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COUNTY BOROUGH OF GRIMSBY

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# ANNUAL REPORT

OF THE

**Medical Officer of Health**

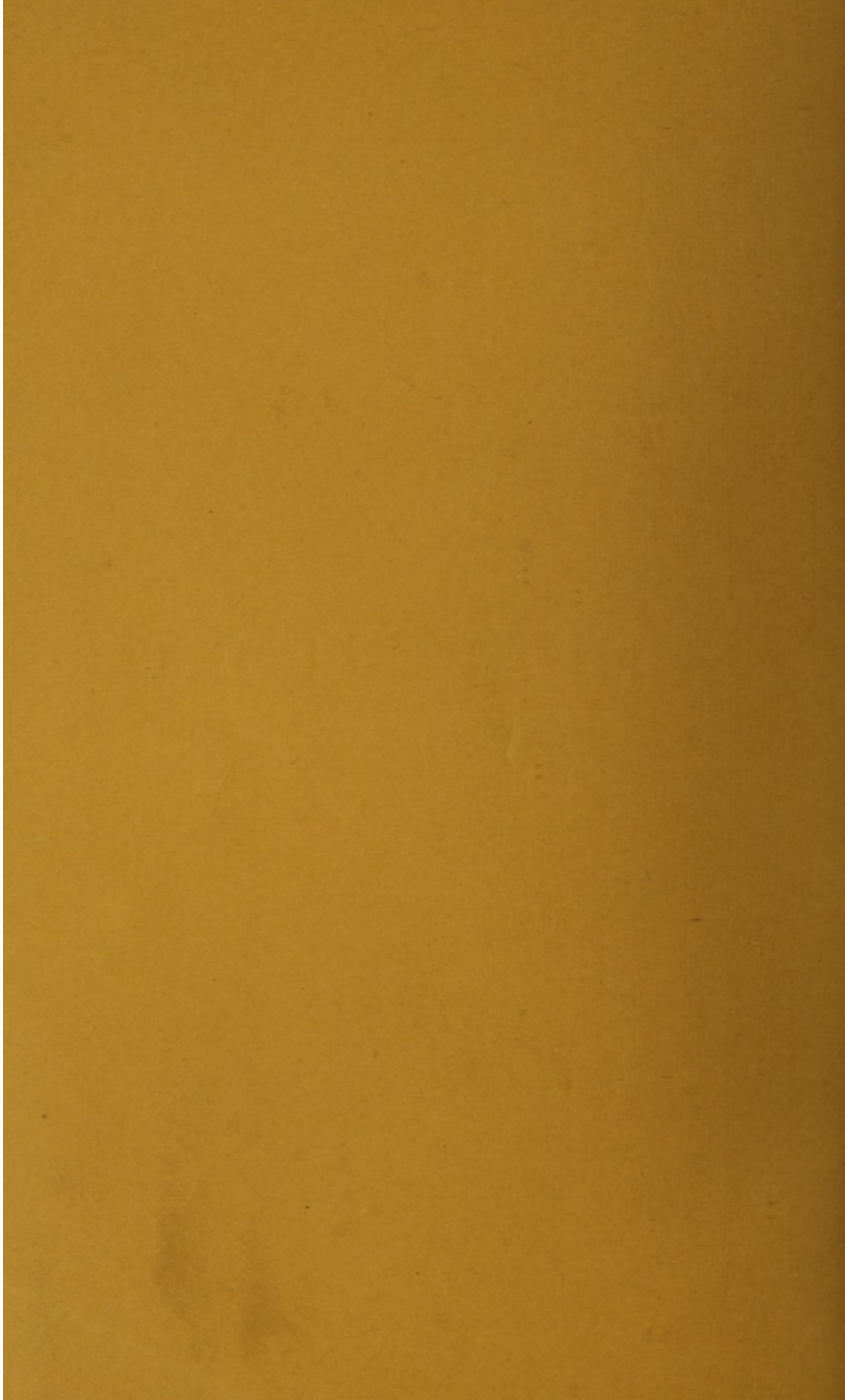
FOR THE YEAR

**1961**

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INCLUDING REPORT ON THE

**SCHOOL HEALTH SERVICE**



COUNTY BOROUGH



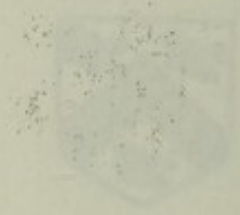
OF GRIMSBY

*With*

*The Compliments of the Medical*

*Officer of Health*

COUNTY OF BURLINGAME



OFFICE OF THE CLERK

*[Faint, illegible text, likely a signature or official name]*



COUNTY BOROUGH OF GRIMSBY

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# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1961

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INCLUDING REPORT ON THE

SCHOOL HEALTH SERVICE

Richardsons & Coppin Ltd., Victoria Street, Grimsby.

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## GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1961)

The Worshipful the Mayor  
(COUNCILLOR G. H. PEARSON, J.P.)

*Chairman*

ALDERMAN F. G. GARDNER

*Deputy Chairman*

ALDERMAN E. W. MARSHALL

*Aldermen*

A. H. CHATTERIS	M. LARMOUR
J. H. FRANKLIN	C. H. WILKINSON, M.B.E., J.P.
Mrs. M. LARMOUR	

*Councillors*

A. H. BARKER	A. W. KENNINGTON
GEORGE R. BERRETT	Miss J. B. B. McLAREN
GRAHAM H. BERRETT	G. N. METCALF
A. BRADLEY	P. MUNNINGS
W. R. BRUMBY	A. C. PARKER
T. M. DAVISON	F. B. PARKES
E. B. DENT	T. W. SLEEMAN
B. FAULDING	Mrs. L. TRAYER
Mrs. F. E. FRANKLIN, J.P.	W. E. WILKINS

and the following Co-opted Members :—

Mr. R. C. BELLAMY	Dr. E. A. ROBERTSON
Dr. J. COTTRELL, J.P.	Mr. C. W. SPENDELOW
Mr. A. LILES	

## SUB-COMMITTEES OF THE HEALTH COMMITTEE

## MENTAL HEALTH :—

COUNCILLOR Mrs. FRANKLIN (*Chairman*) ; ALDERMAN Mrs. LARMOUR (*Deputy-Chairman*) ; ALDERMEN GARDNER, M. LARMOUR AND MARSHALL ; COUNCILLORS BRADLEY, G. H. BERRETT, DENT, PARKER AND Mrs. TRAYER.

*Co-opted Members* :—MESDAMES H. L. R. BONTOFT, M. CRESSWELL, L. NICHOLLS AND A. B. TURNER ; DR. P. D. CROWLEY.

## PERSONAL HEALTH :—

ALDERMAN WILKINSON (*Chairman*) ; ALDERMAN MARSHALL (*Deputy-Chairman*) ; ALDERMEN GARDNER, Mrs. LARMOUR AND M. LARMOUR ; COUNCILLORS G. H. BERRETT, FAULDING, MISS McLAREN, PARKER AND Mrs. TRAYER.

*Co-opted Members* :—MESDAMES M. CRESSWELL AND A. B. TURNER ; MESSRS. A. LILES AND J. SULLIVAN ; DR. T. BARROWMAN.

## PUBLIC HEALTH :—

ALDERMAN GARDNER (*Chairman*) ; ALDERMAN MARSHALL (*Deputy Chairman*) ; ALDERMAN M. LARMOUR ; COUNCILLORS G. H. BERRETT, BRUMBY, DENT, KENNINGTON, PARKER, SLEEMAN AND Mrs. TRAYER, *Co-opted Members* :—MESDAMES H. L. R. BONTOFT AND B. HARRISON ; MESSRS. A. CUCKSON, N. HOPPER AND T. HUNT.

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

LOCAL ACTS.

- The Great Grimsby Improvement Act, 1853.
- The Grimsby Improvement Act, 1869.
- The Grimsby Extension and Improvement Act, 1889.
- The Grimsby Corporation Act, 1921.
- The Grimsby Corporation Act, 1927.
- The Grimsby Corporation (Dock &c.) Act, 1929.
- The Grimsby, Cleethorpes and District (Water etc.) Act, 1937.
- The Grimsby Corporation Act, 1949.

ADOPTIVE ACTS.

- The Public Health Acts Amendment Act, 1890.
- The Private Street Works Act, 1892.
- The Public Libraries Acts.
- The Public Health Acts Amendment Act, 1907. (Part II, VI, VII & X).
- The Cran Measures Act, 1908.
- The Public Health Act, 1925, (Sections 13 to 33 and 35 of Part II).

BYE LAWS.

- Provision of means of escape in case of fire in factories in the Borough, 1921.
- Nuisances, 1923 and 1952.
- Tents, Vans, Sheds and Similar structures, 1926.
- Conduct of persons waiting in streets to enter public vehicles, 1930.
- New Streets, 1938.
- Seamen's Lodging Houses, 1938.
- Nursing Homes, 1938.
- Common Lodging Houses, 1940.
- Handling, Wrapping and Delivery of Food, 1948.
- Employment of Children and Street Trading, 1949.
- Hackney Carriages, 1952, 1960 and 1961.
- Brighowgate Bus Station, 1953.
- Building Byelaws, 1953.
- Pleasure Grounds, 1955 and 1959.
- Good Rule and Government, 1955 and 1960.
- Smoke Prevention, 1957.
- Parking Places in Streets, 1957, 1958, 1959, 1960 and 1961.
- Removal of House Refuse, 1958.
- Conveyance of Noxious Matter, 1958.
- The Garden of Rest, Doughty Road, 1959.
- Public Libraries, 1960.
- Sale of Coal, 1960.

LOCAL REGULATIONS.

- Grimsby Port Health Authority Regulations.
- Street Collections, 1917.
- Grimsby Public Library, 1953.
- Grimsby Crematorium, 1954.
- Grimsby Registration Schemes, 1960.
- Scartho Road Cemetery Regulations, 1961.

## STAFF OF THE HEALTH DEPARTMENT, 1961.

### MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

R. GLENN, M.B., B.Ch., B.A.O., D.P.H.

### DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

S. R. W. MOORE, M.B., B.Ch., B.A.O., D.P.H.

### ASSISTANT MEDICAL OFFICERS OF HEALTH AND SCHOOL MEDICAL OFFICERS

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

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

J. L. T. GRAHAM, L.R.C.P., L.R.C.S., L.M.

### 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.

J. HUFFORD, 1, 2.

J. WOOD, 1, 2.

R. R. LINCOLN, 1, 2. (resigned 12.8.61).

D. C. VANSON (Pupil).

L. SAUNBY (Pupil) (from 11.9.61).

M. HUTCHINSON (Pupil) (from 25.9.61).

### HEALTH VISITORS

Mrs. I. HALDANE, 3, 4, 5. *Superintendent.*

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

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

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

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

Miss J. BELL, 3, 4, 5.

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

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

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

Mrs. M. DAWSON, 3, 4, 5.

Mrs. I. M. STOREY, 3, 4, 5.

Miss H. BRAGG, 3, 4, 5. (from 18.1.61).

### CLINIC NURSES

Mrs. I. M. MILLS, 3, 4.

Mrs. M. COLEMAN, 3.

Mrs. J. W. R. MASON, 3.

### TUBERCULOSIS VISITORS

Miss D. ATKIN, 3, 4, 5.

Mrs. R. DONSON, 3, 4.\*

### HOME NURSING SERVICE

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

Mrs. A. T. LAWE, 3, 4. *Assistant Superintendent.* (resigned 31.1.61).  
and staff of 13 nurses.

### MUNICIPAL MIDWIVES

Miss F. ENGLEDDOW, *Non-Medical Supervisor.*

Mrs. A. T. LAWE, *Assistant Non-Medical Supervisor.* (resigned 31.1.61).

Mrs. C. BEDFORD, 3, 4.

Miss E. BAXTER, 3, 4.

Miss G. A. BAXTER, 3, 4.

Mrs. K. G. GILMOUR, 3, 4.

Miss D. M. DAWSON, 3, 4.

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

Mrs. C. WESTACOTT, 3, 4.

Mrs. C. E. CALTHORPE, 3, 4.

Mrs. G. NUTTER, 3, 4. (resigned 5.11.61).

Miss J. ORREY, 3, 4.

Mrs. J. YEOMANS, 4.

Miss H. M. FAWCETT, 3, 4.

Mrs. P. SWABY, 3, 4. (from 24.12.61).

**AMBULANCE SERVICE**

E. BROWN, Ambulance Officer, and staff of 31.

**MENTAL WELFARE OFFICERS**

Miss E. M. WOULD, *Chief*.  
Mr. L. C. RACKHAM.  
Mr. G. W. A. MACKENZIE  
Mrs. J. V. STRINGER.

Miss E. GLOVER (resigned 28.2.61)\*.  
Mrs. M. TWIDALE\*.  
Miss J. D. TEMPLEMAN (from 21.8.61).

**JUNIOR TRAINING CENTRE**

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

Mrs. L. A. WILLERTON.  
Miss P. M. WRIGHTAM.  
Mrs. A. Y. WESTWOOD (resigned 31.8.61).

**DOMESTIC HELP ORGANISER**

Miss L. BLACKBURN.

**SOCIAL WORKER**

Miss A. J. CORBOULD (resigned 30.9.61).  
Miss B. A. CROSS (from 27.10.61)

**CLERICAL STAFF**

W. R. GALE, *Chief Clerk*.  
D. AMERY.  
M. WILKINSON.

P. T. KITCHING.  
Mrs. J. E. KNIGHT.  
Miss S. HORN.

*Public Health Inspector's Sub-Department.*

S. NASH.  
T. H. R. JOHNSON.

Miss D. A. ROBINSON (resigned 23.12.61).  
Miss M. BRYSON.

*Maternal and Child Welfare Service.*

Mrs. J. A. POTTER.  
Miss S. WILLING.  
Mrs. I. SMITH.

Miss M. MOORE.  
Mrs. R. EARLEY.  
Mrs. I. E. LONGSTAFF.

*Mental Health Service.*

Miss L. E. HUTSON.

Mrs. J. M. DUNK.

*Domestic Help Service.*

Miss B. N. DOUGHTY.

*Social Worker*

Miss I. HOLDEN, (resigned 31.12.61).

*Ambulance Service*

Miss F. FIELDS

*Home Nursing Service*

Miss N. M. WELLS (from 5.9.61)

\* 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 to present you with a copy of the statutory Annual Report on the Health of the Borough for the year 1961.

