local death rate from this cause was 0.01, compared with 0.00 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
1940	82,560	87	1·05	2	2·29	0·02	85	97·7
1941	78,680	90	1·14	5	5·55	0·03	83	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
1948	91,060	23	0·25	1	4·34	0·01	23	100·0
1949	91,250	8	0·08	1	12·50	0·01	7	87·5

Pneumonia.—Thirty-eight notifications were received—34 of primary pneumonia and 4 of influenzal pneumonia. The local attack rate was 0.41 compared with 0.80 for England and Wales. Four cases were treated in hospital. 92 deaths were ascribed to all forms of pneumonia, giving a local death rate from this cause of 1.0 compared with 0.51 for England and Wales.

Cerebro-spinal Fever.—One case, a female child of 16 months, was notified and was admitted to the infectious diseases hospital for treatment. The local attack rate was 0.01, and for England and Wales it was 0.02.

Ophthalmia neonatorum.—21 cases of this disease were reported, two of which were treated in hospital. The services of a nurse are offered by the local authority in all cases nursed at home.

Puerperal Pyrexia.—Seven notifications of puerperal pyrexia were received. The attack rate per thousand total births was 3.66 compared with 6.31 for England and Wales. When a case is nursed at home the services of a district nurse are offered by the local authority, but three of the cases notified were removed to hospital for treatment.

Erysipelas.—14 cases of erysipelas were notified, equally distributed in regard to sex. The local attack rate was 0.15, while for England and Wales it was 0.19. Five cases were treated in the infectious diseases hospital. There were no deaths.

Measles.—257 notifications of measles (130 males and 127 females) were received, compared with 1,977 in 1948. The local attack rate was 2.81, while for England and Wales it was 8.95. Six cases were treated in hospital. One death was attributed to measles.

Whooping Cough.—379 notifications of whooping cough (180 males and 199 females) were received, compared with 646 the previous year. The attack rate was 4.15 ; for England and Wales it was 2.39. Four deaths were attributed to this disease, giving a death rate of 0.04 compared with 0.01 for England and Wales. Four cases were treated in hospital.

Chicken Pox.—198 notifications were received (81 males and 117 females), compared with 722 the previous year. One case was admitted to hospital for treatment.

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 seven pilot areas for notification of acute rheumatism under the age of sixteen.

Six notifications were received during the year relating to 4 boys and 2 girls. 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 the end of this report.

Influenza.—This is not a notifiable disease unless complicated by pneumonia. Fourteen deaths were attributed to influenza, giving a death rate of 0.15, the same as for England and Wales.

Malaria.—Two notifications of malaria were received. Both related to relapses in young men infected abroad whilst on military service.

Acute poliomyelitis (including acute polioencephalitis).—Eighteen cases were notified—14 of acute poliomyelitis and 4 of acute polioencephalitis—and all were treated in hospital. The local attack rate was 0.15 for poliomyelitis and 0.04 for polioencephalitis : for England and Wales it was 0.13 and 0.01 respectively.

There were five deaths, 2 from poliomyelitis and 3 from polioencephalitis. Two of the latter were infants of one month and five months respectively.

Smallpox.—There were no cases of small pox or suspected smallpox in Grimsby during 1949, but a number of notices were received by the department from other ports in regard to persons who were considered to have been contacts of the disease. These were persons returning to Grimsby from overseas, and they were kept under surveillance for a period.

Cancer.—The number of deaths in Grimsby due to cancer was 166, giving a rate of 1.81 per thousand of the population compared with 1.87 for England and Wales. The figures for the previous year were 1.77 and 1.85 respectively.

Every endeavour has been made to assist the Radiotherapy Centre at Scunthorpe in the follow-up of their cases, and copies of the particulars of all deaths from cancer in the borough are forwarded to the medical officer in charge.

It should be pointed out that there are quite a number of medical conditions other than cancer which benefit by radiotherapy, and the fact that an individual is attending at Scunthorpe for treatment is no definite indication of the diagnosis in any one case.

Venereal diseases.—The following information is supplied by the courtesy of Dr. W. E. Orchard, Consultant Venereologist. During the year 321 Grimsby residents received treatment for the first time at the out-patient clinic for venereal diseases held at 38 Queen Street, Grimsby. The classification of these new cases was as follows :—

Condition	*Males*	*Females*	*Total*
Syphilis	18	32	50
Gonorrhoea ..	31	16	47
Other than venereal	143	81	224
	192	129	321

The total attendances made by County Borough patients at the out-patient clinic were 3,597 (males 1,809 and females 1,788).

The times at which clinics are held with the Venereologist in attendance are :—

Males	Mondays, 10 a.m. and 4.30 p.m.; Thursdays 2 p.m.
Females	Mondays, 2 p.m.; Thursdays, 4.30, also by appointment on Tuesdays and Fridays at 10 a.m.

The clinic is open for intermediate attendance from Monday to to Friday between 10 a.m. to 12.30 p.m. and 2 to 7 p.m., and on Saturday between 10 a.m. and 12.30 p.m.

Springfield Hospital.—The total number of patients admitted to the infectious diseases section of this hospital during the year was 379. Two hundred and thirty-two were normally resident in the borough. In the table set out below, the cases from the borough are classified into " disease on admission " and " the disease as diagnosed in hospital."

Disease on Admission		*Hospital Diagnosis*	*Disease on Admission*		*Hospital Diagnosis*
Diphtheria	17	7	Puerperal pyrexia ..	3	3
Scarlet fever ..	94	77	Ophthalmia neonatorum	3	2
Poliomyelitis ..	26	14	Typhoid	1	—
Whooping cough ..	8	9	Paratyphoid B. ..	1	—
Measles	8	6	Food poisoning ..	1	1
Pneumonia ..	1	—	Tonsillitis ..	6	11
Erysipelas	5	5	Influenza ..	6	7
Parotitis	8	5	Smallpox	1	—
Chicken pox ..	3	1	Acute rheumatism ..	2	2
Cerebro-spinal meningitis ..	13	1	Miscellaneous ..	20	77
Tuberculous meningitis	5	4			
	188	129		44	103

There was a total of 17 deaths, 12 of cases admitted from the borough and 5 from outside the borough.

III—TUBERCULOSIS.

Notifications.—During the year 130 persons were notified as suffering from tuberculosis, as compared with 128 during the previous year. Of these 111 were pulmonary and 19 non-pulmonary. In addition 14 cases already notified in other areas came into the borough. The age groups and ward distribution are shown in Tables 9 and 10, page 93.

Deaths.—(Table 9, page 93). The number of deaths and the death rates from tuberculosis per thousand of the population in 1949 were as follows :—

	No. of deaths.	*Death rate.*
Respiratory tuberculosis ..	44	0.48
Other forms	4	0.04
Totals ..	48	0.52

The death rate for all forms of tuberculosis for England and Wales was 0.45 (respiratory 0.40 ; other forms 0.05).

Table 11 on page 94 shows the number of primary notifications received per thousand of the population, and the ratio of non-notified deaths in each year of the decennium.

Included in the deaths were 4 cases that had not been previously notified as suffering from tuberculosis, and the proportion of non-notified deaths is therefore 8.3 per cent.

Revision of Register.—Under the Public Health (Tuberculosis) Regulations, 1930, the names of 129 notified persons were removed from the register in 1949, these consisting of :—

Diagnosis not established	3
Recovered	42
Dead	48
Not desiring public medical treatment ..	15
Left district	19
Not found after adequate search	4

On 31st December, 1949, there were 701 names on the register of the Medical Officer of Health, 577 relating to pulmonary and 124 to non-pulmonary patients.

CHEST CLINIC.—The following table (by courtesy of Dr. J. Glen, consultant chest physician) is a general analysis of the work carried out in regard to Grimsby patients at the Chest Clinic during 1949 :—

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 (excluding contacts) :													
(*a*) Definitely tuberculous	45	37	5	5	6	1	3	6	51	38	8	11	108
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	11	20	8	7	46
(*c*) Non-tuberculous ..	—	—	—	—	—	—	—	—	454	1372	168	178	2,172
B.—CONTACTS examined during the year :													
(*a*) Definitely tuberculous	4	6	1	3	—	—	2	—	4	6	3	3	16
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	2	—	2	4	8
(*c*) Non-tuberculous ..	—	—	—	—	—	—	—	—	101	170	153	152	567
C.—CASES written off the Clinic Register as :													
(*a*) Recovered	4	16	3	2	3	8	4	4	7	24	7	6	44
(*b*) Non-tuberculous ..	—	—	—	—	—	—	—	—	580	1571	343	346	2,840

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	
D.—Number of Cases on Clinic Register on December, 31st 1949 :—													
(*a*) Definitely tuberculous	244	231	52	43	29	33	24	26	273	264	76	96	682
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	23	29	12	12	76

1.	No. of cases on Clinic Register on 1st January, 1949	785
2.	No. of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	17
3.	No. of cases transferred to other areas, cases not desiring further assistance under the scheme, together with cases " lost sight of "	39
4.	No. of cases written off during the year as dead (all causes)	47
5.	Total number of attendances at the Clinic, including contacts	10,064
6.	No. of consultations with medical practitioners (otherwise)	4,195
7.	No. of attendances for artificial sunlight treatment ..	1,751
8.	No. of artificial pneumothorax refills carried out ..	1,919
9.	No. of visits paid to the homes of patients by the Tuberculosis Health Visitors	1,265

X-Ray department.

	Males.	*Females.*	*Children.*	*Total.*
No. of X-ray films taken	637	650	56	1,343
No. of X-ray screening examinations carried out	1,479	3,340	1,343	6,162

Source of special examinations referred to the Chest Clinic during 1949 :—

	Adult males.	*Adult females.*	*Boys.*	*Girls.*	*Total.*
Grimsby Corporation :—					
Health Department	2	13	—	—	15
M.& C.W. sub-dept expectant mothers	—	894	—	—	894
Education Department ..	—	2	—	—	2
Borough Ambulance Service ..	1	—	—	—	1
Borough Engineer's Dept. ..	13	—	—	—	13
Police Department	21	1	—	—	22
Fire Service	1	—	—	—	1
Ministry of Food	—	3	—	—	3
Royal Naval Personnel	1	—	—	—	1
Army Medical Board	20	2	—	—	22
Insurance purposes	2	—	—	—	2
Expectant mothers referred by general practitioners	—	14	—	—	14
Migrants :—					
Australia..	1	1	—	—	2
Canada	13	10	1	1	25
France	1	—	—	—	1
U.S.A.	5	4	—	—	9
	81	944	1	1	1,027

B. C. G. Vaccination :—The approval of the Ministry of Health to a scheme of B. C. G. vaccination was obtained, and it was contemplated that a start be made in 1950 with the vaccination of tuberculous children at risk in their own homes.

Tuberculosis Regulations, 1925.—No action was taken during 1949 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.

IV.—NATIONAL HEALTH SERVICE ACT, 1946.

HEALTH CENTRES (Section 21)

The general policy of the Ministry of Health was set out in Circular 3/48 and a circular letter of 13th April, 1948. After consultations had taken place with the local executive council and with the local professional committees concerned, the local health authority prepared a plan for the siting of health centres in the borough. Nine centres was the long term plan for what was thought would be the ultimate need in view of the difficult geographical conditions, but six was the immediate need. The proposal adhered to a principle that each centre should cater for a maximum population of 15,000, that no one should be more than one and a half miles from any centre, and that the only facilities needed were those for Part IV services with the exception of one at Carr Lane (where a Part III clinic is rented) and one at Nunsthorpe (where the local authority have a temporary user basis of a hospital clinic).

Towards the end of 1949 two officials of the local authority visited London and met officers of the Ministry of Health. Briefly, the result of the meeting was that there was no official ruling by the Ministry that the normal population to be served by a health centre should be 15,000 ; the position as regards health centres was that with the cuts in capital expenditure there could be no large programme at present ; and on the whole subject of health centres, their design, the population to be served etc., the Minister was awaiting the report of the Special Committee which he had set up. Pending this the Minister would consider experimental cases put to him, but he could not at the present time approve the designation of the sites in Grimsby. It was suggested that the Corporation might reserve the sites which were already in their ownership : on the sites not in the ownership of the Corporation the latter might designate these under the appropriate section of the Town and Country Planning Act, i.e., land subject to compulsory acquisition to secure its use in the manner proposed in the plan.

The officers of the Ministry considered that Nunsthorpe with approximately 9,000 inhabitants and not a doctor's consulting room within the area, appeared to be a case if the Council so decided for an experimental centre, and that a site of one acre would be adequate. It might be desirable to have a pharmacy with a full-time pharmaceutist at such such a health centre.

The Town Clerk and the Medical Officer of Health reported on this interview to the Health and Housing Committees. The position at the end of the year under review was that the local executive council was asked to ascertain the individual views of the medical profession in regard to working in a health centre at Nunsthorpe. The local executive council decided not to circularise the medical profession to ascertain the demand, if any, for such a centre. This was reported to the local health authority and to the Ministry of Health, and the matter was dropped.

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22).

Notification of births.—1,821 live births and 41 still births were notified during 1949. The birth rate still remains very high.

Prematurity.—119 infants were reported to have been born prematurely :—

(a) 49 at home

(b) 4 in private nursing homes

(c) 66 in maternity hospitals.

Nine of the infants born at home were transferred to hospital to be nursed, and of the remaining 40 left at home only 4 were lost. Of the total 119 premature babies 7 died within 24 hours and 8 within 28 days of birth. 12.6% of all premature babies born did not live more than 28 days. Of those born on the district and nursed entirely at home, 10% did not survive more than 28 days and 13.9% of those transferred to hospital or born in hospital and nursing homes did not survive more than 28 days.

This would make it appear that the chances of survival of premature infants are greater for infants born and nursed in their own homes, but against this must be set the fact that premature babies born in hospitals have normally faced greater risks owing to maternal morbidity such as toxeamia, dystocia or ante-partum haemorrhage.

There is no special nurse for attending to premature babies in their own homes ; hence the excellent results are due to the extensive care given by midwives. There is no doubt that the chance of survival is much greater now owing to the excellent work done in the care of premature babies.

STILL BIRTHS.—41 cases were notified and the normal investigations were made into their causation and the causes were as follows :—

Maternal toxaemia ..	5	Foetal abnormality ..	4
A.P.H.	4	Post maturity	1
Prolapsed cord	5	Ruptured uterus ..	1
Breech	1	Prolonged labour ..	2
Strangulation by cord	1		
Ill health of mother ..	3	Unknown	14

INFANT WELFARE CENTRES.—The usual sessions were held at the various clinics, 3 weekly at Hope Street, 2 at Watkin Street, 2 at Nunsthorpe and 1 at Old Clee. This does not include toddlers clinics which are held weekly at Hope Street, Watkin Street and Nunsthorpe, with a combined session at Old Clee for infants and toddlers.

The actual attendances increased by 2,393 over those in 1948, but it is regretted that when the real need for advice and supervision re feeding develops, only too often the mothers take ill advised action and attend the clinics after damage has been done.

Voluntary help was given by the following ladies and was greatly appreciated :—

Hope Street Clinic.
Mrs. Marshall
Mrs. Fitten
Mrs. Batchelor

Watkin Street Clinic.
Mrs. Barford
Mrs. Kendall
Mrs. Allen

Nunsthorpe Clinic.
Mrs. Dickinson
Miss Ross
Miss K. Ross
Mrs. Maddison
Mrs. Watkinson

Old Clee Clinic.
Mrs. Gresswell
Mrs. Lambert
Miss Mudd

ATTENDANCES AT CLINICS.

	1949	1948	1947	1946	1945
Hope Street	6,234	6,115	5,298	10,031	9,135
Watkin Street	5,562	4,254	3,911	6,170	6,416
Nunsthorpe	4,633	4,006	3,258	5,465	6,904
Old Clee	2,352	2,118	1,517	3,192	3,604
Toddlers	1,878	1,773	695	792	885
	20,659	18,266	14,679	25,650	26,944

The drop in the attendances at infant welfare centres after the start of the National Health Service was due to the fact that mothers fail to appreciate the importance of the educational side of the work as well as that of medical supervision. In view of the staff difficulties the increase in the attendance of toddlers is most praiseworthy.

MOTHERCRAFT.—Again we were unable to commence full mothercraft teaching to groups, although some improvement was achieved by the provision of a projector to assist in giving health talks, it being felt that mothers are so cinema minded that the picture presentation would be an attraction.

No cookery and sewing classes have yet been started.

DISTRIBUTION OF MILK.—Distribution of dried milk at a cost approved by the Minister of Health, or at a reduced price in necessitous cases, has continued. Many mothers take advantage of the Government milk scheme and the work of the distribution of National Dried Milk, cod liver oil and orange juice is undertaken by food office clerks. Full use is not taken of the provision of vitamin preparations by the Ministry of Food for priority classes generally through lethargy ; either it is too much trouble to collect the preparations, or little or no attenpt is made to overcome an initial dislike.

TODDLERS' CLINICS.—Three sessions were held each week and proved totally inadequate to the demand, especially in the new housing areas. 1,878 attendances were made as compared with 1,173 during 1948. The health visitors are discouraged by their inability to make immediate appointments for children on reaching the age of 2 years, and feel their work is hampered by this. With the present very limited number of medical officers, it is impossible to alter this position in any way.

TEST FEEDING CLINICS.—No actual session is set aside for the purpose of test feeding, but a total of 320 test feeds was carried out during ordinary clinic sessions.

A special residential department for the improvement and maintenance of lactation is essential, but only too often breast feeding is discontinued as soon as the midwife finishes her period of responsibility on the 14th day after the delivery takes place, or in the case of institutional confinements, as soon as the mother is discharged to her own home.

This may be due to the inability to cope with a new baby on top of other household duties, to fatigue, or in too many cases, to a lack of desire to breast feed, allied to an over-weening confidence in the value of artificial foods as advertised. In two isolated cases there was an absolute refusal to attemp to breast feed on the grounds of indecency.

The protective immunising value of the mother's milk to the young infant is by no means fully appreciated, just as the satisfying mental stimulus to the mother of infant feeding is never appreciated by someone who has not given it a proper trial.

