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COUNTY BOROUGH OF GRIMSBY

ANNUAL REPORT

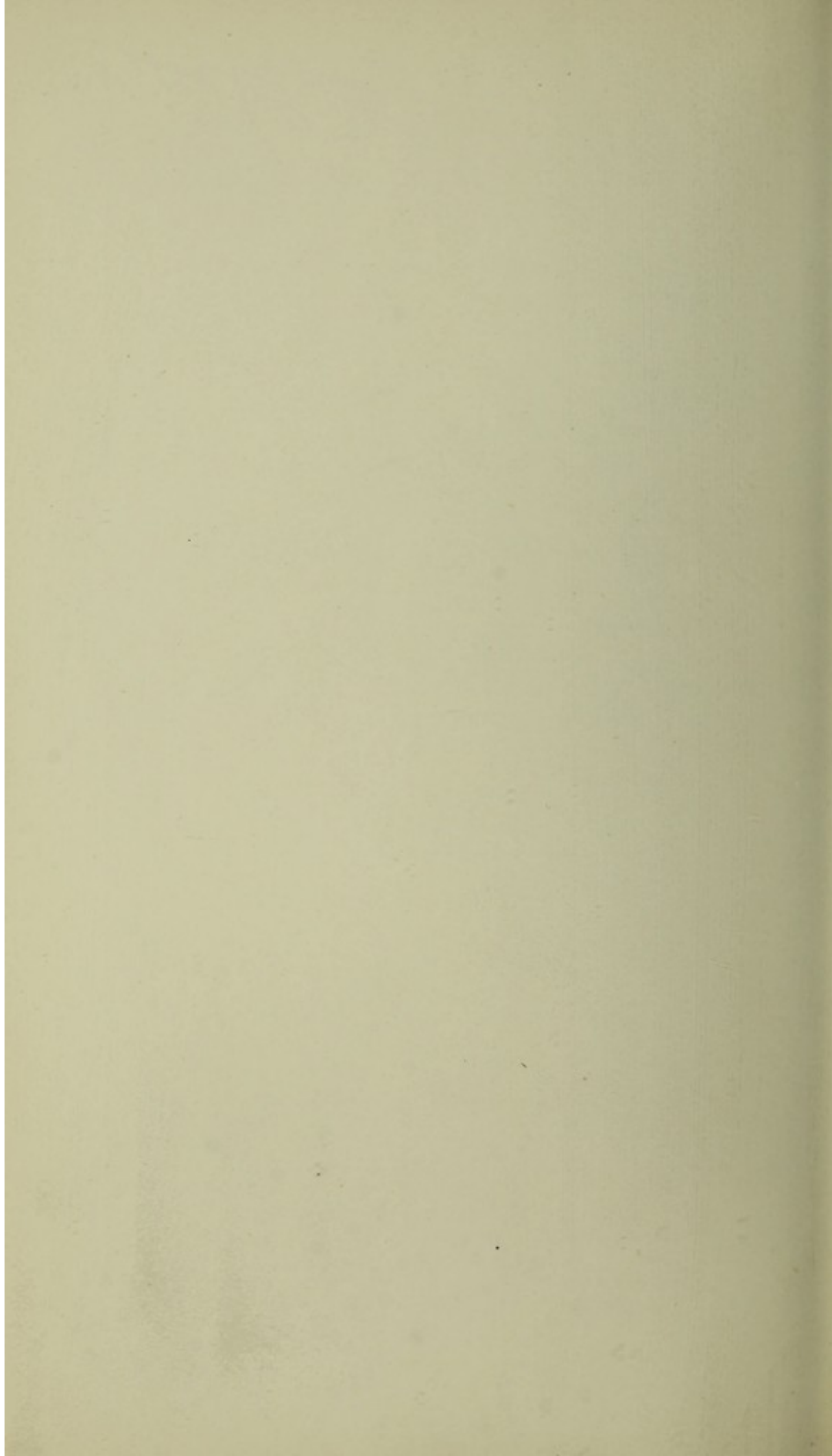
OF THE
Medical Officer of Health
FOR THE YEAR
1956

INCLUDING REPORT ON THE
SCHOOL HEALTH SERVICE

RICHARDSONS & COPPIN, Ltd., Printers, GRIMSBY.

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COUNTY BOROUGH OF GRIMSBY

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1956

INCLUDING REPORT ON THE

SCHOOL HEALTH SERVICE

RICHARDSONS & COPPIN, Ltd., Printers, GRIMSBY.

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GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1956).

The Worshipful the Mayor
ALDERMAN M. QUINN, J.P.

Chairman
COUNCILLOR T. W. SLEEMAN

Deputy Chairman
ALDERMAN G. H. ATKINSON

Aldermen

J. H. FRANKLIN	M. LARMOUR
F. G. GARDNER	E. W. MARSHALL
W. HARRIS, O.B.E.	C. H. WILKINSON, M.B.E., J.P.
C. W. HEWSON, J.P.	W. H. WINDLEY
Mrs. M. LARMOUR	

Councillors

A. BRADLEY	C. W. JAKES, J.P.
W. R. BRUMBY	A. E. KELHAM, J.P.
C. W. A. CHAPPLE, D.S.C., G.M.	A. W. KENNINGTON
G. T. CHARNOCK	Miss J. B. B. McLAREN
A. H. CHATTERIS	J. P. MURPHY
Mrs. F. E. FRANKLIN, J.P.	Miss J. M. PEARSON
Mrs. D. E. HUXFORD	T. F. SMITH

and the following Co-opted Members:—

Mr. R. C. BELLAMY	Dr. E. A. ROBERTSON
Dr. J. COTTRELL, J.P.	Mr. C. W. SPENDELOW
Mr. T. MUMBY	Mrs. E. M. THOMPSON

SUB-COMMITTEES OF THE HEALTH COMMITTEE

FINANCE AND BUILDINGS:—

COUNCILLOR SLEEMAN (*Chairman*); COUNCILLOR KENNINGTON (*Deputy-Chairman*); ALDERMEN ATKINSON, FRANKLIN, HARRIS AND MARSHALL; COUNCILLORS BRADLEY, CHARNOCK, MRS. FRANKLIN AND JAKES.

Co-opted Members:—MESSRS. W. BACON, R. C. BELLAMY, A. CUCKSON, F. C. NORTHCOTE AND C. W. SPENDELOW.

MATERNAL AND CHILD WELFARE:—

ALDERMAN MRS. LARMOUR (*Chairman*); COUNCILLOR MISS McLAREN (*Deputy-Chairman*); ALDERMEN ATKINSON, HARRIS AND WINDLEY; COUNCILLORS BRUMBY, MRS. FRANKLIN, MRS. HUXFORD, MISS PEARSON AND SLEEMAN.

Co-opted Members:—MESDAMES A. BLOOM, M. CRESSWELL, F. W. MORRIS AND L. NICHOLLS; Dr. D. A. MacLEOD.

MENTAL HEALTH:—

COUNCILLOR MRS. FRANKLIN (*Chairman*); ALDERMEN ATKINSON, GARDNER, MRS. LARMOUR AND WINDLEY; COUNCILLORS BRADLEY, CHATTERIS, MISS PEARSON, SLEEMAN AND SMITH.

Co-opted Members:—MESDAMES A. BLOOM, L. NICHOLLS, E. M. THOMPSON AND A. B. TURNER; Dr. D. A. MacLEOD.

PERSONAL HEALTH:—

ALDERMAN WILKINSON (*Chairman*); COUNCILLOR CHAPPLE (*Deputy-Chairman*); ALDERMEN ATKINSON, FRANKLIN AND LARMOUR; COUNCILLORS MRS. HUXFORD, JAKES, KELHAM, MISS McLAREN AND SLEEMAN.

Co-opted Members:—MESDAMES E. M. THOMPSON, A. B. TURNER AND J. A. WOOD; Mr. T. MUMBY; AND Dr. T. BARROWMAN.

PUBLIC HEALTH:—

ALDERMAN GARDNER (*Chairman*); COUNCILLOR SLEEMAN (*Deputy-Chairman*); ALDERMEN ATKINSON, HEWSON, LARMOUR AND MARSHALL; COUNCILLORS BRUMBY, CHARNOCK, KENNINGTON AND SMITH.

Co-opted Members:—MRS. B. M. HAIGH; MESSRS. A. CUCKSON, N. HOPPER, T. HUNT AND H. SMITH.

LOCAL ACTS, ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

LOCAL ACTS.

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 The Grimsby Improvement Act, 1869.
 The Grimsby Extension and Improvement Act, 1889.
 The Grimsby Corporation Act, 1921.
 The Grimsby Corporation Act, 1927.
 The Grimsby Corporation (Dock &c.) Act, 1929.
 The Grimsby, Cleethorpes and District (Water etc.) Act, 1937.
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 The Private Street Works Act, 1892.
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STAFF OF THE HEALTH DEPARTMENT, 1956.

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

R. GLENN, M.B., B.Ch., B.A.O., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

SENIOR ASSISTANT MEDICAL OFFICER OF HEALTH FOR MATERNAL AND CHILD WELFARE

JANET W. HEPBURN, M.B., Ch.B., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

ASSISTANT MEDICAL OFFICERS OF HEALTH AND SCHOOL MEDICAL OFFICERS

J. G. J. COGHILL, M.B., Ch.B., (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

MARGARET M. EDMONDSON, M.B., Ch.B.

PUBLIC HEALTH INSPECTORS

H. PARKINSON, 1, 2. *Chief Public Health Inspector.*

A. MANSON, 1, 2. *Deputy Chief Public Health Inspector.*

W. W. REED, 1, 2. *Senior Public Health Inspector.*

S. F. BURKITT, 1, 2.

S. MASTIN, 1, 2.

S. H. REED, 1, 2.

D. HARWOOD, 1, 2. (resigned 7.10.56).

HEALTH VISITORS

Miss M. KELLY, 3, 4, 5. *Superintendent.* (resigned 31.7.56.)

Mrs. I. HALDANE, 3, 4, 5. *Superintendent.* (from 1.8.56.)

Miss E. M. TIPPLER, 3, 4, 5.

Miss M. COOLING, 3, 5.

Miss M. C. BUGG, 3, 4, 5.

Miss I. R. ADAMSON, 3, 4, 5.

Miss J. D. M. VARRIE, 3, 4, 5.

Miss M. COWIE, (resigned 11.10.56).

Miss K. L. SPENCER, 3, 4, 5.

Mrs. M. B. KOZLOWSKI, 3, 4, 5.

Miss J. BELL, 3, 4, 5.

Miss H. M. G. ANDREWS (resigned 24.10.56).

Mrs. J. HAVERCROFT, 3, 4, 5.*

Miss K. CORR, 3, 4, 5.

CLINIC NURSES

Mrs. G. WHITEHALL, 3.

Mrs. I. D. MILLS, 3, 4.

TUBERCULOSIS VISITORS

Miss D. ATKIN, 3, 4, 5.

Mrs. R. DONSON, 3, 4.*

HOME NURSING SERVICE

Miss F. ENGLEDOW, 3, 4, 5. *Superintendent.*

MUNICIPAL MIDWIVES

Miss F. ENGLEDOW, *Non-medical Supervisor.*

Miss D. G. INKPEN, 3, 4.

Miss D. M. DAWSON, 3, 4.

Mrs. C. BEDFORD, 3, 4.

Mrs. K. M. BIRKETT, 3, 4.

Miss R. SMITH, 3, 4.

Mrs. C. WESTACOTT, 3, 4.

Miss E. BAXTER, 3, 4.

Mrs. M. QUINN, 3, 4.

Miss G. A. BAXTER, 3, 4.

Miss C. E. CARTWRIGHT, 3, 4.

AMBULANCE SERVICE

E. BROWN, Ambulance Officer, and staff of 26.

MENTAL HEALTH SERVICE

Miss E. M. WOULD, *Senior Mental Health Worker.*
 Miss A. K. MURPHY (resigned 31.5.56.) Miss E. C. HASSALL (resigned 31.8.56.)
 Miss A. G. P. RICHARDSON, B.A. (from 20.8.56).
 G. W. A. MACKENZIE, D. A. Officer. L. C. RACKHAM, D.A. Officer.

OCCUPATION CENTRE

Miss E. PATERSON, *Supervisor.* Mrs. A. E. GORRINGE.
 Miss H. M. BARKER. Mrs. L. A. WILLERTON

DOMESTIC HELP SUPERVISOR

Miss L. BLACKBURN

ALMONER SERVICE

Miss A. GREENSTOCK, A.M.I.A. (resigned 16.3.56).
 Miss J. MARTIN, (resigned 31.8.56).
 Mrs. T. M. ROBERTSON, (from 1.2.56).

CLERICAL STAFF

T. E. DAVIDSON, *Chief Clerk.* W. R. GALE
 D. AMERY. Miss F. M. BROWN.
 Miss S. HORN P. T. KITCHING (from 16.4.56).

Public Health Inspector's Sub-Department

S. NASH
 T. H. R. JOHNSON
 Mrs. J. ISITT

Maternal and Child Welfare Sub-Department

Mrs. J. A. POTTER Miss M. E. MOORE
 Miss S. WILLING Miss R. HANNAH
 Mrs. I. SMITH Mrs. I. E. LONGSTAFF (from 13.8.56).

Mental Health Sub-Department

Miss G. J. PEARSON
 Miss V. OSBORNE

Almoner Service

Miss I. HOLDEN

Domestic Help Service

Miss B. N. DOUGHTY

* Part-time appointment.

1. Public Health Inspector's Certificate.
2. Meat Inspector's Certificate.
3. State Registered Nurse.
4. State Certified Midwife.
5. Health Visitor's Certificate.

INTRODUCTION

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

I have the honour of presenting the Annual Report for the year 1956.

The health of the community as a whole remains good, although there are a few disturbing factors. Deaths from all causes are slightly above the national average, but this can be accounted for by the majority occurring in persons aged 70 years or over.

The birth rate is above the average for England and Wales, which is always a flourishing sign if one could ignore an equally high illegitimacy rate.

Infant mortality has gone up markedly during 1956 and is a real blot on the copy book, especially so as the average for the country is the lowest ever recorded. It is never easy to pin point a definite cause, but there has been a marked increase in premature births. Many of these were much before term, producing very small infants. This accounts for the large number who failed to survive for even four weeks (neo-natal mortality). Medical science has not yet discovered the real cause and research on this subject continues. Organisms resistant to antibiotics are becoming more common and cross-infection no doubt partly accounted for the high death rate. Another disturbing feature was that quite a few mothers had not bothered to attend for regular ante-natal care, being admitted as emergencies.

There were no serious epidemics during the year, although the Sonn  dysentery which commenced late in 1955 continued for a few months. Many cases were mild and did not even seek medical attention, and such are often responsible for the spread of this highly communicable condition.

Pulmonary tuberculosis has shown an increase in the number of new cases, while the death rate from this cause continues to fall. This increase chiefly seems to affect males over 40 years of age, whereas in females the preponderance is in the 15-25 age group. The reason for this sex difference is not clear.

The problem of the elderly sick is still with us, and although Osgodby hospital was adapted for this purpose it only temporarily relieved the situation. Many of these cases do not qualify for a hospital bed but are nevertheless needing general and nursing care. At the same time their infirmities are such that they cannot be accommodated in hostels. It is said that relatives are unwilling to look after them, but one more often finds that the burden of caring for them falls on one member of the family who receives little, if any, help from the others. Some type of intermediate accommodation is urgently needed for those who live alone, or are unwanted, where they can be cared for decently until relieved by death; others could be admitted for short stay periods to give their relatives a much needed rest. Senile confusion, disturbed nights and incontinence, either singly or together, will break the stoutest heart. Section 47 of the National Assistance Act, 1948, was applied to one person, but she elected to move voluntarily into care.

This year will go down in history for the discovery and introduction of the vaccine against poliomyelitis. Although no propaganda was permitted, over one third of the parents of the children in the selected groups immediately volunteered to have them inoculated. Such an unannounced method of launching the vaccine clearly demonstrated the benefit of health education used for

previous preventive measures. Parents inundated the Health Department with verbal and written requests for more information. Those interviewed were obviously confused by the issue of whether to give or withhold their consent thus causing acute anxiety. Each television programme was followed by 20 to 30 cancellations, but fortunately also by an equal number clamouring to be accepted.

The new Occupation Centre at Second Avenue, Nunsthorpe, was completed during the year and was officially opened by Frederick Ellis, Esq., Chairman of the National Society for Mentally Handicapped Children, on 20th September. Grimsby is proud of being one of the few authorities to have a centre specially built and planned for the particular needs of mentally handicapped children. It is already greatly appreciated not only by the parents and staff but by the pupils themselves.

The happy relationship with the hospital and general medical services continues to thrive, but has not yet reached maturity! My grateful thanks go out to all departments for their friendly co-operation, and to the staff for their loyal service.

To the Chairman and members of the Health Committee I offer my sincere thanks for their courtesy and the sympathetic consideration of the items placed before them.

R. GLENN,

Medical Officer of Health.

HEALTH DEPARTMENT,

1, Bargate, Grimsby.

July, 1957.

PART I.

STATISTICS AND SOCIAL CONDITIONS

Summary of Statistics

Population

Births

Deaths

State of Employment

SUMMARY OF STATISTICS

COUNTY BOROUGH OF GRIMSBY

Area (in acres)—excluding foreshore	5,468
Registrar General's estimate of population, mid-1956	95,400
Number of inhabited houses (end of 1956) according to Rate Books	28,495
Rateable value	£1,103,255
Sum represented by a penny rate	£4,455

EXTRACT FROM VITAL STATISTICS OF THE YEAR.

Live births:—	Males	Females	Total	
Legitimate ..	871	808	1,679	} Birth rate..... 18.7
Illegitimate ..	59	53	112	
	—	—	—	
	930	861	1,791	
	—	—	—	

Adjusted birth rate (area comparability factor 1.01) 18.9

Still births:—

Legitimate ..	36	35	71	} Rate 0.76*
Illegitimate ..	—	2	2	
	—	—	—	
	36	37	73	
	—	—	—	

Deaths 577 486 1,063 Death rate 11.1

Adjusted death rate (area comparability factor 1.14) 12.6

Number of women dying in, or in consequence of, childbirth:—

Deaths 1; Rate per 1,000 total (live and still) births 0.53

Deaths of infants under one year of age per 1,000 live births:—

	Legitimate 38.6; (65 deaths)	Illegitimate 35.7; (4 deaths)	Total 38.5 (69 deaths)
			<i>Number Rate</i>
Deaths from measles .. .. .	.. .. .	.. .. .	0 0.00
„ whooping cough .. .. .	.. .. .	.. .. .	2 0.02
„ diphtheria .. .. .	.. .. .	.. .. .	0 0.00
„ respiratory tuberculosis .. .. .	.. .. .	.. .. .	18 0.18
„ other tuberculous diseases .. .. .	.. .. .	.. .. .	1 0.01
Total tuberculosis deaths .. .. .	.. .. .	.. .. .	19 0.19
Deaths from cancer .. .. .	.. .. .	.. .. .	207 2.16
„ influenza .. .. .	.. .. .	.. .. .	4 0.04

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

STATISTICS AND SOCIAL CONDITIONS.

Population.—(Table 1, page 61). The Registrar General's estimate of the home population of Grimsby at mid-year 1956 was 95,400, an increase of 840 on his estimate for the previous year. The natural increase of the population, i.e., the excess of live births over deaths, was 728.

Births.—(Tables 1 and 2, pages 61 & 62). There were 1,791 live births (930 males and 861 females), giving a birth rate of 18.7 per thousand of the population.

The adjusted birth rate for Grimsby County Borough (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.01) was 18.9, compared with 15.7 for England and Wales.

On hundred and twelve (6.2 per cent) of the live births were illegitimate. The illegitimacy rate was 62.5 per thousand live births. (England and Wales 46).

Still Births.—73 still births were registered, giving a rate of 0.76 per thousand of the population. The rate expressed per thousand total (live and still) births was 39.1, while for England and Wales it was 23.0.

Deaths.—(Tables 3 and 5, pages 62 & 64). There were 1,063 deaths (577 males and 486 females), equal to a death rate of 11.1.

The adjusted death rate for Grimsby (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.14) was 12.6, compared with 11.7 for England and Wales.

Six hundred and four persons—comprising residents and non-residents—died in institutions in the borough, equivalent to 48 per cent of the total deaths registered.

Five hundred and eighty five persons died at 70 years of age and upwards, the numbers at age periods being:—

	MALES	FEMALES	TOTAL
Between 70 and under 75 years	82	72	154
„ 75 and under 80 years	87	101	188
„ 80 and under 85 years	61	87	148
„ 85 and under 90 years	37	30	67
90 years and over	10	18	28

This is equal to 55 per cent of the total deaths.

Table 5 on page 64, giving the causes of death in age periods, was prepared in the Health Department from information supplied weekly by the local registrar. The classification does not differ materially from that received from the Registrar General on 30th April, 1957.

Infant Mortality.—There were 69 deaths under one year of age, giving an infant mortality rate of 38.5 per thousand live births—the highest in Grimsby since 1947.

The corresponding figure for England and Wales was 23.8, the lowest ever recorded in this country.