The Registrar General's estimate of the mid-year population shows a decrease of 510 persons as compared with the previous year. When this is considered along with the fact that the excess of births over deaths was 951, then there must be a serious loss of population. The only explanation offered is that more people have left the town or have elected to live outside the present boundary.

The birth rate is the highest since the post-war period, and the corrected death rate is exactly the same as the national figure ; so these two facts taken together bode well for the health of the town as a thriving community. Although the death rate in Grimsby for cancer of all types is the same as the average for England and Wales, the rate for cancer of the lung is appreciably higher. The consumption of tobacco does not appear to be lessening despite propaganda and serious warnings from responsible bodies.

Once again there were no serious outbreaks of infectious disease. It was a measles year, but there were no deaths due to this cause. The single case of typhoid fever might have been very serious indeed. An overseas student was working at a large local food factory and residing in a temporarily overcrowded hostel. Fortunately, he was promptly diagnosed and with energetic preventive measures a major outbreak was avoided. An increasing problem is the small number of cases of dysentery who are highly resistant to the modern anti-biotics. Some cases of Salmonella have remained consistently positive for more than three months, despite full courses with as many as six different anti-biotics.

Tuberculosis has shown a welcome improvement and the figures are encouraging. There were no outbreaks at school this year and the B.C.G. programme was carried out to the full. Regarding venereal disease, it is pleasing to report a definite decrease in all types, especially as the national trend has been upwards. The increase shown in 1960 may now be safely assumed to have been a normal fluctuation.

During the year I visited 120 old people referred for admission to the chronic sick wards. This was an increase of 24 cases over the previous year, and of these 50 were considered to be in urgent need of a bed, 41 needed admission but not urgently, 22 were able to cope with local authority services to help, and 7 had died before the visit. The problem of caring for aged relatives is not diminishing and usually places an undue strain on the family, often leading to mental and physical breakdown. Temporary admission of such cases gives a much-needed rest all round and is frequently of benefit to the patient as well. Due to the pressure on the beds such admissions are very limited in number and time of stay.

A highlight of 1961 was the opening of a new clinic combining the school health and maternal and child welfare services. This clinic is much appreciated

by the staff and has received very favourable comment from the public. It was officially opened by the Worshipful the Mayor of Grimsby (Councillor G. H. Pearson, J.P.) on the 10th October, 1961.

The Psychiatric Unit at the Scartho Road Hospital is continuing to cater for an ever increasing local need. This may be emphasised by 3,577 attendances at the out-patient section, and the 726 who received E.C.T. would formerly have had to travel to and from St. John's Hospital, Lincoln, several times to obtain this treatment. If this is considered with the fact that 307 cases were admitted as voluntary in-patients, it will be realised how enormous is the need for such a service in modern society. Such numbers could not have been treated without the full help of the mental welfare officers, who work in the closest possible co-operation with the consultant psychiatrist and his assistant.

The relationship of the Health Department with the other local authority departments, the Hospital and the General Medical Services has remained good and I am most grateful for all help received.

It is a pleasure to place on record my appreciation of the sympathetic consideration given by the Chairmen and members of the Health Committee and its sub-committees to the matters placed before them, while the work outlined in this Report could not have been accomplished without a conscientious and loyal staff.

R. GLENN,

*Medical Officer of Health.*

HEALTH DEPARTMENT,  
1, Bargate, Grimsby.

June, 1962.

## PART I.—STATISTICS AND SOCIAL CONDITIONS

## SUMMARY OF STATISTICS

Area (in acres)—excluding foreshore .....				5,864
Registrar General's estimate of population, mid-1961 .....				96,520
No. of inhabited houses (end of 1961) according to Rate Books ..				29,845
Rateable value .....				£1,226,255
Sum represented by a penny rate .....				£5,071
Live Births :—	Males	Females	Total	
Legitimate ..	927	928	1,855	
Illegitimate ..	74	60	134	
	<u>1,001</u>	<u>988</u>	<u>1,989</u>	
Live birth rate per 1,000 population .....				20.6
Adjusted live birth rate (area comparability factor 1.01) .....				20.8
Illegitimate live births (per cent. of total live births) .....				6.7
Stillbirths :—				
Legitimate	17	18	35	
Illegitimate ..	1	1	2	
	<u>18</u>	<u>19</u>	<u>37</u>	
Stillbirths rate per 1,000 total live and still births .....				18.2
Total live and still births .....				2,026
Infant deaths :—				
Legitimate ..	20	22	42	
Illegitimate ..	—	1	1	
	<u>20</u>	<u>23</u>	<u>43</u>	
Infant mortality rates :—				
Total infant deaths per 1,000 total live births .....				21.6
Legitimate infant deaths per 1,000 legitimate live births .....				22.6
Illegitimate infant deaths per 1,000 illegitimate live births ..				7.4
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births) .....				14.6
Early Neo-natal mortality rate (deaths under 1 week per 1,000 total live births) .....				13.5
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) .....				31.6
Maternal mortality (including abortion) :—				
Number of deaths .....				1
Rate per 1,000 total live and still births .....				0.49
Deaths (Males 555 ; Females 483) .....				1,038
Death rate .....				10.7
Adjusted death rate (area comparability factor 1.12) .....				12.0



	<i>Number</i>	<i>Rate</i>
Deaths from measles .. .. .	Nil	—
„ „ whooping cough .. .. .	„	—
„ „ diphtheria .. .. .	„	—
„ „ respiratory tuberculosis .. .. .	8	0.08
„ „ other tuberculous diseases .. .. .	2	0.02
Total tuberculosis deaths .. .. .	10	0.10
Deaths from cancer .. .. .	203	2.10
„ „ influenza .. .. .	5	0.05

**Population.**—(Table 1, page 54). The Sixteenth Census of the population of England and Wales was taken on the 23rd April, 1961, and in the preliminary report of the Registrar General the population of the County Borough of Grimsby on that date is stated to have been 96,665 persons (47,340 males and 49,325 females). This total exceeds the number returned at the 1951 enumeration by 2,108 (1,206 males and 902 females) and represents an intercensal increase of 2.2 per cent.

Since the above information was published the Registrar General's estimate of the home population at mid-1961 was 96,520, and it is on this figure that the vital statistics contained herein are based. This is a decrease of 145 persons on the census figure but the statistics are not greatly modified in consequence, and also shows a decrease of 510 on the Registrar General's estimate for the previous year. The natural increase of the population, i.e., the excess of live births over deaths, was 951.

**Births.**—(Tables 1 and 2, pages 54 & 55). There were 1,989 live births (1,001 males and 988 females), giving a birth rate of 20.6 per thousand of the population, which is the highest recorded since 1948.

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 20.8, compared with 17.4 for England and Wales.

One hundred and thirty-four (6.7 per cent.) of the live births were illegitimate, the illegitimacy rate being 67.4 per thousand live births. The corresponding rate for England and Wales was 59.00

**Stillbirths.**—Thirty-seven stillbirths were registered, giving a rate of 0.38 per thousand of the population. The rate expressed per thousand total (live and still) births was 18.2 ; for England and Wales it was 18.7.

**Deaths.**—(Tables 3 and 4, pages 55 & 56). There were 1,038 deaths (555 males and 483 females), equal to a death rate of 10.7.

The adjusted death rate for Grimsby (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.12) was 12.0, which is the same rate as for England and Wales.

Six hundred and eighty-six persons—comprising residents and non-residents—died in institutions in the borough, equivalent to 55.5 per cent. of the total deaths registered.

Deaths of residents at 70 years of age and upwards totalled 581, the number at age periods being :—

	MALES	FEMALES	TOTAL
Between 70 and under 75 years .. ..	90	60	150
„ 75 and under 80 years .. ..	81	88	169
„ 80 and under 85 years .. ..	61	72	133
„ 85 and under 90 years .. ..	39	51	90
90 years and over .. .. .	12	27	39

This is almost equal to 56 per cent. of the total deaths.

Table 4 gives the causes of death in age periods and has been compiled from figures supplied by the Registrar General.

**Infant Mortality.**—There were 43 deaths under one year of age, giving an infant mortality rate of 21.6 per thousand live births. For England and Wales the rate was 21.4, the lowest ever recorded in this country.

The infant deaths are classified by cause in Table 5 (page 57).

**Neo-Natal Mortality.**—Twenty-nine of the 43 deaths recorded above were of infants under 4 weeks, equivalent to a rate of 14.6 per thousand live births. The corresponding rate for England and Wales was 15.5.

The early neo-natal mortality rate for Grimsby—there were 27 deaths of infants under one week of age—was 13.5 per thousand live births.

**Perinatal Mortality.**—The combined number of stillbirths and deaths of infants under one week of age was 64, which gives a rate of 31.6 per thousand total live and still births.

**Maternal Mortality.**—One maternal death occurred in a Grimsby resident, giving a rate of 0.49 per thousand total live and still births ; for England and Wales it was 0.33.

**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, 1961	
(males 1,049 ; females 153) ..	1,202
Total live register in July, 1961 ..	
(males 557 ; females 46) ..	603
Total live register in December, 1961	
(males 1,188 ; females 127) ..	1,315

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 (males 23 ; females 2).

**Rainfall.**—The total rainfall recorded during the year was 24.45 inches, the heaviest fall being 0.96 of an inch on the 8th August.

**PART II.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS  
AND OTHER 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 .. .. .	44	2	—
Measles .. .. .	3,148	11	—
Whooping cough .. .. .	40	2	—
Acute pneumonia .. .. .	5	1	54
Acute poliomyelitis — Non-Paralytic .. .. .	1	1	—
Typhoid fever .. .. .	1	1	—
Dysentery .. .. .	78	5	—
Food poisoning .. .. .	2	—	—
Ophthalmia neonatorum .. .. .	1	—	—
Puerperal pyrexia .. .. .	4	3	—
Erysipelas .. .. .	4	1	—
Acute rheumatism .. .. .	1	1	—
Chicken pox .. .. .	201	—	—
Totals .. .. .	3,530	28	54

No notifications were received of other notifiable diseases not specified in the table above, e.g., diphtheria, smallpox, etc., and Table 6 on page 58 gives the age and sex distribution of the total cases notified.

**Scarlet Fever.**—44 cases (20 males and 24 females) were notified, compared with 105 in 1960. Two of the patients were treated in hospital.

**Measles.**—3,148 cases (1,658 males and 1,490 females) were reported compared with 60 the previous year. Eleven of the cases were admitted to hospital and there were no deaths.

**Whooping Cough.**—40 notifications (21 males and 19 females) were received compared with 80 the previous year. Two cases were treated in hospital.

**Pneumonia.**—5 cases of primary pneumonia were reported, one being admitted to hospital. Fifty-four deaths were ascribed to all forms of pneumonia, giving a death rate of 0.56.

**Acute Poliomyelitis.**—One case of non-paralytic poliomyelitis was notified, a girl aged 14 years, who was treated in hospital. This patient had received three inoculations against poliomyelitis and made an uneventful recovery.

**Typhoid Fever.**—One case was notified. A Nigerian student, aged 21 years, came to London by air and immediately travelled by rail to Grimsby to stay at the Y.M.C.A. Hostel while working in a local food factory. The patient reported sick the day after he started work and was later admitted to a medical ward at the Grimsby General Hospital thought to be suffering from malaria. A blood test gave a definite growth of typhoid bacilli and the patient was then transferred to the isolation hospital.

Every precaution was taken at the Hostel as it was full of student workers at the time. Health authorities were notified when any student left the Hostel after completing his period of work so that surveillance could be carried out in his home town. There were no further cases, and there is no doubt that the patient did not contract the disease in this country.

**Dysentery.**—Notifications of this disease totalled 78 (43 males and 35 females) compared with 136 in 1960, and 5 of the cases were treated in hospital. Most of the cases were caused by *Salmonella* infections and there were no deaths.

**Food Poisoning.**—Two cases (a male and a female) were reported, both in the same family. The agent causing the outbreak was identified as *Salmonella Typhi-murium* and from enquiries it would appear that the consumption of a duckling by both patients was the cause of their illness.

**Ophthalmia Neonatorum.**—Only one case of this disease was notified. The patient was treated at home and the services of a district nurse was offered by the local authority.

**Puerperal Pyrexia.**—Four notifications were received, three of the women being treated in hospital. The services of a district nurse are offered by the local authority in all cases nursed at home. The attack rate per thousand total births was 1.97.

**Erysipelas.**—Four cases of this disease were reported, one being treated in hospital.

**Acute Rheumatism.**—The Acute Rheumatism Regulations require the notification of cases of acute rheumatism in persons under 16 years of age occurring in certain specified parts of England, and one such case (a boy, aged 11 years) was reported.

Each case is finally referred to the consultant cardiologist for assessment and placing in the appropriate category under a scheme devised by the Royal College of Physicians. The case was thus duly confirmed.

**Chicken Pox.**—Notifications of this disease totalled 201 (104 males and 97 females) compared with 628 the previous year. None of the cases were admitted to hospital.

**Influenza.**—Although this is not a notifiable disease unless complicated by pneumonia, 5 deaths (1 male and 4 females) were certified as due to influenza, compared with one in 1960.

**Public Health (Infectious Diseases) Regulations, 1953.**—It was not necessary to take any action under these Regulations during the year.

**Cases, Contacts or Carriers of Infectious Disease.**—A notice was sent to employers of 11 cases (5 males and 6 females) of infectious disease who were engaged in the handling of food, informing them that the person concerned should not resume his/her employment until the medical officer of health certified that it was safe to do so.

Certificates of exclusion from work under Ministry of Health Circular 115/48 were issued to 21 contacts or carriers (9 males and 12 females) also engaged in the handling of food.

## CANCER

Deaths due to cancer totalled 203 (120 males and 83 females). The local death rate from this cause was 2.10 compared with 2.16 for England and Wales. The rates for the previous year were 2.27 and 2.15 respectively.

Of the total deaths from cancer 54 (45 males and 9 females) were due to cancer of the lung and bronchus, which is equal to a rate of 0.56 per thousand population for Grimsby; for England and Wales it was 0.49. The corresponding rates for 1960 were 0.61 and 0.48 respectively.

Other cancer death rate was 1.54 (England and Wales 1.67) compared with rates of 1.66 and 1.67 respectively for last year.

## TUBERCULOSIS

**Notifications.**—(Tables 7 and 8, page 59). Notifications under the Public Health (Tuberculosis) Regulations, 1952 totalled 59, compared with 81 the previous year. A further 13 cases of pulmonary tuberculosis already notified in other areas moved into the borough.