ANTE-NATAL CLINICS.—There was again a lessening in the use of these clinics. 2,346 attendances were made and there were 452 new cases as compared with 2,395 attendances and 513 new cases in 1948. Many expectant mothers are now supervised by the general practitioners under the National Health Service scheme, but it is felt that the educational services of the Local Health Authority should be used by expectant mothers even if they have booked their own doctor. As in 1948 some general practitioners sent their patients to ante-natal clinics for blood tests to be taken.

POST-NATAL CLINICS.—Two special sessions are held weekly and a combined ante-natal and post-natal clinic is held at Nunsthorpe. 103 new cases attended and there were 150 attendances as compared with 85 in 1948. This is a definite improvement, but very much less than the standard aimed at.

Orthopaedic cases.—23 Maternity and Child Welfare cases were referred from the Health Department for treatment at the Grimsby General Hospital. Conditions found were again chiefly deformities of feet, genu valgum and congenital defects. The importance of providing the growing child with good well fitting shoes is only beginning to be recognised by the average mother, but even the enlightened mother

finds it well nigh impossible to obtain good fitting shoes as often as she requires them, partly due to the high cost and partly due to insufficient supply. The National Foot Health Council of America recommends that a child's shoes should be changed every one to two months between the ages of two to six years. This may be ideal and practicable in America but quite impracticable in this country under present conditions.

It is noticeable that in 1949 the incidence of genu valgum had increased tremendously. Fortunately, in only a few cases the condition does not yield to treatment other than operation. It is surprising how many mothers do not notice this defect in their children and are aggrieved when it is pointed out. The dices are loaded against the overweight baby long before it begins to walk, especially if its excess weight is due to excess of starch or sugar in the diet, and its development of weight carrying defects is almost a certainty.

Unmarried mothers.—During the year 19 girls were transferred to an institution outside the area through the agency of Sister Smith, Matron of the Home of Help for Girls. 8 of these were local girls. 14 went to the Quarry Maternity Home, Lincoln, 2 to the Salvation Army Home, Leeds, 1 to the National Home, London, 1 to Sheffield Hospital and 1 to the Northampton Diocesan Home.

Infant mortality.—There were 63 deaths of infants under 1 year, the infant mortality rate being 34 as compared with 29 in 1948.

The chief causes of death were respiratory diseases, congenital defects (8), injury at birth(7), atelectasis (4), prematurity (5).

The incidence of deaths due to whooping cough and measles was higher than usual, and that of diarrhoea and enteritis lower than in 1948.

No. of infant deaths due to:—	1949	1948	1947	1946	1945
Respiratory diseases ..	30.15	23.63	19.58	19.71	23.70
Congenital defects (including atelectasis 4, congenital defects 8, injury at birth 7)	30.15	20.00	26.80	25.35	17.51
Prematurity	7.93	25.45	11.34	33.80	13.75
Enteritis	6.34	10.90	17.52	5.63	21.25

1949 was noticeable for the number of deaths due to pneumonia and bronchitis, for the marked increase in deaths from congenital defects and injury at birth and the equally marked decrease in number of deaths due to prematurity.

It is significant however that in 8 cases prematurity was given as a contributory cause the actual cause of death being variously given as congenital defects, atelectasis, intra-cranial haemorrhage, broncho pneumonia and gastro enteritis. Investigation showed that 9 other deaths occurred in infants born prematurely.

Whooping cough accounted for 4 deaths and measles for one. Mothers are more alive to the value of preventive inoculation now, and following the 1949 epidemic of whooping cough and measles, many have enquired about the value and availability of preventive treatment against these diseases.

The incidence of gastro enteritis was low, and of the five dying of this disease, four occurred in the month of April. 4 of the 5 had been born prematurely, birth weight ranging from 3 lb. 2 oz. to 5½ lbs. Method of feeding was as follows :—1 artificially fed from birth, 2 still breast fed at time of development of acute illness, the other 2 being on mixed feeding and dried milk. In only one case were home conditions and mothercraft bad, and in only 1 case was prematurity entered up as a contributory cause.

Neonatal mortality.—31 deaths occurred within the first month and accounted for half of the total infant deaths, the neonatal mortality rate being 16.55. The chief causes of death were again congenital malformations, injury at birth, prematurity, atelectasis and haemorrhagic diseases ; prematurity was either given as a contributory cause or acted as a contributary cause in 9 cases.

Ophthalmia Neonatorum.—21 cases were notified during the year. Home Nursing was provided in two cases and all made good recoveries. Swabs were taken in all cases, and in no single case was gonococcus located. Causative organisms were chiefly staphylococci and diphtheroids.

Ophthalmic treatment.—During the year 23 cases were referred to the Consultant Ophthalmologist.

DENTAL TREATMENT.

Numbers provided with dental care :—

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	161	161	161	161
Children under five	220	205	205	205

Forms of dental treatment provided :—

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and nursing mothers	679	84	104	53	92	2	24	..	44	31
Children under five	251	1	134	38	..	132	44	..	..	..

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.
do. do.	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, Nunsthorpe (Tel. 7222)	Tues. and Fri. ..	9-30 a.m.
do. do.	Wednesday	9-30 a.m. & 2 p.m.
Second Avenue, Nunsthorpe	Monday	9-30 a.m.
Hope Street	Monday	2 p.m.
do.	Friday	2 p.m.
Watkin Street	Monday	9-30 a.m.
do.	Wednesday	2 p.m.

Post Natal Clinics.

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

Toddlers' Clinics.

Hope Street	Tuesday	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)

Diphtheria Immunisation Clinics.

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

Vaccination Clinics.

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

School Medical Service.

School Clinic. (Tel. : No. 4867)

Municipal Hall, Burgess Street	Daily (except Saturday)	9 a.m.
Eye Clinic.		
Municipal Hall, Burgess Street	Tuesday (by appointment)	2 p.m.
Special Investigation Clinic.		
Municipal Hall, Burgess Street	Friday	2 p.m.
Ophthalmological Clinic.		
Municipal Hall, Burgess Street	Thursday (fortnightly)	2 p.m.
Ear, Nose and Throat Clinic.		
Municipal Hall, Burgess Street	Friday (monthly)	2 p.m.
Rheumatic and Heart Clinic.		
Municipal Hall, Burgess Street	Monday (monthly) ..	2 p.m.
Dental Clinic.		
Hope Street	Daily	9 a.m.

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.

MIDWIFERY (Section 23).

Midwives.—Five new midwives were added to the domiciliary midwifery staff, one with teaching responsibilities. One of the other four left after a period of three months service on the occasion of her marriage. The superintendent midwife secured another post in August 1949, and her successor did not take up duties until November 1st, 1949.

There were 918 domiciliary confinements, 864 by municipal midwives and 54 by independent midwives. Of the total district confinements 62% were taken by midwives, the remaining 38% being taken as maternity cases.

16 domiciliary midwives, qualified in accordance with the requirements of the Central Midwives Board, administered gas and air analgesia to 445 cases. 15 sets of gas and air apparatus were available for use by these midwives. It is noticeable that despite the full supply of apparatus, only 51.5% of cases taken by our district midwives obtained gas and air analgesia. This may be partly due to (a) late sending for the midwife, (b) prejudice against having gas and air, and (c) in maternity cases, other methods of analgesia being used.

4,862 ante-natal visits, 15,660 nursing visits and 576 special visits, a total of 21, 098 visits were made by the Municipal Midwives, as compared with 22,332 visits in 1948.

Part II District Training of Pupil Midwives.—10 received either full or part training during 1949 and 5 were successful in obtaining the certificate of the C.M.B. in 1949, 4 did not sit their examination until 1950, and 1 failed to pass the examination. One 1948 pupil sat her examation in 1949 and was successful.

Three district midwives were approved as teachers and conducted the training in district work, but the main responsibility rested with the superintendent midwife who arranged work, conducted tutorial classes and was responsible for supervision.

Much credit is due to both Miss Webster and Miss Millington for the excellent results obtained and the conscientious way in which they devoted themselves to their very responsible task.

At the beginning of 1949, owing to shortage of staff, the midwives were grossly overworked, but this position eased off later in the year when more staff was obtained.

Maternal Mortality.—1949 was not outstanding like 1948 in having no maternal deaths. There were two maternal deaths, one due to haemorrhage following abortion and the other due to shock following hysterotomy, which was necessitated by chronic nephritis and toxaemia. Both cases received expert attention and the deaths were inevitable.

It is unfortunate that the stigma of pregnancy in the unmarried mother still outweighs the dangers attached to the procuring of abortion. Desperate remedies are resorted to by desperate people, but the real tragedy seems to be the fact that the facilities offered to the woman expecting an illegitimate child are either unknown or unwanted.

During 1949, two other maternal deaths occurred, but were outward transfers. All four cases received expert hospital treatment, and in the outward transfers, death was due to other intercurrent diseases, the confinements being normal.

Puerperal Pyrexia.—Seven cases were notified, the case rate being 3.7. Four of these cases occurred in the Grimsby Maternity Hospital, and of the total, three were admitted to Springfield Hospital. There has been a marked reduction in the number of cases of Puerperal Pyrexia due, I think, partly to the careful work both actually at the delivery and to rigid adherence to aseptic technique, but also to the early exhibition of Penicillin and the Sulpha drugs. The days of child birth fever are gone for ever, and many of the doctors and midwives now practising midwifery have never seen a case such as used to be common, both on the district and in isolation hospitals.

Any case of possible puerperal pyrexia is at once taken over by the District Nursing Service, thus freeing the municipal midwives,

HEALTH VISITING (Section 24).

Health Visitors.—27,280 home visits were made, an increase of 807 over those made in 1948, but still below the number made in 1947.

There were several changes in the staff, the superintendent health visitor leaving on the 30th January, 1949, and not being replaced until the 4th April, 1949. Mrs. Chapman retired on the 18th May, and Mrs. Kearney and Miss Braybrook resigned on the 20th May and 27th October, 1949 respectively, because of inability to give them experience of school medical work.

Miss Bugg took up duties on 18th January and Mrs. Haldane resumed her post as a health visitor on the 8th August, after a break of 3½ years. Owing to the unsettled financial position of health visitors and the geographical position of Grimsby, it has been found increasingly difficult to attract new officers to the department, and existing members of the staff have been, therefore unable to cover their districts as well as attend to clinic duties. Without additional staff it is quite impossible for the individual Grimsby health visitor to take up and carry out efficiently the duties of a health visitor as laid down by the National Health Service Act, 1946, and so long as Maternity and Child Welfare and School Nursing are kept in separate water tight compartments, just so long will an additional factor be added to our other disadvantages.

HOME NURSING (Section 25).

The local authority carry out their home nursing service from premises in Dudley Street, in which the majority of the nurses reside. A total of 20,477 visits were paid by the nurses to 963 cases during the course of the year. At the end of 1949 there were six full-time and four part-time nurses on the staff under the general supervision of a resident nursing superintendent. The service is under the direction of the senior medical officer for maternity and child welfare, and the staff are inspected from time to time by the nursing inspectors of the Queen's Institute of District Nursing with which the local authority is affiliated. There are no joint arrangements with other local health authorities. Representatives of the Personal Health Sub-Committee attended quarterly regional meetings of the Queen's Institute of District Nursing.

During the year, for the first time a trained male nurse commenced employment on the district.

VACCINATION AND IMMUNISATION (Section 26).

Immunisation against diphtheria.—During the year a total of 1,308 children completed the series of inoculations, 311 of these being carried out by general medical practitioners. This compares with 1,561 immunised in 1948, and makes, with those immunised in preceding years, a grand total of 22,323. In addition, 365 children between the ages of 5 and 15 years received a reinforcing injection.

It is estimated that the percentage of immunised children between 0—15 years in the borough is 61.1 per cent. The estimate for those under 5 years being 46.1 per cent. and for those between 5 and 15 years 70.5 per cent.

Twenty-five bottles of diphtheria prophylatic, each containing 10 c.c., were supplied free of charge to the general medical practitioners.

Table 14 on page 96 indicates the number of children completing the series of inoculations since the inauguration of the scheme.

Vaccination.—During the year 432 primary vaccinations and 104 re-vaccinations were performed, and this compares favourably with the 199 vaccinations carried out during the last six months of the previous year. The following table shows the age groups of these vaccinations.

Age at 31st Dec., 1949 i.e. born in years	Under 1 1949	1 to 4 1945 to 1948	5 to 14 1935 to 1944	15 or over before 1935	Total
Number vaccinated	181	187	32	32	432
Number re-vaccinated	—	1	4	99	104

Of the total 536 vaccinations, 211 were carried out by private practitioners.

AMBULANCE SERVICE (Section 27).

The Borough Ambulance Service continued to operate from the Central Fire Station until the end of April when they moved to more commodious premises, which had already been adapted for that purpose, in Weelsby Street.

The service is maintained on a 24-hours basis and has a staff of 24 driver-attendants, one clerk-telephonist and an ambulance officer in charge. Four new vehicles were received during the year,—two ambulances and two sitting cars. The total strength of vehicles is now 9 ambulances and 4 sitting cars and the service deals with every type of case.

During the year 12,934 calls were received, 182 being for other authorities and were passed on. 17,306 patients were transported and 120,099 miles were covered by the vehicles. Of the total number of calls 1,343 were for accidents or sudden illness.

The volume of work continued to increase during the early months of the year but now appears to have reached its peak and that level has been maintained during the last half year.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28).

On 15th March, 1949, an almoner commenced duties in the Health Department for the purpose of implementing Section 28 of the National Health Service Act, 1946 ; and in September of the same year a second almoner was appointed to help in meeting the rapid growth of the work of this section.

The aim of the almoner is to help sick and handicapped people to overcome their problems and anxieties, and to assist them back to their ordinary way of life as soon as possible. By virtue of her knowledge of the patient's industrial and home environment the almoner can interpret him and his special needs to the hospital staff who are responsible for his treatment.

The permission of the Grimsby Hospitals Management Committee for the almoners to have access to the three hospitals has greatly assisted them towards building a consistent medico-social service to all sick and handicapped persons in the borough as it enables the almoner to see people in their homes, in hospital, and again at home on their discharge. The hospitals are visited regularly as follows :—

Springfield Hospital	Alternate Mondays for the whole day.
Grimsby Infirmary	Tuesday and Wednesday afternoons.
General Hospital	Tuesday and Thursday mornings.

Patients are also visited at the Scartho Hall Annexe and the Maternity Home when this is expedient.

As it is not possible for two almoners to see all patients in the hospitals they concentrate on those suffering from certain diseases as it has been found that so often such patients have social problems or live in conditions which may have caused or aggravated their condition. The diseases on which the almoners concentrate are cardiac, rheumatism, peptic ulcers, thyrotoxicosis, diabetes, cancer and tuberculosis. All patients suffering from tuberculosis are visited within a fortnight to ensure that they are aware of the statutory allowances available and that adequate social care is provided.

During the period under review, and at the request of the sister-tutor, five student nurses from the Infirmary have spent time with the almoner to enable them to see the aim of her work in the hospitals. They have been on ward rounds with the almoner and also visited the homes of patients with her so that the nurses have been enabled to see patients in relation to their home backgrounds. An eighteen years old girl spent one month with the almoner to observe the work as she is thinking of becoming an almoner in due course.

There is very satisfactory liason between the almoners and statutory and voluntary bodies so that the care and after-care of patients is well co-ordinated. In this way over-visiting of one family by sundry workers

is reduced to the minimum whilst the patient receives the maximum help. There is a certain amount of co-operation between the general practitioners and the almoners, but this could be considerably widened given adequate staff.

Statistics do not indicate the volume of case work or the results thereof, but the following may be of interest :—

Number of patients assisted under Section 28 of the National Health Service Act from 15th March to 31st December, 1949	688
Number of home visits	294
Number of interviews at Health Department	250
Number of interviews on wards at all hospitals ..	1,065

Thanks are due to all officers of voluntary and statutory bodies, the hospital staffs, and especially those officers and clerical staff of the Health Department who have done so much to assist in the innovation of this service. Without their interest and friendly co-operation progress would have been limited.

In the scheme submitted under Section 28 of the National Health Service Act, 1946, it was decided that this section would be mainly administered by a central care committee which would receive a grant from the local health authority but would not be a sub-committee of that local authority. It was anticipated that this committee would have two main sub-committees, one dealing with tuberculosis cases and the second with all other types of illness requiring assistance. Unfortunately it was not possible to bring this re-organised scheme into being during the year 1949, but the Tuberculosis Care Committee continued as in past years to do excellent work in assisting in the cases recommended by the almoners. It is anticipated that the new arrangements will come into force in the Spring of 1950 at the beginning of the financial year.

Health Education.—The local authority subscribes to the Central Council for Health Education, and as in previous years posters and leaflets on health matters continued to be displayed and distributed. The journal " Better Health ", which is published monthly, is circulated in the welfare centres and clinics.

Posters.—Poster publicity had been utilised on several subjects, e.g., How to deal with influenza ; the common house fly ; Clean hands—safe food ; Don't neglect measles. These sets of posters are displayed on five permanent frames situated in different parts of the town.

Exhibition stand.—A new exhibition service for indoor display was introduced by the Central Council for Health Education whereby from the beginning of May local health authorities were able to obtain from the Central Council, on free and indefinite loan, a transportable exhibition stand, together with the first of a series of sets of exhibition material for use therewith. The local authority were thus provided with a constant exhibit on one aspect or another of health education. This exhibit,

by reason of its portable nature, was shown in the borough at a number of pre-selected sites as a regular feature of health education work. The first four sets of material dealt with diphtheria immunisation ; local authority services under Part III of the National Service Act, 1946 ; food and drink infections ; and sleep. A further series of four is in preparation and others will be added so as to maintain a constantly changing supply.

Handbook.—As part of the duty of the local health authority under Part III of the National Health Service Act (Ministry of Health Circular 36/48) an illustrated booklet was produced to give publicity regarding the services available to the citizens of Grimsby. It included those services controlled by the Grimsby Hospitals Management Committee and the Local Executive Council, as well as those directly under the local health authority. The handbook was widely distributed to various organisations in the borough, including members of the local authority, head teachers, voluntary workers, members of the Grimsby Hospitals Management Committee and of the Local Executive Council, medical practitioners, dentists, midwives and district nurses. Distribution to the public was made through the welfare centres and clinics, the public library and the W.V.S.