The infant deaths are classified by cause in Table 6.

Neo-natal Mortality.—Forty-six of the 69 deaths recorded above were of infants under 4 weeks, representing a neo-natal mortality of 25.7 per thousand live births. The corresponding rate for England and Wales was 16.9.

State of Employment.—The Manager of the Employment Exchange has kindly furnished particulars regarding the number of registered unemployed persons in the Grimsby Exchange area, which covers Grimsby, Cleethorpes and the Grimsby Rural District. Separate figures are not available.

Total live register in January, 1956, (males 723; females 154) ..	877
Total live register in July, 1956, (males 479; females 70) ..	549
Total live register in December, 1956, (males 938; females 156) ..	1,094

These figures include temporarily stopped claimants.

The number of residents known to have left Grimsby permanently to take up employment in other areas (excluding daily travel) was 25.

Rainfall.—The total rainfall recorded during the year was 26.34 inches (17.46 in 1955). The heaviest fall was 1.70 inches of 7th January, 1956.

PART II.

PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS AND OTHER DISEASES

Notifiable infectious diseases.

Cancer.

Tuberculosis

Venereal Diseases.

NOTIFIABLE INFECTIOUS DISEASES

The incidence of notifiable diseases (other than tuberculosis) was as follows:—

Diseases.	Total Cases notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet fever	75	9	—
Acute pneumonia	27	7	85
Ophthalmia neonatorum	3	—	—
Puerperal pyrexia	13	7	—
Erysipelas	3	—	—
Chicken pox	914	3	—
Measles	33	—	—
Whooping cough	338	12	2
Food poisoning	67	2	—
Dysentery	211	6	—
Acute poliomyelitis:—			
Paralytic	1	—	—
Non-paralytic	4	4	—
Meningococcal infections	3	3	2
Totals	1,692	53	89

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

Table 4 on page 63 gives an analysis of the total notified cases under various age groups and in Wards.

Measles.—Only 33 notifications of measles were received compared with 1,851 the previous year. The attack rate for Grimsby was 0.34. There were no deaths.

Whooping Cough.—338 notifications of whooping cough (159 males and 179 females) were received. The attack rate was 3.54. Two deaths occurred, the local death rate being 0.02.

Scarlet Fever.—75 notifications of scarlet fever (42 males and 33 females) were received, compared with 56 the previous year. The attack rate was 0.78. Nine of these cases were treated in Springfield Hospital.

Diphtheria.—For the third year in succession there were no cases of diphtheria in Grimsby.

Pneumonia.—27 notifications were received—25 of primary pneumonia and 2 of influenzal pneumonia. The local attack rate was 0.28. Seven of these cases were treated in hospital. 85 deaths were ascribed to all forms of pneumonia, giving a death rate of 0.89.

Ophthalmia Neonatorum.—3 cases of this disease were reported. The services of a nurse are offered by the local authority in all cases nursed at home.

Puerperal Pyrexia.—13 notifications of puerperal pyrexia were received. The attack rate per thousand total births was 6.96. One case was a non-resident of Grimsby. When a case is nursed at home the services of a district nurse are offered by the local authority. Seven of the women were treated in hospital.

Erysipelas.—3 cases of erysipelas were notified.

Chicken Pox.—There were notified 914 cases (452 males and 462 females) compared with 722 the previous year. Three cases were admitted to hospital.

Rheumatism.—The Acute Rheumatism Regulations require the notification of cases of rheumatism under 16 years of age occurring in specified parts of England. No such cases were reported in Grimsby during 1956.

Food Poisoning.—67 cases (28 males and 39 females) were notified, the local attack rate being 0.70. Forty nine of these cases occurred among the patients and staff at Scartho Road Hospital.

Influenza.—This is not a notifiable disease unless complicated by pneumonia. Four deaths were certified as due to influenza, equal to a death rate of 0.04.

Small Pox.—There were no cases of small pox or suspected small pox in Grimsby during 1956.

Dysentery.—Notifications of dysentery totalled 211 (97 males and 114 females), equal to an attack rate of 2.21 per thousand of the population. Six of these cases were treated in hospital.

The majority was caused by the Sonn  type of infection and 154 cases were aged 15 years or under. The outbreak was widespread, although infants' schools showed a higher incidence as was to be expected. A special arrangement whereby the pathological laboratory notified the health department by telephone of every positive stool was of great value in bringing preventive measures to the household or school with a minimum of delay.

Meningococcal Infection.—3 cases were notified, two being non-residents of Grimsby.

Poliomyelitis.—5 cases were notified, equal to an attack rate of 0.05. One case was classed as paralytic and 4 as non-paralytic. There were no deaths.

Public Health (Infectious Diseases) Regulations, 1953.—It was not necessary to take any action under these Regulations in regard to persons engaged in occupations connected with the preparation and handling of food or drink for human consumption.

CANCER.

The number of deaths in Grimsby due to cancer was 207 (122 males and 85 females). The local death rate from this cause was 2.16, compared with 2.06 for England and Wales. The rates for the previous year were 2.05 and 2.04 respectively.

Of the total deaths from cancer 39 (males 33 and females 6) were due to cancer of the lung and bronchus. This is equal to a rate of 0.40 per thousand population for Grimsby, which is a similar rate to that for England and Wales. Other Cancer death rate was 1.76 (England and Wales 1.66).

TUBERCULOSIS.

Notifications.—Ninety-three persons were notified under the Public Health (Tuberculosis) Regulations, 1952, as compared with 75 the previous year. In addition 23 cases (22 pulmonary and 1 non-pulmonary) already notified in other areas came into the borough. The age groups and ward distribution are shown in Tables 7 and 8 in the appendix.

Deaths (Tables 9 and 10, page 67) The number of deaths and the death rates from tuberculosis per thousand of the population in 1956 were as follows:—

			<i>Number of deaths</i>	<i>Death rates</i>
Respiratory tuberculosis	..	..	18	0.18
Other forms	..	..	1	0.01
			<hr/>	<hr/>
Total	..		19	0.19
			<hr/>	<hr/>

The death rate for all forms of tuberculosis in England and Wales for 1956 was 0.11 (respiratory 0.10; other forms 0.01).

Two cases which had not been previously notified as suffering from tuberculosis were included in the deaths. The proportion of non-notified deaths is therefore 10.5% as compared with 16.6% for 1955.

Revision of register.—The names of 77 notified persons were removed from the register in 1956, these consisting of:—

Diagnosis not established	3
Recovered	12
Died	19
Not desiring public medical treatment	3
Left district	35
Not found after adequate search	3
Others	2

On 31st December, 1956, there were 844 cases on the register of the Medical Officer of Health, 743 pulmonary and 101 non-pulmonary.

Tuberculosis Regulations, 1925.—No action was taken in regard 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.

B. C. G. Vaccination.—The extension of B.C.G. vaccination to thirteen year old school children was approved in 1954, and in July of this year the Minister of Health recommended that authorities should intensify their efforts with a view to securing the vaccination of a larger number of school leavers in their areas. This was considered desirable in view of the report of the Medical Research Council's Committee on tuberculosis vaccines where it was shown that B.C.G. vaccination offered a substantial degree of protection when given to children of this age.

It has not been possible to extend vaccination to other schools just yet because the additional work of poliomyelitis vaccination took up all the available time of the school medical officers and nursing staff.

This year a change was made by doing tuberculin tests with the Heaf Multiple Puncture apparatus, and while this method showed a decrease in the percentage of positive readings as compared with last year it was found to be far easier in use and readings of the test were better defined. A total of 400 children were vaccinated with one child being re-vaccinated. In the previous year 297 were vaccinated. In addition, re-examinations by tuberculin testing children who were vaccinated in 1955 showed that immunity was maintained satisfactorily. A brief summary of the work undertaken during the year may be seen in the School Health section of this report.

In regard to the Contact Scheme (Circular 72/49) 168 children were B.C.G. vaccinated by the Chest Physician.

Mass Radiography.—Every two years the Lincolnshire Mass Radiography Unit visits this area and this year they carried out a chest survey at secondary schools. In all, 5,516 children and staff attended for x-ray, and the following is a summary of abnormal cases.

Pulmonary tuberculosis:—

Inactive disease	2
Active disease	2
Under observation at Chest Clinic	3
Bronchiectasis	4
Congenital heart abnormality	1

In August the Unit returned to do a chest survey on the adult population. This was done by holding open sessions in the town and by visiting the premises of five of the largest industrial concerns. The total number of persons x-rayed was 6,479 and the following information is available:—

	<i>Open Sessions</i>		<i>Industries</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Miniatures	1,879	1,745	1,776	1,079
Recalled for large films	57	58	39	21
Recalled for clinical examination	30	30	19	10
Referred to Chest Clinic	9	13	7	3
Referred to own doctor	4	3	5	2
Active pulmonary tuberculosis ..	1	2	1	—
Post primary inactive pulmonary tuberculosis	10	8	11	3
Bronchiectasis	2	1	—	1
Neoplasm	1	—	—	—
Cardiac abnormality	7	7	4	3

Chest Clinic.—The following information has been supplied by Dr. J. Glen, consultant chest physician, and is a general analysis of the work carried out in regard to Grimsby patients at the Chest Clinic during 1956.

<i>New cases examined (excluding contacts):</i>				<i>Total</i>
(a)	Definitely tuberculous	80	}	3,278
(b)	Diagnosis not completed	92		
(c)	Non-tuberculous	3,106		

<i>Contacts examined:</i>				
(a)	Definitely tuberculous	7	}	770
(b)	Diagnosis not completed	11		
(c)	Non-tuberculous	752		

Cases written off Clinic Register, including 3,974 non-tuberculous 4,049

Cases on Clinic Register as at 31st December, 1956:

(a)	Definitely tuberculous	826	}	965
(b)	Diagnosis not completed	139		
Total attendances at Clinic, including contacts		.. ..	.. ..	10,352
Consultations with medical practitioners		.. ..	.. ..	8,005
Attendances for artificial sunlight treatment		.. ..	.. ..	26
Artificial pneumothorax refills carried out		.. ..	.. ..	825
Home visits by nurses .. .. .		.. ..	.. ..	2,473
X-ray examinations:—	Radiographic film .. ..	.. ..	.. ..	4,638
	Fluorographic screen .. ..	.. ..	.. ..	3,458

It is a little surprising to find that the number of new notified cases of tuberculosis has risen during the year, after having shown a more or less steady decline since 1952. I feel that this should be taken as a warning against too much complacency as to the trend of tuberculous disease.

It is gratifying, however, that the death rate shows little change despite the increase in the incidence of new cases.

Non-tuberculous conditions requiring special investigation referred to the Chest Clinic during the year ended 31st December, 1956.

	<i>Adult males</i>	<i>Adult females</i>	<i>Children</i>
Cancer	21	4	—
Bronchiectasis	11	23	4
Asthma	2	8	8
Atypical Pneumonia	—	2	—
Unresolved Pneumonia	2	3	—
Non-tuberculous Effusions	1	—	—
Cardiac Conditions	7	7	—
Spontaneous Pneumothorax	2	—	—
Cystic Disease	1	—	—
Other Condition	2	6	2
Totals	49	53	14

It will be noted that the number of cases of cancer of the lung, although somewhat reduced as compared with 1955, still remain high, in keeping with national figures.

Number of New Cases referred to the Chest Clinic by General Practitioners, Institutions, Clinics, etc., in recent years.

<i>Year</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
1950	635	1,509	395	2,539
1951	700	1,695	427	2,822
1952	721	1,742	493	2,956
1953	758	1,846	557	3,161
1954	734	1,739	523	2,996
1955	777	1,658	374	2,809
1956	1,251	1,667	360	3,278

Preventive Care.—This branch of the work embraces many sections but perhaps one outstanding example is on the institutional side of treatment for tuberculosis. In an endeavour to reduce the possibility of serious blood spread in the very young child, say under four years, with a positive tuberculin test, but who is apparently well and symptomless, I have resorted to institutional anti-tuberculous drug treatment as a preventive measure.

Despite an increase in the number of new notifications in the past year it has still been possible to arrange for their early admission. At the end of 1956 there was no real waiting list in existence except where specialised measures were to be undertaken, such as thoracic surgery.

The B.C.G. campaign continues on an even more satisfactory basis. It has been possible to extend this protection to a considerable degree in the 15-25 age group by arranging the attendance at the clinic to suit workers.

In addition the investigation of infant contacts at an earlier age has been undertaken. Experience has shown that there is no contra-indication or lack of effectiveness in carrying out B.C.G. vaccination in very small infants.

Another important point in preventive care work is good and adequate housing accommodation for the patient and family. In this respect there is complete co-operation between the local authority and the Chest Clinic for necessitous cases, mostly of the infectious type, to receive alternative accommodation, whilst those living in overcrowded conditions or where a separate bedroom cannot be set aside for the case are also assisted. As in the previous year the Housing Committee has been very helpful indeed.

Physiotherapy clinics are held for persons considered to be in need of such treatment. There has been a further extension in the facilities offered in that one evening session is held weekly to accommodate persons at work. This treatment plays an important part in the management of bronchiectasis prior to operative intervention or where this is not feasible or indicated. There was an increase in the number of cases of bronchiectasis investigated during the year. It is considered that the increase was due simply to the larger number of cases being referred and it is still my impression that there is no true increase locally in this disease.

The chronic bronchitic clinic has been continued during winter months. The use of chemotherapy and other drugs has proved of great benefit to cases, although the problem of dealing with this class of patient remains a difficult one.

A session is held once monthly at the clinic by Mr. R. C. Barclay, F.R.C.S., part of which is devoted to the assessment of bronchiectatic cases suitable for surgery, as well as the follow-up of his operative cases in this area. The arrangement has been found to be very helpful in the assessment of difficult patients.

After-Care.—The Grimsby Tuberculosis Care Committee was established in 1925 and from that time has continued to function more or less on the same lines on behalf of tuberculous patients until 1956. During the early part of the year the National Association for the Prevention of Tuberculosis received enquiries from certain affiliated care committees as to whether they could extend their social welfare arrangements to include assistance to cases of non-tuberculous chest conditions. The N.A.P.T. finally agreed to a change in its constitution to include cases suffering from diseases of the chest and heart.

The change of policy of the National Association opened the way to affiliated committees wishing to make similar alterations and it was left to them whether to include these new classes of patients in the course of their activities or, otherwise.

The question of the Grimsby Tuberculosis Care Committee increasing the scope of their work was finally considered at a meeting held on the 20th September, 1956. At this meeting it was agreed to include assistance to Grimsby residents suffering from those conditions who were under active treatment through the chest clinic or at the local chest hospital. At the same time it was emphasised that the problem of tuberculosis would continue to represent the greater part of the Committee's interests and that other activities would be undertaken only in so far as the Committee had additional resources after the first object had been fulfilled.

There has not been a great deal of assistance given to these cases of other chest conditions to the end of 1956. In each instance where help was rendered the case was one of bronchiectasis and aid was provided in the form of the free supply of milk, medicinal support and financial grants towards holidays.

The primary object of the Care Committee in assisting the tuberculous has not relaxed in any way.

Contact Examinations.—This important branch of the work is on a perfectly satisfactory basis as will be seen from the following table:—

<i>Year</i>	<i>No. of notified cases of tuberculosis</i>	<i>Number of contacts examined</i>
1950	98	625
1951	149	808
1952	148	865
1953	106	820
1954	107	796
1955	75	706
1956	93	770

PART III

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing

Vaccination and Immunisation

Ambulance Service

Prevention of Illness, Care and After-Care

Domestic Help

Mental Health

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births.—1,664 live births and 72 still births were notified as compared with 1,755 and 53 in 1955.

Prematurity.—There was a sharp rise in the incidence of prematurity—no less than 151 cases were notified as compared with 102 in 1955, an increase of 48%. Of these, 95 or 63.9% were born in hospital as compared with 65 or 64.7% in 1955, and 55 or 36% at home as compared with 35% in 1955.

151 infants were notified as having been born prematurely, 95 in hospital and 55 in their own homes. 126 of the total 151 survived 28 days and only 6 died within 24 hours of birth. The percentage surviving at the end of 28 days was 83.4 as compared with 86.2 in 1955. The survival rate of those born in hospital was 82.1 and at home 93%. Of 12 infants born at home and transferred to hospital 8 survived.

The statistical table that follows shows the weights at birth and the numbers surviving.

Weight at birth	Born in Hospital			Born at Home and nursed entirely at home			Born at Home and transferred to hospital before 28th day		
	Total (1)	Died in 24 hrs. (2)	Survived 28 days. (3)	(1)	(2)	(3)	(1)	(2)	(3)
3-lb. 4-ozs. or less ...	19	2	9	2	1	1	6	2	3
Over 3-lb. 4-ozs. up to and including 4-lb. 6-ozs. ...	25	1	21	5	—	4	4	—	4
Over 4-lb. 6-ozs. up to and including 4-lb. 15-ozs. ...	21	—	19	7	—	7	—	—	—
Over 4-lb. 15-ozs. up to and including 5-lb. 8-ozs. ...	30	—	29	29	—	28	—	—	—
Totals	95	3	78	43	1	40	12	2	8

Still births.—Investigations made into cases of still birth showed that of the 59 cases notified, 12 occurred in domiciliary confinements, and 47 in hospital.

Contributory causes were:—

Domiciliary cases.

Retro-placental haemorrhage and prematurity	1
Placental infarcts	1
Prolapsed cord	1
Impacted shoulder presentation	3
Hydrocephaly and prematurity	1
Prematurity	2

In three cases no cause was found, but there was maceration, showing death of foetus for some time prior to delivery. Eight of the 12 domiciliary cases were macerated.

Of the 47 cases occurring in hospital 10 were due to accidental haemorrhage (5 being macerated and 8 associated with prematurity).

Central placenta praevia	..	..	1	
Congenital defects	..	..	9	(3 macerated, 6 premature)
Anoxia due to abnormalities of cord	..	..	8	(3 macerated)
Toxaemia of pregnancy	..	..	3	(1 macerated, 2 premature)
Toxaemia of pregnancy and ante-partum haemorrhage	..	..	1	(premature)
Hydramnios	..	..	1	(macerated)
Essential hypertension	..	..	1	(macerated and premature)
Abnormal presentation	..	..	4	(1 macerated)
Placental insufficiency	..	..	2	(1 macerated and premature)

There was no known cause in three cases, though two of the infants were macerated and premature.

Of the total cases, 15 occurred in the 1st pregnancy (1 domiciliary)

18	..	..	2nd	..	(3 ..)
9	..	..	3rd	..	(3 ..)
9	..	..	4th	..	(3 ..)
3	..	..	5th	..	(2 ..)
1	..	..	6th	..	
3	..	..	7th	..	
1	..	..	9th	..	

Infant Welfare Centres.—There has been a drop of 1,813 in the total attendances and a slight drop (21) in the actual number of children attending, but an increase in the attendances made by children between the ages of 2 and 5 years.

The opening of a new clinic at Chelmsford Fire Station has helped to diminish the overcrowding at Nunsthorpe.

Test feeding clinics.—61 emergency test feeds were carried out at clinics, but the really useful work on breast feeding supervision is done by the health visitors in patients' own homes with the help of scales provided by the local health authority. It is, however, significant that in cases discharged from hospital fully breast fed, the health visitor frequently finds weaning already carried out within 24 hours of patients discharge. Too often the mother has already obtained a supply of national dried milk prior to her discharge, even when she is fully capable of breast feeding whilst in hospital.

Mothercraft.—Mothercraft classes continue to be held once weekly at each of the three clinics. One of these is run for both hospital and district cases, the health visitors and hospital staff sharing the work. There were 1,679 attendances and 166 new cases during the year. It is satisfactory in that some of the general practitioner obstetricians now send their patients to these classes with a request that they be allowed to attend, but the extent to which this is done is poor compared with what could be achieved.

The Parents' Club had 981 attendances—again not too gratifying in that it is not touching those parents who most need the services of the club.

Distribution of Milk.—Arrangements for the distribution of welfare foods continue unchanged.

Ante-natal clinics.—780 new cases attended during the year and 43 cases were carried over from 1955. There were 1,274 attendances at Medical Officers' sessions and 1,898 at midwives' sessions, as compared with 1,315 and 1,271 in 1955, a total increase of 586. Although the majority of cases attended only once or twice for the taking of blood, as they have already booked a general practitioner obstetrician for the confinement, their attendance gives the staff an opportunity for propaganda and education which is promptly taken. As in former years, many of the general practitioner obstetricians asked that their patients be given teaching in the Grantly Dick Read methods, but the mothercraft classes cover much more than this. The build up of knowledge has an undoubted influence on the young expectant mother by removing fear of the unknown, and to date the results have been excellent according to reports from hospital and midwives. The firm establishment of a friendly relationship between patient, midwives and health visitors is also very good, as is the friendly return visit of a young mother with her first baby. This visit is generally made towards the end of a session when the expectant mothers are having tea, and after the infant has been admired, the mother's report of her confinement is given and her difficulties, if any, discussed.

Post natal clinics.—Owing to the small number of patients, arrangements were made during 1956 for the post natal cases to be seen at the end of routine ante-natal clinics, and on the whole this has given better results as post natal examination is then done by the same medical officer who looked after the patient ante-natally.