**Deaths.**—(Tables 7 and 8). The following shows the number of deaths and the death rate from tuberculosis per thousand of the population :—

		<i>Grimsby</i>	<i>England and Wales</i>	
		<i>Number</i>	<i>Rate</i>	<i>Rate</i>
Respiratory .. .. .		8	0.083	0.065
Other forms .. .. .		2	0.020	0.007
	Totals ..	10	0.103	0.072

The total tuberculosis death rates in each year of the Decennium (1952—1961) was :—

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
England and Wales	0.23	0.19	0.17	0.14	0.11	0.10	0.10	0.08	0.07	0.07
Grimsby	0.34	0.27	0.23	0.19	0.19	0.12	0.16	0.12	0.08	0.10

**Revision of Register.**—The names of 94 persons were removed from the register during the year, these consisting of :—

Diagnosis not established .. .. .	1
Recovered .. .. .	39
Died .. .. .	10
Died from causes other than tuberculosis .. .. .	4
Left district .. .. .	37
Not found after adequate search .. .. .	3

On 31st December, 1961, there were 778 cases on the register of the Medical Officer of Health, 691 pulmonary and 87 non-pulmonary.

**Public Health Act, 1936—Section 172.**—It was necessary to take action under this section of the Act in respect of an open case of pulmonary tuberculosis. The Chest Physician reported that an adult male, who had already infected three members of the same household, had refused treatment after arrangements had been made for his admission to the Springfield Hospital.

Following representations by the Medical Officer of Health, the patient promised faithfully to enter the hospital, but again failed to do so. He was taken before the Magistrates Court when an Order was made for his removal to the Springfield Hospital and for his detention and maintenance therein for a period of 3-months. The patient then absconded, but after police action ultimately surrendered himself and entered the hospital, making a satisfactory recovery.

**Mass Radiography.**—A survey was not carried out by the Lincolnshire Mass Radiography Unit during the year.

**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 this clinic during 1961.

<i>New cases examined (excluding contacts) :</i>				<i>Total</i>
(a) Definitely tuberculous	..	..	50	} .. .. 2,742
(b) Diagnosis not completed	..	..	28	
(c) Non-tuberculous	..	..	2,664	
 <i>Contacts examined :</i>				
(a) Definitely tuberculous	..	..	8	} .. .. 850
(b) Diagnosis not completed	..	..	6	
(c) Non-tuberculous	..	..	836	
Cases written off Clinic Register, including 3,592 non-tuberculous				.. 3,691
 <i>Cases on Clinic Register as at 31st December, 1961 :</i>				
(a) Definitely tuberculous	..	..	802	} .. .. 839
(b) Diagnosis not completed	..	..	37	
Total attendances at Clinic, including contacts	..	..	..	7,522
Consultations with medical practitioners	..	..	..	7,744
Home visits by nurses	..	..	..	2,396
X-ray examinations :— Radiographic film	..	..	..	3,751
Fluorographic screen	..	..	..	1,646

The number of new cases of tuberculosis diagnosed was 50, showing a very encouraging reduction from the previous year. As a result contact examinations were automatically less, being 850 as compared with 958 in 1960. Nevertheless, some eight persons were found to be suffering from the disease (seven pulmonary and one non-pulmonary).

The number of deaths from all forms of tuberculosis during 1961 was 10 (eight respiratory and two non-respiratory) and this exceptionally low figure again demonstrates the treatability of the disease at the present time. As recently as 1951 the mortality figure was 55 and when one compares this with some 65 deaths in 1941 it emphasises the vast changes that have taken place in the successful modern methods of treatment.

Non-tuberculous conditions requiring special investigation referred to the Chest Clinic during the year were as follows:—

	<i>Adult males</i>	<i>Adult females</i>	<i>Children</i>
Cancer .. .. .	37	8	—
Bronchiectasis .. .. .	7	6	3
Asthma .. .. .	13	29	6
Atypical Pneumonia .. .. .	—	1	—
Unresolved Pneumonia .. .. .	9	11	4
Non-tuberculous Effusions .. .. .	4	5	1
Spontaneous Pneumothorax .. .. .	3	—	—
Foreign Bodies .. .. .	1	—	—
Cystic Disease .. .. .	1	—	—
Cardiac .. .. .	16	5	—
Mitral Stenosis .. .. .	—	2	—
Diaphragmatic Hernia .. .. .	—	1	—
Sarcoidosis .. .. .	2	—	—
Other Conditions .. .. .	7	10	1
<b>Totals .. .. .</b>	<b>100</b>	<b>78</b>	<b>15</b>

**Cancer.**—So far as the Chest Clinic and the Springfield Hospital are concerned the number of new diagnosed cases resident in Grimsby has decreased from 52 in 1959, 48 in 1960 to 45 in the year under review. This latter figure, unfortunately, cannot be taken to indicate an all-round decrease of the condition as many diagnosed cases emanate from other sources.

**Bronchiectasis.**—Little change has been noted in the incidence of this condition during 1961.

**Asthma.**—There has been a large reduction in the number of this type of case seen at the Chest Clinic. In certain instances skin-testing is carried out and positive reactors are either desensitised during a spell of in-patient treatment in the chest hospital or the required injections are given by the patient's private doctor, to whom the solutions are forwarded.

We have had a particular interest in this condition for some years and many cases previously referred have been dealt with and now attend at intervals for review. The number of cases discovered during 1961 was 48 and these are new applicants.

**Unresolved Pneumonia.**—There has again been a slight increase in the number of cases of this form of illness referred to the clinic. I feel sure this is due to the fact that general practitioners realise if prompt resolution does not occur it is important that a spell of intensive hospital treatment can result in the more rapid clearing of the condition.

**Cardiac Conditions.**—There was a slight decrease in the number of these cases. There is still quite a number of cases of Cor Pulmonale appearing as new individuals and these constitute a large mass of the cardiac conditions with which we have to deal.

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>
1957	1,023	1,800	430	3,253
1958	999	1,690	372	3,061
1959	813	1,601	321	2,735
1960	1,072	1,429	282	2,783
1961	845	1,581	316	2,742

Generally speaking the total number of cases referred remain much as in former years.

**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.

It is gratifying to find that no child under clinic supervision in this category has had any serious tuberculous condition and no case of tuberculous meningitis has arisen during the year in the children under our care.

The B.C.G. Vaccination campaign continues on a very satisfactory basis and contacts of all ages, including those at work, have opportunities for examination, tuberculin testing and radiological examination. The investigation into infant contacts has been continued to a marked degree. Experience has shown that there is no contra-indication or lack of effectiveness in carrying out vaccination in small infants and staff are particularly watchful in performing this protection in the case of contact babies born in the maternity hospitals in the area.

The number of successful vaccinations decreased from 442 in 1960 to 357 for 1961. The number of vaccinations is a variable figure from year to year mainly dependent, of course, on the number of diagnosed cases of tuberculosis.

	<i>A.M.</i>	<i>A.F.</i>	<i>M.C.</i>	<i>F.C.</i>
Contacts .. .. .	9	38	140	111
On behalf of local authority ..	2	3	13	8
Hospital in-patients .. .. .	—	—	7	6
Hospital staffs .. .. .	1	19	—	—
<b>Total ..</b>	<b>12</b>	<b>60</b>	<b>160</b>	<b>125</b>

The number of contacts seen through the Clinic reflects the vigilance of health visitors in bringing them along for investigation. During 1961 no less than eight were diagnosed as tuberculous (seven pulmonary and one non-pulmonary). The majority of these would have escaped detection for a long while but for the facilities available for contact testing. The ascertainment of such cases is particularly important as they are often found to have a minor degree of tuberculous disease which is sometimes treatable without hospitalisation or even, in certain cases, without disturbance of the person's day to day life.



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.

It has now been possible to absorb the chronic bronchitic patients into the routine sessions. The use of chemotherapy and other drugs has proved of great benefit to patients, although the problem of dealing with this class of case still remains.

A separate evening session is also held for cases in need of physiotherapy, breathing exercises and postural drainage. Sessions are held periodically by Mr. R. C. Barclay, F.R.C.S., part of which are devoted to the assessment of bronchiectatic cases suitable to surgery, as well as the follow-up of his operative cases in this area. This arrangement has been found to be very helpful in the assessment of difficult patients.

**Employment Conditions.**—Facilities for the sheltered employment of tuberculosis cases in this area do not exist. The present method of treatment of these cases enables a high percentage to return to their previous occupation and the need for sheltered employment is not particularly acute.

**Follow-up of Cases.**—As the one full-time and one part-time Tuberculosis Health Visitors also carry out duties as clinic nurses and radiographers there is a complete follow-up of patients. This is a satisfactory arrangement as any case showing retrogression, under chemotherapy, etc., is immediately re-visited at home. In this way the nurses are fully aware of what is happening and this tends to a more intimate touch between patient and the clinic staff.

## VENEREAL DISEASES

The Special Treatment Centre at 38 Queen Street, Grimsby, is under the administrative control of the Grimsby Hospital Management Committee, and the times at which sessions are held with the venereologist in attendance are :—

Males :—Mondays, 10 a.m. and 4-30 p.m. ; Wednesdays, 2 p.m.  
Females :—Mondays, 2 p.m. ; Thursdays, 10 a.m. and 4-30 p.m.

The Centre is open for intermediate attendance from Monday to Friday from 10 a.m. to 12 noon and 2 to 7 p.m., also on Saturday from 10 a.m. to 12.30 p.m.

During the year 172 Grimsby residents attended this clinic for the first time, the classification of these cases being :—

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis .. .. .	2 (5)	2 (3)	4 (8)
Gonorrhoea .. .. .	35 (44)	10 (12)	45 (56)
Other Conditions.. .. .	103 (125)	20 (36)	123 (161)
	140 (174)	32 (51)	172 (225)

(Note.—The brackets show the figures for 1960.)

The Port Health Inspectors continued to circulate to shipping information about the location and times of sessions of the Centre.

### PART III. LOCAL HEALTH SERVICES.

#### CARE OF MOTHERS AND YOUNG CHILDREN.

**Infant Welfare Centres.**—The total number of attendances both in children under 1 year and those between the age of 1 and 5, was 18,458, an increase of 1,911 over 1960. There were 15,431 attendances of those under one year, 1,956 more than in 1960. In the 1 to 5 group, there were 3,027 attendances, 45 less than the previous year. Children in this group usually attend toddlers' clinics.

Eight infant welfare sessions are held at six centres as follows :—

Hope Street Welfare Clinic	Tuesday and Thursday, 2 p.m.
Watkin Street Welfare Clinic	Tuesday and Thursday, 2 p.m.
Milton Road Welfare Clinic	Monday, 2 p.m.
Old Clee Church Hall	Friday, 2 p.m.
St. Alban's Church Hall, Longfield Rd.	Tuesday, 2 p.m.
Louth Road Methodist Church Hall	Friday, 2 p.m.

Numbers at infant welfare clinics have increased during the year, especially at those where vaccination and immunisation is carried out. An extra session with a doctor in attendance had to be provided at Hope Street in the last quarter of the year. The pilot scheme which began last year, was so successful that it was extended to all but two clinics (which have been included at the time of writing).

The new purpose-built combined School, Dental and Health Clinic was opened in October, and the Infant Welfare session usually held at the out-patient department of the Grimsby Maternity Hospital was transferred there. The new clinic environment is bright and cheery, and the atmosphere informal. Facilities for health education at this clinic are excellent and up-to-date equipment and materials make teaching easier. A full programme of health education continues at all clinics.

Special mention should be made of Mrs. Boswell, Mrs. Cresswell, Mrs. Dickinson, Mrs. Fitton and Mrs. Maddison, who are voluntary workers at clinics, and the members of the Young Wives Group attached to St. James' Church, who provide tea at Hope Street Infant Welfare Clinic. Their help is much appreciated.

Baby scales for test feeding and weighing are available to all mothers. Ninety-four cases with breast feeding problems were investigated and 43 continued to breast feed successfully.

**Toddlers' clinics.**—Infants who have ceased to attend infant welfare clinics and who previously did not join toddlers' clinics until 2 years of age, are now automatically transferred when they are able to walk. The child attends the toddlers' clinic by a special appointment system, at 18 and 21 months, 2, 2½, 3, 3½, 4 and 4½ years. Thus, a child is under surveillance from birth until cared for under the School Health Service.

**Distribution of Welfare Foods and Nutritives.**—Sales from the central office in Victoria Street and infant welfare clinics were as follows :—

	1959	1960	1961
National Dried Milk, tins . .	56,400	56,025	52,375
Orange juice, bottles . .	49,721	48,894	26,839
Cod Liver oil, bottles . .	6,060	5,721	3,811
A & D vitamin tablets, packets	6,057	6,394	4,063

In June, due to a change in Government policy, there was an increase in the price of orange juice, and a charge was made for cod liver oil and vitamin tablets which were previously provided free. This accounts for the drop in the number of items sold in 1961.

**Mothercraft.**—Attendances at mothercraft classes totalled 2,039, and there were 299 new cases. Classes are held at Hope Street on Mondays at 2.30 p.m., Watkin Street on Wednesdays at 2.30 p.m., and a joint class for mothers attending the Milton Road Clinic and the Grimsby Maternity Hospital is held at the out-patient department of the Hospital on Wednesdays at 2.30 p.m.

There were 830 attendances at the Parents' Club at Watkin Street. A varied programme was completed, activities of the club still being 50 per cent educational.

**Ante-natal clinics.**—1,131 cases, including 1,006 new cases, made a total of 3,032 attendances. 2,445 of these were made at midwives' sessions, and 587 at medical officers' sessions.

Only 27 cases did not book a general practitioner obstetrician for confinement in 1961.

Ante-natal clinics have been of two kinds. At one a local authority doctor and midwife have been in attendance. Mothers are usually referred to it by their general practitioner obstetrician for blood tests and chest x-ray, etc. A few mothers still prefer to have their full ante-natal care with the local authority doctor, but as mentioned in last year's report they are usually the older women who have attended previously, and their numbers have been decreasing annually. The other has been the midwives' booking clinic, attended by mothers who have booked a midwife for their confinement. At this clinic, the midwife can care for her own case and informs the general practitioner obstetrician of her findings.

Towards the end of the year, these two clinics have been combined to the advantage of both. A midwife may now consult the local authority doctor about any of her patients, and in addition, staffing of two clinics by midwives is avoided. The consent of the Local Medical Committee was obtained before combining these sessions. It was also agreed that where for any reason blood tests have not been done they will be carried out by the clinic staff and the results forwarded to the general practitioner obstetrician.