Press notices.—Through the good offices of the editor, a panel in the local evening newspaper has been placed at the disposal of the department in which regular contributions of general interest to the public appear under the title of Your Health Service.

Food hygiene.—A one day regional course in Food Hygiene was held at Watkin Street welfare centre on Monday, 31st October, 1949, the course being organised as a free service by the Central Council for Health Education. For the morning session the subject was *Food-borne infections : Sources and modes of spread*, and for the afternoon session *Personal and Kitchen Hygiene* came under discussion. The lecturer was Dr. F. Hampson, director of the Central Pathological Laboratory, Grimsby General Hospital, who was assisted by Mr. H. Parkinson, chief sanitary inspector. A total of 73 persons attended the course, which was a pronounced success, and included domestic science teachers, school meals staff, catering staff of private firms, hospital catering staff and sanitary inspectors. Nominees attended from Lincoln Education Authority and Lindsey (Lincolnshire) County Council as well as from the County Borough of Grimsby.

Health Education—Talks to adults.

1949		*Approximate attendance.*
March 9	Business and Professional Women's Club (M.O.H.)	250
June 8	Soroptimists (Almoner)	50

DOMESTIC HELP (Section 29).

This service cares for an average of 85 cases per week, including elderly, infirm, chronic sick, maternity and emergency cases, and help is provided according to the need, varying from as little as two hours per week to whole time service. The full time help is primarily for maternity cases, and part time for sickness, aged and infirm etc. A large proportion of the cases are amongst the latter, many of whom are old age pensioners, and receive their help free of charge. This often enables them to continue to live in their own homes.

In the event of illness of the mother of a family a full time home help takes over her household duties, thus keeping the family together and allowing the father to continue in his work, knowing they are being cared for.

The number of home helps employed at the end of 1949 was 14 full time and 36 part time. During the year they assisted in 194 maternity and 211 sickness and other cases. Services were allowed free of charge in 39 cases.

MENTAL HEALTH SERVICE (Section 51).

(i) *Administration.*

(a) Arrangements for the carrying out of the statutory powers and duties is in the hands of the Mental Health Sub-Committee which consists of nine members of the Council together with five co-opted members. Meetings are held monthly.

(b) The direction of the service is in the hands of the Medical Officer of Health. The Senior Mental Health Worker is assisted by two women and two men, the junior woman officer being a certificated worker but without field experience. The Occupation Centre is staffed by a supervisor and an assistant ; two juniors one of whom is a trained nursery nurse ; a cook and an assistant domestic who teaches the elder group of girls domestic subjects ; a gardener-caretaker and two part-time male staff who teach the elder boys group woodwork and supervise physical training and games.

(c) Officers of the Local Authority supervise patients on trial from mental hospitals and mental deficiency institutions, provide histories and home circumstances reports, and pay any visits required by the psychiatrist in connection with the weekly clinic held at the Grimsby General Hospital.

(d) There is no voluntary association in this area.

(e) Both the male authorised officers and the assistant female authorised officer have attended a training course for mental health workers at Sheffield University.

(ii) *Account of work undertaken in the community.*

(a) Patients referred to the psychiatric clinic are visited before attending, including those referred from the County areas, and, if necessary, transport is provided to bring them to the clinic. The social workers provide reports on the home background which have proved of great assistance to the psychiatrist. Should the psychiatrist recommend follow-up visits on behalf of any of the patients, these are paid at the recommended intervals. Twenty four clinics were held during the year at which 121 new cases were seen and there were also 81 re-attendances.

(b) Acute cases under the Mental Treatment Acts are referred by doctors, relatives, public officials, or friends, to the duly authorised officers who visit and, where necessary, arrange immediate admission to hospital either for observation or treatment.

(c) (i) Ascertainment in the community from all sources, including children referred by the Education Authority, resulted in 56 cases being referred during the year of whom 26 were found to be defective. In spite of persistent efforts to obtain necessary vacancies, 25 patients were still awaiting admission to suitable institutions at the end of the year, a state of affairs which causes hardship to relatives and anxiety to the staff of the health department.

(ii) There were 43 guardianship cases on the books at the end of the year. 45 cases at the beginning of the year were reduced by 3, 1 having been admitted to the mental hospital and 2 to other institutions. One new patient was added to the list. There were no discharges during the year. Statutory supervision of 244 patients continued and the closest co-operation was sought with officials of the Ministry of Labour. Arrangements were made in one instance for a patient to be employed at a lower rate of pay than that usually paid in the catering industry. Our difficulties with regard to placing such patients in employment, in view of minimum rates, increase as more labour becomes available. In the case of both sexes, parents need continually reminding of the need for a proper occupation of leisure time, and insufficient attention would appear to be given to arranging suitable occupation for such young people. The need for encouragement to join suitable organizations or to take up hobbies is not recognised sufficiently by the parents of defectives.

Licence was granted to 9 patients of whom 1 returned to the institution, 1 previously on licence was returned and 1 discharged from Order. In addition, 2 patients were licensed to hopitals for medical attention.

The Girls' Club for licenced and guardianship patients continues to be run by the social workers and a member of the Occupation Centre staff. The majority of the girls attending are employed in domestic work or living at home and come on their half day for tea at the Centre. One or two girls employed in factories or at similar work in the town come in during the session. The usual club activities are enjoyed consisting

of singing, handwork, and country dancing. In addition, the cook from the Centre attends once a month to give a cookery lesson. A charabanc outing to the country and a Christmas party were much enjoyed. The original nucleus of members remains but for several of the younger girls the Club is merely a stepping-stone to a wider social circle, and the organisers of the Club now accept that this is probably the natural and proper development. The numbers are small but the Club tends to have a distinctive, corporate life of its own.

(iii) The Occupation Centre now caters for 39 patients of both sexes with an age range of twenty four to six years. In addition one woman under guardianship proves quite suitable for Centre life although aged 50. The carpentry class under the direction of one of the duly authorised officers makes steady but slow progress and a most useful innovation has been a physical training class directed by a part-time teacher and run particularly for the older boys. This is much appreciated by the participants.

I. *Particulars of Mental Defectives as on 1st January*, 1950.

(N.B. No case should be entered under more than one heading of (1) or (2) and only " live " cases should be included.)

(1) Number of Ascertained Mental Defectives Found to be " Subject to be dealt with ":—

			M.	F.	T.
(a)	In Institutions (including cases on licence)	(Under 16 years of age)	9	12	21
		(Aged 16 years & over)	89	99	188
(b)	Under Guardship (including cases on licence)	(Under 16 years of age)	—	1	1
		(Ages 16 years & over)	14	28	42
(c)	In " places of safety "		4	0	4
(d)	Under Statutory Supervision	(Under 16 years)	36	30	66
	(excluding cases on licence)	(16 years and over)	91	87	178
(e)	Action not yet taken under any one of the above headings		0	0	0
	Total ascertained cases found to be " subject to be dealt with "		243	257	500

No. of cases awaiting removal to an Institution	M.	F.	T.
	18	7	25

(2) Number of Mental Defectives not at present " Subject to be dealt with," but over whom some form of voluntary supervision is maintained

(Under 16 years of age)	4	1	5
(Aged 16 years and over)	7	8	15
Total number of mental defectives (1) plus (2)	254	266	520

		M.	F.	T.
(3) Number of Mental Defectives Receiving Training				
(a) In day training centres	(Under16 years of age)	16	8	24
	(Aged 16 years and over)	7	8	15
(b) At home		—	—	—
		23	16	39

One male under Guardianship dealt with under the provisions of Sec. 8 or 9.

II. *Particulars of Cases Reported during the Year* 1949.

	M.	F.	T.
(1) Ascertainment			
(a) Cases reported by Local Education Authorities (Sec. 57, Ed. Act. 1944.) :—			
(i) Under Sec. 57(3)	7	3	10
(ii) Under Sec. 57(5)			
On leaving special schools	1	1	2
On leaving ordinary schools	6	16	22
(b) Other ascertained defectives reported during 1949 and found "subject to be dealt with"	5	3	8
Total ascertained defectives found to be "subject to be dealt with" during year.	19	23	42
(c) Other reported cases ascertained during 1949 who are not at present "subject to to be dealt with"	3	0	3
Total number of cases reported during the year	22	23	45
(2) Disposal of cases reported during the year :—			
(a) Ascertained defectives found to be "subject to be dealt with."			
(i) Admitted to Institutions	1	1	2
(ii) Placed under Guardianship	—	—	—
(iii) Taken to "Places of Safety"	—	—	—
(iv) Placed under Statutory Supervision	17	22	39
(v) Died or removed from area	1	—	1
(vi) Action not yet taken	—	—	—
Total ascertained defectives found to be "Subject to be dealt with"	19	23	42
(b) Cases not at present subject to be dealt with:—			
(i) Placed under Voluntary Supervision	—	—	—
(ii) Later found not to be defective	—	—	—
(iii) Died or removed from area	—	—	—
(iv) Action unnecessary	—	—	—
(v) Action not yet taken	3	—	3
Total cases not at present "subject to be to be dealt with"	3	0	3

III. Number of Mental Defectives in Institutions under Community Care including voluntary supervision or in " Places of Safety " on 1st January, 1949, who have ceased to be under any of these forms of care in 1949.

(a) Ceased to be under care	4	8	12
(b) Died, removed, or lost sight of ..	3	3	6
Total	7	11	18

IV. Of the Total Number of Mental Defectives known to the Local Authority

	M.	F.	T.
(a) Number who have given birth to children during 1949 :—			
(i) After marriage		1	1
Wife of defective		1	1
(ii) While unmarried		0	0
(b) Number who have married during 1949	1	2	3

V.—SANITARY CIRCUMSTANCES.

Mr. Harold Parkinson, Chief Sanitary Inspector, has compiled this section of the report.

Water Supply.—Throughout the year there was no shortage of supplies for all purposes in the borough. Grimsby, Cleethorpes and District Water Board did not take any measures for the treatment of the natural hardness of the water (26 parts per 100,000) before distribution in the mains. Private firms and householders provided their own equipment if they wished to soften the water before use.

Some business firms in various parts of the borough in the past sunk their own bores into the chalk for the provision of water supplies for industrial and commercial purposes. Since the restriction of sinking of bore holes in North Lincolnshire has been enforced by the Ministry of Health there have been Public Enquiries in connection with two applications from local firms to sink further bores on their premises for trade purposes. One application from food preparers was granted whilst at the end of the year a decision had not been declared regarding the other application from a firm of paper makers.

About 5,000 dwellings in certain parts of the borough are without internal water supply and sinks. The occupants of these houses obtained their water from stand pipes in common back yards—at some properties 3 or 4 families sharing the use of one tap. With the concentration of effort on building new houses very little has been attempted and less accomplished in the provision of the necessary internal water supply and sinks to the old houses, many of which are on proposed Improvement Areas.

Reports on the regular examination of water samples of the town's supply proved uniformly satisfactory. Typical reports from the bacteriologist and public analyst are set out below :—

Report by Public Analyst on Sample of Water.

67 Surrey Street,

SHEFFIELD 1.

Physical Characters

Suspended matter	none
Appearance of a column 2 ft. long	clear : colourless
Taste	normal
Odour	none

Chemical Examination.

	Parts per 100,000
Total solids dried at 180°C.	35.00
Chlorides in terms of Chlorine	2.20
Equivalent to Sodium Chloride	3.63
Nitrites	none
Nitrites as Nitrogen	0.32
Poisonous Metals (Lead, etc.)	none
Total Hardness	25.73
Temporary Hardness	21.20
Permanent Hardness	4.53
Oxygen absorbed in 4 hours at 80°F.	0.014
Ammoniacal Nitrogen	0.0003
Albuminoid Nitrogen	0.0016
Free Chlorine	none
pH Value	7.3

Bacteriological Examination.

B.Coli Test (MacConkey's Bile Salt Lactose Broth)

Probable number of coliform organisms per 100 ml.—0

Remarks :—Satisfactory both chemically and bacteriologically.

(Signed for John Evans (A. H. Allen & Partners)

HUGH CHILDS.

March 1st, 1949.

Report of Pathologist on Bacteriological Examination of Town's Water :—

Central Pathological Laboratory,
Grimsby General Hospital,
Grimsby.

Plate Count.	3 days at 22°C. aerobically 4 per ml. 2 days at 37°C. areobically 2 per ml.
Coliform Test	Probable number of Coliform Bacilli NONE per 100 ml.
Cl. Welchii	Cl. Welchii NONE present in 50 ml. of sample.

Date 24.12.1949

(Signed), FRANK HAMPSON,
Pathologist.

Drainage and Sewerage.—The main sewerage system is described in the 1932 report. Approval was given by the Ministry of Health for the provision of a new pumping station at Pyewipe to improve the drainage of the Haycroft area. Extensions to the existing pumping station in Riby Street were also approved.

Rivers and Streams.—The only stream within the borough boundaries is the River Freshney. Investigations were made during the year relating to the fouling of certain dykes by drainage from farms.

Closet Accommodation.—At the end of the year 11 "hand flushed" closets were still in use in the borough. Flushing apparatus and water supply had been provided to 26 closets in 1949.

Until sewers are available in the outlying parts of the borough the small number of pail closets will remain in use.

Public Cleansing.—The Town Council approved a scheme as provided for in Section 75 of the Public Health Act 1936 for the Corporation to provide and maintain ashbins and make an annual charge of 5/-. It is hoped that this scheme will become operative on 1.4.1950.

Following complaints about offensive matter from warehouse fires being tipped on open land near to dwelling houses and the fact that there was not a Corporation destructor a joint sub-committee formed by members from the Sanitary and Cleansing Committees authorised future arrangements to be made for the disposal of such offensive matters in disused chalk pits outside the borough and when convenient for barges to be engaged for taking and tipping such refuse into the sea.

Although new vehicles were on order it was not possible to discard all the obsolete vehicles used for the collection of house refuse. Even the modern vehicles need to be loaded in a very careful manner to prevent nuisances from dust.

The information supplied by Mr. R. C. Birch, Cleansing Superintendent is as follows :—

29,375 tons of domestic and trade refuse were collected during the year and over 26,000 tons disposed of by controlled tipping. 26 tons of privy midden refuse were used on farm land.

1,464½ tons of waste paper were salvaged and 824 tons of household scraps collected for animal feeding. The income realised from 2,704 tons of assorted salvaged materials was £12,637 7s. 0d.

Sanitary Inspections.

Accumulations	344	Animals	106
Ashbins	765	Caravans	43
Complaints received and investigated	3885	Dirty houses and persons	311
		Drainage	5778
Drain tests	156	Factories and outworkers	374
Infectious disease enquiries	319	Lodging houses	90
Offensive smells	158	Miscellaneous matters	2167
Passages and yards	2829	Offensive trades	55
Public conveniences	34	Piggeries and stables	539
Rooms disinfected after infectious disease	136	Rats and mice	475
		Smoke observations	172
Water supply	97	Verminous premises	117

Housing.

Houses, defects and nuisances (Public Health Act)	170
Houses (Housing Act)	4748
Overcrowding (Housing Act)	63

Notices.

Informal notices served	3016
Statutory notices served	1408

(652—Housing Act. 739—Public Health Acts. 4—Food and Drugs Act. 6—Factories Act. 7—Grimsby Corporation Byelaws).

Work in default was carried out by the Corporation at the cost of the owners in respect of 688 notices.

Defects remedied and nuisances abated included :—

Accumulations cleared	36	Animals (Nuisances abated)	4
Ashbins provided	647	Chimney repairs	222
Doors and frames renewed or repaired	562	Drains cleared (involving 4495 houses)	1067
Drain repairs	211	Drain and inspection chambers (new)	38
Eavesgutters new and repaired	968	Fireplace and range repairs	613
Floor repairs or renewals	839	Handrails provided and re-fixed	31
Houses cleansed	9	Passages paved and repaired	46
Offensive smells abated	11	Rain water pipe repairs and renewals	378
Plaster repairs	2037	Stairway repairs	15
Sink and pipe repairs	41	Washboiler repairs and re-newals	206
Roof repairs	1252	Water closet repairs	766
Wall repairs	410	Waterpipes and taps repaired	176
Window repairs	760		
Yard walls and gates repaired	6		
Yards repaired and repaved	419		

Offensive Trades.

Tripe dressers	4
Fish meal makers	1
Fat melters	2
Fish curers	35
Hide and skin dealers	2
Gut scraper	1
Rag and bone dealers	6

No application was received for permission to establish fish curing in the borough during 1949, but eight continued on the basis that every six months application had to be made for renewal of permission. One curer vacated his borough premises which were then absorbed into the premises of an adjoining curer.

Unfortunately a start was not made in transferring fish curing businesses from the town to the new site near the docks. Providing alternate housing accommodation was, and still is, the chief initial difficulty to be overcome before the site can be cleared.

Rat Repression.—Steady work was done by the two Corporation rat catchers throughout the year. The Corporation sewers were treated twice and satisfactory results followed. Since this work was started a few years ago infestations in the sewers have become considerably smaller, except in the older parts of the town adjoining the docks and where derelect buildings remain.

Following the demolition of the buildings on the gun site adjoining the Little Coates housing estate, the drainage system of the camp was found to be badly infested with rats, the drain openings and inspection chambers having been left unsealed. After some difficulty with the War Department the necessary work was completed to prevent a recurrence of the trouble.

It was also possible to make house to house surveys in two wards of the borough and block control practiced when necessary.

The work of the Corporation rat catchers in attempting to disinfest the premises in the borough at Pyewipe, at first did not achieve the results hoped for, as the Rural District Council did not employ a rat catcher who could work in co-operation and simultaneously with the borough men, consequently it was not long before invaders crossed the border into the cleared premises in the borough. This difficulty was later overcome by the Ministry of Agriculture and Fisheries sending a squad of their rat catchers to work in the rural district at the same time as operations were in progress in the borough.