Orthopaedic.—58 cases were referred from maternal and child welfare centres for orthopaedic treatment, as compared with 62 in 1955.

Infant Mortality.—1956 was a black year for infant mortality, the rate being 38.5. Of the 69 infant deaths, no less than 46, or 66.6%, occurred before the infant reached the age of 4 weeks, the neo-natal mortality rate being 25.7. The chief causes of deaths of infants over the age of 4 weeks were respiratory disease (12) and congenital defects (5).

Neo-natal deaths.—Prematurity caused 21 deaths, congenital defects 8, respiratory disease 7. Enquiries made into the 21 deaths attributed to prematurity revealed the following information:—

In three cases, patients were admitted to hospital as inevitable miscarriages, duration of pregnancy 26 to 28 weeks.

Toxaemia and ante-partum haemorrhage	accounted for	3 cases
Essential hypertension	„ „	1 case
Ante-partum haemorrhage	„ „	7 cases
Multiple pregnancy	„ „	5 „
Maternal morbidity, viz. pulmonary tuberculosis, mitral stenosis, abscess of lung	„ „	3 „

In only three cases was there no known cause, but without adequate research no actual cause is known in the majority of cases. Most of the information is obtained after the premature labour and is not scientifically sound, as in many cases ante-natal care has not been obtained early in pregnancy. There is a wide field here for research and until detailed work is done much infant life is, and will continue to be, wasted.

Again I would stress the need for better integration of the maternity services, the closer supervision of expectant mothers in their own homes and the importance of ante-natal care early in pregnancy. In ten cases where death was due to prematurity the mother was admitted to hospital as an emergency, no arrangements having been made for confinement.

Maternal Mortality.—There was again, as in 1955, one maternal death, the cause being pulmonary embolus due to phlebitis, and the maternal mortality rate was 0.53.

Ophthalmia neonatorum.—There were three notified cases, but there was no impairment of vision.

Ophthalmic treatment.—23 cases were referred from maternal and child welfare clinics and received treatment.

Pemphigus Neonatorum.—There were two cases during 1956.

Child Minders.—One person has been registered as a child minder, home conditions being satisfactory.

DENTAL TREATMENT.

Numbers provided with dental care :—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers	281	281	281	225
Children under five	290	274	274	269

Forms of dental treatment provided :—

	Scalings and Gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	171	140	..	..	936	127	68	35	1
Children under five	11	21	16	..	536	217	..	..	..

MIDWIFERY.

As in 1955, the increasing tendency to book a general practitioner obstetrician for the confinement has been noticeable. Only 82 women failed to book both general practitioner obstetrician and midwife, and in 4 of these cases a general practitioner obstetrician was present at delivery owing to abnormality. There was an increase in the total number of domiciliary deliveries from 643 in 1955 to 766 in 1956. This was probably attributable to a temporary closure of maternity hospitals in the area and the resultant transfer of cases to the midwifery service. The confidence inspired by the midwives then led to further bookings for home confinement.

Of the 684 cases who booked a general practitioner, 88 had a general practitioner obstetrician present at the time of delivery, and in only 34 cases had medical aid to be called. The midwives, though booked as maternity nurses, acted as midwives therefore in 87% of the cases booked by a doctor.

Breast feeding was not carried out quite so successfully in 1956 as in 1955, only 89% of the infants being entirely breast fed at the end of 14 days, as compared with 93% in 1955. The reasons for weaning were:—

Poor lactation and excessive loss of weight of infant	23
Defective nipples	16
History of previous breast abscess	5
General practitioners' advice (reason not stated) ..	7
Mother unwilling	5
Multiparity and premature infant	1
Twins	—
Maternal morbidity (pulmonary tuberculosis and epilepsy)	3
Acute mastitis	1

Weaning was carried out in three cases on account of cracked nipples.

Medical aid was called to 65 cases, 34 of whom had already contracted for midwifery services to be provided by their own medical practitioners under the National Health Service Act. The conditions demanding medical aid were:—

(a) In the ante-natal period:			
Toxaemia	3	Ante-partum haemorrhage	3
Hypertension	2		
(b) During labour			
Malpresentation	4	Uterine inertia	2
Retained placenta	3	Ruptured perineum	21
Born before arrival	1		
(c) In Puerperium:			
Engorged and/or flushed breast	4	Pyrexia	3
Irregular pulse rate	1	Phlebitis	2
Suppression of lactation	2	Abdominal pain	2
(d) To the baby:—			
Skin infection	3	Umbilical infection	1
Respiratory infection	4	Sticky eyes	9
Cyanotic attack	1	Debility	1
Distended abdomen	1		

Analgesia by means of gas and air and pethidine was given by all midwives to all their patients according to the need. Of a total of 766 cases —

Gas and air was given to	81 cases	— doctor present
" " " " " "	485	" — doctor not present
Trilene " " " "	3	" — doctor present
Pethidine " " " "	85	" — doctor present
" " " " "	322	" — doctor not present

Quite a number of mothers in childbirth still refuse analgesia—some because they say they do not need it, others because they want to be fully conscious of events, and some because they are afraid of using the gas and air apparatus, despite previous instruction. In other cases, the midwife is sent for when the patient is so advanced in labour that she is fully occupied in preparation and delivery of the patient. The increase in the number of domiciliary confinements has been accompanied by a proportional increase in visits.

	1956	1955
Ante-natal visits	5,414	6,173
Nursings	15,028	12,745
Special	214	197
Ineffective	887	805

Nursing visits have, however, increased out of proportion owing to the number of cases transferred from hospital for home nursing, and this has thrown a heavy burden on the midwifery staff.

Three pupil midwives received district training during the year and all were successful in passing the Central Midwives Board examination. One pupil midwife commenced district training in December, 1956.

HEALTH VISITING.

This has been an unfortunate year as there were several changes in the staff. Miss Kelly, Superintendent Health Visitor, left on 31st July to take up duties with the Devon County Council; Mrs. Haldane was promoted to Superintendent Health Visitor; Miss Andrews resigned on 24th October on the occasion of her marriage, and Miss Cowie resigned on the 11th October to take up district nurse midwifery work. Despite repeated advertisements, no applications for the three vacancies were received and the consequent strain on the remaining staff has been very heavy.

The health visitors made a total of 26,304 visits to children under 5 years and an additional 3,768 visits were ineffective. Apart from these, 462 (plus 47 ineffective visits) were made to expectant mothers and many special visits regarding housing conditions and discharge from hospital.

Problem families.—One problem family was sent to a rehabilitation unit and for some months after return improvement was maintained. Unfortunately, there was some deterioration owing to the casual employment of the husband and the worry consequent upon lack of a settled income when an attempt was already being made to deal with an accumulation of debts incurred over many years. The one bright thing about the case is the changed attitude of the mother and the courage with which she is carrying on. The home conditions are now, despite the slight deterioration, much better than they were prior to rehabilitation.

The part played by too frequent child bearing, poverty and unemployment or casual employment in lowering the physical and mental health of the mother and so lowering the standard of mothercraft, must be recognised early and active steps taken to avoid the development of the problem family. "Prevention is better than cure" holds good, especially when dealing with such families. Health visitors are often the first to see the gradual deterioration of mothercraft and the importance of their work in this field cannot be overstressed for it is in the care of the pre-problem family that she will see the best results.

The care of the problem family where there is low mental development is heart breaking work, but the liaison between the various services should be of some help in lightening the burden. Case conferences have been held on three occasions regarding some of the worst families.

HOME NURSING.

The number of nurses increased by one, the staff position at the end of the year being:—

Whole-time

- 1 Superintendent (S.R.N., S.C.M., H.V., Q.N.)
- 3 Queen's Nurses (including one male).
- 7 State Registered Nurses (including one male).
- 3 Enrolled Assistant Nurses.

Part-time

- 1 Enrolled Assistant Nurse

Mrs. A. T. Lawe, who returned to duty in February after qualifying as a Queen's Nurse, was promoted in October to the post of senior district nurse/midwife to fill the vacancy caused by the resignation of the assistant superintendent after seven months' service with the authority.

One nurse attended a refresher course arranged by the Queen's Institute of District Nursing.

Students from the local hospitals were again shewn the work of the Home Nursing Service and seemed to benefit from this experience. It will be interesting to observe if any are recruited subsequently as a result, although the knowledge gained will always help towards a better understanding of the social background of many of their hospital patients.

The following table shows the work done:—

Cases being nursed on 1st January	210
New cases nursed during the year:—	
Adults	924
Children 5 to 15 years of age ..	13
Children under 5 years of age ..	22
	<hr/>
	959
	<hr/>
Total	1,169

The figures given below show the total cases and the number of visits compared with the previous year:—

<i>Year</i>	<i>New Cases</i>	<i>Total Cases</i>	<i>Visits</i>
1955	1,125	1,309	33,648
1956	959	1,169	36,111

Summary of New cases nursed

ADULTS

Notifiable diseases:—

Tuberculosis	..	..	..	..	..	20
Pneumonia	..	..	..	..	..	18
Erysipelas	..	..	..	..	..	3
Others	..	..	..	..	..	7

Maternal:—

Puerperal pyrexia	..	..	..	..	..	12
Miscarriage	..	..	..	..	..	3
Others	..	..	..	..	..	8

Surgical:—

Acute	60
Chronic	27

Medical:—

Diabetes	19
Broncho-pneumonia	36
Bronchitis	36
Other chest conditions	22
Rheumatic conditions	17
Cerebral haemorrhage — under 60	8
„ „ — over 60	77
Cancer	95
Ear, nose and throat	6
Gynaecological	35
Cardiac disease	103
Disseminated sclerosis	5
Senility	104
Others	203

924

CHILDREN 5 to 15 YEARS OF AGE

Medical	7
Surgical	6

CHILDREN UNDER 5 YEARS OF AGE

Medical	7
Surgical	15

Total	959
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Injections.—The nursing staff gave injections to patients in their homes, as follows:—

Diabetics (insulin)	..	..	..	..	..	40
Antibiotics	..	..	..	..	..	153
Diuretics	..	..	..	..	..	48
Liver preparations	..	..	..	..	..	22
Cortisone	..	..	..	..	..	2
Other special injections	..	..	..	..	..	8

Out of the above total of 273 patients receiving injections during the year 47 also required general nursing care. There has been a noteworthy change in the number of injections of antibiotics, especially to tuberculosis patients being nursed at home, because of the increase in oral treatment necessitating injections less frequently. In 1955, there were 298 such cases, 74 of whom were suffering from tuberculosis. During 1956 the corresponding figures were 153 and 34. Conversely, there has been an increase in "heavy" cases requiring more visits over a longer period.

Co-operation with the general medical practitioners remains good and it is readily conceded that this service could not be run otherwise.

VACCINATION AND IMMUNISATION (Section 26)

Diphtheria immunisation.—No change was made this year in the arrangements for immunisation, and a total of 1,419 children received the complete course of inoculations with 645 of these being performed by general medical practitioners. This compares favourably with last year's total of 1,299 primary immunisations. The number of children fully protected in the age group 0-15 years represents 80 per cent. of the total child population as compared with 78 per cent. last year.

Reinforcing injections were given to 973 children, of which 125 were done by general medical practitioners. The following shows the immunisation figures over the last five years.

YEAR	PRIMARY IMMUNISATION			REINFORCING INJECTIONS
	Under 5 yrs.	5-15 yrs.	Total	5-15 yrs.
1952	1,147	304	1,451	1,224
1953	1,038	152	1,190	871
1954	1,084	1,482	2,566	4,851
1955	962	337	1,299	1,012
1956	1,168	251	1,419	973

The position at the end of the year in relation to the child population is given in the table below. It includes all children who had completed a course of immunisation at any time before the 31st December, 1956, and for comparison the immunity index for the previous year has been added at the foot of this table.

	Year of Birth				
	Under 1 1956	1-4 1952-1955	5-9 1947-1951	10-14 1942-1946	Under 15 Total
Last injection 1952 to 1956	99	3,710	6,686	4,813	15,308
Last injection 1951 or earlier	—	—	1,577	2,448	4,025
Estimated child population ...	1,790	6,510	15,600		23,900
Immunity Index	5%	56%	73%		64%
Immunity Index as at 31.12.55	3%	56%	74%		64%

Whooping cough immunisation.—The number of children who received a primary course of immunisation against whooping cough was 1,160 and reinforcing injections were given to 23 children. The majority of these, being infants under two years of age, were inoculated with the combined diphtheria pertussis-tetanus antigen. This method is far more popular with parents as only three injections are needed whereas to obtain the same immunity for diphtheria and whooping cough by separate courses five injections would be required.

Smallpox vaccination.—The total number of primary vaccinations was 505 as compared with 526 the previous year, and again over two-thirds of these were carried out by general medical practitioners. Details of the number of vaccinations during the past five years are given in the following table.

YEAR	PRIMARY VACCINATIONS					RE-VAC- CINATIONS.	
	AGE PERIOD						
	Under 1	1-4	5-14	Adults	Total		
1952	..	129	221	23	60	433	80
1953	..	329	114	40	53	536	90
1954	..	362	64	33	79	538	196
1955	..	308	114	24	80	526	114
1956	..	339	81	14	71	505	136

The percentage of children under the age of one year who were vaccinated in relation to the registered births was 18 per cent. as compared with 17 per cent. for 1955. This is unsatisfactory, but it appears difficult to secure the full co-operation of parents in having their young children vaccinated.

Poliomyelitis vaccination.—In January the Minister of Health announced that a British vaccine giving protection against poliomyelitis had been developed, and this authority instituted a programme to vaccinate children in accordance with Circular No. 2/56. This was the most important event during the year and only a limited supply of vaccine was made available at the beginning.

The registration of consents took place in March and this produced a total of 4,229—which represented approximately a third of the children in the 2 to 9

year age group. Vaccinations were then carried out during May and June and again in December. The total number of children completing vaccination at the end of the year was 543, and no case of poliomyelitis was reported in Grimsby from a household in which there was a vaccinated child.

This work placed a heavy burden on the Health Department by reason of the fact that the time in which to plan and carry out vaccinations was extremely limited and any postponement of supplies of vaccine would doubtless cause difficulty. Normally school sessions are arranged with a minimum of three to four weeks' notice and any sudden re-arrangement in the school medical officer's programmes is one to be discouraged.

It is anticipated that the remaining children will be vaccinated next year, but it is hoped that the distribution of vaccine to health authorities is improved upon so that they in turn can keep faith with the public.

AMBULANCE SERVICE.

The returns for this service give a more satisfactory outlook than has been shown since the service came into being. From 1949 onwards there has been a marked rise in both patients carried and miles travelled. Last year the increase was not so marked, and again this year the only increase shown is in patients carried; the miles travelled and the journeys done have both fallen. Probably this may be due to the greater effort made in contacting crews at the hospital end of the journey and by redirecting them cutting out dead mileage. Altogether the return is encouraging and shows signs of the peak having been reached.

During the year 19,186 calls were received. 91 of these originated in places outside the borough and were transmitted to the appropriate authority. 29,132 patients were transported and 147,835 miles covered by the vehicles. Rail transport accounted for 46 journeys as compared with 51 last year. Of the number of patients carried 1,903 were accident or other type of emergency cases.

Supplying the requests from the local hospitals is by far the greater portion of the work of the service and the help received from the staff at those hospitals has gone a long way towards the smooth employment of the service as a whole. Although the demands on the service are frequent and varied they have been met at all times of the day and night with the greatest possible speed and efficiency. No one section of callers has contributed more towards this efficiency than the local doctors with whom there has been growing over the last few years a real understanding of each others needs and this has developed into a most satisfactory degree of co-operation. Duplication of transport in long distance journeys is now being avoided through an agreement reached with our neighbouring authority. It is working well in practice and must eventually lead to economy in both man power and vehicles. The frequency and timing of journeys to specialist hospitals is still a source of anxiety but it is hoped that more assistance will be forthcoming as a result of inquiries now being instituted. The knowledge gained in succeeding years by personal contact with officers of other authorities has been invaluable. Problems caused through different interpretation of the Act at local levels are being ironed out and every help and assistance is being given in the removal of patients to and from other areas and the relaxing of all rigid rules concerning boundaries.

The majority of vehicles are in good condition and well maintained. One of the older ambulances was replaced during the year, another had to be withdrawn from service as mechanically unsound but the delivery of a replacement is expected early in the new year. The policy of this authority in replacing one vehicle a year is now reflected in the standard of the fleet on the road; and the old difficulty of obtaining spare parts for vintage vehicles is fast disappearing.

No change has taken place in the staff during the year. The high standard attained and the speed and efficiency shown, especially in reaching and dealing with accident cases, is to be commended.

Statistical tables are given below, the figures in brackets correspond with the previous year:—

CALLS.				JOURNEYS IN DISTANCES			
Accidents	1,352	(1,314)		Under 50 miles	7,766	(8,048)	
Other emergency ..	486	(244)		50-100 miles ..	327	(332)	
Removals	16,943	(17,040)		Over 100 miles	177	(204)	
Miscellaneous ..	405	(463)					
Total	19,186	(19,061)					

OPERATIONAL					
Type of Case	Patients		Journeys		
Accidents ..	1,405	(1,378)	1,346	(1,314)	
Other emergency	498	(248)	486	(244)	
Removals (Local)	24,866	(25,096)	5,405	(6,047)	
Removals (Others)	2,132	(1,555)	719	(616)	
Miscellaneous ..	231	(225)	314	(363)	
Totals	29,132	(28,502)	8,270	(8,584)	

ANALYSIS OF ALL JOURNEYS							
Type	Patients		Journeys		Mileage		
EMERGENCY							
Ambulances	1,430	(1,245)	1,350	(1,185)	6,669	(5,496)	
Sitting Case Cars	473	(382)	462	(371)	2,342	(1,788)	
GENERAL							
Ambulances	16,957	(16,869)	3,674	(3,926)	69,600	(70,734)	
Sitting Case Cars	10,272	(10,006)	2,671	(2,980)	64,104	(67,599)	
ABORTIVE AND SERVICE							
Ambulances	—	(—)	140	(171)	1,307	(1,173)	
Sitting Case Cars	—	(—)	172	(285)	1,619	(2,245)	
CIVIL DEFENCE							
Ambulances	—	(—)	—	(—)	—	(—)	
Sitting Case Cars	—	(—)	70	(103)	2,194	(2,893)	
Totals ..	29,132	(28,502)	8,539	(9,021)	147,835	(151,928)	
BY RAIL	47	(52)	46	(51)	7,421	(7,869)	

VEHICLE STATISTICS					
	MILES		PETROL (GALLS.)		M.P.G.
Ambulances	77,523	(76,874)	6,176	(5,987)	12.55 (12.51)
Sitting Case Cars	70,312	(75,054)	3,751	(4,073)	18.85 (18.43)

AVERAGES			
Mileage per patient ..	5.07	(5.33)	
Mileage per journey ..	17.30	(16.84)	

OTHER AUTHORITY CASES			
CHARGEABLE		NOT CHARGEABLE	
Patients carried	52 (21)	Patients carried	110 (103)
Miles travelled	372 (431)	Miles travelled	4,258 (3,895)
MISCELLANEOUS JOURNEYS		CIVIL DEFENCE TRAINING	
Miles chargeable	814 (953)	Miles chargeable	2,194 (2,893)

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

New patients seen by the social worker during the year totalled 648 and casework was continued in 2,353 cases. 1,136 patients were seen in the hospitals and 481 people interviewed in the Health Department. 727 home visits were made.

The necessity for home visiting is growing owing to the increased incidence of carcinoma in its various aspects and the need for after-care of these patients on discharge from hospital.

The rehabilitation of the elderly patient on discharge from hospital to lighter, more congenial work and absorbing "home interests" is still essential, this section of work being quite apart from the still persistent and growing demand for attention to and follow-up of the very old in their own homes when they cannot be accommodated in either chronic wards or old people's homes.

Central Care Council.—The General Care Committee of the Council has dealt with 41 families. The help given has followed the previous pattern, i.e. accounts have been opened for milk, eggs, coal, groceries, etc. Recuperative holidays have been arranged, the patients paying part of the expense where possible.

Railway and bus fares to enable members of the family to visit sick relatives in distant hospitals have been granted where the need has been certain. Fares have been paid for child patients and escorts to be admitted to a distant hospital or to attend for out-patient treatment.

The requests for wireless sets and the payment of licenses has been met satisfactorily with the aid of local and national associations.

DOMESTIC HELP

Once again this service has shown an increase in the number of cases attended, an average of 256 weekly compared with 208 weekly in 1955. The type of cases dealt with are elderly, infirm, chronic sick, tuberculous, blind, maternity and emergency.