**Post-natal clinics.**—Twenty-one cases made 22 attendances. These cases have been seen at the end of ante-natal sessions.

**Infant Mortality.**—There was a decrease in the infant mortality rate from 25.1 in 1960 to 21.6 in 1961. Of the 43 deaths notified, 29 were neo-natal. Fourteen cases were over the age of one month at the time of death, the causes being :—

Respiratory diseases .. .. .	7	Pneumonia .. .. .	2
Congenital malformations .. .	4	Enteritis and diarrhoea .. .	1

The neo-natal mortality rate was 14.6, compared with 15.2 last year. The 29 neo-natal deaths were due to :—

Prematurity .. .. .	11	Injury at birth .. .. .	2
Congenital malformations .. .	8	Pneumonia .. .. .	1
Post natal asphyxia & atelectasis	3	Haemolytic disease of newborn	1
Haemorrhagic conditions .. .	2	Respiratory diseases .. .	1

**Notification of Births.**—There were notified 1,839 live births and 43 still births as compared with 1,858 and 57 in 1960.

**Prematurity.**—Premature live births notified numbered 139, ten more than in the previous year.

One hundred and four of these were born in hospital, 35 in their own home, and 89.9 per cent survived 28 days. The percentage of those surviving 28 days was (a) born in hospital—89 ; (b) born at home 91.7 ; and (c) born at home and nursed in hospital—91.

Weight at birth	Premature Live Births								
	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 ...	8	5	3	1	1	—	—	—	—
Over 3-lb. 4-ozs. up to and including 4-lb. 6-ozs. ...	16	2	13	—	—	—	4	—	4
Over 4-lb. 6-ozs. up to and including 4-lb. 15-ozs. ...	24	1	21	4	—	4	3	—	3
Over 4-lb. 15-ozs. up to and including 5-lb. 8-ozs. ...	56	—	56	19	—	18	4	1	3
<b>Totals</b>	<b>104</b>	<b>8</b>	<b>93</b>	<b>24</b>	<b>1</b>	<b>22</b>	<b>11</b>	<b>1</b>	<b>10</b>

**Stillbirths.**—Enquiries made into the 43 cases of stillbirths notified (15 of these being outward transfers) showed that 6 cases occurred at home, the rest in hospital. 23 cases were associated with prematurity, and 13 cases were macerated.

Contributory causes were :—

Congenital defects ( <i>e.g.</i> Hydrocephalus, Anencephalus, exomphalus, meningocele) .. .	10	Breech presentation .. .. .	3
Ante-partum haemorrhage .. .	8	Rhesus incompatibility .. .	2
Cord abnormality .. .. .	6	Others .. .. .	2
Pre-eclamptic toxæmia .. .	4	Post maturity .. .. .	1
Placental insufficiency .. .	3	Unknown .. .. .	4

The following tables indicate the period of gestation and weight of foetus.

<i>Period of gestation</i>			<i>Weight of foetus</i>					
24 weeks	..	..	1	Under 3 lbs.	..	..	..	8
29	..	..	3	3 lbs and under	4 lbs.	..	..	8
30	..	..	1	4 lbs. and under	5 lbs.	..	..	6
31	..	..	1	5 lbs. and under	6 lbs.	..	..	4
32	..	..	4	6 lbs. and under	7 lbs.	..	..	4
33	..	..	3	7 lbs. and under	8 lbs.	..	..	6
34	..	..	5	8 lbs. and under	9 lbs.	..	..	6
36	..	..	6	11 lbs. and under	12 lbs.	..	..	1
37	..	..	3					
38	..	..	3					
40	..	..	6					
41	..	..	3					
42	..	..	2					
43	..	..	2					

Thirty seven per cent. of the total stillbirths notified occurred in first pregnancies and 44 per cent. were admitted to hospital as emergencies.

**Care of Unmarried Mothers.**—The Local Health Authority accepted financial responsibility for the care of 5 cases during the year.

**Maternal Mortality.**—There was one maternal death in 1961, of an elderly woman having her first baby, and who suffered from a complicating high blood pressure. Death was due to haemorrhage following the birth of a normal child.

**Ophthalmic treatment.**—Seventeen cases were referred from maternal and child welfare centres and received treatment.

**Ophthalmia Neonatorum.**—One case was notified, and there was no impairment of vision.

**Pemphigus Neonatorum.**—No case was reported during the year.

**Orthopaedic.**—Thirty-one cases were referred from maternal and child welfare centres for orthopaedic treatment as compared with 53 the previous year.

**Child Minders.**—One licence was issued to a person registered under the Nurseries and Child-Minders Regulation Act, 1948.

**Cancer and Leukaemia Survey.**—This authority took part in a nation wide survey of deaths in children due to cancer and leukaemia conducted by the Department of Social Medicine, Oxford University, in association with the Medical Research Council.

The survey covered the investigation of the case and family histories of children who died from cancer or leukaemia, and that of healthy children of the same age and sex and who lived under similar social circumstances. The survey, which will take about a year to complete, began in June.

## DENTAL TREATMENT

Numbers provided with dental care :—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers	266	254	197	154
Children under five	450	356	373	310

Forms of dental treatment provided :—

	Sealings 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	103	119	—	—	531	133	41	33	11
Children under five	35	72	20	—	527	257	—	—	4

## MIDWIFERY

During the year, 751 confinements were attended by municipal midwives. In only 27 cases was no general practitioner obstetrician booked. Out of a total of 724 cases who booked a general practitioner obstetrician in only 86 confinements was the doctor actually present at the time of delivery, that is, in 87.7 per cent. of the total cases the midwife acted as a midwife and not as a maternity nurse. Eighty five additional cases were booked but for various reasons were taken into the Grimsby Maternity Hospital for delivery. However, 34 of these were discharged on the 2nd and 3rd day to the midwives, for home nursing.

1,710 visits were paid to 402 cases discharged from hospital, as compared with 3,665 visits to 926 cases in 1960.

Three midwives attended post graduate courses. Six pupils completed Part II training on the district during the year and delivered 139 cases.

During 1961, one midwife retired for domestic reasons, and was replaced by one who had previously completed her training with this authority.

There was a high rate of sickness during the year—8 different midwives being off duty for a total of 384 days, which caused certain difficulties. Co-operation with general practitioners was good.

Trilene apparatus is used by all midwives. Analgesia was given to the majority of cases, although in 156 cases no inhalation analgesia was given for the following reasons :—

Not sufficient time ..	35	Baby born before arrival ..	24
Refused by patient ..	34	Medical grounds ..	12
Not necessary ..	31	No medical certificate ..	9
	Not stated ..		11
Pethilorfan only		was administered to	42 cases
Gas and air		" " "	3 "
Pethilorfan and gas and air		" " "	19 "
Trilene		" " "	294 "
Trilene and Pethilorfan		" " "	279 "

Medical aid was called in by midwives to 85 cases, as follows :—

	<i>Midwifery cases</i>	<i>Maternity cases</i>	<i>Hospital discharges</i>
During the ante-natal period ..	1	9	—
In labour .. .. .	6	20	—
During the puerperium ..	4	20	—
To attend to the baby ..	3	13	7
	—	—	—
Totals .. .. .	14	62	9
	—	—	—

### HEALTH VISITING

There was an increase of one full time health visitor to the existing staff. This addition is reflected in the additional visits paid to the 0—5 group of children. The total number of visits to children under 5 was 26,062, as compared with 21,228 in 1960. In addition, 4,366 ineffective visits were made. Nothing can replace the importance of domiciliary visits, and adequate staff coverage of all areas is of primary importance in the overall quest for positive health. It has been possible to reduce in size one health visitor's area, covering a large housing estate.

The health visitor is recognised as the family friend and advisor. Young mothers now use the telephone to contact her at the office, as they would the general practitioner at his surgery, while the older mother with the larger family continues to leave a verbal message at a Health Centre. The correct advice and help when required is a service the health visitor is ideally placed to give, but unfortunately is not always allowed to.

The initiative is taken by the health visitor to contact the general practitioner, whether in an emergency or to discuss information concerning a family known to both. Resultant co-operation is usually very good.

The health visitors in turn attend the Paediatrician's clinic, passing to her colleagues in the field any information relevant to a particular infant or family in her area. In this way the necessity of a specialist health visitor is avoided.

The number of visits to the elderly are increasing, particularly after hospitalisation. Cases on discharge from chronic sick wards of the local hospitals are referred to the Medical Officer of Health for follow up by health visitors. Special visits at the request of the hospital almoners were paid to the following groups :—

Under 5 years .. .. .	11	16—65 years .. .. .	10
5—15 years .. .. .	6	Over 65 years .. .. .	86

Two health visitors attended a refresher course of 2 weeks duration.

**Problem families.**—During the year, two mothers were sent by the local authority for training at the Brentwood Recuperative Centre, Marple, Cheshire, one for one month and the other for two months. They were each accompanied by their two youngest children.

One mother had had five children in 6 years, and had little or no idea of child care or housecraft, and her husband had refused to take his share of responsibility. At various times, officers of the N.S.P.C.C. and the Children's Department as well as the Health Department, were called in, as the conditions in the home were poor. She improved so well at the Centre that her stay was extended for a further month.

The second mother had previously been fined for neglect of her children, who had been taken into care by the local authority as being in need of care and protection. Following the rehousing of this family, it was thought that the mother would benefit by training.

Both mothers are under constant supervision, and although there have been occasional lapses, their respective recuperation at Brentwood has resulted in very much improvement in their home conditions.

### HOME NURSING

The staff position in this Service at the end of the year was :—

#### Whole-time

- 1 Superintendent (S.R.N., S.C.M., H.V., Q.N.)
- 1 Senior Nurse (S.R.N.)
- 1 Queen's Nurse
- 1 District Trained Nurse (male)
- 8 State Registered Nurses
- 2 Enrolled Assistant Nurses

During the year a State Registered Nurse attended a refresher course and the Superintendent a Study Day, both arranged by the Queen's Institute of District Nursing. Student nurses continued to make visits with the district nurses, and the Superintendent again gave lectures to these students.

There was a further increase in the number of nursing visits, 3,643 more than the previous year, and this was partly due to the very ill patients requiring twice daily visits. A total of 96 cancer patients were nursed, 79 of these being new cases.

There was also a considerable increase in visits to cases of tuberculosis (4,019 compared with 2,669 in 1960), mostly to administer antibiotics.

The following table shows the work done :—

Cases being nursed on 1st January .. .. . 256

New cases nursed during the year :—

Adults .. .. .	781
Children 5 to 15 years of age ..	16
Children under 5 years of age ..	14
	811
	-----
Total .. .. .	1,067





Out of the above total of 260 patients receiving injections during the year, 25 also required general nursing care. The increase of 44 patients receiving injections as compared with last year, was chiefly due to the cases of tuberculosis previously mentioned.

It will be apparent from these figures that there is an all-round increase in the work of this Service, and this is particularly noticeable in the number of 'heavy' cases who require a lot of attention and frequently twice daily visits. This arises because of the ever increasing number of old people nursed at home and the shortage of beds for chronic sick patients.

Treatment is carried out under the instructions of general medical practitioners, with whom co-operation remains good.

### VACCINATION AND IMMUNISATION

**General.**—The general increase in immunisation and vaccination this year was chiefly due to the fact that this service is now carried out during infant welfare sessions. This was introduced as a pilot scheme some eighteen months ago and is proving to be very successful. An outbreak of diphtheria in a midland town helped to attract many young mothers to get their babies immunised, and an outbreak of poliomyelitis in Hull would have achieved many more recruits for vaccination if there had been adequate supplies of Salk vaccine. National publicity, especially on television, of outbreaks of infectious diseases has a great impact in persuading parents to obtain preventive treatment.

The routine immunisation sessions for protection against diphtheria, whooping cough, tetanus and smallpox were held as follows :—

Watkin Street Clinic .. .. .	1st Thursday morning in month.
Nunsthorpe Clinic .. .. .	2nd Thursday morning in month.
Hope Street Clinic .. .. .	3rd Thursday morning in month.

Poliomyelitis vaccination.

Watkin Street Clinic .. .. .	4th Monday afternoon in month
Hope Street Clinic .. .. .	4th Thursday morning in month
Nunsthorpe Clinic .. .. .	4th Friday morning in month.

As the need arose many other sessions were arranged for diphtheria and poliomyelitis immunisation at the School Clinics. When the new combined clinic at Milton Road, Nunsthorpe, was opened towards the end of the year these premises were then used in place of those at Burgess Street.

It is pleasing to report that no case of smallpox or diphtheria occurred in Grimsby, but there were 40 cases of whooping cough and 1 case of non-paralytic poliomyelitis in a schoolchild aged 14 years.

**Diphtheria Immunisation.**—A total of 2,081 children received the complete course of inoculations, 826 being carried out by general practitioners. The previous year accounted for 1,670 primary immunisations. The number of children being immunised before commencing school is gradually increasing with the percentage rising to 58 as compared with 53 last year. While the overall percentage of children in the age group 0—15 years still remains in the eighties it is essential to secure a high immunity among the young children. The following shows the immunisation state for the past five years.

Year	PRIMARY IMMUNISATION		Total
	Under 5 yrs.	5—15 yrs.	
1957 .. .. .	1,112	135	1,247
1958 .. .. .	1,204	268	1,472
1959 .. .. .	1,227	309	1,536
1960 .. .. .	1,331	339	1,670
1961 .. .. .	1,637	444	2,081

**Whooping Cough immunisation.**—Children were mainly immunised with Triple Antigen and the figures for the past five years are as under.

	1957	1958	1959	1960	1961
By General Practitioners ..	614	550	615	748	828
By Health Department ..	480	641	634	605	858
Totals ..	1,094	1,191	1,249	1,353	1,686

The percentage of children under the age of 1 year who were immunised in relation to the registered live births was 66.

**Smallpox vaccination.**—The total number of primary vaccinations was 1,025, compared with 721 the previous year. Details of the number of vaccinations over the past five years are as follows :—

Year	PRIMARY VACCINATIONS					Total	RE-VAC- CINATIONS All Ages
	AGE PERIOD						
	Under 1	1—4	5—15	Adults			
1957 .. ..	426	123	32	103	684	257	
1958 .. ..	402	247	68	96	813	279	
1959 .. ..	501	158	24	77	760	119	
1960 .. ..	480	144	31	66	721	111	
1961 .. ..	634	262	37	92	1,025	144	

The percentage of children under the age of one year who were vaccinated in relation to the registered live births was 32, compared with 25 for 1960.