Zinc phosphide was the principal poison used. Arsenic and red squill were used as secondary poisons. Hydro cyanide gas was used on tips and dykes.

The number of complaints of rat infestation increased considerably in the last two months of the year.

Eradication of Vermin.—83 houses (including 3 municipal houses) were cleared of vermin by the use of D.D.T. sprays and powders. The infestations concerned—47 bugs, 17 fleas, 13 lice, 5 cockroaches and 1 moths.

There was a marked increase during the summer in the requests to destroy wasps nests. Practical help was given whenever possible, hydro cyanide and D.D.T. being used as circumstances demanded.

24 houses were treated with D.D.T. sprays and pastes after worm infested wood had been removed and burnt.

Atmospheric Pollution.—According to the returns about monthly examinations of the rainfall from the deposit gauge in the back of 1, Bargate, the maximum amount of solid deposit occurred in July—27.67 tons per square mile, and in January there was the minimum deposit of 4.61 tons. The monthly average for the year was 10.07 tons.

Probably the main factor, amongst others, which caused such a heavy deposit to be recorded in July was caused by the smoke from the increased number of trip trains to the coast passing through the Town Station which is comparatively near to 1, Bargate.

1, Bargate may not be the ideal site for the deposit gauge, if a general impression of the amount of soot, grit etc. which falls on the town is expected. For many years this has been the only deposit gauge in the borough and in the last quarter of the year the Town Council gave authority for an additional gauge to be purchased and fixed in another part of the town—so that a comparison of results would be possible in the future.

Public Swimming Baths.—Samples of swimming bath water were taken regularly during the season. All the samples from Eleanor Street baths were completely satisfactory. On two occasions the examation reports of the Orwell Street bath water were unsatisfactory. After investigations it was found chlorine was not being used as the ordered supplies had not been delivered.

Schools.—Since last year's survey report and recommendations, the sanitary arrangements were improved at the following schools :—

Armstrong—650 *Senior Boys.* W.C. accommodation increased by 5 closets making a total of 12. (Recommended number in survey report was a total of 21). Urinal accommodation extended by 30 feet to comply with survey recommendations.

Armstrong—611 *Senior Girls.* 6 full size water closet basins fitted to replace smaller infant type.

Harold—581 *Senior Boys.* Trough closets abolished and a total of 10 pedestal type water closets provided. Total number required—19. 20 wash basins provided—total number required—32. Insanitary urinals replaced by two new urinals (40ft.)—still 20 ft. short of recommended standard.

Harold—541 *Senior Girls.* Trough closets abolished and replaced by 15 new pedestal closets. A total of 24 closets recommended in survey report.

8 old wash bowls replaced by new wash basins and an additional 8 wash basins provided—total 16. A total of 26 was recommended in survey report.

Nunsthorpe—313 *Senior Girls.* 12 full size pedestal water closets provided. By re-arrangement juniors now use 10 closets previously used by senior girls.

Nunsthorpe—302 *Senior Boys.* 6 full size pedestal water closets provided. Junior boys use the five water closets previously used by seniors.

6 additional wash basins also provided. (7 more still required to to comply with recommendations).

Welholme Infants. 5 additional wash basins installed. Survey recommendation—19 additional required.

Schools still requiring special attention and priority were :—

Edward Street
Little Coates
St. John's
Strand Street
Welholme

Plans for new schools or alterations to sanitary accommodation in existing schools are not submitted to the Health Department.

Factories Act.—The statistical report is set out in the appendix.

When defects were noted during inspections, informal notices and, when necessary, statutory notices were served.

Although most defects were of a minor nature, the whole of the sanitary accommodation at one large factory was re-modelled entirely to meet the requirements of the Act.

Co-operation continued with the local H.M. Inspector of Factories and Borough Engineer, who regularly submitted plans for the observation of Chief Sanitary Inspector regarding sanitary accommodation, etc. thereby ensuring conformity with the Act at the outset of the business.

Cinemas and Theatres.—During 1949 the Watch Committee revised the conditions relating to Stage Play and Cinematograph licences and for the first time imposed definite standards for sanitary accommodation as follows :—

Males—Water Closets.

One for the first 200
Two for 200/500
Three for 500/1000,

and for every 500 or part thereof over 1000, one additional water closet.

Urinals.

One stall for every 50 males. Each urinal to be provided with an automatic flushing cistern and adequate water supply.

Females—Water Closets.

One for the first 100
Two for 100/250
Three for 250/500

and for every 400 or part thereof over 500, one additional water closet.

A survey of the cinemas and theatre proved that additional accommodation was necessary at one theatre and seven cinemas.

Supervisory duties in connection with places of entertainment delegated to the Health Department concerned—ventilation, cleanliness and infectious diseases. The Chief Sanitary Inspector to report to the Watch Committee on these matters when application for renewals are considered.

Municipal Wash-house.—The Mayor (Councillor Margaret Larmour) submitted a proposal to the Personal Health Committee that municipal wash-houses should be provided in the borough, particularly in those parts where many of the smallest and ill-equipped houses were situated.

The Council called for reports on such a scheme and two reports were submitted by the Mayor and Chief Sanitary Inspector, and at the end of the year the recommendations were still under consideration by the full Council.

Aged persons etc.—With the National Assistance Act 1948 becoming operative and the formation of a Welfare Department hopes were raised, particularly those of sanitary inspectors, that at long last, it would be possible to deal helpfully with unfortunate old people who were verminous, or living in insanitary conditions and who were unable to care for themselves or had no one to look after them ; but for the lack of suitable accommodation and other reasons these hopes were not realised in 1949. The application of the provisions of the Public Health Act, 1936, in dealing with verminous old people was very rarely satisfactory and certainly not a permanent solution to this distressing feature of old age.

Public Conveniences.—Certain parts of the Borough, Old Clee, Scartho, Bradley Cross Road and Weelsby Road districts were still without public conveniences and at least two obselete abominations near the centre of the town required abolition and renewing with up-to-date sanitary conveniences.

VI. HOUSING.

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

New Houses.—218 erected in the borough in 1949.

Although 1360 new houses have been built since the end of World War II, before any forecasts are made as to when the new house building programme will end—so far as the Health Department is concerned two main factors must be considered seriously.

For the last ten years the slum clearance and overcrowding sections of the Housing Acts have been virtually inoperative. When the time is opportune the applications of these powers and standards will necessitate the continuance of the building of new houses.

In addition there will be the re-housing of families from the Reconstruction and Development areas,

Housing repairs.—These were dealt with after complaints had been made. House to house inspections were not attempted as the supply position of certain materials had not improved to such as extent to permit extensive improvements and re-conditioning as in pre-war days.

Late in the year the Town Council formulated a scheme for the working of the reconditioning sections of the Housing Act 1949. The Chief Sanitary Inspector was appointed as the officer to report to the Housing Committee on any applications received for grants.

One owner of working class property in Charlton Street and Ayscough Street appealed against notices served under Section 9 of the Housing Act 1936. In the Grimsby County Court after a lengthy hearing and on reserved judgment being given the appeals were dismissed and costs awarded to the Corporation on the highest scale. The owner appealed to the Court of Appeal against the decision of County Court Judge Shove and the judges of the Court of Appeal dismissed the further appeal and costs were again awarded to the Corporation.

Slum Clearance.—At the end of 1949 it had been possible to re-house all but four families from the 16 houses included in the two slum clearance areas confirmed last year. The site when cleared is to be used for industrial purposes.

Derelict buildings and sites.—The ward Councillors were very concerned about this continuing difficult problem. The new Act dealing with war damaged sites, the application of which will no doubt help to clear away certain " eye sores " and centres of nuisances, but unfortunately the Act only appears to cover war damaged buildings and sites, and not all derelict property in various parts of the borough. It was decided that the Sanitary Sub-Committee should consider what practical measures can be taken to deal with the problem. 16 derelict houses were demolished in the Central and Victoria Wards.

Sub-letting and Overcrowding.—After varying opinions had been expressed the Town Council decided that sharing of Council houses should continue on a limited scale. This sharing of houses does create problems, particularly in connection with personal relationships.

16.71% of the houses visited by the sanitary inspectors in all parts of the borough were found to be occupied by two or more families, but not necessarily overcrowded.

The findings in previous years are set out below :—

1944—14% ; 1945—12% ; 1946—11.4% ; 1947—18% ; 1948—14.8%

Small Dwellings Acquisition Act.—Reports and certificates relating to the condition of 51 houses were issued by the Chief Sanitary Inspector.

VII.—INSPECTION AND SUPERVISION OF FOOD.

The Chief Sanitary Inspector is responsible for this section of the work :—

Inspections.

Bakehouses	289	Cowsheds	27
Dairies and milk vendors	318	Fish curers	251
Fish shops	77	Food preparers	346
Fried fish shops	371	Greengrocers	24
Grocers	105	Ice cream makers and vendors premises	595
Markets	289	Restaurants	108
Meat shops and stores	258	Slaughterhouses	2569
Other matters	213		

Milk Supply.—After the 1st October, 1949 supervision of milk production by 9 cowkeepers (including 2 with tuberculin tested herds) in the borough passed to the Ministry of Agriculture and Fisheries, the local authority remained in control of the dairy premises of wholesalers and retailers in the borough.

The annual licensing of persons producing and selling sterilised milk also became operative on 1.10.1949 and 2 applications were received from processors and 279 applications received from retail shop-keepers.

As the premises of one of the applicants who produced " sterilised " milk did not comply with the requirements of the new regulations the Town Council refused to issue the licences to this firm and the retailers he was supplying. At the end of the year alterations in connection with improvements at the dairy were well in hand.

One pasteuriser's arrangements for pasteurising tuberculin tested milk were approved in October 1949 and a licence issued.

Registrations and Licences (31.12.1949).

Wholesalers of milk 4
Retail purveyors 327
(including 26 dairymen with premises in Grimsby)
(including 12 dairymen with premises outside Grimsby).
(including 289 bottled milk vendors).
3 licensed pasteurisers of milk (2 high temperature short time process and 1 holder process)
3 supplementary licences for sale of pasteurised milk.
1 supplementary licence for sale of tuberculin tested milk.
1 licence to use the designation teurculin tested (pasteurised) milk.
1 licence to produce " Sterilised " milk.
286 licences to sell " Sterilised " milk.

Set out below are the results of the bacterilogical and biological tests applied to the samples of milk :—

Tuberculin Tested Milk.—19 samples (all Grimsby C.B.)
19 bacteriological examinations—16 satisfactory.
3 failed Methylene Blue test.
1 contained B. Coli in 0.01 ml. in more than 1 tube.
19 biological tests—satisfactory.

Pasteurised Milk.—58 samples (45 Grimsby C.B.—13 other districts).

52 satisfactory (41 Grimsby C.B.—11 other districts).

1 failed phosphatase test (Grimsby R.D.C.)

6 failed methylene blue test and contained B. Coli (4 Grimsby C.B.—2 other districts).

5 contained B. Coli in 0.01 ml. in more than 1 tube (Grimsby C.B.).

58 biological tests—satisfactory.

Heat Treated Milk.—24 samples " Sterilised " (All Grimsby C.B.).

5 samples " heat treated " (1 Grimsby C.B.—4 outside areas).

23 " sterilised " milk—satisfactory.

1 " heat treated " contained B. Coli in more than 1 tube (outside area).

1 " heat treated " and 1 " sterilised " milk failed Phosphatase test (1 Grimsby C.B.—1 outside area).

24 biological tests—satisfactory.

Raw Milk (ungraded).—141 samples (44 produced in Grimsby cowsheds—97 produced in adjoining rural district).

99 samples—satisfactory—cleanliness tests (Methylene Blue and B. Coli) (30 Grimsby C.B.—69 rural districts).

42 samples failed cleanliness tests (14 Grimsby C.B.—28 rural districts).

141 biological tests—satisfactory.

Veterinary inspections.—Records received from the Ministry of Agriculture and Fisheries indicate that clinical examinations of cattle in the Grimsby cowsheds up to 30.9.1949 were as follows :—

1 herd—once (milk sold raw)

3 herds—twice (milk sold raw)

1 herd—once (milk heat treated before retailing)

2 herds—no record of inspection received. (Milk heat treated before being retailed).

One tuberculin tested herd was examined once—without any reactors, whilst the other tuberculin tested herd in the Borough was examined twice and on the first occasion two reactors were removed from the herd. The later tuberculin test was satisfactory.

Sanitary inspectors found two calves in the Grimsby slaughterhouses to be affected with congenital tuberculosis and enquiries showed that they had come from dairy farms in adjoining districts. The Divisional Veterinary Surgeon of the Ministry was notified. It was necessary to call the attention of the Ministry of Agriculture and Fisheries to ensure that all calves in the cattle markets were correctly and effectively marked so that if any were found to be tuberculous after slaughter the sender could be traced.

Meat and Food inspection.—Although the Ministry of Food urged the Grimsby Town Council to proceed with the preparation, of a scheme for the erection of the much needed and long overdue public abattoir in Grimsby judging from the very slow progress made during the year it would appear that many more years will elapse before a municipal abattoir is erected.

The need for a modern public abattior is greater then ever to replace the four former private slaughterhouses which have been used since meat control began during the war. Once again it appears necessary to repeat that these premises are totally unsuitable and inadequate in size and design. Their positions amongst dwellings contravene not only public health requirements but the decencies of domestic and home life. One wonders how long such deplorable conditions would be tolerated and endured in certain other parts of the borough.

24,632 animals were slaughtered for food to supply the needs of Grimsby County Borough, the Borough of Cleethorpes and the Rural Districts of Caistor and Grimsby. All the carcases and offals were inspected by the sanitary inspectors (who are also qualified food inspectors) before being distributed to the retail shops. This work entailed evening duty in the slaughterhouses sometimes to the early morning of next day. This is a legacy from the war days but it still goes on and it appears that until better facilities and arrangements are available it will continue. Fortunately Sunday inspection work was reduced during the year.

Tabulated details are set out below :—

Carcases inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3,450	1,663	843	17,926	750
Number inspected ...	3,450	1,663	843	17,926	750
All diseases except tuberculosis. Whole carcases condemned. ...	6	20	5	18	4
Carcases of which some part or organ was condemned	1,949	979	28	2,493	284
Percentage of the number inspected affected with disease other than tuberculosis	56.6%	60.0%	3.9%	14.0%	38.4%
Tuberculosis only. Whole carcases condemned ...	21	71	3	—	19
Carcases of which some part or organ was condemned.	704	802	—	—	127
Percentage of the number inspected affected with tuberculosis	21%	52.4%	0.30%	—	19.4%

Diseases and other conditions found included :—

Abscesses, actinomycosis, anaemia, angioma, arthritis, cirrhosis, cysts (various types), dropsy, emphysema, emaciation, endocarditis, enteritis, fatty degeneration, fever, Johnes disease, immaturity, leukaemia, mastitis, melanosis, necrosis, nephritis, parasites (various), pentastomes, pericarditis, peritonitis, pleurisy, pneumonia, pyaemia, septicaen ia, septic metritis and swine erysipelas.

Cysticercus bovis.—Although the methods of inspection advised leave much to chance 42 cases of cysticercus bovis were found in Grimsby slaughterhouses. Histological examinations were also made. After discovery the carcase and offals were kept in a refrigerator at below 20°F. for at least 21 days, and then the carcases were broken up butcher fashion for further examination before decisions were made as to condemnations.

Weight of meat condemned in the slaughterhouses was :—

61 tons 13 cwts. 1 qtr. 21 lbs.	(tubercular and
36 tons 15 cwts. 3 qtr. 1 lb.	other diseases.)

Central Meat Depot.—By arrangements with the depot manager all meat coming into the borough from out of Grimsby was examined by competent meat inspectors, consequently it was necessary to condemn 4 cwts. 6 lbs. of diseased pork from outside districts.

Other meat condemned in the store amounted to 25 cwts. 24 lbs. including six hundredweights of tinned beef.

Unfortunately there was a breach of the undertaking given by the Ministry of Food in 1940 that all meat condemned as unfit would not be used for human food. The carcase of a pig slaughtered in emergency by a domestic pig keeper, arrived in the Depot from the country and after inspection was rejected for food because of its fevered condition. Arrangements were made with the Area Meat Officer of the Wholesale Meat Supply Association (agents for the Ministry) for the Area Technical Adviser on meat inspection of the Ministry of Food to give his decision on the carcase. In the meantime this pork was moved to another borough in the county and when the Technical Advisor arrived a month later, only a small portion of pork was submitted to him for inspection—which piece of meat he thought was fit for food.

Representations were made to the Ministry of Food about such unsatisfactory state of affairs.

Horse flesh.—151 carcases and offal were examined in the only horse flesh shop in the borough. These carcases had been dressed in Grimsby Rural District. It was necessary to condemn 15 kidneys and 5 livers because of disease.

Stores and shops.—Details of the various foods condemned are set out below :—

62 tins of fruit juice	1 cask of fruit pulp
1193 tins of fruit	20 lbs. of whale meat steak
46 lbs. meat extract	10 lbs of locust beans
10 tons 17 cwts. 1 qtr. fish	40¼ lbs of cheese
832 lbs. fruit	16 lbs. of haslet
1 ton 17 cwts. 11 lbs. biscuits	92 lbs. of rolled oats
45 lbs. cooking fat	44 lbs. of dried milk
170 lbs. cake	4 lbs. cocoa
6 cases mussels	128 lbs. sausages
154 tripes	13 lbs. black pudding
1305 tins vegetables	76 lbs. sugar
887 tins meat	307½ lbs. confectionery
1281 tins milk	2 lbs. treacle
158 tins soup	32½ lbs. tea
843 tins fish	56 lbs. tapioca
736 jars salad cream	56 lbs. sultanas
102 jars preserves	330 lbs. frozen egg
295 jars meat paste	7 lbs. glazed cherries
254 jars fish paste	57 lbs. dried egg
138 jars sandwich spread	½ lb. mustard
133 jars pickles	½ lb. suet
32 jars mayonnaise	10¼ cwts. margarine
2 bottles grape fruit squash	2 cwts. 3 lbs. flour
8 bottles black currant cordial	125 fish cakes
2 bottles lemon essence	4 milk puddings
73 bottles sauce	16 puddings
1 bottle vinegar	4 chickens
63 bottles tomatoes	1 rabbit
2 bottles custard flavouring	1 tin baby food
11 pkts. gravy salt	1 tin coffee
56 pkts. cake mixture	9 gallons synthetic cream
1 pkt. barley crystals	15 bags onions

Weight—19 tons 11 cwts. 21 lbs.