There is a slight increase in the number of maternity cases instead of a decrease as in previous years. The aged and chronic sick have again shown an increase of 75 as compared with 55 in the previous year. The strain on the home helps working on this type of case has been apparent, especially during the winter months when quite a number were off duty due to illness. It is perhaps not always realised how much heavier are the duties of a part-time home help compared with those of a full-time home help. The constant journeying from case to case and quite often the lack of facilities and equipment, plus the fact of trying to do as much as possible in the short time available, is no easy task. The following relates to the working of the scheme:—

Administrative staff on 31st December, 1956:—

Organiser	1	}	2
Clerk	1		

Home Helps employed at 31st December, 1956:—

Whole time	6	}	93
Part time	87		

Cases assisted:—

Maternity (including expectant mothers)	98	}	552
Tuberculous	..	..	5
Chronic sick, aged and infirm	..	..	399
Others	..	..	50

The following figures show the amount of service given in a representative week, when 284 cases were dealt with:—

- 17 patients received 2 hours but less than 3 hours per day
- 145 patients received 3 hours but less than 4 hours per day
- 65 patients received 4 hours but less than 5 hours per day
- 1 patient received 5 hours per day.

The remaining 56 cases were in receipt of two or more half days per week. Included in this figure are nine patients where a home help called for approximately one hour daily. Five confinement cases were dealt with during this particular week—two full-time and three part-time.

Payment for Service.—Of the 552 cases assisted, the charges were distributed in the following way:—

	<i>Free of cost</i>	<i>Part cost</i>	<i>Full cost</i>
Tuberculous cases	2	3	—
Chronic sick, aged and infirm ...	298	90	11
Maternity	1	63	34
Others	8	26	16
Total	309	182	61

The standard charge remained at 3s. 0d. per hour, and there was no alteration in the supervision, recruitment and conditions of service of home helps.

Sitters-up Service.—Some applications were received, but it was not possible to deal with these owing to the fact that the night sitters-up were more profitably engaged in private work.

MENTAL HEALTH

Administration.—The Mental Health Sub-Committee consists of 16 members, 5 of whom are co-opted. The senior mental health worker is responsible to the medical officer of health for this section of the service.

The two women mental health workers have social science diplomas, one post being vacant at the end of the year. The two male duly authorised officers were originally relieving officers, but after joining the department attended in-service training courses at Sheffield University. The senior mental health worker is responsible for the case histories provided in connection with the psychiatric clinic held at the general hospital. The supervisor of the Occupation Centre and the assistant supervisor in charge of the younger group both hold the diploma of the National Association for Mental Health. The two other assistants were employed as teachers in the county area before joining the Occupation Centre staff.

A psychiatric clinic, held each Wednesday morning at the Grimsby General Hospital, is attended by two psychiatrists from the mental hospital. A fortnightly case conference is held in the mental health office at which the psychiatrist discusses with the mental health workers the special problems and needs of the patients; in some instances patients and relatives are interviewed with the social worker. The psychiatrists also pay domiciliary visits in cases of special difficulty and on their direction supervisory visits are made to patients leaving the mental hospital. Similar assistance is given in the mental deficiency field where reports on home conditions are made as required, and patients are escorted to and from institutions where necessary. Admission of patients for short stay care has been continued during the summer holiday period. If such vacancies were available at other times of the year it would give some parents a much needed rest.

The highlight of the year has undoubtedly been the opening of the new Occupation Centre, which provides places for 71 children. There is no voluntary association for mental health in the borough, but the local branch of the National Society for Mentally Handicapped Children is at all times in close and friendly contact with the department with mutual benefit.

Account of work undertaken in the Community.—Under Section 28 of the National Health Service Act, 1946, all patients referred to the service are visited as required. Referrals come from hospitals, doctors, relatives, members of council, police, probation officers, welfare services, employers and various organisations, and where necessary appointments are made at the psychiatric out-patient clinic. Visits are paid to mentally ill and mentally defective patients alike where supervision is indicated.

Contact with officers of the National Assistance Board and the Ministry of Labour is maintained at all times and their co-operation is much appreciated.

Lunacy and Mental Treatment Acts, 1890 to 1930.—The senior mental health worker and the two male officers are responsible for any action which may be required under the Lunacy Acts. The officer visits immediately and arranges admission to hospital for observation or treatment if necessary. The junior mental health workers share the home visiting with the authorised officers, accompanying patients to hospital and visiting them on their return home. Efforts are made by the staff to establish a good relationship with the patient and to retain personal contact on discharge from hospital. Many patients visiting the office for help or advice insist upon seeing a particular officer even if this involves a further visit.

The restriction on the admission of voluntary patients, particularly women, is a serious handicap to further progress. Cases seeking admission to hospital at an early stage of their illness cannot be accepted for other than out-patient treatment. The fullest possible use is made of this form of care and transport is arranged twice weekly for patients attending the mental hospital for such treatment.

The following cases were admitted to Bracebridge Heath Hospital during the year:—

						Males	Females	Total
Voluntary	..	..	..	..	..	24	26	50
Temporary	..	..	..	..	..	—	1	1
Certified	..	..	..	..	..	28	46	74
Section 20 (S.R.H.)	..	..	..	..	..	9	13	22
Section 20 (B.H.H.)	..	..	..	..	..	22	12	34
Section 21	..	..	..	..	..	9	15	24
						92	113	205

In addition one patient was taken to Rauceby Mental Hospital and another to St. Ebba's Hospital, Epsom, Surrey.

Cases dealt with by the duly authorised officers were as follows:—
Senior Mental Health Worker—40 plus 73 calls with no action taken under Lunacy Acts.

Mr. Rackham—34 plus 76 calls with no action taken under Lunacy Acts.

Mr. Mackenzie—74 plus 99 calls with no action taken under Lunacy Acts.

The services of the borough ambulances were required on 140 occasions.

Mental Deficiency Acts, 1913-1938.—The majority of patients referred are from the Maternal and Child Welfare and School Health Services, medical practitioners, parents and welfare officers, while a small number are received from probation officers, employers and police. The mental health staff assist in the completion of the ascertainment form on behalf of school children by the addition of any further knowledge of the family which may be of assistance to the doctor, and where such problems already exist in the family the staff are already visiting the home. After-care visits are paid by the mental health workers to educationally sub-normal children not reported for statutory supervision on leaving school.

With the exception of four cases, the arrangements for guardianship have not been changed. Two guardians have died, necessitating the transfer of one patient to institutional care. Another patient has ceased to be under Order, while a fourth was transferred from institutional care to guardianship. One patient in Regional Hospital Board accommodation attends part-time at the Occupation Centre, and a boy under guardianship attends for instruction in woodwork twice weekly.

Four males and five females were admitted to institutional care during the year, and the waiting list now numbers nine.

Employment was found for three boys and two girls, but at the end of the year only one boy and one girl were still doing the work found for them.

Nine patients were referred for dental treatment and made 18 attendances at the local authority's clinic.

Occupation Centre.—Sixty-one pupils attend this centre. Of these 49 (6 part-time) are from Grimsby County Borough and 12 from the Borough of Cleethorpes. The senior boys' woodwork class supervised by one of the duly authorised officers, continues to be very popular and in the more commodious premises has widened its scope considerably. One boy found work in a saw mill. The junior woodwork class run by one of the permanent staff has also been extended in the same way, and it is hoped next year to develop further the outdoor activities in the grounds of the centre. A student from the Diploma Course in Manchester was given permission to attend the centre for six weeks.

Girls' Club.—This is run by the junior mental health workers and now enjoys the improved facilities of the new Occupation Centre. Although this is less central than the former accommodation, it is felt that the advantages offered by these premises outweigh the disadvantages of the greater travelling distance. The club functions for four hours on one evening a week. Tea is served and is followed by handwork, singing and country dancing, and old-time and square dancing is especially popular. The girls choose the route of an annual summer coach outing and save the necessary funds quite early in the year. A Christmas party is also much enjoyed.

Membership of the club varies little; one member has left the area, another cannot attend because of illness and a third owing to the increased distance, but another girl was accepted for membership. It is hoped it may be possible to make similar provision for the boys in the future.

PART IV.

SANITARY CIRCUMSTANCES

Water Supply

Rivers and Streams

Sewerage and drainage

Public cleansing

Sanitary inspection

Pest control

Atmospheric pollution

IV.—SANITARY CIRCUMSTANCES

Mr. Harold Parkinson, Chief Public Health Inspector, has compiled this section of the report:—

Inspectorate.—The effect of the shortage of staff became more acute during 1956 as the slum clearance programme proceeded and with the passing of the Food Hygiene Regulations. Obviously it was not possible for half a normal staff even to attempt to tackle their varied public health work which needs attention in the town.

It should be recorded that with notable exceptions members of the general public have shown understanding and tolerance of the inability of the inspectors to cope adequately with the work involved.

Water Supply.—(a) *Public Supply.* The public supply provided by the Grimsby, Cleethorpes and District Water Board has been constant and adequate in quantity and completely satisfactory after bacteriological and chemical examination.

(b) *Private supplies.*—Bores and wells.

31—at industrial and commercial undertakings.

3—at houses on the outskirts of the town.

Rivers, Streams and Ponds.—Complaints were not received as in previous years about the condition of the Freshney. The thorough cleansing and deepening of the bed in 1955 has proved most successful.

The “ New Cut ” at Pyewipe still receives effluent from fish meal works both within the County Borough and the Rural District.

During the autumn it was necessary to take action to secure the cleansing of the Scartho pond. The owner-occupier of the land was temporarily absent and could not be found and as the matter was one of urgency the Chief Public Health Inspector in accordance with the Public Health Act made an application to the justices for a warrant. The justices granted the warrant to enter the premises to execute the work necessary. The liquid and sludge was pumped out and the site disinfected. From many tests applied any inlet of sewage could not be traced.

Sewerage and Drainage.—The Pyewipe outfall pumping station was completed during the year. A comparatively small number of cesspools are in use in the outlying parts of the town—chiefly in the Fairfield area at Scartho—where the land for many months of the year is waterlogged. The provision of adequate sewerage is long overdue.

Closet Accommodation.—The number of pail closets in use was reduced when temporary buildings at Bradley Hollow were demolished and the site cleared. This site has been sewered and redeveloped for housing purposes.

Public Cleansing.—The Cleansing Superintendent (Mr. Ernest Austin) reports that 27,873 tons of house and trade refuse were disposed of at the Spring Bank Tip and 1,752 tons of salvage realised £14,464 7s. 7d.

2,912 ashbins were supplied under the Corporation Scheme in accordance with Section 73 (3) of the Public Health Act, 1936. Since the inception of the scheme 8,902 bins have been so provided.

Sanitary Inspections

Accumulations	107	Animals	38
Ashbins	2	Caravans	12
Complaints received and investigated	2,030	Dirty houses and persons..	82
Drain tests	136	Drainage	1,882
Infectious disease enquiries	524	Factories and outworkers	46
Offensive smells	107	Lodging houses	41
Offensive trades	19	Miscellaneous matters ..	2,035
Piggeries and stables ..	100	Passages and yards ..	112
Rooms disinfected after infectious disease ..	68	Rats and mice	78
Water supply	22	Smoke observations ..	126
		Verminous premises ..	32

Housing.

Houses, defects and nuisances (Public Health Act)	4,080
Houses (Housing Act)	380
Overcrowding (Housing Act)	41

Notices.

Informal notices served	1,228
Statutory notices served	432
(431 Public Health Act, 1 Shops Act)	

Work in default was carried out by the Corporation at the cost of the owners in respect of 56 notices.

Defects remedied and nuisances abated included:—

Accumulations cleared ..	12	Animal etc. (nuisances abated)	Nil
Chimney repairs. ..	75	Doors and frames renewed	
Drains cleared ..	889	or repaired ..	115
(involving 3,698 houses)		Drain repairs ..	102
Drain and inspection chambers (new) ..	16	Eavesgutters new and repaired ..	228
Fireplace and range repairs	102	Floor repairs or renewals	227
Houses cleansed ..	1	Handrails provided and refixed ..	12
Passages paved and repaired	2	Offensive smells abated ..	6
Rain water pipe repairs and renewals ..	79	Plaster repairs ..	416
Sink and pipe repairs ..	29	Roof repairs ..	340
Wall repairs ..	55	Stairway repairs ..	4
Window repairs ..	181	Wash boiler repairs and renewals	19
Water closet repairs ..	196	Water pipes and taps repaired	134
Yards and paths repaired and repaved..	33	Yard walls and gates repaired	2

Paving of Passages.—This work is almost at a standstill although there are many passages which require repaving and draining.

Persons needing care and attention.—National Assistance Act, Section 47.

Apart from reports and requests received from general practitioners and relatives for help and accommodation on medical grounds, 5 reports were made

about aged persons living in insanitary conditions which merited consideration for the application of the provisions of the Act; in only one instance was it necessary for the Magistrates to grant an order for the removal of a woman to hospital.

Offensive trades:—

Tripe dressers	2
Fish meal maker	1
Fat melter	2
Fish curers	20
Hide and skin dealers ..	2
Gut scraper	1
Rag and bone dealers ..	4

The Town Council, after much discussion agreed to the extension of the premises of a hide and skin dealer limiting the use of the new premises to the storage of dry hides.

See note in atmospheric pollution paragraph about fish meal works.

Fish Curing.—There has been a slight migration from the town area to the dock area by fish curers established in residential areas.

Fish Transport.—Members of the Public Health Sub-Committee interviewed representatives of the fish trades about the nuisances caused through the discharge of offensive liquids from fish lorries and the Council received assurances that real attempts would be made to overcome this trouble.

Some firms vehicles conveyed fish through the town without giving offence which proved that when the will is there the means can be applied to maintain residential areas of our town free from stale fishy stinks.

Alkali Works.—The H.M. Inspector of Alkali etc. Works was notified when complaints were received about the emission of fumes from the sulphuric acid plant on the Humber Bank in the adjoining rural district. Inspector Ireland investigated these complaints from time to time and reported that there was no evidence that the emissions were outside the prescribed amounts. The firm in question was diligently seeking the best means of reducing the concentration and volume of emission.

Pest Control.—The routine work continued throughout the county borough and only three major infestations of rats and mice were reported. Generally it proved more difficult to keep infestations down in premises in older parts of the town near the dock estate.

Eradication of Vermin.—Spraying with D.D.T. solutions continued with success and only on very rare occasions was it necessary to spray a second time.

Disinfestations undertaken included:—

- 24 for bugs (including 20 council houses).
- 8 for fleas (including 4 council houses).
- 15 for cockroaches (including 3 council houses).
- 25 for woodworm (including 21 council houses).
- 45 for earwigs.
- 12 for mites.
- 4 for ants.
- 1 for moths.

Atmospheric Pollution.—Deposits from the two guages at Bargate and the back of Freeman Street continued to be examined during the year.

Extracts from the analytical records are as follows:—

Lowest weight of deposit in any month (tons per square mile).

Bargate	3.35
Back Freeman Street	8.26

Heaviest weight of deposit in any month (tons per square mile)

Bargate	17.32
Back Freeman Street	27.12

Average monthly deposit (tons per square mile)

Bargate	9.51
Back Freeman Street	15.49

Two firms informed the local authority's officers that the installation of new equipment was proposed to remedy grit nuisances.

During one particular period the deposit of grit in the West Marsh area was considerable and the Town Council authorised the service of statutory notices. Since that time remedial work has been attempted and to some slight extent the nuisance mitigated.

During the year discussions took place on several occasions with the officials of the Grimsby Fish Meal Company at Pyewipe with a view to the firm concerned reducing the nuisances caused by the discharge of offensive smells into the atmosphere.

At the end of the year the firm stated that a proposal was under consideration for the installation of a pilot plant on the lines suggested by the Alkali Inspector and the Chief Public Health Inspector. As their factory on the docks was the most convenient for fixing the experimental plant the trials would be conducted there in the first instance and if effective the Pyewipe Plant would also be similarly equipped.

Factories Act.—See statistical report in the appendix.

Places of Entertainment.—Apart from minor defects the cinemas were kept in good order and condition. Several church halls and schools were surveyed for occasional stage play licences.

Fairground.—The field adjoining the Corporation cattle market, Cromwell Road, appears to have become the official site for the annual Statute Fair and visiting circuses.

Swimming Baths.—Samples taken of swimming bath water at the Corporation bath proved to be satisfactory and the chlorination plants worked efficiently.

At one time there seemed to be a reasonable hope that the town would have a new swimming bath worthy of the largest fishing port, but now there seems to be considerable doubt about the scheme coming to fruition in the foreseeable future. This proposal appears to be becoming a Grimsby legend.

Rag Flock and other Filling Materials Acts and Regulations:—

Licence for storage of rag flock for sale	1
Registered for use of filling materials	5

Shops Acts.—Attention was paid to the provision of adequate means of warming during the winter months. Plans submitted to the Council for new shop premises and alterations were scrutinised and as a result the basic requirements of the Act relating to structure were met when the work was completed.

Schools.—The provision of additional sanitary and washing accommodation at schools was not undertaken in 1956.

Disposal of the Dead.—The 1956 total of 636 cremations (264 Grimsby residents and 311 from other parts of the county) showed an increase of 120 over 1955 (the first full year of use after the opening of the crematorium).

PART V.

HOUSING.

New houses

Demolitions

Unfit houses

Housing inspections

V.—HOUSING.

The Chief Public Health Inspector has prepared this part of the report.

New Houses.—622 were erected during the year.

Demolitions.—105 were demolished—mainly in the Redevelopment Area of the town.

HOUSING ACTS.

Slum Clearance.—Because of lack of suitable accommodation for rehousing the proposed yearly programme was not accomplished. At the end of the year there was a balance of 89 houses yet to be represented.

Clearance Area.—

Pasture Street No. 1—4 houses occupied by 15 persons.

Six areas (17 houses) already represented under Section 25 of the Housing Act 1936 on the instructions of the Ministry had to be dealt with as Unfitness Orders under the Town and Country Planning Act as the houses concerned were in the Redevelopment Area.

Individual unfit houses (Section 11) included:—60 & 62 East Marsh Street, 35, Duncombe Street and Bk. 115, Cleethorpe Road. 4 houses occupied by 7 persons.

Court proceedings resulting in fines of £3 and two of £2 were taken against owners and occupiers of two houses for permitting the premises to be used again as dwellings after the houses had previously been vacated following Closing Orders made under the Housing Acts.

Underground rooms—Section 12.

96 Stirling Street—occupied by 3 persons.

Public Health Act, 1936—Section 93.

Applications were made to the justices for abatement orders for nuisances at 8 and 46, Bedford Street and after hearing the cases the magistrates made orders prohibiting the use of the houses as dwellings.

Town and Country Planning Act,

Declaration of Unfitness Orders—1956.

Victoria Street No. 5 — 276, 278, 280 Victoria Street—3 houses, 6 persons.

(previously Victoria Street No. 1 Clearance Area 1955).

Victoria Street No. 6	— 282/282a, Victoria Street, 14, Central Market, (including 12a, Central Market and 284, Victoria Street)—2 houses, 17 persons.
Victoria Street No. 7	— 288/290, 292a, 292, Bk. 288/290, Victoria Street—4 houses—7 persons
Victoria Street No. 8	— 97 & 99, King Edward Street—2 houses, 7 persons.
Victoria Street No. 9	— 6, 8, 9 and flat adjoining 9, Central Market and 15, Market Street—5 houses, 6 persons
Victoria Street No. 10	— 19 & 21, Whitgift Street—2 houses, 8 persons.

The Chief Inspector appeared as Corporation witness at Public Inquiries held during the year.

Overcrowding.—The Housing Committee alleviated overcrowding conditions as houses of suitable types and rents became available. Special consideration was again given to applicants on medical grounds.

Problem Families.—Problem families on the council estates constantly exercised the minds of the members of the Committee and officers and a special meeting was called solely to discuss this difficult matter with the Town Clerk, the Medical Officer of Health, the Deputy Director of Education, the Director of Welfare Services, the Children's Officer, the Housing Officer, the Probation Officer and the Chief Public Health Inspector.

Various methods of attempting to deal with the problem were discussed and at least two definite conclusions reached were:—

Caravans.—Applications to use caravans for living purposes within the county borough were not granted as there is not an official caravan site.

Showmen visiting the town with circuses and fairs stayed a few nights in caravans at the Cattle Market and the Council permitted a tent used for mission services to be lived in for a short period during the summer.

Common Lodging Houses.—Of the two registered common lodging houses, the largest, the Salvation Army hostel with 105 beds is in Victoria Street No 5 Redevelopment Area. The Public Inquiry was held in the autumn and if the Order is confirmed it will mean that eventually this lodging house will be demolished. Unless another common lodging house or equivalent accommodation is provided—only a very small lodging house will remain in the town and even this is in an area to be considered later for redevelopment.

Some time ago the appropriate committees of the Council had the need under review but definite proposals have not been forthcoming in 1956 for the provision of a municipal lodging house.

Houses let in Lodgings.—In certain parts of the town houses continue to be used for this purpose and the time has come for a new set of byelaws applicable to these premises to be adopted by the Town Council.

Housing Repairs.—With very few exceptions the notices served for repairs were issued under the provisions of the Public Health Act.

Again because of staff shortage inspections and reconditioning were not attempted under the Housing Consolidated Regulations 1925.

Improvement Grants.—51 applications mainly from owner/occupiers received the attention of the Chief Public Health Inspector. Only in a very few instances did the Committee find it impossible to agree to the proposals in principle. Many of the applicants did not proceed with the schemes when they became aware of the total cost.

House Purchase.—101 houses were surveyed by the Chief Public Health

PART VI.