**Poliomyelitis vaccination.**—In April it was announced by the Minister of Health that the programme of vaccination should continue to use inactivated vaccine and that a course of three injections gave a high degree of immunity. Ministry of Health Circular No. 15/61 stated that fourth injections should be offered to children aged 5 to 12 years.

Supplies of vaccine were plentiful and efforts were made to get on with this additional work, temporary clerical assistance being employed. Sessions were held at the School Clinic in Burgess Street and at the Clinic, 34 Dudley Street, as well as at the Infant Welfare Clinics. This work progressed very well until August when supplies of Salk vaccine were drastically cut and local health authorities were unable to meet the heavy demand for immunisation. An outbreak of poliomyelitis at Hull, where oral immunisation had to be used, precipitated almost panic conditions in the surrounding areas. Grimsby had no reserves of vaccine and were unable to give supplies to the general practitioners, who were becoming inundated with demands from the general public. This situation lasted until the end of the year with the result that poliomyelitis immunisation was badly curtailed.

During the year a total of 2,480 children and 2,716 adults had received two injections. Third injections were given to 4,009 persons and fourth injections to 5,381 children. The percentage immunised of the child population has now risen to 80 as compared with 78 last year, and it is estimated that 49 per cent. of the 16—40 age group has been protected. The following table shows the position in regard to poliomyelitis immunisation.

## POLIOMYELITIS VACCINATION.

<i>Age at date of completed primary injection</i>	1956	1957	1958	1959	1960	1961	Total
Under 1 year	—	—	85	133	114	140	Under 5 years
1—2 years	—	—	834	925	762	976	
2—3 years	16	6	859	421	195	355	
3—4 years	56	73	863	375	59	176	
4—5 years	44	107	735	310	55	134	
5—6 years	84	122	673	309	55	104	5 to 15 years
6—7 years	74	244	630	283	48	84	
7—8 years	84	650	502	312	48	75	
8—9 years	91	703	297	267	48	51	
9—10 years	94	796	256	235	35	79	
10—11 years	—	764	284	244	30	72	
11—12 years	—	—	305	228	37	53	
12—13 years	—	—	1,207	296	27	41	
13—14 years	—	—	973	227	12	36	
14—15 years	—	—	1,045	96	20	48	
15—16 years	—	—	857	172	13	56	Adults
Adults	—	—	1,072	7,649	2,527	2,716	
Totals	543	3,465	11,477	12,482	4,085	5,196	37,248
No. of persons given third injections	—	—	3,134	14,016	8,099	4,009	29,258
No. of children given fourth injections	—	—	—	—	—	5,381	5,381

## AMBULANCE SERVICE

The returns for this service show a slight decline in the number of patients carried, but this fall has been offset by an increase in the number of journeys undertaken. The most significant feature of the returns is a fall in mileage ; this had risen steeply over the years and there can be little doubt the arresting of the rise this year can be attributed to a tighter control of vehicle movement. The number of patients carried, whilst showing less than last year, should not be regarded as a pattern for future returns. More than 90 per cent. of these are out-patients. The type and number treated at hospitals and clinics, whether they need transport, how many are ambulant or lying, together with the distance over which they travel, is the only measure of the work performed and the time involved in carrying it out. Only last year the opinion was expressed that the modernisation of hospital buildings and the installation of new equipment may have some bearing on the number of patients treated over a given period. This opinion now seems to be borne out by the publication of the report on the plan for hospitals over the next ten years. The report covers a wide range of hospital services and it seems more than likely that local authorities eventually may find it necessary to expand their ambulance service, both in staff and vehicles, if they are to keep pace with the increased intake of the hospitals envisaged by the Plan.

During the year 25,102 calls were received ; 109 of these originated in places outside the borough and were transmitted to the appropriate authority ; 31,278 patients were transported and 150,110 miles covered by the vehicles. Rail transport accounted for 64 journeys, eleven less than last year. Of the number of patients carried 2,981 were accident or other type of emergency cases.

The good relations established with local hospitals and general medical practitioners has enhanced the efficiency of the service and the improved co-operation gained from specialist hospitals has been maintained. Mutual arrangements with our neighbouring authority in connection with distant journeys has been continued and duplication of vehicles avoided.

One new ambulance was received during the year. This replacement has improved the situation of the maintenance staff, who have had to cope with the problem of ageing and worn vehicles and with consequent breakdowns which could not always be avoided. The position for the future is brighter as the delivery of two further vehicles, now on order, can be expected shortly. Before long all the old vehicles will have been replaced, after which it will be possible to initiate systematic replacement at a given mileage.

During the early months of the year another driver-attendant was appointed, increasing the driving staff to 29. It has now been possible to establish a 42-hour week and to abolish completely the permanent overtime previously necessary to maintain a 24-hour, 7 day week service.

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

	CALLS		JOURNEYS IN DISTANCES		
Accidents .. ..	1,541	(1,457)	Under 50 miles	7,141	(6,866)
Other emergency ..	1,202	(922)	50—100 miles	221	(280)
Removals .. ..	21,700	(21,068)	Over 100 miles	181	(175)
Miscellaneous ..	659	(387)			
<b>Total .. ..</b>	<b>25,102</b>	<b>(23,834)</b>			

<i>Type of Case</i>	OPERATIONAL		<i>Journeys</i>	
	<i>Patients</i>			
Accidents ..	1,724	(1,626)	1,541	(1,457)
Other emergency	1,257	(952)	1,202	(922)
Removals (Local)	26,445	(27,715)	3,830	(4,142)
Removals (Others)	1,081	(1,070)	513	(484)
Miscellaneous ..	771	(241)	567	(316)
<b>Totals .. ..</b>	<b>31,278</b>	<b>(31,604)</b>	<b>7,653</b>	<b>(7,321)</b>

<i>Type</i>	ANALYSIS OF ALL JOURNEYS					
	<i>Patients</i>		<i>Journeys</i>		<i>Mileage</i>	
<b>EMERGENCY</b>						
Ambulances	2,000	(1,552)	1,827	(1,423)	9,611	(7,314)
Sitting Case Vehicles	981	(1,025)	916	(964)	5,567	(5,804)
<b>GENERAL</b>						
Ambulances	15,633	(16,301)	2,385	(2,559)	62,447	(66,450)
Sitting Case Vehicles	12,664	(12,726)	2,388	(2,272)	68,186	(65,120)
<b>ABORTIVE AND SERVICE</b>						
Ambulances	—	(—)	108	(83)	544	(774)
Sitting Case Vehicles	—	(—)	113	(127)	975	(1,994)
<b>CIVIL DEFENCE</b>						
Ambulances	—	(—)	—	(—)	—	(—)
Sitting Case Vehicles	—	(—)	124	(146)	2,780	(3,459)
<b>Totals</b>	<b>31,278</b>	<b>(31,604)</b>	<b>7,861</b>	<b>(7,574)</b>	<b>150,110</b>	<b>(150,915)</b>

BY RAIL	64	(76)	64	(75)	8,008	(8,696)
VEHICLE STATISTICS						
	<i>Miles</i>		<i>Petrol (galls.)</i>		<i>m.p.g.</i>	
Ambulances	65,667	(63,895)	5,593	(5,369)	11.74	(11.90)
Dual Purpose Vehicles	44,999	(43,551)	2,125	(2,126)	21.18	(20.48)
Sitting Case Cars	39,444	(43,469)	1,950	(2,285)	20.23	(19.02)
AVERAGES						
	Mileage per patient		..	4.79	(4.78)	
	Mileage per journey		..	19.09	(19.93)	
OTHER AUTHORITY CASES						
	<i>Chargeable</i>			<i>Not Chargeable</i>		
Patients carried	26	(33)	37	(24)		
Miles travelled	462	(321)	1,499	(2,010)		
OTHER CHARGEABLE MILEAGE						
	Civil Defence		2,780	(3,459)		
	Miscellaneous		2,109	(797)		

### PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

During the year the social worker saw 101 new patients and continued casework for a further 721. Interviews in the Health Department totalled 222, and 609 home visits were made.

There has been a slight increase in the number of interviews, while the other figures have fallen slightly this year.

Medical practitioners still refer a large proportion of the patients, both for convalescence and for help with various medico-social problems. However, there was an increase in the referral of cases from other sources, notably the health visitors. These usually involved the problems of sickness in old age or problem families whose difficulties had been accentuated by ill-health.

Many patients were still referred to other departments for the appropriate assistance they required and good co-operation with both statutory and voluntary associations was maintained and considerably increased by the greater personal contact offered by the new Social Workers' Group.

**Central Care Council.**—The General Care Committee of this Council has given financial assistance to 38 patients and their families during the year. Fares have been paid in 9 cases; extra nourishment grants made to 5 patients; two patients were sent for recuperative holidays; debts cleared in 2 cases, and miscellaneous items 10. Regimental Associations have helped in 3 cases and the National Society for Cancer Relief has made extra nourishment grants to 3 new patients and continued a weekly allowance to another.

The Grimsby Tuberculosis Care Committee was formed in 1925, and from those early days, when its main expenditure was in the provision of extra nourishment to cases, it has kept abreast of the times until its activities are now many and varied. In dealing with the needs of patients close contact is maintained with the officers of the National Assistance Board to avoid duplication of help and yet at the same time enable both parties to grant the maximum of essential aid.

The provision of convalescent home treatment to selected patients has been continued, the voluntary funds being financially responsible for maintenance charges, travelling and pocket money grants. Christmas grants were made to patients under domiciliary supervision from the Chest Clinic and to those in the chest hospital.

Apart from the daily supply of extra nourishment, cases under domiciliary supervision are assisted in a variety of ways—provision of clothing and bedding, groceries, payment for fuel supplied (including electricity and gas), repair of television sets, provision and fixing of aerials, television licences, internal decoration in the home, etc.

During 1961 much assistance was given to patients in the Springfield Hospital, and for the convenience of those being nursed on the women's wards such items as hair-driers, electric iron, electric kettle, ironing board, etc., were provided. At this chest hospital the needs of the entertainment of adult patients were not forgotten and much money was expended in this direction. Various alterations, including linking of B.B.C., I.T.V. and V.H.F. aerials, was carried out, modifications were attended to through V.H.F. radio to main amplifier and new aerial erected, two television sets and a V.H.F. radio were provided.

**B.C.G. Vaccination.**—Detailed information on this year's work may be seen in the School Health section of this report, but the following shows the number of persons vaccinated during the past five years :—

YEAR	CONTACT SCHEME	SCHOOL CHILDREN SCHEME
1957 .. ..	251	408
1958 .. ..	225	456
1959 .. ..	294	573
1960 .. ..	374	2,204
1961 .. ..	298	926

**Yellow Fever Vaccination.**—In October approval was given by the Minister of Health for a Yellow Fever Vaccination Centre to be set up in Grimsby, and arrangements were made for this service to commence on 1st January, 1962.

**Chiropody Service.**—This has continued to be run under the auspices of the Grimsby Old People's Committee and the Women's Voluntary Service, and I am grateful to Miss K. G. Waldram, M.B.E., M.A., County Borough Organiser, for the following report :—

“ During the past year the number of hours worked in clinics was sixteen per week and home visits added another four and a half hours. A further two hours is being arranged, which makes the number of hours almost four days a week for chiropody work.

“ The number of patients at clinics was 547 and the number of treatments 2,352. Requests for home visits come in almost daily and over 100 old people are attended in their own homes.

“ The use of a room in the Central Hall for a full day is given to the Service without charge. The Welfare Services Department makes a room available for one half-day and other appointments are made in chiropodists' own surgeries.”

As the demand for chiropody seems to be on the increase, the time is approaching when the administration of the service may be too onerous for the voluntary organisations to undertake. The rate of progress will also be obviously governed by the number of qualified chiropodists who are willing to take part.

## DOMESTIC HELP

The demand on this service has once again shewn an increase, the aggregate number of cases attended being 722 as compared with 703 in the previous year. The number of applications received for domestic help was 433. Upon investigation 245 were provided with help and 477 were carried over from 1960.

The number of cases attended weekly has also risen, the average being 422 as against last year's figure of 404. This increase in the amount of work has meant still further dividing the home help's time, often serving several patients in one day. The amount of travelling between cases is considerable, particularly in the outlying new housing estates.

The types of case dealt with has varied little over the past few years with the emphasis still being on the aged infirm. Each year it is becoming necessary to allocate more hours per case and therefore it will be essential to employ more staff if these demands are to be met. With regard to maternity cases, an increasing number of part-time applications were received due mainly to (a) the cost of the service, and (b) husbands employed on shift work in local industries and being at home for part of the day.

The position regarding recruitment in 1961 has been average—134 home helps, including 11 full-time, were employed as against 131 (5 full-time) at the end of the previous year.

The soiled laundry service provided has not shewn a corresponding increase in demand. Since this is used for cases for whom there is no other alternative, e.g., bedridden patients, who are doubly incontinent, often living alone and usually awaiting admission to hospital, it may be assumed that the worst cases are being admitted to the chronic sick wards within a reasonable period.

The following relates to the working of the scheme :—

Administrative staff on 31st December, 1961 :—

Organiser .. .. .	1	}	2.70
Clerks (full-time 1, part-time 1) .. .. .	2		
Home helps employed at 31st December, 1961 :—			
Whole-time .. .. .	11	}	134
Part-time .. .. .	123		

Cases assisted :—

Maternity (including expectant mothers) .. .. .	81	}	722
Tuberculous .. .. .	2		
Chronic sick, aged and infirm .. .. .	591		
Others .. .. .	48		

The following figures show the amount of service given in a representative week, when 474 cases were dealt with :—

- 25 patients received 2 hours but less than 3 hours on any one day.
- 280 patients received 3 hours but less than 4 hours on any one day.
- 87 patients received 4 hours but less than 5 hours on any one day.
- 2 patients received 5 hours on any one day.

(Included in the above are 10 patients where a home help called for approximately 1-hour daily).

The remaining 76 patients received two or more half days per week, and included in this figure are 7 cases where a home help called for approximately 1-hour daily. One post-natal and three confinement cases were dealt with in this particular week.



**Payment for Service.**—Of the 722 cases assisted, the charges were distributed in the following way :—

	<i>Free of cost</i>	<i>Part cost</i>	<i>Full cost</i>
Maternity ... ..	—	42	39
Tuberculous ... ..	1	1	—
Chronic sick, aged and infirm ...	480	102	9
Others ... ..	14	22	12
Totals ... ..	495	167	60

The standard charge remained at 4s. 0d. an hour and no alteration was made in the supervision and conditions of service of home helps.