Total weight of all diseased meat and unsound food was 119 tons 9 cwts. 2 qtrs. 17 lbs.

Disposal of unsound food.—With one exception the Ministry of Food's arrangements with a meat and bone meal maker at Killingholme (Glandford Brigg R.D.C.) to collect all condemned meat from slaughter-houses and Central Meat Depot continued in 1949.

Other unsound foods unsuitable for animal feeding were dumped on the Corporation refuse tips.

Transport of meat.—Repeated requests to improve the hygienic standard of handling and transport of meat seem to meet with little response from the officials of the transport contractor and the Ministry of Food. Practical suggestions were put forward, but at the year end a satisfactory conclusion had not been reached with the Ministry of Food in spite of repeated interviews with many officials.

When Circular MF 20/49 was received from the Ministry of Food in December 1949 about the transport and handling of meat it was extremely difficult to reconcile the statement in paragraph three of the circular—e.g. " Such individual contractors are under agreement to maintain their vehicles and equipment in an efficient condition for the transport of meat ".

Probably the face-saving paragraph eight of the same circular is a commentary of the whole position :—

" Authorities will appreciate that in present circumstances it is not always practicable to make all the desired improvements in vehicles and equipment. Many of the vehicles used for the transport of meat are out of date and badly designed for the purpose but these cannot easily be replaced by new and specially constructed vehicles, though considerable progress in this direction has been made and the Ministry will continue to give all the help and encouragement possible. "

Markets.—One of the most difficult problems facing local authority officers in attempting to ensure a better standard in food hygiene is the sale of food in the open air. For many years there has been few or no legal requirements relating to this method of distributing food. The hygienic standards of Section 13 of the Food and Drugs Act which apply to shops, apparently do not apply to stalls.

Where the same class of food is sold can there be two standards of food hygiene, one for stalls and one for shops ? One wonders how long such an incongruous position will be allowed to remain—if the Ministry and local authorities are really in earnest that the basic principles of food hygiene are to be fully applied.

Apart from a few notable exceptions the market stall holders have not fulfilled their repeated promises of co-operation in complying with the Byelaws. The remedy is with the elected representatives of the Town Council ; once this fundamental difficulty is resolved the programme for improving food hygiene in Grimsby can go ahead.

Ice Cream.—28 registered premises for the making and sale of ice cream.

163 registered premises for the sale of ice cream.

Quality.—21 samples sold in Grimsby and examined showed that the the fat content varied from 1.0% (minimum) to 10.24% (maximum).

Bacteriological Examinations.--The following summary indicates the findings on 215 samples.

Methylene Blue Test	Number	Pre-packed	From Bulk	Non-faecal B. Coli present	Made in Grimsby	Made Outside
Grade I	112	42	70	31	71	41
Grade II	41	14	27	25	24	17
Grade III	23	10	13	13	11	12
Grade IV	39	16	23	26	21	18
Totals ..	215	82	133	95	127	88

44% of all the samples contained non-faecal B. Coli.

There does not appear to be any co-relation between the Methylene Blue Tests and the B. Coli tests as 56 samples of the 153 samples which passed the Methylene Blue Test contained B. Coli.

37.6% of the samples were in Grades III and IV. (51.6% made in Grimsby and 48.4% made in adjoining districts).

When samples of ice cream made outside the borough were reported on adversely, the local authorities concerned were notified.

On receiving unsatisfactory reports on samples made and sold at premises in the borough the sanitary inspectors investigated without waiting for adverse reports on further samples, usually going through the actual working processes from the start to the finish and then making recommendations as to remedying the defects in the methods.

In the main, the ice cream traders were co-operative—but they found the suggestions to produce a safe hygienic product took more time and care or that improved equipment was required. Unfortunately in some instances it was very difficult to make certain persons realise that these hygienic methods must be employed by themselves and all their employees *all* the time and then their product pass the tests.

It was also found that the ideas of hygiene and cleanliness were very varied and in some instances very primitive.

Members of the Sanitary Sub-Committee warned certain manufacturers about the importance of selling ice cream in the borough which was safe and clean, but in at least three cases the Council could not consider revoking their registrations in accordance with the Food and Drugs Act as their premises were not in the borough.

A disturbing fact is that nearly half the of unsatisfactory samples were pre-packed. From many aspects the sale of pre-packed ice cream is most desirable. However, in most instances the ice cream was packed by hand. Once again this indicates the vital necessity of all persons engaged in the ice cream trade knowing about and practicing a high code of bacterial cleanliness and also the stringent application of the regulations.

Members of the Health Committee were so concerned about the unsatisfactory results that a special report was requested from the Medical Officer of Health and Chief Sanitary Inspector and a summary of their observations are tabulated below :—

Observations.

1. Ice cream should be pre-packed without the possibility of contamination and remain untouched by hand until sold to the consumer. This would preclude contamination by a sick person (possibly tuberculous) coughing and sneezing, septic fingers, dust, mud, flies, etc.

(N.B. There does not appear to be any specific legal powers preventing a tubercular person selling or making ice cream).

2. A legal bacteriological standard should be prescribed. The Food and Drugs Act states that " Cleanliness should be observed by persons employed in the room, both in regard to the room, and all articles, apparatus and utensils therein and in regard to themselves and their clothing. "

The term " cleanliness " is not specifically defined, but in the absence of such specific definition in the Act the legal definition of the word would only be confined to ordinary cleanliness and would not necessarily include bacteriological cleanliness. Hence the need for a legal standard of bacteriological cleanliness.

3. All vehicles and stalls, should be registered with the local authority of the district in which they are used, so that the authority can deal with the vendors—and not refer the matter to another local authority.

4. From our investigations much work is necessary in educating persons engaged in the ice cream trade in :—

(a) the principle and practice of hygiene.

(b) understanding the apparatus and machinery they use.

This is a field of activity in which the Ice Cream Trade Associations have unlimited scope—both in the interests of their own members and the general public.

After considering the report it was resolved that the following resolutions be sent to the Public Health Committee of the Association of Municipal Corporations with a request that action should be taken to ensure that :—

1. Definite bacteriological standards be formulated and made statutory.

2. All ice cream traders (including itinerant ones) be licensed annually.

Food hygiene.—Propaganda amongst members of the general public and actual food handlers was accomplished by talks given to various associations, groups and clubs; also after discussions with heads of firms, appropriate pamphlets were issued to food workers via their weekly wage packets, and at smaller businesses these leaflets were issued individually to each worker by the sanitary inspectors. Suitable leaflets have also been available in the child welfare centres.

A full day course of lectures and demonstrations organised by the Central Council of Health Education given in Grimsby jointly by Dr. F. Hampson, Area Director of Pathological Services, and the Chief Sanitary Inspector was attended by the executive officers in connection with hospital catering services, school meal organisers and food firms from various parts of Lincolnshire.

As with most health education matters steady work will be necessary over a long period if results of lasting value are to be obtained.

The sanitary inspectors made a detailed survey of all cafes,restaurants and snack bars in the borough. Advice was given, and where necessary appropriate action taken to enforce the provisions of the Food and Drugs Act.

Food poisoning.—Fortunately there was no serious outbreak of food poisoning in the borough during 1949. Of the 7 cases notified three were in the second quarter and four in the third quarter of the year—all minor outbreaks.

One Grimsby man was taken to hospital immediately on his return from a holiday near Skegness. Later it was found that both he and his wife had eaten duck eggs whilst on holiday. *B. Aertrycke* were isolated from faeces.

A Cleethorpes man working on a river tug was brought into Grimsby and treated in hospital for food poisoning. *B. Proteus* were isolated from blood and faeces, and probably tinned milk used on board the ship had become contaminated.

Three members of one family were ill with severe diarrhoea after eating pork pie. After thorough investigation it was presumed that the cause might have been either (a) a very slight contamination by *staphylococci aureus* during manufacture and too weak to upset consumers when eaten fresh, or (b) contaminated in the home during the week end.

A Grimsby woman who visited Cleethorpes and had tea with relatives was notified as a case of suspected food poisoning. All persons after partaking of the meal of Australian tinned beef had gastric upsets. After investigation and laboratory tests it was not possible to ascertain the causal agents.

In every case the sufferers recovered.

Samples of food and drugs.—237 samples were obtained during the year (73 formal, 162 informal, and two were broken in transit to the Public Analyst). 21 (8.9%) were reported to be unsatisfactory by the Public Analyst.

The satisfactory samples included :--

Appleade 1, arrowroot 1, aspirin tablets 1, baking powder 2, beans in tomato sauce 1, beef galantine 1, bicarbonate of soda 1, brandy 1, candy bar 1, Christmas pudding 1, chew gum 1, cider 2, cocoa 2, condensed milk 2, cooking oil 1, cough mixture 1, creamy spread 1, curry powder 2, doughnuts 4, dried milk 3, epsom salts 1, fish cakes 8, flour 1, finan haddock 1, golden eye ointment 1, halibut liver oil 2, ham pats 1, honey 2, lard 2, lemon cheese 2, lemon squash 1, liquid egg 5, malt vinegar 1, marmalade 1, milk 81, mincemeat 2, olive oil 2, orange squash 1, pale ale 1, peas 1, pepper 3, piccalilli 2, plum pudding 1, pork pie 1, potted meat 2, raspberry jam1, rum 1, Russian salade 1, salad cream 2, salad dressing 1, salted fish 2, sausage meat 7, shredded beef suet 2, saccharine tablets 2, salted shrimps 1, semolina 1, soya flour 1, smoked fish 1, special margarine 2, strawberry jam 1, sultana chutney 1, tea 2, toffee 1, tinned peas 1, wholemeal flour 1, wines 2.

Information about 21 unsatisfactory samples is set out below :—

Milk.—Nine samples were deficient in fat. "Appeal to cow" samples revealed that if the farmers concerned had properly bulked and mixed the total milk obtained at each milking a balanced commodity would have been despatched to the retailer. Farmers were warned.accordingly.

One sample contained a small amount of added water—follow up sample genuine.

Cake.—2 made from liquid Polish egg were "musty" and unfit for food. Ministry of Food informed and cake condemned and destroyed.

Russian Salade.—contained preservative, 105 per million SO2. Sampling Officer at Salford notified as product was made in that city. A later sample was found to be satisfactory, after makers had been warned.

Fish Cakes.—1 contained 34% fish. Maker warned—follow up sample genuine.

Sausage meat.—2. One contained 45% meat—maker warned—follow up sample genuine. The other had a slight meat deficiency—maker warned.

Ice Cream.—1 only had 1% of fat present. Maker warned. Ministry of Food informed as extra rations had been supplied.

Smoked Fish.—1 contained preservative—SO2. Follow up sample genuine.

Polish liquid egg.—3 unfit for food. Ministry of Food informed. Egg condemned and remaining stock withheld from sale by Ministry.

Public Health (Condensed) Milk Regulations.—One tin of full cream sweetened condensed milk and one tin of machine skimmed examined by the Public Analyst were found to be genuine.

Public Health (Dried) Milk Regulations.—The Public Analyst reported that two samples of full cream dried milk and one sample of half cream dried milk were satisfactory.

Bacteriological examination reports of these samples were also satisfactory.

Public Health Preservatives Etc. in Food Regulations.—After examinations of all food samples there were two breaches of the Regulations as mentioned in the paragraph on food and drugs samples.

Chemical analyses.—Mr. Hugh Childs, B.Sc., F.R.I.C., the Public Analyst of 67 Surrey Street, Sheffield, carried out the necessary examinations.

Bacteriological, histological and biological examinations.—Dr. Frank Hampson, Director of the Area Pathological Services, was responsible for this work.

Fertilisers and feeding stuffs.—13 samples were taken and submitted for examination by Mr. Hugh Childs, B.Sc., F.R.I.C., Agricultural Analyst, who reported as follows :—

(a) Garden lime (pre-packed)	14.12% calcium hydroxide deficiency.
(b) Garden lime (pre-packed)	Slight deficiency in calcium hydroxide.

Inspector in which wholesaler's premises were situated was notified who later reported that " follow up " sample was genuine.

(c) White fish meal (2 samples)	Slightly deficient in phosphoric acid in one sample. Excess oil in 2 samples.
(d) National Growmore fertiliser	0.58% deficiency potash 0.61% deficiency soluble phos. acid. (Vendor warned).
(e) National cattle food No. 1 Dairy nuts (2 samples)	Excess oil in both samples. (vendor warned).
(f) Sulphate of ammonia (2 samples)	0.08 and 0.75% excess acidity.

Inspector in which maker's premises were situated was notified who later reported " follow up " samples to be genuine.

(g) Steamed bone meal	Satisfactory
(h) National pig food No. 1	,,
(i) Superphosphide of lime	,,
(j) Balancer meal	,,
(k) National Growmore fertiliser	,,

In two instances the officers of the Ministry of Agriculture and Fisheries were informed of unsatisfactory samples and a request made for legal proceeding to be considered.

VIII.—MISCELLANEOUS.

Blind persons.—At the end of the year the number of blind persons registered in the borough was 150 (77 males and 73 females). During the year the ophthalmic surgeon, Dr. W. Gordon Davidson, made 32 examinations as a result of which 24 persons were registered as blind. The remaining eight persons were registered as defective eyesight cases.

Laboratory Facilities.—The examination of specimens is carried out at the laboratory established at the Grimsby General Hospital. A total of 1,752 specimens were sent by the health department for examation in 1949.

IX.—SCHOOL MEDICAL SERVICE.

Report of the School Medical Officer.

FOR THE YEAR 1949.

To the Chairman and Members of the Education Committee.

I have pleasure in presenting my tenth annual report in respect of the school health service for 1949.

The health of the school population remains very satisfactory and there have been no serious epidemics.

It has not been possible to amalgamate the nursing and clerical staff of the school health service with those of the health service. There is some overlapping and it mitigates against recruitment of certain categories.

It will be seen from the body of the report that the local education authority are gradually replacing the defective sanitary accommodation at many of the schools, but there is a considerable amount still to be done.

The school health service still labours under many great difficulties, viz.:—

(a) The dental service is, unfortunately, only of an emergency character and little or no routine dental inspection can be carried out in schools. This is most unfortunate, particularly as the majority of dental practitioners working under Part IV of the National Health Service Act, 1946, are not anxious to have child patients.

(b) The delay in the provision of a consultant ophthalmologist has been most unsatisfactory, but it is hoped this leeway will soon be made up.

(c) Owing to the salary difficulty in respect of medical officers the school health service is understaffed, but managed to cope with the work with a good deal of extra effort. The difficulty of the minor ailments clinic, mentioned in my last report, in that the medical staff is not allowed to issue National Health Service prescriptions, continues as before.

One redeeming feature is that the child guidance clinic seems to have got into its stride very well ; and a speech therapist was added to the staff of the local education authority towards the end of the year.

Unless material changes occur it will not be possible to recruit the school health service up to its former degree of efficiency, and the present suggestion that the work will be gradually taken over to a large extent by the general medical practitioner seems unlikely to occur in the near future.

I should like to close these introductory remarks by thanking the Chairman and members of the Education Welfare 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.
July, 1950.

GRIMSBY EDUCATION COMMITTEE.

Chairman—Councillor H. D. MITCHELL.

Deputy-Chairman—Alderman W. HARRIS.

Director of Education—
Dr. R. E. RICHARDSON, M.Sc.

EDUCATION WELFARE SUB-COMMITTEE.

Chairman—Alderman W. HARRIS.

Deputy-Chairman—Councillor R. DANBY.

THE MAYOR—Councillor Mrs. LARMOUR.

Alderman M. BLOOM,
,, J. LANCASTER,
,, C. WILKINSON,
Councillor G. ATKINSON,
,, R. BATESON,
,, R. BRYANT,
,, R. GILLIATT,
Councillor C. W. JAKES,
,, A. W. KENNINGTON,
,, J. P. MURPHY,
,, W. H. TUTTY,
Mr. A. COLLINSON,
Mr. S. NEAL,
Mrs. N. TROUGHT,

STAFF OF SCHOOL HEALTH SERVICE.

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. 30.5.49

I. L. D. HODGE, (resigned 12.3.49.)
P. I. ATKINSON, M. B. (appointed 1.1.49.)
Miss G. K. BIRCHENOUGH, M.R.C.S., L.R.C.P. (appointed 5.3.49)

Senior Dental Officer—
LEONARD N. ALLEY, L.D.S., R.C.S., (Eng.) (resigned 31.1.49)
D. W. HUNT, L.D.S., R.C.S., (Eng.) (appointed S.D.O. 1.2.49.)

School Nurses—
Miss E. M. ROBERTS, (*Superintendent*—resigned 31.1.49.)
Miss C. M. LORD, (*Superintendent*—appointed 4.4.49.)

Nurses—A. ABBEY, D. CROW (resigned 31.1.49.) H. M. SCARLETT, A. C. NICHOLSON, F. J. WYATT, J. LORIMER (appointed 21.3.49—resigned 30.11.49.), E. HEWSON, (appointed 1.12.49).

Part-Time Nurses—S. CHAPMAN, M. MAULTBY, J. MARSH.

Dental Staff—
Miss R. HENFREY, Mrs. O. BABINGTON, Miss B. SMITH, Miss M. BALDRY, Miss C. BODSWORTH (transferred to Health Dept. 16.5.49).

Clerical Staff—
Miss A. ROBERTS, Miss J. ROBINSON, Miss L. BAILEY (appointed records clerk 3.1.49.).

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' qualifications, 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.

Sanitary Arrangements at Schools.—Owing to the restriction of capital expenditure no work was done on the sanitary accommodation in schools, and the six schools out of the worst nine mentioned in my report for 1948 have not received any attention during the year under review.