INSPECTION AND SUPERVISION OF FOOD

Meat inspection

Milk supply

Food hygiene

Food premises

Food and drug sampling

VI.—INSPECTION AND SUPERVISION OF FOODS.

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

Inspections.

Bakehouses	87	Dairies and milk vendors..	11
Fish curers	44	Fish shops	19
Food preparers	105	Fried fish shops	77
Greengrocers	42	Grocers	123
Ice cream makers and vendors	70	Markets	330
Meat shops and stores ..	253	Restaurants and cafes ..	121
Slaughterhouses	1,825	Other matters	150

Slaughterhouses.—There was no change from last year in the number in use (Cromwell Road abattoir owned by the Ministry of Agriculture, Fisheries and Food and four private slaughterhouses amongst residential areas of the town).

One licence holder was prosecuted twice for using his premises after his licence had expired. He was fined £2 and £5 by the justices.

The total number of animals killed for food in all slaughterhouses was far from approaching the maximum number which could have been dealt with at the Cromwell Road abattoir if the abattoir had been the only place used for the slaughter of animals.

Carcases and offal inspected and condemned in whole or in part.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	4,235	650	459	9,749	17,634	—
Number inspected ...	4,235	650	459	9,749	17,634	—
<i>All diseases except Tuberculosis and Cysticerci.</i>						
Whole carcasses condemned	4	8	1	20	40	—
Carcasses of which some part or organ was condemned	1,552	255	7	647	5,957	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ...	36.07 %	40.46%	1.75%	6.84%	34.01%	—
<i>Tuberculosis only</i>						
Whole carcasses condemned	12	13	—	1	10	—
Carcasses of which some part or organ was condemned.	409	194	—	—	1,740	—
Percentage of the number inspected affected with tuberculosis	9.94%	31.85%	—	.011%	9.92%	—
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	33	1	—	—	—	—
Carcasses submitted to treatment by refrigeration	33	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Cysticercus Bovis.—Routine inspections continued and 34 infestations of offals were found and the carcasses were allowed to be treated by freezing.

The local butchers found it increasingly difficult to find suitable premises within the town to freeze the carcasses from which organs had been found to be infested with this parasite. Some carcasses had to be taken to Scunthorpe for treatment. The cooling rooms at the Grimsby abattoir are not kept at a low enough temperature to be used for *C. Bovis* carcasses.

One butcher was fined £25 and costs for disposing of a carcass without treatment after evidence of *C. Bovis* had been found in the heart of the bullock. An appeal to the high court was lodged and the case is to be heard in 1957.

Other diseases and conditions found during meat inspection included:—

Abscesses, acetonaemia, actinomycosis and actinobacillosis, arthritis, bruising, cirrhosis, distomatosis, echinococcus cysts, endocarditis, emphysema, emaciation, enteritis, erysipelas, fatty degeneration, fevered, fracture, gangrene, haemorrhage, hepatitis, hydronephrosis, immaturity, infarcts, jaundice, Johnes disease, linguatula, lymphatic leukaemia, mastitis, necrosis, nephritis, oedema, parasites, pericarditis, peritonitis, pleurisy, pneumonia, pre-sternal calcification, pyaemia, septicaemia, telangiectasis, tuberculosis, tumour, uraemia.

Weight of meat condemned—58 tons, 12 cwts., 24 lbs.

In addition 118 lbs. of meat, mainly imported, were condemned at the abattoir.

Unsound Foods included:—

					tons	cwts.	qrs.	lbs.
Meat condemned at abattoir..	..	..	..	..	58	13	1	2
5,283 cans of various food	..							
261 jars of various food	..							
312 packets of various food	..							
50 bottles and flavourings etc.	..							
10 puddings	..	..	..	..	4	7	1	8
Meat, bacon, ham	..	..	..	..		10	—	—
Cheese	..	..	..	..		2	2	18
Fish	..	..	..	..		2	—	26
Fruit	..	..	..	..		2	2	12
Confectionery	..	..	..	..		1	—	4
Other foods	..	..	..	..		1	—	13
Total weight					64	—	—	27

Disposal of Unsound Meat etc.—By arrangement with the contractors at the abattoir and the licence holders of the private slaughterhouses, diseased meat was removed from these premises by a Grimsby firm for processing at their meal plant at Killingholme.

Livers affected with distomatosis only were kept separate on condemnation and later removed for processing for pharmaceutical purposes by the same firm which had the contract with the Ministry of Food.

A very small amount of these livers were supplied for feeding at a mink farm after discolouration by green dye.

As the Corporation had not an incinerator unsound tinned goods were buried in the Corporation tip.

Horse Flesh.—Horse flesh for human consumption was not sold in Grimsby.

Milk Supply.—All the milk dealers in the town were licensed for the sale of heat treated milk only, they included:—

Wholesalers of milk	4
Retail purveyors of milk	388
(including 8 with premises in Grimsby, 4 from outside the district and 376 bottled milk vendors)	
Licensed pasteurisers of milk	3
(high temperature short time)	
Licences to use designation Tuberculin Tested (Pasteurised) milk	3
Supplementary and dealers licences for sale of Pasteurised milk	20
Supplementary and dealers licences for sale of Tuberculin Tested (Pasteurised) milk	7
Licences to produce Sterilised milk	3
Licences to sell Sterilised milk	376

The results of the samples taken from every separate source of supply are summarised as follows:—

Tuberculin Tested (Pasteurised) Milk.—37 samples passed the prescribed test.

Pasteurised Milk.—Of the 59 samples examined all passed the Methylene Blue test. One sample contained non-faecal B. Coli.

Sterilised Milk.—45 samples were all satisfactory.

Ice Cream: —Premises registered for making of ice cream	6
Premises registered for sale of ice cream ..	417

Twelve samples of ice cream satisfied the Methylene Blue test, eleven in Grade I and one in Grade II.

Three samples submitted for chemical analysis proved satisfactory.

Three samples of iced lollies were found to be free from food poisoning organisms, but three milk lollies contained non-faecal B. Coli, one of which also contained enterococci and streptococci.

Investigations were made into the methods of production, sterilizing of equipment, handling and storage of material at the factory where the milk lollies were produced.

It was necessary to warn certain street traders of unwrapped ice cream about the inadequacy of the hot water supply and washing facilities available on their vehicles.

Food Hygiene.—Following the introduction of the Food Hygiene Regulations the Chief Inspector addressed meetings specially called by the various food trade associations (Grocers, Bakers and Butchers). Clean food was also the subject of talks to womens' associations.

During the summer he also gave a course of training in Food Hygiene on behalf of the local St. John's Ambulance Corps.

It was necessary to take court proceedings against a fish monger for breaches of the Food Hygiene Regulations and he was fined £8.

A stall holder was given a conditional discharge after the justices had been satisfied that he had failed to keep his stall sheeted at the top, back and sides.

The full enforcement of the Regulations depends in the main on having an adequate staff of qualified inspectors. It is only to be expected that with a very much reduced inspectorate this work is not going ahead.

Markets.—Stallholders compared with shopkeepers who sell identical foods are under less stringent requirements—a state of affairs which is not only incongruous but definitely embarrassing to inspectors who have the duty of enforcing the regulations in shops which are in the same district as markets. Markets during windy weather indicate at least one of the main inadequacies of the present legislation.

Food Premises.—This summary includes food preparing premises (Section 14—Food and Drugs Act). At 31.12.1956 the numbers were:—

Bakehouses 67, butchers shops 125, cafes, restaurants and snack bars 63, bread and cake shops 65, dairies 12, fried fish shops 88, fish cake making premises 18, fish curing houses 23, greengrocers shops 141, grocers and general shops 380, ice cream factories 6, ice cream shops 296, jam and preserves factory 1, mineral water works 6, pickle works 2, potato crisp factories 2, poultry dressing places 3, sausage making premises 68, shell fish preparation premises 4, sweet factories 5, tripe dressing premises 2, wet fish shops 21, wholesale grocery depots 17.

Fish Inspection.—Following special inspections export certificates were issued for 210 consignments, totalling 12,284 bales and cases of salted fish for despatch overseas to—Beira, Bissau, Colon, Esbjerg, Faial, Funchal, Genoa, Habana, Hamburg, Havana, Luanda, Madeira, Mocamedes, Mormugao, Naples, Piraeus, S. Miguel, Terceira, Trinidad and Volo.

Food Poisoning.—67 cases were investigated and 5 were not confirmed. One outbreak in the 2nd quarter involving 52 persons occurred in a Grimsby hospital and the cause was *Staphylococci Aureus*. One of the food kitchen workers had a septic spot on her hand and nasal swabs from two other workers gave positive results.

There were 4 single cases caused by *Salmonella* organisms: the other cases in three family outbreaks could not be traced to any specific organism.

A Grimsby person was one of a party infected in Cleethorpes.

No case proved fatal.

Samples of Food and Drugs.—178 samples (53 formal and 125 informal) were taken.

Of the 84 samples of milk taken 38 samples were below the prescribed standard (3% fat and 8.5% non-fatty solids).

17 were deficient in fat.

17 were deficient in non-fatty solids.

4 were deficient in both fat and non-fatty solids.

Apart from two samples these unsatisfactory samples of milk were taken from supplies sent to wholesalers in Grimsby by farmers in the Lindsey County Council area. "Follow up" samples were taken, including "appeal to cow samples" and in most instances the milk although below the legal standard was found to be genuine.

One Caistor farmer was fined £15 and £19 6s. 6d. costs for selling milk containing added water and also being deficient in fat.

Following a report of added water in samples of milk on investigation it was found that water had gained access to the milk from a defect in the pasteurising plant. The pasteuriser was warned and the defect remedied. Later samples were satisfactory.

Two samples (one formal, one informal) of bread and butter were found to consist of bread and a mixture of butter and margarine. The Council interviewed vendor and warned him as to consequences if future samples were not satisfactory.

Three samples of cream buns were found to be filled with a mixture of sugar and fat—vendors warned.

One sample of potted beef contained only 35.3% of meat.

One sample of potted meat contained only 65.1% meat and also preservatives and should have been described as potted meat paste. "Follow up" samples were taken in 1957.

The satisfactory samples included:—

Beef sausage 2, butter 3, butter toffee 1, chicken pie 1, chicken rissoles 1, chicken cutlets 1, children's feverish cold mixture 1, Christmas pudding 5, corn flour 2, cream of chicken soup 2, double cream 1, fish cakes 5, ground nuts 2, ground rice 1, ice cream 3, imitation cream buns 1, lemon curd 1, lemon squash 1, milk 84, milk chocolate 1, mixed dried fruit 1, orange squash 1, pork sausage 2, pure almond marzipan 1, pure ground almonds 1, pure wheat embryo 1, roast pork 1, rum 1, salted fish 1, self raising flour 1, steak pie 1, tinned peas 1, whole orange drink 1.

Public Health Preservatives etc., in Food Regulations.—Only one breach of the regulations was reported by the Public Analyst. Preservative (SO₂) was found in a sample of potted meat.

Chemical Analyses.—The Public Analyst, Mr. Hugh Childs, B.Sc., F.R.I.C., undertook the chemical analysis of samples submitted under the Food and Drugs Act and Fertilisers and Feeding Stuffs Act.

Bacteriological, Histological and Biological.—Examinations continued to be undertaken in the Department of Pathology, Grimsby and District Hospital.

Fertilisers and Feeding Stuffs Acts.—11 samples (7 feeding stuffs and 4 fertilisers) were taken and 9 were satisfactory. It was necessary to issue warnings about:—

Meat and bone meal—excessive oil and phosphoric acid.

Pure white fish meal—slight excess of oil.

PART VII.

ADDITIONAL INFORMATION.

Incidence of blindness

Epileptics and spastics

Health education

Medical examinations

Blood donors

Laboratory facilities

NATIONAL ASSISTANCE ACTS: INCIDENCE OF BLINDNESS

At the end of 1956 the total number of blind persons in the borough was 179 (males 88 and females 91).

Thirty four Forms B.D.8 were received during the year. As a result of examinations carried out by the ophthalmic surgeons 21 persons were certified as blind and 13 as partially sighted.

There were no cases of retrolental fibroplasia.

Follow-up of Registered Blind and Partially Sighted persons.

(i) Number of cases registered during the year in respect of which Form B.D.8 recommends:—	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(a) No treatment ...	6	3	—	7
(b) Treatment (medical surgical or optical)	12	—	—	6
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	8	—	—	5

Ophthalmia neonatorum.

(i) Total number of cases notified during the year ...	3
(ii) Number of cases in which:—	
(a) Vision lost ...	—
(b) Vision impaired ...	—
(c) Treatment continuing at end of year ...	—

EPILEPTICS AND SPASTICS

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows:—

Epileptics

		Under 5	5-15	16 and over	Total Number
At ordinary school ...	Males	—	4	—	4
	Females	—	5	—	5
At special school ...	Males	—	—	—	—
	Females	—	1	—	1
At occupation centre ...	Males	—	3	—	3
	Females	—	1	2	3
*In employment ...	Males	—	—	24	24
	Females	—	—	7	7
At home ...	Males	—	—	12	12
	Females	4	1	4	9
TOTAL ...		4	15	49	68

Spastics

			<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total number</i>
At ordinary school	...	Males	—	2	—	2
		Females	—	1	—	1
At special school	...	Males	—	3	—	3
		Females	—	—	—	—
At occupation centre	...	Males	—	2	—	2
		Females	—	3	1	4
*In employment	...	Males	—	—	3	3
		Females	—	—	—	—
At home	... ..	Males	1	2	5	8
		Females	—	3	4	7
TOTAL			1	16	13	30

* Per Disablement Resettlement Officer, local office of Ministry of Labour.

HEALTH EDUCATION

The local health authority subscribes to the Central Council for Health Education, and full use is made of the posters, pamphlets, leaflets and other publicity material available from them.

Through the good offices of the editor a panel in the local evening newspaper has been placed at the disposal of the health department in which contributions of general interest appear every three weeks under the title of Your Health Service.

The journal *Better Health* is distributed each month through the authority's welfare centres and clinics.

Every effort is made by health visitors to teach mothers how to prevent accidents in the home, and posters received monthly from the Royal Society for the Prevention of Accidents are displayed in clinics. In addition, class teaching is done at clinics with the aid of demonstration and film strips, and booklets on the prevention of accidents are distributed.

As part of the Central Council's in-service staff training scheme a one day conference on the Prevention of Home Accidents was held in Grimsby on 14th March, 1956, for the staff of the health department and members of the local home safety committee. The lecturer was Mrs. W. E. Duncan, publications officer for the Central Council for Health Education. The lecture and discussions stimulated lively interest in this aspect of health education and a greater awareness of the real dangers which are encountered daily by most of us. Mrs. Duncan also addressed two meetings on 13th March: in the afternoon a talk was given to school teachers on Safety in the Home, and in the evening a special talk was given to home helps on The Safe Home.

A total of 33 lectures and talks were given to organisations in the borough on various aspects of public health, 23 by the medical officer of health and 10 by the chief public health inspector. Attendances at these meetings totalled 1,126. Details are set out below:—

<i>Talks given by Medical Officer of Health</i>		<i>Attendance</i>
23.2.56.	Wellow Ward Conservative and Unionist Asstn.	24
4.3.56.	St. Hugh's Youth Fellowship	20
3.4.56.	Scartho Evening Townswomen's Guild.. ..	50
5.4.56.	Clee Ward Labour Association, women's section	60
10.4.56.	St. Mark's Young Wives	20
18.4.56.	Grimsby and Cleethorpes Rotary Club	100
19.4.56.	Central Hall Parent-Teacher Association ..	12
29.5.56.	British Red Cross Society, Cleethorpes Div. ..	25
30.5.56.	Inner Wheel Club, District No. 7	50
21.6.56.	St. Michael's Women's Fellowship	30
10.7.56.	Alexandra Town Women's Guild, Cleethorpes..	40
11.9.56.	Humberston Women's Institute	45
15.9.56.	Business and Professional Women's Club ..	40
17.9.56.	St. Columba Ladies Fellowship	25
23.10.56.	Grimsby Round Table	45
30.10.56.	Grimsby Central Women's Co-operative Guild	20
4.11.56.	St. Hugh's Youth Club	25
8.11.56.	(Afternoon) Baptist Women's League	25
8.11.56.	(Evening) Beacontorpe Men's Association ..	30
14.11.56.	St. James Youth Fellowship	15
15.11.56.	Wintringham Girls Grammar School, 6th Form Society ..	40
21.11.56.	Welholme Congregational Youth Group ..	10
22.11.56.	Clee Ward Labour Association, women's section	35
<i>Talks by Chief Public Health Inspector</i>		
	Business and Professional Women's Club ..	40
	Bakers' Association	60
	Soroptimists	30
	Grocers' Association	70
	Grimsby Co-operative Women's Guild	30
	Standing Conference of Women's Organisations	20
	St. John's Ambulance Corps—3 lectures ..	50
	Butchers' Association	40

MEDICAL EXAMINATIONS

Medical examinations for superannuation purposes were carried out on 143 employees during the year, 130 by medical staff of the department and 13 by requests to other local authorities. Of these, two candidates were referred for x-ray examination of the chest, and 17 were found unfit for entry into the superannuation scheme.

Two employees for retirement on medical grounds were referred to the medical referee of the Corporation, and the Medical Officer of Health investigated and made special reports on 7 employees who had been absent from duty for a period of three months and over.

Thirty-seven candidates for admission to training colleges were also examined by the medical staff. Examinations for entry into the teaching profession numbered 26, all of whom received x-ray examination of the chest before appointment.

During the year 59 persons were examined for employment in the School Meals Service of the Local Education Authority. This examination, which includes tests for carrier conditions, is a valuable protection against the risks of food poisoning and fully justifies the time and trouble taken. None of the candidates were found to be unfit for such employment.

Two recruit firemen were also examined by the medical staff in accordance with the provisions of the Fire Services (Appointments and Promotion) Regulations, 1950, one being unfit for entry into the Service.

The above represents a total of 269 medical examinations during the year, 254 of which were performed by medical staff of the department.

As recommended in Ministry of Health Circular 64/50—Protection of Children from Tuberculosis—54 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

One new entrant to the staff of the Grimsby, Cleethorpes and District Water Board was examined in accordance with paragraph 5 of Ministry of Health Memorandum 221, dated January, 1939, and found to be fit for employment in a water undertaking.

BLOOD DONORS

The Sheffield Regional Transfusion Team is offered the use of the local authority's clinics to hold taking sessions, and 10 such sessions were held at the Watkin Street Clinic.

LABORATORY FACILITIES

The examination of specimens is carried out in the laboratory at the Grimsby General Hospital. A total of 1,795 specimens were sent by the health department for examination.

PART VIII.

STATISTICAL TABLES.

Table 1.—Vital Statistics of the whole Borough during 1956 and previous Years.

YEAR	Total Popula- tion estimated to middle of each year	Births		Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District				
		Un- corrected Number	Nett		Number	Rate	of Non- residents registered in the District	of Resid- ents not registered in the District	Under 1 Year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Nett Births		
1	2	3	4	5	6	7	8	9	10	11	12	13
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
1950	93,240	1688	1702	18.2	1222	13.1	224	54	51	29.9	1052	11.9
1951	93,250	1655	1751	18.7	1276	13.6	215	66	60	34.2	1127	12.0
1952	93,200	1591	1693	18.1	1150	12.3	195	85	58	34.2	1040	11.1
1953	93,300	1517	1647	17.6	1176	12.6	207	53	55	33.3	1022	10.9
1954	93,670	1606	1700	18.1	1271	13.5	247	63	42	24.7	1087	11.6
1955	94,560	1639	1755	18.5	1186	12.5	204	84	49	27.9	1066	11.2
1956	95,400	1673	1791	18.7	1236	12.9	246	73	69	38.5	1063	11.1

Acreage (land and inland water)	...	5,468	Population	94,557	At Census of 1951
Persons per acre	...	17.3	Private households	...	...	27,103
	...		Structurally separate dwellings occupied	...	...	25,571

Table 2.—England and Wales and Grimsby, 1939–1956.

Birth Rates.

Year	Number of Births	Grimsby		England and Wales Birth Rate
		Birth Rate	Adjusted Birth Rate	
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
1950	1702	18·2	18·9	15·8
1951	1751	18·7	19·1	15·5
1952	1693	18·1	18·7	15·3
1953	1647	17·6	18·1	15·5
1954	1700	18·1	18·3	15·2
1955	1755	18·5	18·7	15·0
1956	1791	18·7	18·9	15·7

Table 3. England and Wales and Grimsby, 1939–1956.

Death Rates.