### MENTAL HEALTH

**Administration.**—The Mental Health Sub-Committee consists of 16 members, of whom five are co-opted. The Chief Mental Welfare Officer is responsible to the Medical Officer of Health for the service provided by this section and together with the two Senior Mental Welfare Officers, for arranging admission of patients to hospital. These three officers and three female Mental Welfare Officers have carried out the visiting needed by all types of patient. The Senior and Junior Mental Welfare Officers have attended in-service training courses and the remaining women officers have mental nursing qualifications.

Follow-up clinics are held at the Psychiatric Unit at the Scartho Road Hospital, the Chief or a male Senior Mental Welfare Officer attending these sessions, and case histories are provided on behalf of new patients attending the clinic.

The Supervisor and two Assistant Supervisors at the Junior Training Centre hold the diploma of the National Association for Mental Health. Two other assistants were formerly supply teachers, and these five, together with two part-time workers (one of each sex), complete the teaching staff of the Centre.

The provision of psychiatric services continues to expand and during the year a club for women patients discharged from the mental hospital has been opened. The Chief Mental Welfare Officer has attended a special clinic held by the paediatrician to advise parents in the care of babies who were not developing normally.

Patients are escorted to and from hospital as required and reports on home conditions provided, when requested, for all types of patient. Provision of short stay care for subnormal patients during the summer holiday period has increased markedly, although such provision at other times of the year presents a serious problem.

The majority of the children attending the Junior Training Centre travel in two buses, one gathering them from the Cleethorpes area, adding the Grimsby children who live on the route to the Centre. Two are conveyed by the ambulance service. A number of children attending from the neighbouring area of the Lindsey County Council are carried by minibus.

There is no voluntary association for mental health in the area, but very close co-operation with the local branch of the North Lincolnshire Society for Mentally Handicapped Children is maintained. This group runs a boys' club one evening weekly and a club run on another evening for less able girls supplements the club run by the local authority staff for higher grade girls, a number of whom are in employment.

One of the Senior Mental Welfare Officers acts as instructor to a special woodwork class held twice weekly at the Junior Training Centre, and this has on occasions proved most beneficial in placing lads in employment.

**Account of Work undertaken in the Community.**—Under Section 28 of the National Health Service Act, 1946, patients are visited as often as necessary. Many are referred by their general medical practitioners or relatives. Members of the staffs of other services, together with members of the Council, have also referred other cases. Psychiatric treatment is available as needed without delay and the consultant psychiatrist and his specialist assistant are available for domiciliary visits as required.

There is particularly close co-operation with officers of the National Assistance Board in cases of especial difficulty.

**Mental Health Act, 1959.**—The Chief Mental Welfare Officer and the two male Senior Mental Welfare Officers are responsible for urgent action at whatever hour this is required and for arranging admission and transport to hospital, and the three women Mental Welfare Officers share with them the visiting of patients in their own homes, the escort of female patients to hospital and in some few cases the escort of patients to the psychiatric clinic where patients need this and no relatives are available. Almost all patients discharged from hospital attend a follow-up clinic held at the psychiatric unit one morning each week. There the consultant psychiatrist advises the workers on any special problems which may arise, and also holds a case conference for all the mental welfare officers each month, at which problems of general interest or especial difficulty are discussed.

The following shows the number of admissions to St. John's Hospital, Lincoln, during the year :—

	Males	Females	Total
Section 25 .. .. .	23	31	54
Section 26 .. .. .	11	9	20
Section 29 .. .. .	4	6	10
Section 60 .. .. .	—	1	1
Informal .. .. .	4	5	9
Court Order .. .. .	2	—	2
	—	—	—
Totals ..	44	52	96
	—	—	—

Included in these are 9 re-admissions during the year.

Cases have been dealt with by mental welfare officers as follows :—

Chief Mental Welfare Officer—3, plus 12 calls with no action taken under the Mental Health Act, 1959.

Mr. Rackham—16, plus 36 calls with no action taken under the Mental Health Act, 1959.

Mr. MacKenzie—82, plus 39 calls with no action taken under the Mental Health Act, 1959.

The following figures relate to cases dealt with under this Act :—

		Males	Females	Total
(a)	Mentally ill (Under 16 years of age)	—	—	—
	(Aged 16 years and over)	34	55	89
(b)	Psychopath (Under 16 years of age)	—	—	—
	(Aged 16 years and over)	6	6	12
(c)	Subnormal (Under 16 years of age)	3	6	9
	(Aged 16 years and over)	132	135	267
(d)	Severely (Under 16 years of age)	24	21	45
	Subnormal (Aged 16 years and over)	30	44	74
Totals ..		229	267	496

The majority of subnormal and severely subnormal patients were referred by the School Health and Maternal and Child Welfare Services, a few others by the paediatrician, medical practitioners and relatives.

The Mental Welfare staff give any information they may have to the approved medical officers completing the form on behalf of school children referred for ascertainment. Children leaving school who are reported for supervision are visited as necessary by the mental welfare officers.

No patients were placed under guardianship during the year. The School Dental Service provided treatment for 14 patients.

#### Psychiatric Unit, Scartho Road Hospital :—

##### *Out-Patient Department*

New Patients .. .. .	632
Old Patients .. .. .	2,219
Attending for E.C.T. .. .. .	726
Total out-patients .. .. .	3,577

(This does not include patients seen at the Louth County Hospital)

##### *In-Patients*

Admissions .. .. .	307
Discharges .. .. .	295

#### Number of Out-Patient Clinics (weekly) :—

E.C.T. .. .. .	2
New .. .. .	2
Old (Non E.C.T.) .. .. .	4

**Out-Patient Clubs.**—One club has been formed to cater for the more intelligent and better integrated patients and this is conducted at the hospital by hospital staff.

A club for much less adequate patients is open for one session weekly in accommodation loaned by the North Lincolnshire Society for Mentally Handicapped Children, and is run by two of the women mental welfare officers who attend on alternate weeks.

**Girls' Club.**—The club has continued to function under the leadership of the Chief and Junior Mental Welfare Officers, the two women with nursing training alternating each week. One of the parents comes in each week to assist with the country dancing and a special word of thanks is recorded to this lady. There has been the usual summer outing, all the girls paying their own expenses. Two members have ceased to attend, but a new one has joined during the year. In addition to the usual club activities, the girls enjoyed demonstrations in beauty care and the year ended with the usual Christmas party and a mime with appropriate carols performed by the girls.

**Junior Training Centre.**—There are 53 children, including 2 part-time in attendance at the Centre, plus 19 from the adjoining area of the Lindsey County Council. In addition to the usual subjects special attention is directed towards suitable crafts, including woodwork and rubber link mat making for the older boys. Toys are made, many of which are used in the Centre, the remainder finding a ready sale amongst the parents, and efforts are now being made to develop these activities. A chicken house has been built by the older boys and the craft instructor, which will be used at the Centre.

The local branch of the North Lincolnshire Society for Mentally Handicapped Children has donated funds to provide a creche. This is being built as an extension to the Junior Training Centre and will be completed early in 1962. This illustrates in a most practical manner the co-operation which exists between the local authority and a voluntary agency.

**Adult Training Centre.**—The principle of an adult training centre has been fully approved and the acquisition of a suitable site is in the final stages of negotiation.



**Sewerage and drainage : Rivers, streams and ponds.**—The town's sewage is discharged into the Humber estuary. Occasionally, during continuous heavy storms, coinciding with high tides, there was flooding of certain low lying parts of the town because of inundated sewers near to the dock area, otherwise the town's sewerage system is reasonably adequate.

The condition of the foul stinking dyke at Pyewipe which takes the untreated effluent from the fish meal works at Pyewipe, remained unchanged (see the 1959 Report).

The drainage systems of three houses were connected to the public sewer. The Corporation approved of a scheme for sewerage an avenue near the boundary of the town, which on completion in 1962 will enable cesspools to be abolished.

Work on an extensive sewerage scheme for the development of the Great Coates Area (recently taken into the County Borough) was started this year.

**Public Cleansing.**—The Cleansing Superintendent (Mr. E. Austin) has supplied the following information: The tonnage of house and trade refuse collected was 30,610, and apart from 2,052 tons sold as salvage for £19,242, all the remainder was disposed of by controlled tipping at Little Coates. The Council has not an incinerating plant.

A total of 1,430 new ash bins were supplied by the Corporation in accordance with Section 75(3) of the Public Health Act, 1936. Since this scheme came into operation in 1950, 17,607 premises have been issued with bins.

### Sanitary Inspections

Accumulations .. .. .	215	Animals .. .. .	103
Caravans .. .. .	19	Complaints received and investigated ..	1,990
Dirty and verminous houses and persons .. .. .	135	Drainage .. .. .	5,139
Drain tests .. .. .	119	Factories and outworkers	130
Infectious disease enquiries ..	146	Lodging houses .. .. .	18
Miscellaneous matters ..	2,813	Offensive smells .. .. .	135
Offensive trades .. .. .	64	Passages and yards .. .. .	1,762
Piggeries and stables .. .. .	60	Rats and mice .. .. .	223
Rooms disinfected after infectious disease ..	28	Smoke observations .. .. .	318
		Water supply .. .. .	151

### Housing

Houses, defects and nuisances (Public Health Act) .. .. .	4,221
Houses (Housing Act) .. .. .	881
Overcrowding (Housing Act) .. .. .	18

### Notices

Informal notices served .. .. .	522
Statutory notices served (928 Public Health Act, 12 Grimsby Corporation Act and 1 Housing Act) .. .. .	995

Work in default was carried out by the Corporation at the cost of the owners in respect of 771 notices.

It was necessary to take proceedings in the Magistrates Court relating to defects at two houses. In one case a Nuisance Order was made, and for failing to comply with it the agent was fined £1 ; and this decision was sustained after an appeal to Quarter Sessions.

Costs of £2 were awarded the Corporation when repair work had been completed before the date the case came before the Court.

Defects remedied and nuisances abated included :—

Accumulations cleared .. .. .	20	Animals etc. (nuisances abated)	10
Chimney repairs .. .. .	29	Doors and frames renewed	
Drains cleared .. .. .	1,230	or repaired .. .. .	69
(involving 3,388 houses)		Drain repairs .. .. .	40
Drains and inspection chambers		Eavesgutters new and re-	
(new) .. .. .	74	paired .. .. .	102
Floor repairs or renewals .. .. .	104	Fireplace and range repairs	39
Plaster repairs .. .. .	161	Offensive smells abated .. .. .	5
Roof repairs .. .. .	196	Rainwater pipe repairs and	
Sink and pipe repairs .. .. .	24	renewals .. .. .	65
Wall repairs .. .. .	57	Stairway repairs .. .. .	12
Water closet repairs .. .. .	91	Wash boiler repairs and	
Water pipes and taps repaired	43	renewals .. .. .	10
Yard walls and gates re-		Window repairs .. .. .	150
paired .. .. .	4	Yard and paths repaired	
		and repaved	43

**Passage paving.**—During the summer and autumn the inspectors concentrated on the renewal of paving and drainage of common passages (extending over two miles in length) in various parts of the town.

#### Offensive Trades.—

Tripe dresser .. .. .	1	Hide and skin dealers .. .. .	3
Fish meal maker .. .. .	1	Gut scraper .. .. .	1
Fat melters .. .. .	2	Rag and bone dealers .. .. .	4
Fish curers .. .. .	5		

**Fish and offal transport.**—Written warnings were sent to firms about offensive liquid being discharged from fish offal lorries on to the highway and also for carting offal uncovered through the streets.

**Pest and vermin control.**—The same liquid and powder insecticides were used as in recent years with success. Infestations dealt with included :—

68 of beetles	(including three Council houses)
12 of bugs	(including four Council houses)
16 of fleas	(including seven Council houses)
6 of woodworm	(including four Council houses)
8 of earwigs	(all Council houses)
6 of mite	(all Council houses)
4 of moths	
3 of ants	
2 of silver fish	
1 of spiders	

The continued routine work by the rodent operators proved effective in the suppression of rats and mice.

**Cleansing of persons.**—Work on the cleansing station in Convamore Road was completed in 1961.

**Atmospheric Pollution.**—A scheme for Grimsby's first Smoke Control Area was submitted to the Minister. The proposed area of 123 acres is at Fairfield on the south western boundary of the town, on which there are 880 houses. 739 of these were erected after 1957 when the Corporation Building Byelaw (made under Section 24 of the Clean Air Act) was operative.

Building sites are still being developed and it is anticipated that eventually there will be over 1,200 occupied houses within the boundaries of the zone.

The only other buildings in the area, which were not dwelling-houses, included a small farm, two small churches and a blacksmith's shop.

**Swimming Baths.**—As in previous years, regular sampling of the water continued during the season and the results of the bacteriological examinations indicated that the filtration plants were effective.

The building of the new Scartho Road bath continued throughout the year.

**Factories Act.**—See statistical report (Table 9 on pages 60-61).

**Places of Entertainment.**—The sanitary condition of these was well maintained throughout the year.

**Rag Flock and Other Filling Materials Act and Regulations.**—The number of premises registered for use of filling materials was 4.

**Shops Act.**—The statutory duties for which the Health Inspectorate are responsible were carried out at the same time when shops were visited for the enforcement of other Acts and Regulations, i.e., Public Health Act, Food and Drugs Act and Regulations. A procedure which continues to prove useful is the examination of plans submitted to the Council for new shops and alterations, which has ensured that certain requirements of the Shops Act have been made known to the applicants before building work commenced and, where necessary, amendments made to conform.

**Noise Abatement Act.**—Included in the complaints received were allegations about noise and vibration from the use of generators in a local barracks situated in a modern residential area ; the clatter of clogs and the closing of a shop door in the early mornings ; the din of pneumatic drills ; noise from a cooling tower fan ; noises during the night from machinery and metal containers used in a quick freezing plant during the pea season ; yelping dogs ; fairground " music " ; bell ringing ; whistling and tinkling chimes by itinerant vendors of foodstuffs ; and incessant cacophony from neighbouring radio loud speakers used indoor and outdoor.

Informal action by the inspectors resulted in the removal of the cause of complaint in some instances ; in others there was co-operation by the persons responsible for the noise which resulted in a reduction and extent of the nuisances, but a few nuisances were found to be difficult of immediate solution.