Since the original survey in 1947 and the revision in 1949 the standards of accommodation have once again been revised by the School Premises Amending Regulations, 1949. In general a lower standard has been prescribed, and particularly the standard for boys' conveniences has been much reduced.

The main requirements in the various departments of the schools are summarised as follows :—

239 additional water closets required ;

426 additional wash basins required ;

29 additional urinal stalls required ; and

eight school departments require hot water supplies for scholars' ablutions.

Staff.—Dr. P. I. Atkinson, M.B., was appointed as assistant school medical officer to the authority on 1st January 1949.

Miss C. M. Lord was appointed superintendent to health visitors and school nurses on 4th April, 1949, in place of Miss E. M. Roberts who resigned on 31st January, 1949.

Mrs. D. Crow resigned on 31st December, 1949 after eight and a half years with the education authority.

Miss J. Lorimer was appointed as school nurse on 21st March, 1949, and resigned on 30th November, 1949.

Mrs. E. Hewson was appointed as school nurse on 1st December, 1949.

Mrs. A. Nicholson has been on sick leave since July 1949,

Miss L. Bailey was appointed to the clerical staff as records clerk on 3rd January, 1949, in place of Miss J. Robinson who is still with the authority in the capacity of junior clerk.

We are extremely pleased to have Mrs. Moore's continued appreciated services for two mornings weekly in the school clinic, but much regret that Mrs. Bird, for domestic reasons has been unable to continue her valuable help and much needed assistance. Both these ladies are members of the British Red Cross Society.

Findings of Medical Inspections.

The number of children on the register at 1st April, 1949, was 13,838.

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 designation " General condition ". From the inspector's point of view, this seems to have the advantage of emphasising that the assessment is not of the physique of the child, but of it's actual well-being at the time of examination.

" General condition " is assessed under the headings—A. ' good ,' B. ' fair, ' and C. ' poor.' Of the 3,610 children who were medically inspected during the year, 2,312 or 64.04% were classified ' A ', 1,271 or 35.21% were classified ' B,' and 27 or 0.75% 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 4,004 children were paying for school dinners, and 382 children were receiving them free.

The total of school children drinking school milk was 11,180 each day. The figures for 1948 were 3,554; 367 and 10,610 respectively.

During the year three new school kitchens were opened as follows :—Nunsthorpe—kitchen and dining room with a capacity for 500 ; Weelsby—transfer of old equipment from Hamilton Street with a capacity of 350 ; and Carr Lane—kitchen and dining room with a capacity for 500.

Uncleanliness.—The total inspections of school children during 1949 was 53,483, to effect which the nurses paid an average of 58.7 visits per school. The number found to be unclean was 3,506. At routine school medical inspections 153 children out of 3,610 examined showed evidence of louse infestation.

Eighty-six necessitous children received clothing to a total value of £149.

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

	Routine Medical Inspections Incidence per 1,000 inspections.					
	1944	1945	1946	1947	1948	1949
All skin diseases ..	16·7	24·9	10·1	10·6	12·3	20·5
Scabies	5·1	5·6	2·7	2·4	2·1	0·8

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.	1944	1945	1946	1947	1948	1949
Ringworm (scalp)	9	10	3	—	4	2
Ringworm (body)	5	9	10	4	5	1
Scabies	373	241	188	73	61	41
Impetigo	27	16	21	20	20	38

Just at the end of the year there was some cause for anxiety because a case of Microsporum Audouini was reported, but despite sustained investigation with Wood's lamp no other case came to light. It was feared that there might be an outbreak similar to that which had occurred in other towns in this region since the end of the war.

Minor Ailments Clinic.—The figures for attendance at the school clinic during 1949 were as follows :—

Total Attendances—18,597. (compared with 21,071 in 1948).

Special Inspections—1,185. (cases seen by the Medical Officer).

Re-inspections—3,609. (cases seen at the clinic).

1,340 were dealt with by one or other of the nurses in attendance and not seen by the medical officer.

Defects of Vision and Diseases of the Eye.—Refraction clinics were held on four afternoons weekly during the first four months of the year. 157 children (90 new cases) had refraction carried out, and 138 obtained glasses.

It is regretted that during the year no ophthalmic consultant was available at all, and following the illness and

sudden decease of Dr. W. G. Southey no refraction clinics were held after the beginning of May. There was thus a considerable delay in children obtaining their spectacles unless they did so under Part IV of the National Health Service Act, 1946. The Sheffield Regional Hospital Board promised that another ophthalmologist would be appointed but by the end of the year no one had commenced to carry out this work.

At the end of the year arrangements were completed for the provision of spectacles to become a responsibility of the the Hospital Management Committee rather than of the Local Executive Council.

Diseases of the Ear, Nose and Throat.—Three clinics have been held by Mr. M. Spencer Harrison, F.R.C.S., consultant ear, nose and throat specialist to the authority for these diseases. 25 cases (of which 15 were new) made a a total of 27 attendances. Operative treatment was provided for 64 cases at the Grimsby General Hospital. It is regretted that no consultant was available for school children during the major portion of the year.

Nose and Throat defects—The number of cases found at routine and special inspections to require treatment was 335.

These were classified as follows :—

Chronic tonsillitis	70
Adenoids only	4
Chronic tonsillitis and adenoids ..	88
Other conditions	173

The nasal hygiene clinic continued to be held daily throughout the year under the supervision of the senior clinic nurse (Miss Abbey)—successful conditions were obtained in all types of cases showing catarrhal conditions of the nose and throat. The number of children treated was 263, and total attendances were 5,135. In addition 83 children (2,624 attendances) have had diastolisation treatment. In addition to these cases a further 175 children were treated for otorrhoea and chronic otitis media, making an attendance of 2,709.

Nine cases of poliomyelitis occurred among school children out of a total of 18 notifications, and the operation of tonsils and adenoids was suspended for about three months in the autumn, causing a great increase in the waiting list of patients to be dealt with for this condition.

Towards the end of the year a speech therapist took up duty with the local education authority.

Heart Diseases and Rheumatism.—Eight clinics have been held by Dr. J. W. Brown, the consultant physician for these diseases. 72 cases (of which 21 were new) made a total of 115 attendances.

There were only six notifications during the year of of rheumatism in children under the Acute Rheumatism Regulations, 1947, and the incidence of streptococcal infections in all forms seems to be much lower than before the war.

Arrangements are made as a routine procedure for all cases of scarlet fever in school children and in infants to be seen at these clinics three to six months after discharge from hospital.

Employment Certificates.—153 certificates were given to school children during the year who were engaged in particular employment after school hours. Subsequent to the re-adjustment following the raising of the school leaving age, the number receiving certificates has now fallen to approximately its former level.

Orthopaedic Defects.—During the year 53 school children were referred to the out-patient department of the of the Grimsby General Hospital for treatment.

Mentally Defective Children (Handicapped Pupils and School Health Service Regulations, 1945).—34 children were reported to the local mental health authority during the year ending December 31st 1949. Of these 6 were admitted to the occupation centre and 28 placed under statutory supervision.

53 children were referred for examination during the year and of this number 9 were considered dull and backward, 18 were found to be educationally subnormal, and 7 were too low grade to be considered educable within the school system. 7 were not defective in any way and 12 others were awaiting examination.

Infectious Diseases.—No school or department was closed on account of communicable disease during the year.

Scarlet fever.—The number of cases notified in children of school age was 154, compared with 175 in 1948.

Diphtheria.—Only 3 cases were notified in children of school age, compared with 8 the previous year.

Measles.—Fifty cases were notified amongst school children, as against 799 in 1948.

Whooping cough.—One hundred and twelve cases were notified amongst school children (164 in 1948).

Chicken pox.—One hundred and eighteen cases were reported, compared with 458 in 1948.

Protection against Diphtheria.—During the year 1,151 children under five years of age and 157 children of school age completed the series of inoculations for diphtheria immunisation. Reinforcing injections were given to 365 school children in order to raise their immunity during their school life.

Wintringham Grammar School.—291 pupils were subjected to routine medical inspection at which 51 parents attended. Of these only 32 (11 per cent.) were found to require treatment other than dental treatment. Every assistance is given to the officers of the school health service by the headmaster and his staff.

Spastics.—The special supervision of these children, unfortunately remaining in ordinary schools, has been maintained.

N.S.P.C.C.—Mr. R. Evans, the local inspector, continues to carry out the Society's tradition of full co-operation. 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.

Annual Conference.—Owing to shortage of staff it has not been possible to continue this most progressive annual feature of the service.

Nursery Classes.—Besides the four nursery classes, each with accommodation for 25 to 30 pupils, the building of a new nursery school with provision for 40 places was commenced at Nunsthorpe during the year. It is felt that the places in these classes should be filled by recommendation from health visitors, and less left to the selection by individual head teachers.

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

Name.	Date of Birth	Disability.	Special School.	Admitted.	Left.
COLE, Janet ..	.. 16-10-33	Blind	Yorkshire School for the Blind, York.	1- 4-47.	20-12-49
GEAR, Maurice ..	.. 24- 8-34	,,	do.	1- 9-47.	
COTTER, Elizabeth	.. 24- 4-37	Deaf	St. John's Institution, Boston Spa.	28- 8-42.	
FRISKNEY, Kenneth	4- 7-34	,,	Yorkshire Institution for the Deaf, Doncaster	31- 7-40.	
GRESHAM, Sheila	.. 30- 3-40	,,	do.	22-10-45.	
HARDY, Brian ..	.. 1- 3-39	,,	do.	14- 1-47.	
MOGG, Pauline ..	.. 22- 8-36	,,	do.	22- 9-43.	
MOGG, Barbara ..	.. 22- 8-36	,,	do.	22- 9-43.	
EVANS, Richard ..	.. 12- 9-39	,,	do.	20- 4-48.	
LETCH, Vera	.. 10.11.34.	Physically handicapped.	Children's Convalescent Home, West Kirby	30.10.47.	4- 8-49
PARKIN, Shirley	.. 16-11-34	Epileptic	Maghull Home (Epileptics), Liverpool.	19- 4-47.	
ROLF, Doreen	.. 14- 3-48	,,	St. Elisabeth's School for Epileptics	26- 1-48.	
BOGGIS, George	.. 18- 4-34	E.S.N.	Monyhull Residential School, Birmingham.	20- 5-43.	
WEBSTER, Emma	.. 19- 8-33	,,	,, ,, ,, ,,	5- 3-48.	21-12-49
METCALF, Raymond	.. 17- 7-33	,,	,, ,, ,, ,,	2- 9-47.	27- 7-49
CLARKE-GIBSON, A.	.. 24.12.34.	,,	,, ,, ,, ,,	4- 2.46.	
WALDEN, David	.. 11- 5-36.	,,	Beacon Residential School, Lichfield.	1- 4-46.	
TINDALL, Judith	.. 1- 7-34.	,,	Pield Heath R.C. Special School, Hillingdon.	22- 1-48.	
THOMAS, Gloria	.. 14-10-34.	Physically handicapped.	Bethesda Cripples' Home, Colwyn Bay.	29- 7-44.	
CROSS, Barbara	.. 7- 8-36.	Delicate	Oak Bank Open Air School, Sevenoaks.	22- 1-46.	

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

Name	Date of Birth	Disability	Special School	Admitted	Left
DANN, Sheila	.. 31-10-36.	Physically Handicapped	Burton Hill House School, Malmesbury.	8- 4-48.	4- 5-49
HOWELL, William	.. 21- 5-34.	E.S.N.	St. Christopher's Special School, Lincoln.	9- 9-47.	
CAMPLING, James	.. 3- 2-35.	,,	,, ,, ,, ,,	17-11-47.	
MEEARS, William	.. 3-10-34.	,,	,, ,, ,, ,,	9- 9-47.	
GOODWIN, James	.. 18-12-36.	,,	,, ,, ,, ,,	9- 9-47.	
STONES, Albert ..	.. 6- 4-36.	,,	,, ,, ,, ,,	29- 9-47.	
BURTON, Charles	.. 7- 6-34.	,,	,, ,, ,, ,,	9- 9-47.	
NEWTON, Peter	.. 8-10-33.	,,	,, ,, ,, ,,	9- 9-47.	21-12-49
BREWSTER, Jack	.. 6-10-33.	,,	,, ,, ,, ,,	9- 9-47.	,,

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

Name.	Date of Birth	Disability.	Special School.	Admitted.	Left.
BENSLEY, Beryl	3-10-44	Deaf	Yorkshire Institution for Deaf, Doncaster	15-9-49	
COOK, Pauline	13-9-43	,,	,, ,, ,, ,,	,,	
PADDISON, Maureen	26-8-44	,,	,, ,, ,, ,,	,,	
CUMMINGS, Peter	17-9-36	E.S.N.	Monyhull Residential School, Birmingham.	26-1-49	
GOODWIN, Melvyn	6-6-39	Physically handicapped.	Lancing Heart Home, Sussex.	1-1-49	13-1-49

Child Guidance Service.—Dr. C. H. Jaekson, Educational Psychologist, presents the following report :—

This report covers the 12 months from January to December 1949, and is the second report on the work of the service. Figures given are those in respect of Grimsby children only.

Owing to the comparatively small numbers in any given category, considerable caution should be used in drawing any inferences.

Part One—Statistical.

116 cases were referred during the period. 97 of these had been dealt with before the end of the year, so that 19 cases remained on the waiting list at the end of December. Detailed figures are given in Table I.

TABLE I.

Cases closed during the year ..	62
Current cases on December 31st.	35
Cases waiting initial interview ..	19
	116

In Table II referrals are grouped according to age at date of referral and are further grouped between types of schools.

TABLE II.

Below 5 years	PRE-SCHOOL	4	
5 but not 6	INFANT SCHOOL	15	
6 but not 7		9	24
7 but not 8		13	
8 but not 9		12	
9 but not 10	JUNIOR SCHOOL	10	46
10 but not 11		11	
11 but not 12		8	
12 but not 13		6	
13 but not 14	SECONDARY SCHOOL	5	23
14 but not 15		4	
Above 15		8	
		105	
Cases closed with information incomplete		11	
		116	

The 11 cases closed before full information was obtained were made up in the following way :—

Problem cleared up before treatment undertaken	4
Child left school and parents desired no further action	3
Parents proved unco-operative in treatment	3
Child left district before treatment undertaken	1
	11

7 children from secondary schools were attending schools of the secondary grammar type, 2 being from private schools. Private schools accounted in all for 7 referrals.

It is encouraging to note the increasing number of young children. In all some 70% of the total referrals are below 11 years of age.

Referrals of boys have again been about twice as frequent as girls. Detailed figures are given in Table III.

TABLE III.

Boys	71
Girls	45
	116

This proportion is fairly typical of child guidance generally. The large proportion of boys may indicate that problems of girls are still not being fully realised, perhaps because maladjusted girls prove less socially disturbing than is the case with boys. In Table IV cases are grouped according to reason given for referral.

TABLE IV.

School failure and retarded development ..	34
Difficult behavour	22
Emotional disturbance	15
Anti-social and delinquent conduct ..	13
Emotional guidance	19
Habit disorders	7
Unclassified—various	6
	116

In general, there is a gratifying shift in emphasis towards important problems of maladjustment, and some very satisfactory cases of timid, nervous, and lonely children were referred during the year.

In Table V cases are grouped according to source of referral.

TABLE V.

Referred by Head Teacher ..	56
Referred by School Medical Officer	20
Referred by Parents of Child ..	14
Referred by Director of Education	16
Referred by Children's Officer ..	4
Unclassified—various	6
	116

In Table VI. cases are grouped by intellectual ability levels as measured by I.Q. points in intervals of 10 points. In general the I.Q's are those obtained on the Revised Stanford Binet Intelligence Scale. In a few cases of specially handicapped children more appropriate scales have been employed, and in the case of pre-school infants the Merrill-Palmer Intelligence Scale has sometimes seemed more suitable.

TABLE VI.

Below 50	12
50–59	6
60–69	5
70–79	7
80–89	10
90–99	15
100–109	11
110–119	3
120–129	8
130–139	6
140–149	2
Above 149	1
Cases closed with information incomplete	11
Cases awaiting appointment	19
	116

It will be observed that 40 referrals were in respect of children below average in intelligence, and 20 above. Most children in the two lowest categories were young children referred for specialist testing, or children in whose cases mental assessment was complicated by unusual personality factors. A few were cases referred by medical specialists to facilitate differential diagnosis.

In general cases falling in the four lowest categories were given only one or two diagnostic interviews, this being followed by report or recommendation. They were not taken on for treatment since experience shows this to be unprofitable.

In general referrals have been satisfactory from the point of view of intellectual ability.

Table VII summarises modes of disposal of all cases referred during the year.

TABLE VII.

Receiving treatment—(current) ..	35
Report or recommendation—(closed)	38
Waiting first appointment—(current)	19
Received treatment—(closed) ..	13
Withdrawn or unsatisfactory—(closed)	11
	116

These figures do not include 4 cases closed during the year but scheduled for periodic follow-up. Additionally 7 cases carried forward from 1948 are still receiving treatment, and 4 cases closed in 1948 are being periodically followed-up. Thus in all some 50 cases are being dealt with currently at the date of this report.

Table VIII summarises attendances, visits, etc. in connection with cases dealt with during the year.

TABLE VIII.

Child interviews	323
Parent interviews	141
School visits	114
Visits to homes etc. ..	11

These figures do not include routine initial interviews with parent and child for the purpose of ascertaining the problem, taking case history, and psychological and educational tests.

The relation of these figures to cases dealt with during the year accords fairly closely to that generally found in child guidance. This supports the view that on the whole referrals have been of a fairly satisfactory nature.

Part Two—Developments.

Through the co-operation of the Sheffield Regional Hospital Board the services of a child psychiatrist have been available since February, and weekly sessions have been held by Dr. J. R. Goodlad of Lincoln. This has greatly augmented the therapeutic possibilities of the service and enabled successful handling of more difficult cases.

In July an appointment was made of a secretary-receptionist, Miss J. Barker, to deal with the growing volume of clerical work.