Year	Nett Deaths	Grimsby		England and Wales Death Rate
		Death Rate	Adjusted Death Rate	
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	991	10·8	*	10·8
1949	1125	12·3	13·0	11·7
1950	1052	11·2	11·9	11·6
1951	1127	12·0	12·6	12·5
1952	1040	11·1	11·7	11·3
1953	1022	10·9	11·4	11·4
1954	1087	11·6	12·1	11·3
1955	1066	11·2	11·8	11·7
1956	1063	11·1	12·6	11·7

* Area comparability factor suspended by Registrar General

Table 4.—Cases of Infectious Diseases notified during the year 1956

NOTIFIABLE DISEASE.	Number of Cases notified.												Total Cases notified in each Ward of the Borough.												Total cases removed to Hospital			
	At all ages.	Ages (in years).											Alexandra	Clee	Hainton	Humber	Littlefield	Littlecoates	Nunthorpe	Scarbro	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 up.
Scarlet fever	75	—	2	9	9	7	43	4	1	—	—	—	3	5	6	8	—	8	—	8	1	3	4	3	7	10	6	9
Measles	33	6	3	5	1	2	10	4	1	—	—	—	2	—	1	3	4	3	1	3	—	3	2	3	6	4	—	—
Whooping Cough	338	45	23	48	36	40	136	6	1	1	1	1	4	54	30	36	13	21	2	52	7	31	30	35	19	12	—	
Acute pneumonia	27	1	—	—	—	—	1	—	3	5	3	9	5	6	1	—	—	—	3	3	5	2	1	—	2	7	—	
Meningococcal Infection	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	3	—	
Acute Poliomyelitis :—																												
Paralytic	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	4	
Non-Paralytic	4	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ophthalmia	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	7	—	—	1	1	1	—	—	—	7	
neonatorum	13	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—	—	—	—	—	
Puerperal pyrexia	3	—	—	—	—	—	—	—	1	9	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Erysipelas	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Chicken pox	914	20	63	66	87	86	498	72	712	3	3	1	2	26	56	79	83	34	95	54	82	19	57	92	99	38	3	
Dysentery	211	7	24	26	21	18	46	12	528	10	10	4	—	16	7	2	13	9	55	5	71	7	5	19	—	1	6	
Food poisoning	67	2	2	2	—	1	1	2	3	6	1	18	29	5	1	1	—	—	2	52	2	—	1	3	—	—	2	
Totals	1692	86	118	156	154	154	735	104	21	63	22	39	40	64	162	104	125	118	193	119	223	44	103	156	150	71	53	

Table 5.—Causes of and Ages at Death during the Year 1956

Causes of Death.		Nett Deaths at the Subjoined ages of "Residents" whether occurring within or without the District.												Total Deaths whether of 'Residents' or "Non-Residents" in Institutions in the District
		All Ages.			Under 1 year	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and upw'ds	
		Total	Males	Females										
All Causes	Certified	1063	577	486	69	5	4	5	7	36	238	272	427	604
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, respiratory	...	18	11	7	...	...	...	...	...	4	14	...	...	18
Tuberculosis, other forms	...	1	...	1	...	...	...	...	...	1	...	...	...	1
Syphilitic disease	...	3	1	2	...	...	...	...	...	...	...	1	2	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping cough	...	2	2	...	1	...	...	1	...	...	...	...	...	1
Meningococcal infections	...	2	1	1	...	...	...	1	...	...	1	...	...	1
Acute poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other infective and parasitic diseases	...	2	1	1	...	...	...	...	...	1	1	...	...	1
Malignant neoplasm, stomach	...	29	13	16	...	...	...	...	...	...	7	10	12	13
Malignant neoplasm, lung, bronchus	...	39	33	6	...	...	...	...	...	...	25	10	4	14
Malignant neoplasm, breast	...	14	...	14	...	...	...	...	...	1	6	2	5	2
Malignant neoplasm, uterus	...	12	...	12	...	...	...	...	...	1	5	...	6	4
Other malignant and lymphatic neoplasms...	...	108	74	34	...	...	...	...	2	4	33	38	31	62
Leukaemia, aleukaemia	...	5	2	3	...	...	...	...	...	1	...	1	3	5
Diabetes	...	5	1	4	...	...	...	...	...	...	...	4	1	9
Vascular lesions of nervous system	...	135	58	77	...	...	...	...	...	1	27	40	67	64
Coronary disease, angina	...	130	81	49	...	...	...	...	...	3	36	53	38	28
Hypertension with heart disease	...	31	17	14	...	...	...	...	...	...	5	10	16	19
Other heart disease	...	148	69	79	1	...	...	...	...	7	21	35	84	67
Other circulatory disease	...	39	23	16	...	...	...	...	...	...	5	7	27	24
Influenza	...	4	1	3	...	...	...	...	...	...	...	1	3	...
Pneumonia	...	85	49	36	7	2	2	...	...	2	5	26	41	78
Bronchitis	...	27	16	11	5	...	...	...	...	...	5	4	13	9
Other diseases of respiratory system	...	13	5	8	4	...	...	...	...	...	2	3	4	11
Ulcer of stomach and duodenum	...	9	7	2	...	...	...	...	...	...	4	3	2	20
Gastritis, enteritis and diarrhoea	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nephritis and nephrosis	...	8	5	3	...	...	...	...	...	...	4	2	2	6
Hyperplasia of prostate	...	7	7	...	...	...	...	...	...	...	...	2	5	6
Pregnancy, childbirth, abortion	...	1	...	1	...	...	...	...	...	1	...	...	...	1
Congenital malformations	...	11	9	2	9	1	...	1	...	...	...	...	...	9
Other defined and ill-defined diseases	...	135	64	71	40	1	...	...	...	5	21	14	54	104
Motor vehicle accidents	...	11	9	2	...	...	1	2	4	1	2	...	1	8
All other accidents	...	17	10	7	2	1	1	...	1	2	1	4	5	16
Suicide	...	12	8	4	...	...	...	...	...	2	7	2	1	3
Homicide and operations of war	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	...	1063	577	486	69	5	4	5	7	36	238	272	427	604

Table 6.—Infantile Mortality during the year 1956.

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 ...	...	...	31	6	3	5	45	5	13	4	2	69
	Uncertified ...	...	...	—	—	—	—	—	—	—	—	—	—
Measles	...	...	...	—	1	—	—	—	—	—	—	—	—
Whooping Cough	...	...	...	—	—	—	—	—	—	1	—	—	1
Diphtheria	...	...	...	—	—	—	—	—	—	—	—	—	—
Influenza	...	...	...	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Nervous System	...	...	...	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Intestines and Peritoneum	...	...	...	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	...	...	...	—	—	—	—	—	—	—	—	—	—
Syphilis	...	...	...	—	—	—	—	—	—	—	—	—	—
Meningitis	...	...	...	—	—	—	—	—	—	—	—	—	—
Convulsions	...	...	...	—	—	—	—	—	—	—	1	—	1
Bronchitis	...	...	...	—	—	—	1	1	1	5	—	1	8
Pneumonia	...	...	...	—	3	—	1	4	—	2	1	—	7
Other Respiratory Diseases	...	...	...	—	1	—	1	2	1	—	1	—	4
Inflammation of the Stomach	...	...	...	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis	...	...	...	—	—	—	—	—	—	—	—	—	—
Hernia, Intestinal Obstruction	...	...	...	—	—	—	1	1	—	1	—	—	2
Congenital Malformations	...	...	...	4	2	1	—	7	1	2	—	—	10
Congenital Debility and Sclerema	...	...	...	1	—	—	—	1	2	—	—	—	3
Icterus	...	...	...	—	—	—	—	—	—	—	—	—	—
Premature Birth	...	...	...	20	—	1	—	21	—	—	—	—	21
Injury at Birth	...	...	...	2	—	—	—	2	—	—	—	—	2
Disease of umbilicus	...	...	...	—	—	—	—	—	—	—	—	—	—
Atelectasis	...	...	...	3	—	—	—	3	—	—	—	—	3
Suffocation—in bed or not stated how	...	...	...	—	—	1	—	1	—	—	1	—	2
Other Causes	...	...	...	1	—	—	1	2	—	2	—	1	5
Totals	...	...	...	31	6	3	5	45	5	13	4	2	69

Live Births in the year—

	Males	Females	Total
Legitimate ...	871	808	1,679
Illegitimate	59	53	112
Totals	930	861	1,791

Nett Deaths in the year—

	Males	Females	Total
Legitimate ...	42	23	65
Illegitimate	4	—	4
Totals	46	23	69

TABLE 7—GRIMSBY, 1956.
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—2 years ...	1	—	1	—	—	—	—	—
2—5 years ...	1	1	1	1	—	—	—	—
5—10 years ...	2	1	—	1	—	—	—	—
10—15 years ...	2	—	2	—	—	—	—	—
15—20 years ...	4	8	—	1	—	—	—	—
20—25 years ...	5	5	1	1	—	—	—	—
25—35 years ...	8	4	—	3	1	3	—	—
35—45 years ...	5	3	2*	1	—	1	—	—
45—55 years ...	13	3	—	—	4	1	—	1
55—65 years ...	11	—	—	—	6	2	—	—
65—75 years ...	1	—	—	—	—	—	—	—
75 and upwards	—	—	—	—	—	—	—	—
Totals ...	53	25	7	8	11	7	—	1

TABLE 8—GRIMSBY, 1956.
TUBERCULOSIS—Ward Distribution of New Cases and Inward Transfers.

Primary notifications.	WARDS.														Totals
	Alexandra	Clee	Hainton	Humber	Littlefield	Littlecoates	Nunthorpe	Scartho	South	South-West	Victoria	Weelsby	Wellow	Wellington	
<i>Pulmonary</i> :—															
Males ...	8	—	3	2	1	4	4	2	3	5	6	3	6	6	53
Females ...	1	2	—	3	1	2	2	2	3	3	3	1	2	—	25
<i>Non-Pulmonary</i> —															
Males ...	—	2	—	1	—	—	—	—	—	—	2*	—	—	2	7
Females ...	—	—	—	1	1	—	1	—	1	—	2	—	1	1	8
Total ...	9	4	3	7	3	6	7	4	7	8	13	4	9	9	93
<i>Inward Transfers.</i>															
<i>Pulmonary</i> —															
Males ...	3	—	1	—	—	—	2	—	1	—	1	—	1	1	10
Females ...	3	—	—	2	—	—	1	1	1	—	1	2	—	1	12
<i>Non-Pulmonary</i> —															
Males ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Total ...	6	—	1	2	—	—	3	1	3	—	2	2	1	2	23
Grand Total ...	15	4	4	9	3	6	10	5	10	8	15	6	10	11	116

*Includes one case which occurred in the Port District.

Table 9—Grimsby 1956.**Tuberculosis.—Notifications and Deaths.**

Years	Notifications			Deaths		
	Pul-monary	Non-Pul-monary	Total	Pul-monary	Non-Pul-monary	Total
1947	119	27	146	57	8	65
1948	105	23	128	61	7	68
1949	111	19	130	44	4	48
1950	86	12	98	29	2	31
1951	126	23	149	48	7	55
1952	124	24	148	29	3	32
1953	92	14	106	24	2	26
1954	87	20	107	21	1	22
1955	64	11	75	16	2	18
1956	78	15	93	18	1	19

Table 10—England and Wales and Grimsby, 1947—1956

Total Tuberculosis death rates in each year of the Decennium.

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
England and Wales	0·54	0·50	0·45	0·36	0·31	0·23	0·19	0·17	0·14	0·11
Grimsby	0·72	0·74	0·52	0·33	0·59	0·34	0·27	0·23	0·19	0·19

Table 11—Factories Acts, 1937 and 1948.

Annual Report of the Medical Officer of Health in respect of the Year 1956 for the County Borough and Port of Grimsby in the County of Lincolnshire.

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 and 6 are to be enforced by Local Authorities	453	572	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	442	399	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises) ...	20	18	—	—
TOTAL ...	915	989	7	—

2.—CASES IN WHICH DEFECTS WERE FOUND.

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

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1.)	144	134	—	—	—
Overcrowding (S.2)	1	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4) ...	1	1	—	—	—
Ineffective drainage of floors (S.6.)	21	21	—	—	—
Sanitary Conveniences (S.7.)—					
(a) Insufficient	5	2	—	1	—
(b) Unsuitable or defective ...	40	28	—	2	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	150	139	—	—	—
TOTAL ...	362	325	—	3	—

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.	17	—	—	—	—	—
Nets, other than wire nets	45	—	—	—	—	—
TOTAL	62	—	—	—	—	—

PART IX

SCHOOL HEALTH SERVICE.

SCHOOL HEALTH SERVICE

Report of the Principal School Medical Officer for the year 1956.

To the Chairman and Members of the Education Committee.

In presenting the Annual Report on the School Health Service I am pleased to record a very satisfactory state of health. There were no serious epidemics although there was a fairly high incidence of chicken pox and towards the end of the year a sharp outbreak of german measles. The increase in the number of new cases of pulmonary tuberculosis is largely accounted for by the visit of the mobile X ray unit.

Diseases of the skin have fallen to the lowest figure on record. However, three cases of scalp ringworm were discovered in one family. By prompt action and the invaluable help of the consultant dermatologist (Dr. Church) every contact was surveyed by Wood's light with the result that a serious spread was avoided.

The nutrition of the school child remains "satisfactory," being 99.7 per cent of the children examined. Coupled with this is the state of uncleanness which shows only 3.75 per cent of the school population to be infested. This is the lowest yet recorded and is the reward of hard work by those concerned.

This year will be remembered for the introduction of the vaccine for poliomyelitis. Owing to the small amount made available it did not interfere much with the routine work. As a result not only were the statutory inspections completed but it was also found possible to examine a further age group as well.

The B.C.G. vaccination scheme was extended, 103 additional children being protected. Simultaneous diphtheria inoculations were carried out at the schools and clinics. Parents must not be allowed to forget that diphtheria is more deadly than all the others combined, if by failing to have their children protected it is allowed to re-emerge.

The specialists' clinics continued their useful service, and observations from the consultants are embodied in the main report. In addition the paediatrician, Dr. Stone, works in the closest possible contact with the school health service. A health visitor/school nurse attends at his out-patient department and I receive a copy of all his letters to the child's own doctor.

The Child Guidance Centre again shows an increase in the good work done. The numbers now mean that less time can be devoted to each case and less time devoted to purely preventive work. This has been a very busy year for the centre because of the task of selecting children for the special day school for educationally sub-normal pupils.

The Principal Dental Officer's report again emphasises the serious state of the oral health of the school child. It seems that the public is equally apathetic about the relationship of dental caries with eating sweets as they are to tobacco and lung cancer.

Physical education continues to make good progress. Time devoted to this aspect of education is never wasted. It caters for the physiological needs of the growing child.

Speech therapy is a little publicised part of the service. Demands quickly accumulate when the services of a therapist are not available. Grimsby has been most fortunate in this respect.

I am again indebted to the friendly co-operation I have received from the various departments concerned with children. I also wish to thank the school medical officers, the nurses and clerical staff for their loyal service.

My grateful thanks are due to the Chairman and Members of the Education Welfare Sub-Committee for their sympathetic consideration of all matters placed before them.

R. GLENN,

Principal School Medical Officer.

HEALTH DEPARTMENT,

1 Bargate, Grimsby.

March, 1957.

GRIMSBY EDUCATION COMMITTEE*Chairman*—Alderman M. LARMOUR.*Vice-Chairman*—Alderman J. H. FRANKLIN.*Director of Education*

R. E. RICHARDSON, M.Sc., Ph.D.

EDUCATION WELFARE SUB-COMMITTEE*Chairman*—Alderman C. H. WILKINSON, M.B.E., J.P.*Vice-Chairman*—Councillor T. W. SLEEMAN

THE MAYOR—Alderman M. QUINN, J.P.

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"	G. H. ATKINSON	"	J. P. MURPHY
"	F. G. GARDNER	"	G. H. PEARSON
"	W. HARRIS, J.P.	"	Miss J. M. PEARSON
"	Mrs. M. LARMOUR	"	A. PETERS
"	W. J. MOLSON	"	P. J. C. SHEMWELL
"	W. H. WINDLEY	"	B. WHITE
Councillor	A. BRADLEY	"	W. E. WILKINS
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"	Mrs. D. E. HUXFORD	Mr. S. NEAL	
"	C. W. JAKES, J.P.	Mr. D. H. POTTS	
"	Miss J. B. B. McLAREN	Mrs. N. TROUGHT.	

STAFF OF THE SCHOOL HEALTH SERVICE*Medical Officer of Health and Principal School Medical Officer:—*
ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H.*School Medical Officers—*

JANET W. HEPBURN, M.B., Ch.B., D.P.H.

J. G. J. COGHILL, M.B., Ch.B.

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

MARGARET M. EDMONDSON, M.B., Ch.B.

Principal Dental Officer—

DONALD W. HUNT, L.D.S., R.C.S., (Eng.)

Dental Officer—

GEOFFREY S. WATSON, B.D.S., L.D.S.

Superintendent Health Visitor/School Nurse—

Mrs. I. HALDANE. (appointed 1.8.56)

Health Visitors/School Nurses—

Miss M. TIPPLER, Miss M. C. BUGG, Miss J. D. M. VARRIE, Mrs. J. BRATTEN, Miss J. BELL, Miss K. L. SPENCER, Miss I. ADAMSON, Miss M. COOLING.

School Nurses—

Miss H. M. SCARLETT, Mrs. A. C. NICHOLSON, Mrs. J. MARSH, Mrs. E. HEWSON, Mrs. M. WAUMSLEY, Mrs. M. MAULTBY (part-time).

Clinic Nurses—

Miss F. J. WYATT, Mrs. G. WHITEHALL (part-time), Mrs. M. MILLS (part-time).

*Dental Staff—*Miss P. HART (*Oral Hygienist*), Miss R. HENFREY (*Clerk*), Miss M. CASWELL, Miss M. ADLETT.*Clerical Staff—*

Miss A. ROBERTS, Mrs. S. MARTIN, Miss A. DUFTON.

FINDINGS OF MEDICAL INSPECTIONS.

The number of children on the register at 1st April, 1956, was 16,467 compared with 15,995 the previous year.

Nutrition.—The average nutrition of school children was maintained at a satisfactory level throughout the year.

Classification of those medically inspected is now made under the designation "physical condition." This includes general condition and physique, replacing the older classification of general condition only.

"Physical condition" is assessed under the headings—Satisfactory and Unsatisfactory. Of the 5,423 children who were medically inspected 5,407 or 99.7% were classified Satisfactory: 16 or 0.3% were classified Unsatisfactory.

At the end of the year 5,131 were paying for school dinners, and 380 children were receiving them free. The total number of children drinking school milk was 13,991 each day.

Uncleanliness.—Total inspections numbered 34,975, and the number of individual children found to be unclean was 600.

At routine school medical inspections 99 children out of 5,423 examined showed evidence of louse infestation.

Facilities are available at the school clinic for disinfecting those children who repeatedly turn up at school in a verminous condition. A nurse is in daily attendance, and a D.D.T. preparation is issued free to parents with full instructions as to how to carry out the necessary treatment.

Examinations are carried out at regular intervals at the various schools by the school nurses. Statutory notices are then issued to parents where indicated.

Ninety four necessitous children were supplied with clothing to the total value of £314.

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

	<i>Routine Medical Inspections.</i> Incidence per 1,000 inspections.					
	1951	1952	1953	1954	1955	1956
All skin diseases ...	13.3	11.5	5.9	9.6	4.8	3.3
Scabies ...	0.0	0.0	0.3	0.8	1.1	0.0

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. Three cases of ringworm of the scalp were found in an infants' department resulting in a special survey being carried out at the school. The 3 cases were treated by the Consultant Dermatologist.

Disease.	1951	1952	1953	1954	1955	1956
Ringworm (scalp) ...	—	—	—	—	—	3
Ringworm (body)	—	2	—	—	1	3
Scabies ...	—	—	7	48	17	14
Impetigo ...	34	29	20	31	39	30

School Clinic.—The school clinic is situated in Burgess Street, corner of Upper Spring Street, and is open daily from 9 a.m. to 5-15 p.m., Saturdays 9 a.m. to 12 noon. Minor ailment clinics are held every morning. Specialists' clinics are held as follows:—Ophthalmic clinics are held once a week by Dr. E. Hainsworth. Cardiac clinics are held at intervals when these can be arranged with Dr. J. W. Brown. Orthopaedic clinics are held twice a month by Mr. N. James.

On three sessions per week special medical inspections are carried out at the clinic by the school medical officers.

The figures for attendance at the school clinic were as follows:—

Special inspections by medical officers..	..	..	124
Re-inspections by medical officers	..	..	47
New cases dealt with by clinic nurses	..	..	445
Total attendances	..	..	4,048

Defects of Vision and Diseases of the Eye.—Out of a total of 605 attendances 379 children (of which 156 were new cases) had refraction carried out and 332 had glasses prescribed. In addition 5 cases of eye diseases were referred from the school clinic during the year.

Diseases of the Ear, Nose and Throat.—Mr. M. Spencer Harrison, the Ear, Nose and Throat Specialist, has made the following remarks:—

“ The work of the audiometrician in the schools has resulted in a considerable increase in the number of cases referred to the aural clinics in Grimsby General hospital. The deafness can be relieved in a number of these cases if they reach the department reasonably early and it is likely that as a result of the work carried out during the year there will be a reduction in the number of cases of deafness reporting in later life.

The cases in which treatment was not likely to be effective have been given guidance as to the management of the deafness and in certain cases have been issued with hearing aids. Unfortunately, the small transistor hearing aids being designed for issue under the National Health Service will not be available for some time and where it has been considered advisable for a small "Monopak" aid to be supplied the matter has been dealt with by the local authority."

The clinic nurse carried out special treatment advised by the E.N.T. specialist in 24 new cases of otitis media: this entailed a total of 558 attendances.