## PART V—HOUSING.

The Chief Public Health Inspector reports :—

New houses built	.. .. .	381
Houses demolished	.. .. .	71

**Slum Clearance.—**

Compulsory Purchase Orders :—

East Marsh No. 3 .. .. . 172 houses

Riby Street No. 1 .. .. . 31 houses

Clearance Orders :—

Kent Street No. 4 .. .. . 9 houses

Individual unfit houses :—

(a) Demolition Orders .. .. . 6

Bk. 355 Laceby Road 4 Church Lane

123 Albion Street 28 Waltham Road

22 Queen Street 13 Ainslie Street

(b) Closing Orders .. .. . 6

7 Hilda Street 86 Guildford Street

157 Hope Street 47 Queen Street

36 Railway Street 97 Heneage Road

**Rent Act—Certificates of Disrepair :—**

Applications received .. .. . 10

Applications refused .. .. . Nil

Undertakings accepted .. .. . 5

Certificates revoked .. .. . 5

**Caravans.**—There is no caravan site in the town. On two occasions permission was given for workmen temporarily employed on building sites to occupy a wooden dwelling and a caravan for short periods. Nuisances did not occur and the building and caravan were removed at the end of the specified periods.

Showmen in caravans continued to visit the town for the Statute Fairs and used the paddock and open land adjoining the Cattle Market, Cromwell Road.

Fortunately, the County Borough has no “ caravan or gipsy ” problem.

**Common lodging house.**—The old Salvation Army Hostel with 105 beds in Central Market was vacated in December, 1960 so that the premises could be demolished and the site re-developed.

The Council provided the Salvation Army with alternative premises at the former Brighowgate Children's Home. Adaptation of the premises could not proceed before occupation because of High Court litigation following objections from neighbouring owners. The Court decision permitted the premises to be used as a common lodging house, but a condition imposed was that vagrants and alcoholics were not to be accommodated. Pending structural alterations the Council agreed for the west wing of the Brighowgate Hostel to be occupied as a common lodging house providing accommodation for not more than 64 men.

It is expected that the alterations will commence in 1962 providing common lodging house accommodation for 88 men.

**Seaman's Lodging House.**—The Queen Mary Hostel in Riby Square, owned and managed by the Royal National Mission to Deep Sea Fishermen, continued to provide good accommodation which was well maintained throughout the year.

## PART VI.—INSPECTION &amp; SUPERVISION OF THE FOOD SUPPLY

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

**Inspections.**

Bakehouses .. .. .	85	Confectioners shops .. .. .	43
Dairies and milk vendors .. .. .	45	Fish curers .. .. .	31
Fish shops .. .. .	23	Food preparers .. .. .	156
Fried fish shops .. .. .	123	Greengrocers .. .. .	35
Grocers .. .. .	287	Ice cream makers and vendors	37
Markets .. .. .	253	Meat shops and stores .. .. .	176
Restaurants and cafes .. .. .	137	Slaughterhouses .. .. .	1,632
Sweet shops .. .. .	34	Other matters .. .. .	150

**Slaughterhouses.**—In addition to the Corporation owned Public Abattoir (where all the larger cattle, almost all the sheep and two thirds of the pigs were slaughtered) three private slaughterhouses were in use in 1961.

After considering the Council's Report on Slaughtering Facilities in the Area, the Minister decided that he was prepared to permit the continued use, after adaptation and reconditioning, of the private slaughterhouses in Wood Street and Bk. of 99/141 Welholme Road (used for slaughter of pigs only). On receiving the Minister's decision, one owner informed the Council that he had decided not to carry out the works required in the agreed scheme, and subsequently he let his licence lapse. The owner of the Wood Street premises indicated that he would make his slaughterhouse comply with the standards of the 1958 Regulations before 1/7/1962, the "appointed" day.

**Meat and Food Inspection.**—Statistics about carcasses and offal inspected and condemned are set out below :—

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs	Horses
Number killed ... ..	6,498	435	688	15,371	18,178	—
Number inspected ... ..	6,498	435	688	15,371	18,178	—
<i>All diseases except Tuberculosis and Cysticerci.</i> Whole carcasses condemned	2	4	3	32	27	—
Carcasses of which some part or organ was condemned	2,260	196	18	1,201	8,975	—
Percentage of the number in- spected affected with dis- ease other than tuber- culosis and cysticerci ... ..	35.92	45.98	3.05	8.02	48.5	—
<i>Tuberculosis only</i> Whole carcasses condemned	1	—	—	—	3	—
Carcasses of which some part or organ was con- demned. ... ..	17	5	—	—	1,301	—
Percentage of the number inspected affected with tuberculosis ... ..	.28	.87	—	—	7.71	—
<i>Cysticercosis</i> Carcasses of which some part or organ was condemned	41	1	—	—	—	—
Carcasses submitted to treat- ment by refrigeration	41	1	—	—	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—

**Cysticercus Bovis.**—Routine inspections continued and 42 infestations of offal were found, and the carcasses were allowed to be treated by the freezing process before being sold for human food.

Diseases and unsound conditions found in the slaughterhouses included :—

Abscesses, acetonaemia, actinomycosis, arthritis, bruising, cirrhosis, C. Bovis, C. Ovis, cysts, congestion, contamination, echinococcus cysts, emaciation, emphysema, endocarditis, enteritis, fascioliasis, fevered, haemontoma, hepatitis, hydronephrosis, infarcts, Johnes disease, mastitis, melanosis, "milk spots", necrosis, nephritis, oedema, parasites, pericarditis, peritonitis, pleurisy, pneumonia, pyaemia, tuberculosis, telangiectasis, uraemia.

Weight of meat condemned—43 tons, 8 cwt., 3 qrs., 9 lbs.

In addition 3 cwt. 102 lbs. of imported meat (livers, kidneys, etc.) was condemned chiefly because of decomposition.

**Unsound and diseased foods included :—**

	tons	cwts.	qrs.	lbs.
Meat (including sausages and bacon) .. ..	44	—	3	9
3,271 cans, 362 bottles and 1,175 packets of various foods .. .. .	1	3	2	14
Cheese and fats .. .. .		1	2	6
Frozen vegetables .. .. .	2	—	—	—
Fish .. .. .	5	—	—	—
Other Foods .. .. .	—	—	—	23
<b>Total weight .. ..</b>	<b>52</b>	<b>6</b>	<b>—</b>	<b>24</b>

**Disposal of unsound meat, etc.**—As in former years the arrangement with the contractors at the abattoir and the licence holders of the private slaughterhouse continued, diseased meat after being dyed green 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 was supplied for feeding at a mink farm after discolouration with 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 dressed or sold in Grimsby.

**Fish inspection.**—52 export certificates were issued for the export of 3,124 bales of dried salted fish to Beira, Cristobal, Funchal, Luanda, Madeira, Miami, Rio de Janeiro, Sydney, Trinidad, from Grimsby's only factory carrying on this process.

**Milk supply.**—Only a very small amount of raw milk (T.T.) was sold in the town. The remaining milk supply was heat treated in the two wholesale dairies in the town before retail sale.

Wholesalers of milk .. .. .	2
Retail purveyors of milk .. .. .	392
Licensed pasteurisers of milk (high temperature short time) ..	2
Licences to use designation Tuberculin Tested (Pasteurised) milk ..	2
Supplementary and dealers licences for sale of Pasteurised milk ..	3
Supplementary and dealers licences for sale of Tuberculin Tested (Pasteurised) milk .. .. .	22
Licences to produce Sterilised milk .. .. .	2
Licences to sell Sterilised milk .. .. .	386
Licence to sell Tuberculin Tested milk .. .. .	1

#### **Samples.**—

*Tuberculin Tested (Pasteurised) milk.*—32 samples passed the prescribed tests.

*Pasteurised milk.*—All 34 samples taken passed the methylene blue and phosphatase tests.

*Sterilised milk.*—23 samples were all satisfactory.

*T.T. raw milk.*—22 samples, all produced in the adjoining county area (5 contained faecal B. Coli and 4 decolourised Methylene Blue, 1 in 1 hour and 3 in  $\frac{1}{2}$  hour). One sample taken from a van of a producer/retailer from the Lindsey County Council area gave a positive Ring Test ; in consequence the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food and the County Medical Officer of Health were informed for suitable action to be taken at the farm. Subsequent samples were satisfactory.

#### **Ice Cream.**—

Premises registered for making ice cream .. .. . 7

Premises registered for sale of ice cream .. .. . 484

Of the 34 samples taken all gave satisfactory results after the Methylene Blue tests.

**Food Hygiene.**—Without any spectacular results, steady work on the part of the inspectors to foster improvement in the standards in the hygienic handling, display and storage of food was maintained during the year, but there are still ample opportunities for considerable improvements by employers and workers alike—also the exercise of choice by discerning shoppers.

The number of complaints received about the condition and handling of food indicated that housewives had not lost interest in the demand both for better standards and care in the preparation and distribution of food.

**Food Poisoning.**—Two family outbreaks were reported, one in the second quarter and the other at the end of the year. The causal agent in each instance was *Salmonella Typhimurium*.

Members of one family became ill after eating duckling and the other outbreak followed Christmas dinner ; subsequently turkey was incriminated as the offending food. Enquiries from the Central Public Health Laboratory, Colindale, revealed interesting connections with outbreaks in another county—in which turkeys from the same farm had been involved. Meal fed to the turkeys had also been found to be infected with *Salmonella St. Paul*, the organism identified in the second Grimsby outbreak.

Members of one family continued to excrete *Salmonella* St. Paul for months in spite of constant medical treatment.

#### **Sampling of foods, etc.—**

458 tests including bacteriological, biological, chemical and histological examinations were applied to samples of a wide variety of foods, in addition, certain prepacked foods were checked to ascertain if the contents complied with the description on the wrappers.

Unsatisfactory samples taken under the Food and Drugs Act included :—

*Milk* (11 informal, 6 formal).—

9 were slightly deficient in milk fat.

5 were slightly deficient in milk fat and non-fatty solids but had normal freezing points.

2 informal samples with non-fatty solids deficiencies had slight amounts of added water.

1 informal sample had a 13% fat deficiency.

Nine farmers were involved and were sent written warnings about complying with the regulations.

*Peeled Prawns.*—One informal sample was reported to be slightly tainted, but further samples from the same source were found to be free from taints.

*Potted meat.*—One sample of "pure" potted beef was found to contain cereal.

A butcher was fined £2 for selling potted meat paste as potted meat.

*Fish cakes.*—Special investigations continued at premises where fish cakes were made. The results of both the inspections and bacteriological examinations stressed the necessity for the management to ensure that a definite routine practice of proved effectiveness for the sterilizing equipment used in the production of fish cakes is carried out at all times.

**Public Health (Preservatives, etc., in Food) Regulations.**—All the samples examined complied with the Regulations.

**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.**—These continued to be undertaken in the Department of Pathology, Grimsby General Hospital.

**Fertilisers and Feeding Stuffs.**—Of the 8 samples (1 official and 7 inspectors'), 2 fertilisers had slight excess of nitrogen, 1 fertiliser had a slight excess of phosphoric acid, and 1 liquid fertiliser was slightly deficient in nitrogen. The Nottinghamshire County Council's inspector was notified about the latter sample as the product was manufactured in Nottinghamshire. The "follow up" sample taken at the factory was reported to be satisfactory.

## PART VII.—ADDITIONAL INFORMATION.

## NATIONAL ASSISTANCE ACTS : INCIDENCE OF BLINDNESS.

At the end of 1961 the total number of blind persons in the borough was 157 (males 72, females 85).

Twenty-six Forms B.D.8 were received during the year. As a result of examinations carried out by the ophthalmic surgeons 20 persons were certified as blind and 6 as partially-sighted.

No cases of retrolental fibroplasia were reported.

*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 ...	5	3	—	10
(b) Treatment (medical surgical or optical)	5	2	—	1
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	2	—	—	—

*Ophthalmia neonatorum.*

(i) Total number of cases notified during the year ...	1
(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	—	12	—	12
At special school ...	Males	—	1	—	1
	Females	—	3	—	3
At training centre ...	Males	—	3	2	5
	Females	—	4	—	4
*In employment ...	Males	—	—	21	21
	Females	—	—	7	7
At home ...	Males	1	—	15	16
	Females	3	—	1	4
TOTAL ...		4	27	46	77

*Spastics*

			<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total number</i>
At ordinary school	...	Males	—	—	—	—
		Females	—	1	—	1
At special school	...	Males	—	2	—	2
		Females	—	—	—	—
At training centre	...	Males	—	4	—	4
		Females	—	2	1	3
*In employment	...	Males	—	—	9	9
		Females	—	—	2	2
At home	...	Males	2	—	3	5
		Females	3	—	2	5
<b>TOTAL</b>			5	9	17	31

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

### HEALTH EDUCATION.

Full use has again been made of the publicity material of the Central Council for Health Education and of the Royal Society for the Prevention of Accidents, the local health authority subscribing to both bodies, and *Better Health* journals were distributed monthly through the usual channels.

A total of 27 lectures and talks were given to local organisations on various aspects of Public Health and Health Education, 17 by the Medical Officer of Health, one by the Chief Public Health Inspector and 9 by the health visitors. Attendances at these meetings totalled 1,010.

**Schools.**—A varied and special programme of health education was again completed for the senior pupils in the four Secondary Modern Girls' Schools, viz : Armstrong, Chelmsford, St. Mary's and Western, concluding with the pupils visiting one of the Centres during an infant welfare session. Films (strip and sound) were used to advantage, along with other visual aids.

For the first time a more detailed course of mothercraft instruction was enjoyed by the senior girls of Western School. Another first time in the health education programme was in an infants' department, where a film was used to support a talk by a health visitor on dental health during a special plan of campaign organised by the headmistress. A tube of toothpaste was given to each child who brought a toothbrush to school. The area is considered poor and only about three children failed to bring one. The uninhibited, spontaneous response from these 5—7 year olds was pleasing to experience—in this age group the child is still trusting as well as thirsty for knowledge, particularly that concerning itself.

The Headmistress of Chelmsford Secondary Modern Girls' School, being concerned about the feet of the teenager and type of shoe worn by pupils in school, asked for talks on Foot Health in an attempt to remedy this situation. Four talks supported by a film were given to pupils in their respective years. A special occasion was made of each one with the girls assembling in the hall in the presence of the teaching staff. Whilst this had several advantages there were also disadvantages, the most obvious being the self-consciousness of the children in the presence of their teachers, but this was not evident in the first year pupils. Question time lasted long after school time ended, pupils seeking advice about themselves and also on behalf of relatives and friends.