In November permanent premises were found at No. 10 Heneage Road to accommodate the developing service. Two excellent interview rooms, a fully equipped play room, and office and waiting room are now available. Clinic sessions ceased to be held at medical welfare centres.

It is again desired to thank the Medical Officer of Health for Grimsby for his generous co-operation.

All these developments have enabled a much larger volume of work to be dealt with, and more frequent treatment sessions are now possible. Interviews can also be arranged at times of day more convenient to parents—a very important consideration for mothers of large families.

Part Three—Remedial Teaching.

The organisation of remedial teaching in schools continued satisfactorily during the year. It is estimated that approximately 350 retarded pupils have been helped during the year.

The results of this work have proved very encouraging in the direct gain to individual children and the general interest in methods aroused in the schools. In a very large number of cases, reading ages showed improvements ranging from 2 to 4 years after 9 months remedial work. The most rapid gains were made by either (a) children of good-average or better intelligence and (b) children referred early for remedial work.

DENTAL SERVICE.

Mr. Donald W. Hunt, L.D.S., R.C.S., (Eng.), senior dental officer, presents the following report :—

I have the privilege of presenting my first report on the School Dental Service in the county borough.

The year 1949 opened on a tragic note with the wholesale resignation of public dental officers throughout the country; for many the eventual end of years of frustration, and occasioned by the opportunity given by the new National Health Service to make the change to private practice, without undue financial risk and without loss of superannuation benefits.

In Grimsby this meant the loss of public servants of long standing, and in particular of Mr. L. N. Alley, whose devoted service for ten years was nearing fruition in a really comprehensive and adequately staffed service at the time the crash came. He is still serving the Council in a part-time capacity, and has rendered invaluable service during the year as an expert anaesthetist.

The most striking feature of the work of the dental service during the year has been the tremendous demand for treatment at the clinics. This demand rate is still growing daily ; the end result is unpredictable, but will be reached no doubt within the very near future. It is surmised that this is due to the over-full appointment books of private practitioners now that financial reasons no longer preclude the older generations from seeking dental attention, and that those children formerly taken to the " family dentist " and not to the school clinic can no longer obtain treatment without long delay.

This huge demand rate has made necessary many hard decisions at the clinic ; and whilst the present emergency lasts the policy has been to concentrate on the prompt alleviation of suffering, and the eradication of sepsis in those patients where it is known that the general health is at stake.

The little time remaining when this primary duty has been completed is devoted to offering complete treatment in every respect to a pitifully small group of patients selected from the long waiting lists.

This policy is reflected in the figures of extractions and fillings for the year, an adverse ratio of five extractions to every filling completed in school children alone. However, it is true to say that the eight hundred fillings completed have been undertaken for a relatively small number of children who now have completely healthy mouths, and not for a larger number of children still requiring further conservative treatment. Complete treatment has never been offered to a patient unless there has been every reason to expect that it will in fact be completed. It is felt that if conservative treatment is undertaken it must be completed to have any value, and new patients are sent for from the waiting lists in strict proportion to those discharged as completed. The figure for " other operations " is a high one and does not represent, as in previous years, the number of patients requiring special appliances or special operative procedures. It represents in the main the sum of temporary treatments designed to arrest the progress of dental decay for a few years in the hope that changed conditions will afford an opportunity of undertaking the proper restoration of the affected teeth.

A number of special cases such as those affected by cleft palate or other deformities, and referred from the ear, nose and throat surgeon, have been treated in co-operation with other departments. A true "priority" is afforded those so afflicted, despite the time consuming nature of the treatment involved.

Orthodontic treatment (the regulation of abnormal mouth development) is being undertaken for some children whose deformity is extreme, and for all those requiring it amongst the few to whom complete treatment can be offered.

A feature of the year's work has been the relatively high percentage of time spent in treating maternity and child welfare patients (expectant mothers and pre-school children).

On attendance figures alone this has amounted to twenty per cent. of the dental surgeon's time, but the percentage is probably higher when the type of treatment required is taken into consideration.

Moreover these patients have received priority over the school children (apart from the relief of pain) in a manner not intended but difficult to avoid. Such facts as the date of their confinement and the length of time they have been expectant before being referred to the dental clinic have to be considered, and preclude their taking their place on the waiting lists.

It should be observed that the dental surgeon himself undertakes no routine examination of maternity and child welfare patients. This of course would very desirable, and in the days before the present crisis it was a routine procedure, but if he did so now he could not take on all the treatment required without neglecting the school children altogether. This aspect of the work of the clinics requires consideration, but no solution of the problems involved will be easy to apply in practice.

The past year in general has been one of disaster for the school dental service ; and the mounting toll of neglected dental health in our children can only cause an endless strain on the National Health Service in the years to come.

Not only will multiple extractions and artificial dentures be required by many at an early age, but the effect on the general health, appearance, and physique of the nation is at present beyond the power of telling.

The future is not so uncertain as present circumstances would seem to indicate.

By the autumn of the present year the school dental service will be either saved or destroyed ; it is certain that the present state of affairs will not continue.

Past events give no grounds for hope ; but it is difficult to believe that public opinion will allow the priority services, truly the backbone of our national health, to disappear in the maelstrom of a National Health Service so badly designed as to lay emphasis on cure and not on prevention.

In concluding I wish to thank the Education Committee for their sympathy and help at ail times, and my staff for loyal co-operation in a trying and difficult year.

TABLE I.

Medical Inspection of pupils attending Maintained Primary and Secondary Schools.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.	
Entrants	1,217
Second Age Group	1,159
Third Age Group	923
Total	3,299
Number of other Periodic Inspections	311
Grand Total	3,610

B.—OTHER INSPECTIONS.

Number of Special Inspections	1,185
Number of Re-Inspections	3,609
Total	4,794

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	189	188
Second Age group	91	66	156
Third age group	60	47	102
Total (prescribed groups) ..	153	302	446
Other Periodic Inspections ..	22	11	42
Grand Total ..	175	313	488

TABLE II.

A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1949.

Defect Code No.	Defect or Disease	PERIODIC 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	35	51	296	—
5	Eyes—a. Vision ..	175	178	28	—
	b. Squint	16	77	2	—
	c. Other ..	10	23	32	—
6	Ears—a. Hearing	18	18	6	—
	b. Otitis Media	8	13	17	—
	c. Other.. ..	6	6	96	—
7	Nose or Throat ..	141	1,008	194	—
8	Speech	2	29	2	—
9	Cervical Glands ..	—	—	15	—
10	Heart and Circulation ..	15	49	13	—
11	Lungs	42	133	27	—
12	Developmental				
	a. Hernia ..	2	1	1	—
	b. Other ..	5	13	1	—
13	Orthopaedic—				
	a. Posture ..	1	14	3	—
	b. Flat foot ..	5	16	15	—
	c. Other ..	23	52	18	—
14	Nervous system—				
	a. Epilepsy	1	4	2	—
	b. Other ..	11	7	49	—
15	Psychological—				
	a. Development	8	59	71	—
	b. Stability ..	4	43	4	—
16	Other	34	21	305	—

B.—Classification of the general condition of pupils inspected during the year in the age groups.

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	1,217	706	58.01	498	40.92	13	1.07
Second Age Group ..	1,159	711	61.35	442	38.15	6	0.50
Third Age Group ..	923	616	66.74	299	32.39	8	0.87
Other Periodic Inspections ..	311	279	89.71	32	10.29	—	—
Total	3,610	2,312	64.04	1,271	35.21	27	0.75

TABLE III.

Infestation with vermin.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	53,483
(ii) Total number of individual pupils found to be infested	3,506
(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 IV.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table III).

	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	2
Ringworm—Body	1
Scabies	41
Impetigo	38
Other skin diseases	214
Eye Disease .. .. (External and other, but excluding errors of refraction, squint and cases admitted to hospital)	62
Ear Defects .. .. (Treatment for serious diseases of the ear (*e.g.* operative treatment in hospital should not be recorded here but in the body of the School Medical Officer's Annual Report).	213
Miscellaneous .. .. (*e.g.* minor injuries, bruises, sores, chilblains, etc.	2,071
Total	2,642
(*b*) Total number of attendances at Authority's minor ailments clinics	18,597

Group II.—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I).

	No. of defects dealt with
Errors of Refraction (including squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report)	157
Other defect or disease of the eyes (excluding those recorded in group I.)	—
Total	157
No. of Pupils for whom spectacles were (a) Prescribed ..	151
(*b*) Obtained ..	139

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

	Total number treated.
Received operative treatment—	
(*a*) for adenoids and chronic tonsillitis	193
(*b*) for other nose and throat conditions	17
Received other forms of treatment	263
Total	473

Group IV.—Orthopaedic and Postural Defects.

(*a*) No. treated as in-patients in hospitals or hospital schools	9
(*b*) No. treated otherwise *e.g.* in clinics or out-patient departments	53

Group V.—Child Guidance Treatment and Speech Therapy.

No. of pupils treated (*a*) under Child Guidance arrangements	20
(*b*) under Speech Therapy arrangements	2

TABLE V.—Dental inspection and treatment.

1.	Number of pupils inspected by the Authority's Dental Officers—			
	(*a*) Periodic age groups			600
	(*b*) Specials			1,834
	(*c*) TOTAL (Periodic and Specials)			2,434
2.	Number found to require treatment			2,233
3.	Number actually treated			1,989
4.	Attendances made by pupils for treatment			4,384
5.	Half-days devoted to—(*a*) Inspection			2
	(*b*) Treatment			520
	Total (*a*) and (*b*)			522
6.	Fillings—Permanent Teeth	628		
	Temporary Teeth	172	Total	800
7.	Extractions—			
	Permanent Teeth	622		
	Temporary Teeth	3,317	Total	3,939
8.	Administration of general anaesthetics for extraction ..			1,776
9.	Other Operations—(*a*) Permanent Teeth			2,134
	(*b*) Temporary Teeth			1,563
	Total (*a*) and (*b*)			3,697

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	—	—	—	1
UNCLEANLINESS				
Head	—	—	—	—
Body	—	—	—	—
SKIN				
Ringworm—Scalp	—	—	—	—
,, Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	—	—	—	4
Other Diseases (non-tuberculous)	2	1	2	—
EYE				
Blepharitis	—	—	—	—
Conjunctivitis	1	—	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Other Conditions (excluding defective vision and squint)	1	—	—	1
Defective Vision (excluding squint)	9	13	13	22
Squint	—	—	1	2
EAR				
Defective Hearing	—	—	—	—
Otitis Media	—	—	—	—
Other Ear Diseases	—	—	—	—
NOSE AND THROAT				
Chronic Tonsillitis only	1	—	3	12
Adenoids only	—	—	—	—
Chronic Tonsillitis and Adenoids	—	—	3	2
Other Conditions	—	—	8	2
Enlarged Cervical Glands (non-tuberculous)	—	—	—	—
Defective Speech	—	—	—	—
HEART AND CIRCULATION				
Heart Disease :—				
Organic	—	—	—	—
Functional	—	—	—	3
Anaemia	—	1	—	—
LUNGS				
Bronchitis	—	—	—	—
Other Non-Tuberculous Diseases	—	—	1	—
TUBERCULOSIS.				
Pulmonary :				
Definite	—	—	—	—
Suspected	—	—	—	—
Non-Pulmonary :				
Glands	—	—	—	—
Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
NERVOUS SYSTEM.				
Epilepsy	—	—	—	—
Chorea	—	—	—	—
Other Conditions	—	1	—	—
DEFORMITIES.				
Rickets	—	—	—	—
Spinal Curvature	—	—	—	—
Other Forms	—	—	2	3
Other Defects and Diseases	2	—	—	1
MENTAL DEFICIENCY	—	—	—	—

Number of Children Examined (not including Specials).

AGE GROUPS.

	10	11	12	13	14	15	16
Males	—	16	6	66	3	10	2
Females	21	75	5	65	6	16	—
Total	21	91	11	131	9	26	2

Referred for treatment 32 Reinspections nil. Specials nil.

Parents present .. 51

Routine medical inspection	Number inspected.	Number req. treatment.
Boys at all ages	103	16
Girls at all ages	188	16

TABLE 1.—VITAL STATISTICS OF THE WHOLE BOROUGH DURING 1949 AND PREVIOUS YEARS.

YEAR	Population*	Births			Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District			
		Uncorrected Number	Nett						Under 1 Year of Age		At all Ages	
			Number	Rate	Number	Rate	of Non-residents registered in the District	of Residents not registered in the District	Number	Rate per 1,000 Nett Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
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
1948	91,060	1892	1911	20·9	1073	11·7	118	36	55	29	991	10·8
1949	91,250	1830	1872	20·5	1282	14·0	203	46	63	34	1125	13·0

* 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 92,458
Number of inhabited houses 21,129
Number of families, or separate occupiers .. 22,027

At Census of 1931

TABLE 2. ENGLAND AND WALES AND GRIMSBY, 1937-1949.

BIRTH RATES.

Year	Number of Births	Birth Rate	
		Grimsby	England & Wales
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
1948	1911	20·9	17·9
1949	1872	20·5	16·7

TABLE 3. ENGLAND AND WALES AND GRIMSBY, 1937-49.

DEATH RATES.

Year	Nett Deaths	Grimsby		England and Wales Death Rate
		Crude Death Rate	Adjusted Death Rate	
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
1948	911	10·8	*	10·8
1949	1125	12·3	13·0	11·7

* Area comparability factor suspended by Registrar General.

TABLE 4.—CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1949.

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.	Weelsby.	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.															
Scarlet Fever	213	—	4	12	18	17	114	40	2	2	3	1	—	9	10	15	12	8	11	4	8	63	17	9	9	28	10	77
Diphtheria (including Membranous Croup) ..	8	—	—	1	—	—	2	1	—	2	—	—	2	—	—	1	—	—	—	—	1	5	—	—	—	2	—	7
*Acute Pneumonia ..	38	2	1	—	—	—	2	—	1	7	3	14	8	4	1	3	1	6	4	—	—	9	1	2	2	2	3	4
Malaria (contracted abroad) ..	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ..	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Acute Poliomyelitis ..	14	—	—	1	1	—	5	4	2	1	—	—	—	1	—	—	1	—	—	1	—	11	—	—	—	—	—	14
Acute Polioencephalitis	4	3	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	1	—	—	—	—	—	1	—	—	4
Food Poisoning	7	—	—	—	—	—	—	1	2	—	1	3	—	1	—	—	—	—	3	—	—	3	—	—	—	—	—	4
Ophthalmia Neonatorum	21	21	—	—	—	—	—	—	—	—	—	—	—	3	—	—	1	3	2	3	—	4	—	3	2	—	—	2
Puerperal Pyrexia ..	7	—	—	—	—	—	—	—	—	7	—	—	—	—	1	—	—	—	1	—	—	3	—	1	—	1	—	3
Erysipelas	14	—	—	—	—	—	—	—	—	2	2	6	4	2	1	3	—	—	1	—	—	1	3	—	—	3	—	5
Chicken Pox	198	5	12	20	25	9	106	12	2	6	—	1	—	7	3	6	11	5	4	—	25	99	6	6	7	12	7	1
Measles	257	12	38	57	56	44	45	5	—	—	—	—	—	17	6	21	22	6	29	16	8	79	16	4	14	13	6	6
Whooping Cough ..	379	36	52	64	68	45	108	4	—	2	—	—	—	21	22	39	20	24	24	13	5	136	15	16	11	21	12	9
Acute Rheumatism ..	6	—	—	—	—	—	4	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	2	1	1	—	—	5
Totals	1169	79	108	155	168	115	386	68	10	31	10	25	14	66	45	89	68	52	83	37	47	413	60	42	47	82	38	142†

* 4 of these cases were influenzal pneumonia.

† All cases were treated in Springfield Hospital except the following :—

Grimsby General Hospital. Pneumonia 2 ; polioencephalitis 3 ; rheumatism 2 ; food poisoning 3.

Scartho Road Infirmary. Pneumonia 2 ; polioencephalitis 1 ; rheumatism 1.

Table 5.—Causes of and Ages at Death during the Year 1949.