Otitis Media.—In 1955 a survey was carried out on the 10-11 age group in order to ascertain the incidence of otitis media. A similar survey was undertaken this year on the school leavers, the findings being as follows:—

Number of children examined	..	1,152
Number found to suffer from ear disease		28 (or 2.4%)
Disease confined to one ear only	..	20
Disease of both ears	.. ..	8
Acute	.. ..	Nil
Sub-acute	.. ..	1
Chronic	.. ..	12
No active disease	..	15

Although 2.4 per cent. showed evidence of otitis media, recent or past, it is noteworthy that more than half had no active ear disease. All children found to be suffering from any form of active middle ear disease were then examined by the school medical officer at the school clinic and referred to the E.N.T. Surgeon for further advice, if that had not already been done.

In all there were 54 new cases of otitis media and 23 old cases examined at the school clinic. Out of these 77 cases 21 were referred to the E.N.T. Specialist.

Nose and Throat Defects.—The number of cases found at routine and special inspections to require treatment was 75. These were classified as follows:—

Chronic tonsillitis	.. ..	48
Adenoids only	.. ..	6
Chronic tonsillitis and adenoids	..	11
Other conditions	.. ..	10

Nasal hygiene was advised when required under the supervision of the clinic nurse. Successful results were obtained in all types of cases showing catarrhal conditions of the nose and throat.

Group Audiometry.—During the year 1956 thirteen of the twenty-one schools or departments were visited for the purpose of routine group audiometry. In some cases two years work was covered in order to bring them up to date with other schools.

Three "C" grade children were discovered in this age group, all are in the care of private doctors. One of the children is remarkably good at lip-reading and keeps up well with his school studies.

Total number of children tested	..	..	..	1,040
" " " " re-tested	..	..	..	105
" " " " found defective	..	..	..	29
" " " " referred to school clinic	..	..	..	29
" " " " failed or refused attendance				4

Heart Diseases and Rheumatism.—Dr. J. W. Brown, writing on the cases referred to him, states:—

"The work of the rheumatism and heart clinic has continued as usual, and during the last few years there have been considerable changes in the work, Rheumatic fever which was once a scourge in childhood is now becoming rare and is by no means as severe in its effects as it used to be. The reason for this is not yet clear, but it is probable that the use of antibiotics such as penicillin has gone a long way towards removing the organism which used to cause rheumatism in people who were predisposed to it.

A number of cases of congenital heart disease have been fully investigated by the Regional Cardiovascular Centre at Sheffield and a number of these cases have had operations which have greatly improved their condition. This side of the work is perhaps the most important at the present time because so much can be done to make the lives even of children with very serious heart disease much more comfortable.

My thanks are due to the School Medical Officers who refer cases to me."

Every case of heart abnormality found during the course of routine or other school medical inspections is referred for the opinion of Dr. Brown, as are all such cases attending infant welfare clinics which have not previously been seen by him: all notified cases of acute rheumatism are likewise referred for specialist examination.

During the year 8 consultative clinics were held at the School Clinic, Burgess Street. 63 cases (of which 17 were new) made a total of 91 attendances.

Orthopaedic Clinic.—To this clinic are referred those cases discovered by the medical officers during their routine examinations in the schools and in the maternal and child welfare clinics; many of these cases are of a minor nature, and very often no treatment is found to be necessary, although it is always advisable that they should have the benefit of an expert opinion as well as examination again at a later date, perhaps as long as a year hence.

Any treatment or remedial measures advised are obtained through the usual hospital channels, but the time saved for the children and the parents accompanying them is very substantial: moreover, the hospital system benefits directly as a result of this new arrangement as overcrowding in the out-patient department is eased.

During the year 21 consultative clinics were held at the School Clinic, Burgess Street. 195 cases (of which 147 were new) were seen. Of these 195 school children, 54 were found not to require treatment.

SCHOOL HEALTH SERVICE AND HANDICAPPED PUPILS REGULATIONS, 1953.

(As on December 1st. 1956)

Categories of Handicapped pupils	Number at ordinary school.	Number at special school.	Number not at school.
Blind	—	3	—
Partially sighted ...	—	3	—
Deaf	—	8	3*
Partially deaf ...	—	5	—
Educationally sub-normal ...	52	63	—
Epileptic	9	—	—
Maladjusted ...	2	1	1**
Physically handicapped	1	2	2**
Speech defect ...	—	—	—
Delicate	—	1	1**

* Includes one child under compulsory school age.

** Receiving home tuition.

Infectious Diseases.—No school or department was closed on account of communicable disease during 1956.

The incidence of notifiable diseases in children aged 5 to 15 years was as follows, the figures in brackets indicating the numbers notified in 1955:—

Scarlet fever 47 (27); measles 14 (760); whooping cough 142 (111); pneumonia 1 (3); poliomyelitis 4 (7); chicken pox 570 (461); dysentery 58 (6); food poisoning 3 (6).

In addition 8 children of school age were notified under the Public Health (Tuberculosis) Regulations, 1952, as suffering from tuberculosis, as against 3 in the previous year. Of these 5 were classified as pulmonary and 3 as non-pulmonary.

Mass Radiography.—In May and June the Lincolnshire Mass Radiography Unit carried out a chest survey at secondary schools, and 5,516 children and staff attended for X-ray. The following is a summary of abnormal cases.

Pulmonary tuberculosis			
Inactive disease .. ..	..	..	2
Active disease .. ..	..	..	2
Under observation at Chest Clinic			3
Bronchiectasis .. ..	..	..	4
Congenital heart abnormality .. ..	..	..	1

B.C.G. Vaccination.—This year a change was made in that tuberculin tests were performed with the Heaf Multiple Puncture apparatus, and while this method showed a decrease in the percentage of positive readings as compared with last year it was found to be far easier in use and readings of the test were much clearer. A total of 400 children were vaccinated with one child being re-vaccinated. In the previous year 297 were vaccinated. The following information briefly summarises the work undertaken during the year.

1. ACCEPTANCES.

Number of 13-year old children offered tuberculin testing and vaccination if necessary ..	664
Number of acceptances	506
Percentage of acceptances	76%

2. TUBERCULIN TESTING AND VACCINATION.

Number skin tested	485
Number found negative	402
Number vaccinated	400
<i>Re-examinations made at end of year.</i>	
Number skin tested	374
Number found negative	1
Number re-vaccinated	1

3. ANNUAL RE-EXAMINATIONS OF 1955 VACCINATIONS.

Number skin tested	213
Number found negative	—
Number re-vaccinated	—

Tuberculin Survey.—The Chest Physician was concerned about the higher than average incidence of primary tuberculosis among the children attending one school and in June a tuberculin survey was carried out. Parental consent was obtained and the Heaf Multiple Puncture method used. The results of these tests showed that the percentage of positives was exceptionally small and that no further investigation was required.

Protection against diphtheria.—Special diphtheria immunisation sessions were conducted at school premises in conjunction with the medical examinations, and of the following details 172 primary and 761 maintenance injections were undertaken in schools.

<i>Primary immunisation.</i>		<i>Re-inforcing injections</i>	
Under 5-years	1,168	Under 5-years	19
5-15 years	251	5-15 years	954
Total	1,419	Total	973

The total primary immunisations for last year were 1,299 and re-inforcing injections numbered 1,012.

Poliomyelitis Vaccination.—In January the Minister of Health issued Circular No. 2/56 about the facilities for offering protection against poliomyelitis to children between the ages of 2 and 9-years, i.e. those born from 1947 to 1954 inclusive. The Health and Education Committees were anxious that this should be made available to Grimsby children, and a programme was instituted to vaccinate the under fives at clinics and the children of school age at school premises.

The first step was the registration of consents and this produced a total of 4,229—which represented approximately a third of the children in the 2 to 9 year age group. Vaccinations were then carried out during May and June and again in December. The total number of children completing vaccination at the end of the year was 543. No case of poliomyelitis was reported in Grimsby from a household in which there was a vaccinated child.

It is hoped to vaccinate the remaining children during the course of next year, but this will depend entirely on the supply of vaccine. However, all those whose parents originally consented will be completed before any new applications can be considered.

Employment Certificates.—During the year certificates were issued to 198 school children who were engaged in particular employment after school hours.

DENTAL SERVICE

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

I have pleasure in submitting my eighth annual report on the dental services provided for the priority classes by the County Borough of Grimsby.

The priority classes include school children, pre-school children and expectant and nursing mothers; amounting in all to approximately twenty thousand people.

The available dental staff remains unchanged at two whole time dental officers, one whole-time oral hygienist, and a part-time medical anaesthetist with special ability in this subject. It will be seen, therefore, that the service is grossly understaffed and no comprehensive scheme of dental health education and maintenance is possible under existing conditions. The service remains essentially a break down service, and will continue to do so until more dental surgeons can be employed.

Every effort has been made during the year to secure additional operating staff, but advertisements in the appropriate professional journals have again met with no response.

Premises for additional dental surgeries are available within the borough, and estimates each year include a sum of money for their conversion and equipment—so far as the authority is concerned all facilities are available for a fully staffed and comprehensive service, and it is the staffing position alone which prevents the priority classes receiving any degree of priority at all.

The reason for this shortage of staff in the public dental service is now well known: the writer remains of the opinion that little improvement can be expected until all dental services are united under one departmental control. There is not at present, any degree of equality of status, opportunity, and remuneration between members of the profession undertaking virtually the same types of work but in different spheres of practice. Existing arrangements render the public dental service unattractive in these respects.

However, there is a general shortage of dental surgeons in all branches of the profession, and in Grimsby this is now a matter of some concern. Within recent years some eight general practitioners have retired from the service, and

to date there has been but one new entrant into the town to replace them. There are other practitioners expected to retire soon, and therefore the position is likely to become worse rather than better. The remaining general dental practitioners are all extremely busy, and it has not been possible to obtain any of them for part-time assistance to the public dental service.

Some practitioners of course treat children in their own surgeries, but routine inspections do not reveal that any large number of children are made dentally fit through these channels. The problem of treating the priority classes remains squarely on the shoulders of the public dental service, and the simple fact remains that this service is totally inadequate to cope with the need and the demand.

The extent of this need is shown by the fact that eighty per cent of all children examined at school are found to require dental treatment, and in the clinical opinion of the staff the amount of treatment required to render each child dentally fit is continually increasing.

There is no doubt that the incidence of dental disease could be reduced very considerably by education in the proper choice of diet, and the practice of oral hygiene. Such education is clearly a function of the public dental service, it should be a priority function, but the pressure of remedial work is so great that the available staff has little time at present for this true preventive work.

However, within the limits of the time available some lectures and instruction classes have been held during the year, and in future it is hoped to resume the practice of giving a short address immediately preceding a routine school dental inspection.

Both dental officers and the oral hygienist have attended courses of instruction in the various visual aid appliances; and sound projectors, slide projectors, etc., are willingly loaned by the Education Office when required.

Much valuable instruction is also given to the priority classes by health visitors, school nurses, and teachers of hygiene in the Schools. An excellent spirit of co-operation exists between all concerned in this work, and the teaching given is standardised and consistent.

It is a matter of much concern however that the standard of oral hygiene amongst school children is often deplorably low—in one school a small scale investigation showed that only twelve per cent of the children aged seven to eleven cleaned their teeth at all.

These children admittedly came from a district of difficult housing accommodation where but few houses even possess the luxury of indoor running cold water, but even in the most modern sections of the town it is doubtful if oral hygiene is yet practiced by more than half of the children on the school registers.

These dirty mouths are intimately bound up with slovenly personal habits in other respects. Unwashed faces, unblown noses, dirty hands, uncleaned shoes, and clothing of the jeans and plastic lumber jacket variety are unfortunately very prevalent. There is little excuse really for this state of affairs, soap and water are cheap enough, and pleasant clothing costs no more than the other type.

It is good to see that many of the schools are now returning to a strong line on personal appearance and cleanliness—the writer knows of one school where

weekly examinations are held and house points are lost for uncleaned shoes, uncut nails, and so forth. It is noteworthy that the voluntary purchase of a tooth brush often follows automatically on the general tidying up of appearance and personal hygiene.

There is little that can be said regarding the clinical picture presented by the year's work. It has already been noted that in the opinion of the dental officers concerned the teeth are getting worse.

There are always a few sporadic cases of acute infection, but an unusually large number of cases of Stomatitis were encountered during the early summer. The exact nature of the infection was difficult to determine and no clue was found as to the method of spread. Cases were not connected in families, nor by schools, nor were they confined to any one quarter of the town. Clinically the symptoms were severe and patients presented a marked pyrexia and toxæmia, with considerable areas of denuded oral epithelium.

All cases responded immediately to systemic antibiotics, no re-occurrence was noted, and no permanent gingival damage seemed to remain. It is also likely that many other cases were seen and treated elsewhere in the town, but the nature of the outbreak remains somewhat puzzling.

For some years a survey of paradontal conditions in schoolchildren has been undertaken in the Borough and some preliminary results have been given in previous reports.

Unfortunately this project has had to be temporarily abandoned. Later stages of the work were found to require more time than could be spared from operative procedures, but it is hoped to pursue this matter further if more staff are eventually recruited.

The writer remains of the opinion that early paradontal disease is a prevalent and under-estimated factor in the dental treatment of young people.

Orthodontic treatment is now a matter of some public interest, and there is an ever-increasing demand from parents to have their children's teeth made straight. Unfortunately this treatment is often both prolonged and expensive.

Its value and importance is not underestimated but it is not possible to undertake much treatment of this type whilst the service is so understaffed. Both dental officers have an especial interest in this subject, and it is a source of regret to them both that they are unable to devote much time to this work at present. Nevertheless some orthodontic treatment has been undertaken for selected cases during the year, and the expansion of this service is anticipated if more staff are eventually recruited.

Appliances and dentures are at present constructed by an outside laboratory; a procedure that is not without its difficulties, but the volume of mechanical work undertaken is not sufficient to justify the appointment of a dental technician to the staff of the Authority. The appointment of additional dental officers would however render it both expedient and economical to have a laboratory on the premises.

The statistical tables given on page 98 shows a considerable drop from previous years in the number of sessions held, and also in the amount of treatment undertaken. The number of attendances at the clinics however, has increased.

The prolonged absence through ill-health of one dental officer is the explanation of these figures. The increased attendance being a reflection of the number of temporary fillings inserted due to lack of sufficient time for the remaining dental officer to complete the treatment in one operation.

However, it is pleasing to report that at the time of writing these difficulties are now at an end, and in addition the temporary services of two additional dental officers have been obtained. The luxury of something approaching a full staff, however, will be of short duration due to the imminent incidence of National Service for one of the officers concerned.

In conclusion, I must express my gratitude to the Local Authority for their active interest in the public dental service, and to the Director of Education and Principal School Medical Officer and their staffs for their invaluable co-operation.

My special thanks are due to my own staff for the maintenance of the service during my own bereavement and illness.

Both clinics remained open, no child in pain was refused attention, and all accepted the very long hours of duty and extra work with a cheerfulness for which I am truly grateful.

CHILD GUIDANCE SERVICE.

Dr. M. J. Tyerman, Psychologist, gives the following report on the work of the Child Guidance Service during 1956.

1. **Staff.**—In January, 1956, Mr. W. K. Gardner took up duty as full-time remedial teacher and psychological tester replacing Miss Edith Davies who is following a course of study at the University of Hull.

The full-time staff working in the centre therefore consists of Dr. M. J. Tyerman, psychologist; Mr. W. K. Gardner; Miss D. Pearson, social worker and Miss K. Nocton, secretary-receptionist. Mrs. D. M. H. Whiteley attends five sessions weekly as a remedial teacher and Mrs. B. R. Benjamin one session.

Dr. J. F. R. Goodlad, consultant psychiatrist of Lincoln, has continued to attend two sessions weekly as a representative of the Regional Hospital Board. His skilful service and kind co-operation at all times are greatly appreciated by all members of the staff.

2. Statistical Summary.—

Number of children referred since the Service was inaugurated 1,275

Number of children referred by year:—

1949	1950	1951	1952	1953	1954	1955	1956
116	124	127	105	143	174	250	236

Since 1953 the annual referral rate has more than doubled. In addition to the numbers shown above many children have been tested in schools using group tests and 115 pupils in remedial classes were tested individually.

A. Cases closed, current and awaiting interview:

Number of children examined during 1956	..	..	..	222
Number of cases closed during the year	..	..	..	246
Number of cases current on 31st December, 1956	..	..	..	88
Number of children awaiting initial interview	..	..	..	13

B. Particulars of children referred during 1956.

1. Number (excluding those submitted for remedial teaching groups in schools)	236
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2. Age at time of referral:

Below 5 years	Pre- School	18
5 but not 6	Primary (Infant) School ..	19
6 " " 7		21
7 " " 8	Primary (Junior)School ..	23
8 " " 9		31
9 " " 10		21
10 " " 11		19
11 " " 12	Secondary School	20
12 " " 13		25
13 " " 14		11
14 " " 15		12
15 and above		16

This year as in 1955, the largest number of referrals is in the 7-9 years age group whereas previously the age group 9-11 has tended to be the largest. This trend is to be encouraged for as a general rule the younger the child the more easily can his difficulties be resolved.

3. Sex: Boys, 157: Girls 79.

As in previous years boys tend to outnumber girls by two to one. This proportion is general in child guidance work.

4. Reasons given for referral:

	Boys	Girls	Total	%
Mental or personality assessment	52	22	74	32
Difficult behaviour	39	12	51	22
Emotional problems	17	13	30	12
Educational Guidance	18	19	37	16
Habit disorders	22	10	32	13
Failure to make progress at school	9	3	12	5

Half the children seen have been referred for mental or personality assessment. Such assessments are the best guide whether or not a child is doing his best.

5. Source of referrals

	%
Parents direct or through school	31 12
School through headteacher	85 37
Medical Services through M.O.H.	22 10
L.E.A. Officers	38 16
General Practitioners or Consultants	32 13
Children's Department or Magistrates through Children's Officer or M.O.H.	14 6
Probation Officer	11 5
Speech Therapist	3 1

As in 1954 and 1955 more than half the children seen were referred by teachers. As was said then, this possibly reflects the attitude of the staff of the Centre, that they are members of a School Psychological Service which functions as an integral part of the Authority's system and provision.

6. Cases from previous years dealt with in 1956:

Number of children referred in 1955 but not interviewed until 1956	23
Number of children interviewed in 1955 and still current on 1st January, 1956.	100

C. **Details of Referral Interviews held:**1. **Number:** 2252. **Intellectual level of the 225 cases:**

Ineducable/educationally

subnormal (I.Q. below 70) 12

Dull (I.Q. 70—84) 38

Low Average (I.Q. 85—94) 33

Average (I.Q. 95—104) 45

High Average (I.Q. 105—114) 32

Superior (I.Q. 115—129) 22

Very Superior (I.Q. 130+) 3

Not tested 40

It will be noted that the Service tends to deal more with the less gifted children than with those of above average intelligence.

3. **Recommendations made at the time of first interview:**

(a) Regular and frequent treatment interviews .. 39

(b) Occasional interviews/supportive: .. 17

(c) Report/Advice excluding (d): .. 162

(d) Special Educational treatment required .. 7

It is worthy of note that in most of the cases frequent interviews did not seem to be necessary. This is to some extent due to the increasing tendency to refer children to the Centre at the onset of their difficulties rather than when the retardation or behaviour has been long established.

4. **Problem cleared by time of appointment:** .. 3D. **Analysis of Interviews:** .. 3,2861. Interviews with **children** by: .. (1,469)

Psychologist: .. 217

Psychiatrist .. 118

Social Worker .. 255

Remedial Teachers: .. 879

2. Interviews with **parents** by: .. (952)

Psychologist .. 223

Psychiatrist: .. 114

Social Worker .. 465

Remedial Teachers .. 150

3. **School Visits** or other contacts by: (405)

Psychologist .. 235

Social Worker .. 81

Remedial Teachers .. 89

4. **Home Vists** by: (397)

Psychologist .. 30

Social Worker .. 362

Remedial Teachers .. 5

Interviews with parents and children in connection with admission to Carnforth School are *included* in the above totals.

E. **Closures during 1956:**1. **Total number of cases closed:** 2462. **Reasons for closures:**

a. No treatment. Diagnosis followed by report, recommendation or advice	115
b. Child transferred to another department or out of the area	15
c. Parents did not accept offer of treatment ..	32
d. Problem cleared by time of initial interview ..	3
e. Treatment, supervision or advice cases followed up and found suitable for closure ..	81
F. Lectures given by: the Psychologist	2
the Remedial Teacher	2
G. Composition of Case Load on 31st December, 1956:	
1. Total number of children:	88
2. (a) Number of children awaiting initial interview	13
(b) Number of children whose treatment has been discontinued or who do not require treatment but whose progress requires following up:	29
(c) Number of cases (excluding "follow ups") receiving intensive treatment from:	
Psychologist:	8
Psychiatrist:	16
Remedial Teacher:	13
Social Worker:	4
(d) Number of children concerning whom further information is needed before any action is taken:	5
3. Number of children referred before 1st January, 1956 and still current on 31st December, 1956:	28
Number referred in 1956 and still current (including "follow ups" and children awaiting appointment)	60

SPEECH THERAPY

(Report by Miss A. Nowell for four months ending 31st December, 1956).

This report covers the period from September 1st to December 31st, 1956, and is concerned mainly with the re-opening of the clinic after a six month's interval, and with the continuation of cases still requiring treatment when my predecessor left at the end of February. In September I found that 78 cases were left open, i.e., either receiving regular treatment or on the waiting list. Of these 43 are now receiving treatment and a further 10 have been put on observation and are seen at three-monthly intervals. The remaining 25 cases can be divided as follows:—

(a) Those over school age	1 case
(b) Those with normal speech	18 cases
(c) Those whose parents were unwilling for treatment to be continued	4 cases
(d) Those where no adequate travelling arrangements could be made	2 cases

Junior and Infant schools have been visited and Head Teachers of these schools have referred most of the children needing treatment. Secondary school children who were previously attending the clinic have been re-admitted but no new cases have been accepted. When a case is referred the parents are interviewed and a case history taken. Sometimes it is necessary to refer children for other attention, either before Speech Therapy commences or concurrent with it—this is usually because of accompanying psychological or physical difficulties. In other cases advice and guidance prove sufficient as, for example, when the defect is very slight or the child too young to benefit from formal treatment. These cases are usually put under observation.

On the whole parents have been most co-operative, both in regular attendance and in supervision of home practice (a necessary step in most cases).

TABLE I

Sources of referral.

Child Guidance Centre	1
Medical Officer of Health	2
Grimsby General Hospital	4
Scartho Road Hospital	1
Parents	2
Head Teachers	56
<hr/>	
TOTAL ..	66
<hr/>	

TABLE II

Disposal of Referrals

Now being treated ..	21
On observation	6
On waiting list	22
No treatment necessary	5
Unco-operative	6
Referred to other departments	1
Discharged—normal speech	5
<hr/>	
TOTAL ..	66
<hr/>	

The total number of cases receiving treatment or under observation is 80 including:—53 re-opened cases and 27 new referrals.

The number of cases on the waiting list is 22.

TABLE III

Types of defect found

	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
Retarded speech and language development ..	2	4	6
Dyslalia	7	29	36
Stammer	2	18	20
Cleft palate speech	3	10	13
Excessive nasality	1	2	3
Partial deafness	—	1	1
Dysphonia	1	—	1
<hr/>			
TOTAL	16	64	80
<hr/>			

As can be seen male patients represent 80% of the full case load.

Visits:—Schools 38: Hospital 1.

Appointments.—In four months September to December, 1956, 755 appointments were offered. 658 appointments were kept. Average attendance 87.2%.

Ages at time of referral					Girls	Boys	Total
Pre-school	(Under 5)	..	..	..	3	6	9
Infants	(5—7)	..	..	..	5	17	22
Juniors	(7—11)	..	..	..	6	34	40
Secondary	(11 and over)	..	..	..	1	8	9
					15	65	80

PHYSICAL EDUCATION

(Report by Mr. L. R. G. Welham, Organiser of Physical Education).

Physical Education in the Grimsby schools has probably advanced more during 1956 than in any other similar period, in spite of the fact that in the secondary schools there has been an acute shortage of specialist P.E. staff. There has been a great increase in the equipment available in all schools, facilities have improved, standards have risen and a more comprehensive programme of P.E. has been undertaken in the gymnasium, hall, swimming bath and on the playing field, than ever before.

The shortage of specialist P.E. staff gave serious concern to all who wished to further the physical education of the secondary boys and girls but this shortage is not confined to Grimsby and, being a national problem, it is hoped that those responsible for the training of teachers will take prompt action to alleviate the position. I should like to record the valuable assistance received from the non-specialist teachers, whose help has enabled the P.E. programme to be carried on during this time.

Primary Schools.—Indoor facilities available throughout the year in most schools enabled the children to take regular P.E. irrespective of weather conditions. It is again a pleasure to state that most children were enthusiastic over their P.E. lessons and many cases were brought to my notice of children registering their disapproval when, due to unforeseen circumstances, the lesson could not take place.

Unfortunately six primary schools do not possess halls or similar accommodation. Arrangements were continued whereby three of these schools have part use of halls, but it is very desirable that each should have its own.

The large number of classes at the Nunsthorpe Boys' and Girls' schools too, should warrant consideration for the building of additional halls, or extension of the existing ones. Based on the Ministry's recommendation of a daily P.E. period, a total of 80 periods per week is required. The existing small halls allow for 40 hall periods per week in both the boys' and girls' school. These 40 periods have to be allocated to P.E., music, drama and speech training. It is obvious, therefore, that during the unsuitable weather experienced mainly during the two winter terms, a full programme cannot be carried out.

The joint use of the hall by infants and juniors at the Little Coates schools also presented many difficulties and the provision of a new hall for the infants would be advantageous.

The problem of footwear during the P.E. lesson was largely solved, the lace-less type of gym shoe being much appreciated by the teachers taking the infants and lower juniors in particular. Changing for the P.E. period showed an improvement in some schools, but this remained by far the most difficult of all problems connected with P.E.

Good progress was made in the provision of primary school apparatus. There was no doubt that the use of climbing apparatus was popular with both teacher and children and that its use contributed to the enjoyment of the children and to their physical and mental welfare.

The B.B.C. lessons were taken by most schools and these added to the variety and interest of the curriculum.

All primary schools again had the use of grass pitches for the playing of games. Hockey has been introduced to some top class girls. This is a welcome extension of the primary school games and one which should form a foundation for future development in the girls secondary schools.

Secondary Schools.—Further improvements in the facilities available at the Harold schools were made. The hall at the girls' school was equipped with wall bars, ropes, beams and window ladder and at the boys' school beams were added to the equipment previously installed there.

Used by three Welholme schools, the equipment in All Saints' Hall was extended by the provision of a tubular steel climbing frame complete with climbing ropes. A vaulting horse and medicine balls were also provided.

The Chapman Street gymnasium, used by Armstrong boys was equipped with wall bars and with an indoor cricket practice net. The latter is unique in Lincolnshire and is proving of value not only to the school boys but also to adult cricketers who used these facilities under the Evening Institute programme.

The construction of the new gymnasium for the Havelock Secondary School was, most unfortunately, deferred by the Ministry of Education owing to economy measures and the question of the non-use of the school hall at Armstrong girls' is also under discussion with the Ministry.

During October, the gymnasium at the Wintringham Girls' Grammar School was completed and fully equipped with gymnastic apparatus and was brought into use for the first time.

Games training in the secondary schools continued on a high level but the need for more specialist teachers is evident, particularly in the sphere of athletics, where annually the national standard is rising.

Against other Grammar Schools, the Wintringham Grammar Schools were pre-eminent. In the Inter-Grammar School Athletics meeting, Wintringham Boys' Grammar School came first in the senior, intermediate and junior sections. During this meeting eight records were broken. In cricket, the school 1st XI lost only one match and the soccer team was reputed to be the best for many years. Three boys were selected for the Lincolnshire team.

The Wintringham Girls' Tennis Team were unbeaten in inter-school games.

In the Inter-grammar School Sports, they were second in the open middle and junior sections. In the school sports ten records were broken.

The Havelock Secondary School extended its competitive sports fixture list and competed for the first time against other Lincolnshire Grammar Schools. These activities are to be further extended.

The annual inter-school sports held at Clee Fields was marred by inclement weather but even so 12 records were broken. In the County Sports held in continuous heavy rain at Lincoln our team competed against six other area teams drawn from the county. With standards improving annually, our team gave a creditable performance to gain the following positions—Junior Boys 4th, Inter Boys 1st, Senior Boys 6th, Junior Girls 6th, Inter Girls 4th, Senior Girls 3rd. In the senior groups we had very few representatives. Owing to the expense, Lincolnshire sent a very small team to Plymouth for the Inter-County Finals but this team gained the best ever results—43 points.

Jackson of Clee Grammar School equalled the winner's height in the Senior High Jump (5' 9") but was placed second on number of failures.

A comprehensive programme of boys' and girls' games was carried out under the Grimsby, Cleethorpes and District School Sports Association for both primary and secondary schools. A more comprehensive programme of games was organised than ever before.

Swimming.—During the school swimming periods it has been the aim to teach as many children as possible to swim. Owing to the already well known lack of swimming bath facilities in the Borough, in past years it was not possible to carry out this aim as fully as desired. The difficulties encountered by the shortage of staff in some secondary schools necessitated a curtailment in their swimming taken during school time. This enabled the swimming time-table to be re-organised to include certain primary schools to take part in the swimming scheme for the first time. These schools, Macaulay, Yarborough boys and girls, Canon Ainslie, Weelsby girls and Western all sent children who in the main were non-swimmers.

To assist the secondary schools, two additional periods were offered to them to run daily from 4.0 p.m. to 5.30 p.m. and these were accepted by Wintringham girls' Grammar School, Harold Girls', Welholme Boys, Chelmsford Boys, Technical Boys and Girls. In addition, the Havelock Secondary School had two evening periods. Thanks are due to the teachers at these schools who voluntarily week by week gave up their time to instruct their pupils. Other secondary schools would also have participated if they had had teachers qualified to give swimming instruction.

It is pleasing to record that with the exception of Wintringham Boys' Grammar School, every primary junior and secondary school in Grimsby participated in swimming.

In view of the re-organisation mentioned previously, it would be expected that the swimming statistics would show an improvement over previous years. This was the case and, although the full effect of the re-organisation cannot be shown in this report (swimming statistics are compiled from September to July), it is pleasing to note (1) the increase in the numbers taking part in swimming instruction (2) the increase in the number of non-swimmers taught to swim.

The number on swimming registers for the year was 2,188. The total number of swimmers was 1,703 (908 boys, 795 girls), i.e., 77.8% of those attending. Of this number, 1,216 children learnt to swim, i.e., 55.5% of those attending.

These statistics do not include the voluntary swimming periods held after school.

It is of great interest to contrast these figures with those of ten years ago. In 1946 there were 1,746 on the registers and 512 were taught to swim, i.e., 29.3% of those attending. During that time only the boys swam all through the year.

The three annual swimming galas were again held at the Orwell Baths.

During the year notable successes were obtained by Jackie Truman, who was selected as reserve for Division 3 (Yorkshire and Lincolnshire) in the E.S.S.A. National Championships and by John Gall, who won several championship awards and in addition gained a Gold Standard Medal of the E.S.S.A.

Playing Fields.—The playing fields continued to provide good grass pitches for games training and competitions for the schools, youth clubs and other organisations. At Clee Fields, a minor re-organisation of netting surrounds enabled three additional tennis courts to be prepared.

At Nunsthorpe a start was made in levelling the two school fields which have been in poor condition for many years.

The Chelmsford/Hereford area has also been well used during the year but until this area is fenced, misuse and damage of equipment and unauthorised play will remain a problem.

Teachers' Courses and Classes.—Two Teachers' courses were held during the year. Sixteen men teachers attended a cricket coaching course held at the Chapman Street indoor cricket nets. Twelve sat for the M.C.C. Youth Coaching Examination and eight were successful.

A demonstration of Infant P.E. was held at Macaulay Infants' School. This was attended by almost every infant teacher in Grimsby and was a great success.

Opening of Playing Fields and Clee Games Centre.—As an experiment the playing fields at Old Clee, Chelmsford and Yarborough were opened daily during the Easter Holidays. On the whole, these were not well attended.

The Games Centre was held as in previous years and, although the weather was unsatisfactory, many children and teenagers enjoyed the facilities provided.

In conclusion, thanks are extended to the teachers both during and out-of-school hours for their continued support, interest and co-operation in all spheres dealing with the physical welfare of the children.

TABLE I.

Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected and Number of Pupils examined in each:—

Entrants	...	...	...	...	...	1,454
Second Age Group	...	...	...	...	...	1,404
Leavers	...	...	...	...	...	1,152
Total	...	...	...	...	...	4,010
Additional Periodic Inspections †						1,413
Grand Total						5,423

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	124
Number of Re-inspections	...	...	...	47
Total	...	...	...	171

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).

Age Groups Inspected.	For defective vision (excluding squint)	For any of the other conditions recorded in Table II	Total individual pupils
(1)	(2)	(3)	(4)
Entrants ...	2	232	208
Second Age Group ...	59	152	190
Leavers ...	66	27	88
Total ...	127	411	486
Additional Periodic Inspections†	29	164	173
Grand Total ...	156	575	659

† *E.g.*, Pupils at special schools or who missed the usual periodic examination.

D—Classification of the Physical condition of Pupils Inspected in the age groups recorded in Table I.A.

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	1,454	1,448	99.5	6	0.5
Second Age Group	1,404	1,397	99.5	7	0.5
Leavers	1,152	1,150	99.8	2	0.2
Additional Periodic Inspections	1,413	1,412	99.9	1	0.1
Total	5,423	5,407	99.7	16	0.3

NOTE:—The figures in Column (2) should normally be the same as those detailed under Table I.A.

TABLE II.

Infestation with Vermin.

- (i) Total number of individual examinations of pupils in schools by the schoolnurses or other authorized persons... 34,975
- (ii) Total number of *individual* pupils found to be infested ... 600
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) 146
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... 28

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1956.

NOTE:—All defects noted at medical inspection as requiring treatment should be included in this return, *whether or not this treatment was begun before the date of the inspection.*

A.—PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring Treat- ment	Requiring Observa- tion
		Requiring Treat- ment	Requiring Observa- tion	Requiring Treat- ment	Requiring Observa- tion		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin ...	5	81	1	23	18	219
5	Eyes—						
	a. Vision	2	28	66	172	*156	546
	b. Squint	11	51	1	11	22	154
	c. Other	3	29	2	5	9	85
6	Ears						
	a. Hearing	2	5	1	3	7	21
	b. Otitis Media	2	28	5	14	12	77
	c. Other	3	12	1	1	8	20
7	Nose and Throat ...	34	157	7	28	72	387
8	Speech ...	4	30	—	2	7	60
9	Lymphatic Glands ...	9	115	—	4	14	217
10	Heart ...	7	2	1	7	15	24
11	Lungs ...	3	62	—	22	7	173
12	Develop- mental—						
	a. Hernia	—	7	—	—	—	13
	b. Other	1	21	1	5	5	67
13	Orthopaedic						
	a. Posture	3	10	—	2	7	42
	b. Feet	46	35	1	4	110	125
	c. Other	20	63	—	12	43	162
14	Nervous system—						
	a. Epilepsy	—	4	—	1	—	12
	b. Other	—	8	—	4	1	27
15	Psychological						
	a. Develop- ment ...	—	11	—	1	—	40
	b. Stability	3	42	—	3	5	79
16	Abdomen	1	—	—	—	1	—
17	Other ...	75	96	6	30	212	215

NOTE:—*—This figure should normally be the same as that shown as the grand total of Column (2) of Table I.C. ("For defective vision (excluding squint)").

TABLE III (continued)

B.—SPECIAL INSPECTIONS.

NOTE:—All defects noted at medical inspection as requiring treatment should be included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	67	—
5	Eyes— <i>a.</i> Vision	1	—
	<i>b.</i> Squint	—	—
	<i>c.</i> Other	12	—
6	Ears— <i>a.</i> Hearing	—	—
	<i>b.</i> Otitis Media	4	—
	<i>c.</i> Other	4	—
7	Nose and Throat	3	2
8	Speech	—	—
9	Lymphatic Glands	1	—
10	Heart	4	—
11	Lungs	1	—
12	Developmental—		
	<i>a.</i> Hernia... ..	—	—
	<i>b.</i> Other	—	—
13	Orthopaedic—		
	<i>a.</i> Posture	—	—
	<i>b.</i> Feet	2	2
	<i>c.</i> Other	6	1
14	Nervous system		
	<i>a.</i> Epilepsy	—	—
	<i>b.</i> Other	8	—
15	Psychological—		
	<i>a.</i> Development	—	—
	<i>b.</i> Stability	—	—
16	Abdomen	1	—
17	Other	10	—

TABLE IV.

Treatment of pupils attending maintained primary and secondary schools (including special schools).

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	5	6
Errors of refraction (including squint)	379	2,027
Total ...	384	2,033
Number of pupils for whom spectacles were Prescribed ...	337	1,843

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated.	
	by the Authority	otherwise
Received operative treatment—		
(a) for diseases of the ear ...	—	5
(b) for adenoids and chronic tonsillitis	98	245
(c) for other nose and throat conditions	3	32
Received other forms of treatment	98	17
Total ...	199	299
Total number of pupils in schools who are known to have been provided with hearing aids		
* (a) in 1956	1	1
(b) in previous years	2	—

*NOTE:—A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	by the authority	otherwise
Number of pupils known to have been treated at clinics or out-patient departments	195	—

GROUP 4.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm—(i) Scalp	—
(ii) Body	3
Scabies	14
Impetigo	30
Other skin diseases	20
Total	67

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrange- ments made by the Authority	222
---	-----

GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrangements made by the Authority ...	108
--	-----

GROUP 7.—OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	10
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vac- cination	400
(d) Other than (a), (b) and (c) above (specify)	
1—Respiratory System ...	1
2—Cardio-Vascular System ...	4
3—Alimentary System ...	1
4—Central Nervous System ...	3
5—Genito-Urinary System ...	5
Total (a)—(d)	424

TABLE V.—Dental Inspection and Treatment carried out by the Authority.

1.	Number of pupils inspected by the Authority's Dental Officers—					
	(a) At Periodic Inspection	...	...	...	...	2,543
	(b) As Specials	...	...	...	...	2,594
	Total (1)	...	...	...	...	5,137
2.	Number found to require treatment	...	...	...	...	4,065
3.	Number offered treatment	...	...	...	...	4,065
4.	Number actually treated	...	...	...	...	3,784
5.	Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11 (h) overleaf	...	...	...	...	5,385
		...	...	...	...	6,820
6.	Half-days devoted to : Periodic (School)					
	Inspection	...	...	...	...	21
	Treatment	...	...	...	...	810
	Total (6)	...	...	...	...	831
7.	Fillings : Permanent Teeth	...	...	...	...	1,744
	Temporary Teeth	...	...	...	...	66
	Total (7)	...	...	...	...	1,810
8.	Number of teeth filled : Permanent Teeth	...	...	...	...	1,720
	Temporary Teeth	...	...	...	...	66
	Total (8)	...	...	...	...	1,786
9.	Extractions : Permanent Teeth	...	...	...	...	1,808
	Temporary Teeth	...	...	...	...	4,512
	Total (9)	...	...	...	...	6,320
10.	Administration of general anaesthetics for extraction	...	...	...	...	2,497

11. Orthodontics:

(a)	Cases commenced during the year	...	...	69
(b)	Cases carried forward from previous year	...	...	15
(c)	Cases completed during the year	...	...	21
(d)	Cases discontinued during the year	...	...	2
(e)	Pupils treated with appliances	...	...	69
(f)	Removable appliances fitted	...	...	65
(g)	Fixed appliances fitted	...	...	—
(h)	Total attendances	...	...	392

12. Number of pupils supplied with artificial dentures ... 53

13. Other operations:

Permanent teeth	...	...	...	...	1,121
Temporary teeth	...	...	...	...	1,873
Total (13)					2,994

WINTRINGHAM GRAMMAR SCHOOL AND TECHNICAL SCHOOL

Returns of defects found in the course of Medical Inspection.

Defect or Disease	Wintringham Grammar School				Technical School			
	Routine Inspection							
	Referred for Treatment		Referred for Observation		Referred for Treatment		Referred for Observation	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Skin	—	—	—	6	—	1	1	2
Eyes:—								
a. Vision	2	5	22	14	3	1	12	9
b. Squint	—	—	1	—	—	—	—	1
c. Other	—	—	—	1	—	—	—	1
Ears:—								
a. Hearing	—	1	—	—	—	—	—	—
b. Otitis Media	—	—	—	4	—	—	—	—
c. Other	—	1	—	—	—	—	—	—
Nose and Throat	—	—	1	1	—	—	—	3
Speech	—	—	—	—	—	—	—	—
Cervical Glands	—	—	—	—	—	—	—	—
Heart & Circulation	—	—	—	—	—	—	—	—
Lungs	—	—	4	—	—	—	1	—
Developmental:—								
a. Hernia	—	—	—	—	—	—	—	—
b. Other	—	—	—	1	—	—	—	—
Orthopaedic:—								
a. Posture	—	—	—	—	—	—	—	—
b. Flat foot	—	—	—	—	—	—	—	—
c. Other	—	—	—	2	—	—	—	1
Nervous System:—								
a. Epilepsy	—	—	—	—	—	—	—	—
b. Other	—	—	—	1	—	—	—	1
Psychological ;—								
a. Development	—	—	—	—	—	—	—	—
b. Stability	—	—	—	1	—	—	—	—
Other	—	—	1	7	—	—	—	1

At the Wintringham Grammar School 78 boys and 70 girls (age groups 14 to 15 years) were examined at routine medical inspections. Of these 2 boys and 7 girls were found to require treatment.

At the Technical School 63 boys and 47 girls (age groups 14 to 15 years) were examined at routine medical inspections. Of these 3 boys and 2 girls were found to require treatment.