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. Total.	Males	Females	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	
All Causes {Certified ..	1125	621	504	63	7	7	8	15	66	263	696	618
All Causes {Uncertified ..	...	...	...	...	...	...	...	...	...	...	...	...
1. Typhoid & paratyphoid fevers	...	...	...	...	...	...	...	...	...	...	...	...
2. Cerebro-spinal fever	...	...	...	...	...	...	...	...	...	...	...	...
3. Scarlet Fever	1	...	1	...	...	1	...	...	...	...	...	...
4. Whooping cough	4	1	3	4	...	...	...	...	...	...	...	3
5. Diphtheria	1	1	...	...	...	...	1	...	...	...	...	1
6. Tuberculosis of Resp. system...	44	27	17	...	...	1	...	8	16	14	5	30
7. Other forms of tuberculosis ...	4	3	1	...	1	1	1	...	1	...	...	7
8. Syphilitic disease	5	5	...	...	...	...	...	...	...	3	2	2
9. Influenza	14	9	5	...	...	1	...	...	3	4	6	4
10. Measles	1	1	...	1	...	...	...	...	...	...	...	...
11. Acute poliomyelitis and polio-encephalitis	5	2	3	2	...	...	1	...	2	...	...	8
12. Acute infectious encephalitis	...	...	...	...	...	...	...	...	...	...	...	
13M. Cancer of buccal cavity and and oesophagus (males only)	3	3	...	...	...	...	...	...	...	...	3	3
13F. Cancer of uterus	14	...	14	...	...	...	...	...	1	8	5	6
14. Cancer of stomach& duodenum	21	13	8	...	...	...	...	...	1	6	14	16
15. Cancer of breast	25	...	25	...	...	...	...	...	3	12	10	12
16. Cancer of all other sites ...	103	61	42	...	...	...	...	...	9	36	58	69
17. Diabetes	7	4	3	...	...	...	...	...	...	1	6	6
18. Intra-cranial vascular lesions	133	67	66	...	...	...	...	...	2	30	101	70
19. Heart disease	176	102	74	...	...	...	2	1	6	52	115	50
20. Other diseases of the circulatory system	34	20	14	...	1	1	2	1	3	10	16	27
21. Bronchitis	94	62	32	2	...	...	...	1	1	14	76	35
22. Pneumonia	92	51	41	17	1	...	...	...	...	15	59	66
23. Other respiratory diseases ...	12	10	2	...	...	1	...	...	...	7	4	6
24. Ulceration of the stomach or duodenum	18	15	3	...	...	...	...	...	2	8	8	20
25. Diarrhoea (under 2 years of age)	4	2	2	4	...	...	...	...	...	...	...	1
26. Appendicitis	3	2	1	...	...	1	...	...	...	1	1	4
27. Other digestive diseases	19	11	8	1	...	...	...	...	...	6	12	24
28. Nephritis	19	6	13	...	1	...	...	1	4	8	5	20
29. Peurperal and post-abortive sepsis	...	...	...	...	...	...	...	...	...	...	...	...
30. Other maternal causes	2	...	2	...	...	...	...	1	1	...	...	1
31. Premature birth	9	8	1	9	...	...	...	...	...	...	...	8
32. Congenital malformations, birth injury, infantile disease ...	20	19	1	20	...	...	...	...	...	...	...	17
33. Suicide	8	6	2	...	...	...	...	...	1	5	2	...
34. Road traffic accidents	8	6	2	...	...	...	1	1	1	3	2	6
35. Other violent causes	22	15	7	1	2	...	...	...	5	5	9	20
36. All other causes	200	89	111	2	1	...	...	1	4	15	177	76
Totals ...	1125	621	504	63	7	7	8	15	66	263	696	618

TABLE 6.—INFANTILE MORTALITY DURING THE YEAR 1949.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSES 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 ..	22	4	3	2	31	12	10	8	2	63
ALL CAUSES { Uncertified ..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	1	..	1
Whooping Cough	..	..	..	..	..	..	3	..	1	4
Diphtheria	..	..	..	..	..	..	..	..	..	..
Influenza	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Nervous System	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Intestines and Peritoneum	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases ..	..	..	..	..	..	..	..	..	..	..
Syphilis	..	..	..	..	..	..	..	..	..	..
Meningitis	..	..	..	..	..	..	..	..	..	..
Convulsions	2	..	..	..	2	..	..	1	..	3
Bronchitis	..	..	..	..	..	1	1	..	..	2
Pneumonia	..	..	1	2	3	5	4	4	1	17
Other Respiratory Diseases ..	..	..	..	..	..	..	..	..	..	..
Inflammation of the Stomach ..	..	..	..	..	..	..	..	..	..	..
Diarrhœa and Enteritis ..	..	..	..	..	..	2	..	2	..	4
Hernia, Intestinal Obstruction	..	..	..	..	..	..	..	..	..	..
Congenital Malformations ..	2	3	2	..	7	1	..	..	..	8
Congenital Debility and Sclerema	..	..	..	..	..	..	..	..	..	..
Icterus	..	..	..	..	..	..	..	..	..	
Premature Birth	4	1	..	..	5	..	..	..	..	5
Injury at Birth	7	..	..	..	7	..	..	..	..	7
Disease of Umbilicus	..	..	..	..	..	..	..	..	..	..
Atelectasis	3	..	..	..	3	1	..	..	..	4
Suffocation—in bed or not stated how	..	..	..	..	..	..	1	..	..	1
Other causes	4	..	..	..	4	2	1	..	..	7
Totals	22	4	3	2	31	12	10	8	2	63

Live Births in the year—	Male	Female	Total	Nett Deaths in the year— Male	Female	Total
Legitimate	920	839	1759	46	1	47
Illegitimate	48	65	113	16	..	16
Totals ..	968	904	1,872	62	1	63

TABLE 7.

BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1949.

(Provisional figures based on Quarterly Returns)

	ENGLAND and WALES.	126 County Boroughs and Great Towns including London.	148 Smaller Towns (Resident population 25,000 to 50,000 at 1931 Census).	London Administrative County.	GRIMSBY, C.B.
	Rates per 1,000 Civilian population.				
Births :—					
Live	16·7(a)	18·7	18·0	18·5	20·5
Still	0·39(a)	0·47	0·40	0·37	0·41
Deaths :—					
All causes	11·7(a)	12·05	11·6	12·2	13·0
Typhoid & Paratyphoid	0·00	0·00	0·00	0·00	—
Whooping cough ..	0·01	0·02	0·01	0·01	0·04
Diphtheria	0·00	0·00	0·00	0·00	0·01
Tuberculosis	0·45	0·52	0·42	0·52	0·52
Influenza	0·15	0·15	0·14	0·11	0·15
Small-pox	0·00	0·00	--	—	—
Acute Poliomyelitis and Polioencephalitis ..	0·01	0·02	0·02	0·01	0·05
Pneumonia	0·51	0·56	0·49	0·59	1·00
Notifications (corrected) :—					
Typhoid fever	0·01	0·01	0.01	0·01	—
Paratyphoid fever ..	0·01	0·02	0·01	0·01	—
Cerebro-spinal fever ..	0·02	0·03	0·02	0·02	0·01
Scarlet fever	1·63	1·72	1·83	1·46	2·33
Whooping cough ..	2·39	2·44	2·39	1·70	4·15
Diphtheria	0·04	0 05	0·04	0·07	0 08
Erysipelas	0·19	0·20	0·19	0·17	0·15
Small-pox	0·00	0·00	0·00	0·00	—
Measles	8·95	8·91	9·18	8 54	2·81
Pneumonia	0·80	0·91	0·65	0·55	0·41
Acute Poliomyelitis ..	0·13	0.13	0·12	0·18	0·15
Acute Polioencephalitis ..	0·01	0·01	0·02	0·01	0·04
Food poisoning	0·14	0·16	0·14	0·19	0·07
	Rates per 1,000 Live Births.				
Deaths under 1 year of age	32(b)	37	30	29	34
Deaths from Diarrhœa and Enteritis under 2 years of age	3·0	3·8	2·4	1·7	2·1
	Rates per 1,000 Total Births (Live and Still).				
Notifications (corrected):—					
Puerperal fever	6·31	8·14	5·30	6·82	3·66
Puerperal pyrexia ..					
Maternal Mortality :—					
Abortion with sepsis ..	0·11	—	—	—	—
Abortion without sepsis	0·05	—	—	—	—
Puerperal infections ..	0·11	—	—	—	—
Other maternal causes ..	0·71	—	—	—	1·04
Total	0·98	—	—	—	1·04

(a) Rates per 1,000 total population (b) per 1,000 related live births.

Table 8.—Grimsby.

Tabulation by Age, Sex and Clinical Classification of Cases Notified as Acute Rheumatism during the Year, 1949.

Clinical Classification of Case Notified.	*Age in Years.*								*Total* all ages		*Total* both sexes
	0—4		5—9		10—14		15 over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Rheumatic Pains and/or Arthritis without heart disease ...	—	—	2	1	1	—	1	—	4	1	5
2. Rheumatic Heart Disease (Active).											
(a) with polyarthritis ...	—	—	—	—	—	—	—	—	—	—	—
(b) with chorea ...	—	—	—	—	—	—	—	—	—	—	—
3. Rheumatic Heart Disease (Quiescent) ...	—	—	—	—	—	—	—	—	—	—	—
4. Rheumatic Chorea (alone)	—	—	—	—	—	—	—	—	—	—	—
TOTAL Rheumatic cases ...	—	—	2	1	1	—	1	—	4	1	5
5. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic Heart disease or disorder ...	—	—	—	—	—	—	—	—	—	—	—
7. Not rheumatic or cardiac disease ...	—	—	—	1	—	—	—	—	—	1	1
TOTAL Non-Rheumatic cases	—	—	—	1	—	—	—	—	—	1	1

TABLE 9—GRIMSBY, 1949.

TUBERCULOSIS—Age Groups of New Cases and Deaths.

Age Periods.	New Cases.				Deaths.			
	PULMONARY		NON-PULMONARY		PULMONARY		NON-PULMONARY	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	–	1	–	–	–	–	–
1–2 years	—	1	2	1	–	–	1	–
2–5 years.	2	3	2	2	–	1	–	1
5–10 years.	2	2	–	1	–	–	–	–
10–15 years.	1	3	1	2	–	–	1	–
15–20 years.	9	21	2	–	–	5	–	–
20–25 years.	7	7	–	1	1	2	–	–
25–35 years.	12	9	2	–	5	6	1	–
35–45 years.	7	2	–	–	4	3	–	–
45–55 years.	11	2	1	–	3	1	–	–
55–65 years.	6	2	1	–	9	–	–	–
65–75 years	1	–	–	–	4	–	–	–
75 and upwards.	1	–	–	–	–	–	–	–
Totals ..	59	52	12	7	26	18	3	1

TABLE 10—GRIMSBY, 1949.

TUBERCULOSIS—Ward Distribution of New Cases and Inward Transfers.

Primary notifications.	WARDS.														
	Alex.	Central	Clee	Coates	Hainton	Humber	N-East	Scartho	South	S-West	Victoria	Weelsby	Wellow	Wellington	Totals
Pulmonary—															
Males	6	5	2	3	5	3	3	–	13	2	5	5	2	5	59
Females	4	5	3	3	2	4	–	1	11	3	4	3	2	7	52
Non-Pulmonary—															
Males	1	–	1	1	–	2	1	1	3	1	–	1	–	–	12
Females	2	–	1	–	1	1	–	–	2	–	–	–	–	–	7
Total ...	13	10	7	7	8	10	4	2	29	6	9	9	4	12	130
Inward Transfers.															
Pulmonary—															
Males	–	1	–	–	–	1	–	–	–	–	–	–	–	–	2
Females	1	–	–	–	–	–	1	–	6	–	1	–	–	–	9
Non-Pulmonary—															
Males	–	1	1	–	–	–	–	–	–	–	1	–	–	–	3
Females	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total ...	1	2	1	–	–	1	1	–	6	–	2	–	–	–	14
Grand Total ...	14	12	8	7	8	11	5	2	35	6	11	9	4	12	144

TABLE 11—Grimsby, 1949.

TUBERCULOSIS.—Notifications and Ratio of Non-Notified Deaths in each year of the Decennium.

Year.	Total primary notifications.	Notifications per thousand of population.	Ratio of non-notified Deaths.	Ratio of non-notified Deaths.	
				Pulmonary.	Non-Pulmonary
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%
1948	128	1·40	—	—	—
1949	130	1·42	8·3%	8·3%	—

TABLE 12—ENGLAND AND WALES AND GRIMSBY, 1940—1949.

Total Tuberculosis death rates in each year of the decennium.

	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
England and Wales	0·70	0·73	0·66	0·66	0·62	0·62	0·55	0·54	0·50	0·45
Grimsby	0·92	0·82	0·79	0·93	0·73	0·80	0·64	0·72	0·74	0·52

TABLE 13—FACTORIES ACTS, 1937 and 1948.

Annual Report of the Medical Officer of Health in respect of the Year 1949 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	559	1209	54	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	455	763	26	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority † (excluding out-workers' premises)	23	81	2	—
TOTAL	1,037	2,053	82	—

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	Referred By H.M. Inspector	
Want of cleanliness (S.1)	129	117	—	2	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	1	—	—	—	—
Inadequate ventilation (S.4)	6	6	—	—	—
Ineffective drainage of floors (S.6)	18	18	—	1	—
Sanitary Conveniences (S.7) (*a*) insufficient	13	10	—	3	—
(*b*) Unsuitable or defective	57	44	—	1	—
(*c*) Not separate for sexes	2	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	46	62	1	1	—
TOTAL	272	257	1	8	—

† *i.e.* Electrical Stations [Section 103(1)], Institutions. (Section 104) and sites of Building Operations & Works of Engineering Construction (Section 107 & 108).

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	81	—	—	—	—	—
TOTAL	83	—	—	—	—	—

TABLE 14.

DIPHTHERIA IMMUNISATION.

Age at date of completed primary injection.	*Total immunised to* 31.12.46	1947	1948	1949	*Total*	
Under 1 year ..	16	112	88	74	Under 5 years	4,095
1-2 years ..	546	802	905	846		
2-3 ,, ..	729	158	250	142		
3-4 ,, ..	647	53	67	65		
4-5 ,, ..	668	42	47	24		
5-6 ,, ..	612	34	49	37		
6-7 ,, ..	863	41	50	36	5-10 years	4,024
7-8 ,, ..	977	20	25	28		
8-9 ,, ..	1,154	22	16	17		
9-10 ,, ..	1,144	10	27	10		
10-11 ,, ..	1,324	2	10	16		
11-12 ,, ..	1,179	9	14	11	10-15 years	5,908
12-13 ,, ..	1,105	1	5	—		
13-14 ,, ..	1,207	3	1	—		
14-15 ,, ..	1,020	3	7	2		
Children now aged 15 years and over and immunised prior to 31.12.46	4,951	—	—	—	15 yrs. and over	8,296
Totals ..	18,142	1,312	1,561	1,308		22,323

TABLE 15 (1949.)

NETT DEATHS, *i.e.*, DEATHS ACTUALLY BELONGING TO THE DISTRICT.

CAUSES OF DEATH.	LOCALITIES.														INSTITUTIONS				Total at all Ages	AGES.							
	Alexandra	Central	Clee	Coates	Haxston	Humber	North East	Scartho	South	South West	Victoria	Wellington	Weelsby	Wellow	General Dist Hospital	Scartho Infirmary	Corporation Hospital	Other Institutions		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 up
All causes — Certified	50	38	87	7	42	61	33	23	117	38	26	46	73	43	119	281	25	16	1125	63	7	7	8	15	66	263	696
All causes — Uncertified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1. Typhoid and Paratyphoid Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Cerebro-spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—
4. Whooping Cough	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3	—	4	4	—	—	—	—	—	—	—
5. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—
6. Tuberculosis of respiratory system	2	3	2	1	2	5	1	—	3	—	3	1	2	2	1	3	13	—	44	—	—	1	—	8	16	14	5
7. Other forms of Tuberculosis	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	1	—	4	—	1	1	1	—	1	—	—
8. Syphilitic disease	—	—	1	—	—	1	—	—	1	—	—	—	—	—	—	2	—	—	5	—	—	—	—	—	—	3	2
9. Influenza	1	1	2	—	2	—	—	1	3	—	—	1	1	—	1	—	1	—	14	—	—	1	—	—	3	4	6
10. Measles	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
11. Acute Poliomyelitis & Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2	—	5	2	—	—	1	—	2	—	—
12. Acute Infectious Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13M. Cancer of buccal cavity and œsophagus (males only)	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	3	—	—	—	—	—	—	—	3
13F. Cancer of uterus	2	1	—	—	1	1	—	—	1	—	—	1	1	—	4	2	—	—	14	—	—	—	—	—	1	8	5
14. Cancer of stomach and duodenum	2	—	1	—	—	1	—	—	1	—	1	—	2	1	3	9	—	—	21	—	—	—	—	—	1	6	14
15. Cancer of breast	2	—	3	—	1	—	3	1	4	1	—	—	3	—	—	7	—	—	25	—	—	—	—	—	3	12	10
16. Cancer of all other sites	5	1	4	—	4	6	2	1	13	5	—	3	10	2	17	30	—	—	103	—	—	—	—	—	9	36	58
17. Diabetes	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	4	—	—	7	—	—	—	—	—	—	1	6
18. Intra-cranial vascular lesions	6	5	12	—	5	10	3	1	18	5	2	6	8	2	15	35	—	—	133	—	—	—	—	—	2	30	101
19. Heart Disease	12	11	20	1	7	9	4	6	28	6	7	9	11	8	11	24	2	—	176	—	—	—	2	1	6	52	115
20. Other diseases of the circulatory system	—	2	3	—	1	—	2	1	2	—	—	1	3	—	8	10	1	—	34	—	1	1	2	1	3	10	16
21. Bronchitis	4	5	7	2	5	6	5	2	5	7	4	5	3	6	—	28	—	—	94	2	—	—	—	1	1	14	76
22. Pneumonia	5	1	7	—	2	5	1	—	2	1	1	3	3	5	10	46	—	—	92	17	1	—	—	—	—	15	59
23. Other respiratory diseases	1	1	1	—	—	3	1	—	—	—	—	1	—	—	1	3	—	—	12	—	—	1	—	—	—	7	4
24. Ulceration of the stomach or duodenum	—	—	—	—	—	—	—	—	—	—	—	—	3	—	10	5	—	—	18	—	—	—	—	—	2	8	8
25. Diarrhœa (under 2 years of age)	—	1	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	4	4	—	—	—	—	—	—	—
26. Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	3	—	—	1	—	—	—	1	1
27. Other digestive diseases	—	—	—	—	—	—	1	—	1	—	2	—	1	1	10	3	—	—	19	1	—	—	—	—	—	6	12
28. Nephritis	—	2	—	—	—	—	—	1	1	1	1	—	1	—	3	8	1	—	19	—	1	—	—	1	4	8	5
29. Puerperal and post-abortive sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30. Other maternal causes	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	2	—	—	—	—	1	1	—	—
31. Premature birth	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	6	9	9	—	—	—	—	—	—	—
32. Congenital malformations, birth injury, infantile disease	—	—	—	—	1	2	1	—	1	—	—	1	—	—	—	4	—	10	20	20	—	—	—	—	—	—	—
33. Suicide	1	—	1	2	—	1	—	—	2	—	—	1	—	—	—	—	—	—	8	—	—	—	—	—	1	5	2
34. Road traffic accidents	—	—	—	—	—	—	—	—	2	—	1	—	—	1	4	—	—	—	8	—	—	—	1	1	1	3	2
35. Other violent causes	—	—	2	1	—	2	1	—	1	1	—	—	—	1	11	2	—	—	22	1	2	—	—	—	5	5	9
36. All other causes	6	4	21	—	11	9	6	6	25	9	3	12	20	13	5	50	—	—	200	2	1	—	—	1	4	15	177
Totals	50	38	87	7	42	61	33	23	117	38	26	46	73	43	119	281	25	16	1125	63	7	7	8	15	66	263	696
Subdivisions (included above) :—																											