Here was further evidence of the younger, eager mind being less affected by persons or surroundings and perhaps, therefore, to concentrate on this younger age group would be more rewarding in many ways. The staff are aware of this difference in response and avail themselves of every opportunity presented by all school departments for the purpose of health education.

**Welfare Centres.**—The Young Wives' Group continues to partake in certain activities to the joy of many mothers. Unfortunately, the new venture with the health education programme suffered a temporary setback, but the clinical staff look forward to sharing this particular activity with them again in the near future.

**Mothercraft.**—Classes (including the Stork Club) total three and are still successful, supported mainly by primigravida, a few multipara and sometimes a grandmother-to-be. Outside speakers are invited, and films (sound and strip) are used along with other health education media to present as interesting and varied a programme as possible.

Later on, when the mother attends the centre with her baby, she is so much more at ease having gained confidence through meeting and knowing the staff. The building itself is also familiar and a further contributing factor to the friendly atmosphere so essential to anyone seeking advice or help of any kind.

The Stork Club is still held in the old premises enabling the close liaison between health visitors and hospital midwives to continue, with advantages to the expectant mother and staff alike.

**Parents' Club.**—This is still very well supported and has again completed a varied programme of social and educational activities. Whilst it may be true that these mothers are the converted ones, they also play an important part as disciples.

### MEDICAL EXAMINATIONS.

Medical examinations for superannuation purposes were carried out on 184 employees during the year, 177 by medical staff of the department and 7 by requests to other local authorities. Of these 5 were found unfit for entry into the superannuation scheme, and one was deferred for a probationary period.

Six employees for retirement on medical grounds were referred to the medical referee, and the Medical Officer of Health investigated and made special reports on 14 employees who had been absent from duty for a period of three months and over.



Sixty-two candidates for admission to training colleges were also examined by the medical staff. Examinations for entry into the teaching profession numbered 60, six of these by requests to other authorities, and all received x-ray examination of the chest before appointment. All candidates were found to be fit for entry into the profession.

During the year 102 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 risk of food poisoning and fully justifies the time and trouble taken. None of the candidates were found to be unfit for such employment.

Four firemen were also examined by the medical staff in accordance with the provisions of the Fire Services (Appointments and Promotions) Regulations, 1950, and all were found fit for entry into the Service.

The above represents a total of 418 medical examinations during the year, 399 of which were performed by medical staff of the department, compared with 421 and 393 respectively in 1960.

As recommended in Ministry of Health Circular 64/50—Protection of Children from Tuberculosis—63 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

Fourteen new entrants to the staff of the North East Lincolnshire Water Board were 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 Watkin Street Clinic is placed at the disposal of the Sheffield Regional Transfusion Team to hold taking sessions and was utilised on two occasions during the year.

### LABORATORY FACILITIES.

The examination of specimens is carried out in the laboratory at the Grimsby General Hospital. A total of 1,531 specimens were sent by the health department in 1961.

### GRIMSBY CREMATORIUM.

The Medical Officer of Health and his Deputy act as the Medical Referee and Deputy Medical Referee respectively to the Grimsby Crematorium, which opened on the 5th August, 1954.

The number of cremations which have taken place in the past five years is as follows :—

<i>Year</i>	<i>Grimsby residents</i>	<i>Residents from other areas</i>	<i>Total</i>
1957	323	462	785
1958	365	589	954
1959	409	666	1,075
1960	436	747	1,183
1961	459	883	1,342

Table 1.—Area and Population of the States and Territory, 1841-1941.

Population of Census of 1841

Population of Census of 1861

Population of Census of 1881

Population of Census of 1921

Population of Census of 1941

Year	Area (sq. miles)	Population	Population per sq. mile	Area (sq. miles)	Population	Population per sq. mile	Area (sq. miles)	Population	Population per sq. mile	Area (sq. miles)	Population	Population per sq. mile	Area (sq. miles)	Population	Population per sq. mile
1841	50,230	1,531,000	30.3	153,900	1,539,000	10.0	1,531,000	1,531,000	10.0	1,531,000	1,531,000	10.0	1,531,000	1,531,000	10.0
1861	50,230	1,531,000	30.3	153,900	1,539,000	10.0	1,531,000	1,531,000	10.0	1,531,000	1,531,000	10.0	1,531,000	1,531,000	10.0
1881	50,230	1,531,000	30.3	153,900	1,539,000	10.0	1,531,000	1,531,000	10.0	1,531,000	1,531,000	10.0	1,531,000	1,531,000	10.0
1921	50,230	1,531,000	30.3	153,900	1,539,000	10.0	1,531,000	1,531,000	10.0	1,531,000	1,531,000	10.0	1,531,000	1,531,000	10.0
1941	50,230	1,531,000	30.3	153,900	1,539,000	10.0	1,531,000	1,531,000	10.0	1,531,000	1,531,000	10.0	1,531,000	1,531,000	10.0

STATISTICAL TABLES.

PART VIII.

Table 1.—Area and Population of the States and Territory, 1841-1941.

\* Area comparability factor suggested by Registrar General.

Table 1.—Vital Statistics of the whole Borough during 1961 and previous Years.

YEAR	Total Population 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 Residents not registered in the District	Under 1 Year of Age		At all Ages	
			3	4					5	6		7
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	12.3
1950	93,240	1688	1702	18.2	1222	13.1	224	54	51	29.9	1052	11.2
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
1957	96,050	1710	1846	19.2	1254	13.0	247	65	35	18.9	1072	11.1
1958	96,380	1724	1829	18.9	1226	12.7	267	85	46	25.1	1044	10.8
1959	97,110	1800	1858	19.1	1156	11.9	248	104	41	22.0	1012	10.4
1960	97,030	1857	1909	19.6	1211	12.5	270	91	48	25.1	1032	10.6
1961	96,520	1821	1989	20.6	1236	12.8	280	82	43	21.6	1038	10.7

Population at Census of 1951 ...

94,557

Population at Census of 1961 ...

96,665

Table 2.—England and Wales and Grimsby, 1944–1961.

## Birth Rates.

Year	Number of Births	Grimsby		England and Wales Birth Rate
		Birth Rate	Adjusted Birth Rate	
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
1957	1846	19·2	19·2	16·1
1958	1829	18·9	18·9	16·4
1959	1858	19·1	19·1	16·5
1960	1909	19·6	19·6	17·1
1961	1989	20·6	20·8	17·4

Table 3. England and Wales and Grimsby, 1944–1961.

## Death Rates.

Year	Nett Deaths	Grimsby		England and Wales Death Rate
		Death Rate	Adjusted Death Rate	
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
1957	1072	11·1	12·6	11·5
1958	1044	10·8	12·2	11·7
1959	1012	10·4	11·8	11·6
1960	1032	10·6	11·9	11·5
1961	1038	10·7	12·0	12·0

\* Area comparability factor suspended by Registrar General.

**Table 4.—Causes of and Ages at Death during the Year 1961**  
(as compiled from figures supplied by the Registrar General)

Causes of Death.	All Ages.			Under 1 year	1 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	F'm'les								
<b>All Causes</b> { Certified ...	1038	555	483	43	4	3	10	30	235	282	431
{ Uncertified ...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, respiratory ...	8	4	4	...	...	...	1	...	3	4	...
Tuberculosis, other ...	2	...	2	...	...	...	...	...	...	2	...
Syphilitic disease ...	1	...	1	...	...	...	...	...	1	...	...
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...
Whooping cough ...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections ...	...	...	...	...	...	...	...	...	...	...	...
Acute poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	...	...	...	...	...	...	...	...	...	...
Other infective and parasitic diseases ...	...	...	...	...	...	...	...	...	...	...	...
Malignant neoplasm, stomach ...	34	22	12	...	...	...	...	1	11	10	12
Malignant neoplasm, lung, bronchus ...	54	45	9	...	...	...	...	1	30	17	6
Malignant neoplasm, breast ...	8	1	7	...	...	...	...	1	3	3	1
Malignant neoplasm, uterus ...	3	...	3	...	...	...	...	1	2	...	...
Other malignant and lymphatic neoplasms... ..	99	49	50	...	...	1	1	2	30	38	27
Leukaemia, aleukaemia ...	5	3	2	...	1	1	1	1	1	...	...
Diabetes ...	7	2	5	...	...	...	...	...	1	2	4
Vascular lesions of nervous system	132	56	76	...	...	...	...	2	19	35	76
Coronary disease, angina ...	204	118	86	...	...	...	1	3	53	61	86
Hypertension with heart disease	28	15	13	...	...	...	...	...	5	10	13
Other heart disease ...	108	52	56	...	...	...	1	2	12	19	74
Other circulatory disease ...	50	20	30	...	...	...	...	...	3	9	38
Influenza ...	5	1	4	...	...	...	...	...	2	1	2
Pneumonia ...	54	31	23	3	2	...	...	1	8	14	26
Bronchitis ...	74	56	18	...	...	...	1	...	21	30	22
Other diseases of respiratory system	14	7	7	8	...	...	...	1	2	...	3
Ulcer of stomach and duodenum	4	4	...	...	...	...	...	1	2	1	...
Gastritis, enteritis and diarrhoea	1	1	...	...	...	...	...	...	...	1	...
Nephritis and nephrosis ...	7	1	6	...	...	...	...	1	3	3	...
Hyperplasia of prostate ...	5	5	...	...	...	...	...	...	...	1	4
Pregnancy, childbirth, abortion ...	1	...	1	...	...	...	...	1	...	...	...
Congenital malformations ...	13	5	8	12	...	1	...	...	...	...	...
Other defined and ill-defined diseases ...	85	35	50	20	...	...	...	5	15	16	29
Motor vehicle accidents ...	12	10	2	...	1	...	1	2	3	3	2
All other accidents ...	17	11	6	...	...	...	3	4	4	1	5
Suicide ...	3	1	2	...	...	...	...	...	1	1	1
Homicide and operations of war	...	...	...	...	...	...	...	...	...	...	...
<b>TOTALS</b> ...	1038	555	483	43	4	3	10	30	235	282	431

**Table 5.—Infantile Mortality during the year 1961.**  
 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.
<b>All Causes</b>	Certified ... ..	27	1	1	—	29	8	4	1	1	43
	Uncertified ... ..	—	—	—	—	—	—	—	—	—	—
Haemorrhagic conditions ... ..		2	—	—	—	2	—	—	—	—	2
Pneumonia ... ..		1	—	—	—	1	2	—	—	—	3
Other respiratory diseases ... ..		1	—	—	—	1	5	—	1	1	8
Enteritis and diarrhoea ... ..		—	—	—	—	—	—	1	—	—	1
Spina bifida and meningocele... ..		2	—	—	—	2	—	—	—	—	2
Congenital hydrocephalus ... ..		1	—	—	—	1	—	1	—	—	2
Congenital malformation of heart ... ..		2	—	—	—	2	—	1	—	—	3
Congenital malformations of digestive system ... ..		2	—	—	—	2	1	1	—	—	4
Other congenital malformations ... ..		1	—	—	—	1	—	—	—	—	1
Injury at birth ... ..		2	—	—	—	2	—	—	—	—	2
Post-natal asphyxia and atelectasis ... ..		3	—	—	—	3	—	—	—	—	3
Haemolytic disease of newborn ... ..		1	—	—	—	1	—	—	—	—	1
Immaturity without mention of disease ... ..		9	1	1	—	11	—	—	—	—	11
<b>Totals ... ..</b>		<b>27</b>	<b>1</b>	<b>1</b>	<b>—</b>	<b>29</b>	<b>8</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>43</b>

Live Births in the year—

	Males	Females	Total
Legitimate ...	927	928	1,855
Illegitimate	74	60	134

**Totals 1,001      988      1,989**

Nett Deaths in the year—

	Males	Females	Total
	20	22	42
	—	1	1

**20      23      43**

Table 6.—Cases of Infectious Diseases notified during the year 1961

Notifiable Disease	All ages		Under 1 year		1—2 years		2—3 years		3—4 years		4—5 years		5—10 years		10—15 years		15—20 years		20—25 years		25—35 years		35—45 years		45—65 years		65 years and over		Total cases admitted to Hospital		
	M	F	Total	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
Scarlet Fever	20	24	44	—	1	—	—	2	—	3	2	4	—	8	16	3	3	—	—	—	—	—	—	—	—	—	—	—	2		
Measles	1658	1490	3148	77	77	208	184	249	191	240	250	229	199	624	576	19	9	8	1	—	—	—	—	—	—	—	—	—	11		
Whooping Cough	21	19	40	4	2	2	7	5	1	2	2	4	2	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	2		
Acute Pneumonia	2	3	5	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		
Acute Poliomyelitis (Non-Paralytic)	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Typhoid Fever	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Dysentery	43	35	78	3	—	6	2	3	1	3	6	3	1	13	8	3	2	—	—	—	—	—	—	—	—	—	—	—	—	1	
Food Poisoning	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ophthalmia Neonatorum	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Puerperal Pyrexia	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Rheumatism	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chicken pox	104	97	201	2	4	6	6	11	4	6	13	13	12	56	53	8	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Totals	1853	1677	3530	86	85	222	199	270	197	254	273	253	214	705	658	34	16	10	5	4	8	4	8	2	5	7	6	2	3	28	

TABLE 7—GRIMSBY, 1961.

**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 ...	—	—	—	—	—	—	—	—
2—5 years ...	2	1	—	—	—	—	—	—
5—10 years ...	2	1	—	—	—	—	—	—
10—15 years ...	—	2	—	—	—	—	—	—
15—20 years ...	2	—	1	1	—	—	—	—
20—25 years ...	1	4	1	2	—	—	—	—
25—35 years ...	7	4	—	1	—	—	—	—
35—45 years ...	4	2	—	1	—	—	—	—
45—55 years ...	2	1	1	1	—	1	—	—
55—65 years ...	7	5	—	—	2	3	—	—
65—75 years ...	—	1	—	1	1	1	—	2
75 and upwards	1	—	—	—	—	—	—	—
Totals ...	28	21	3	7	3	5	—	2

Table 8—Grimsby 1952—1961.

**Tuberculosis.—Notifications and Deaths.**

Years	Notifications			Deaths		
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total
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
1957	80	22	102	11	1	12
1958	68	15	83	15	1	16
1959	57	6	63	11	1	12
1960	65	16	81	6	2	8
1961	49	10	59	8	2	10



**Table 9—Factories Acts, 1937 to 1959.**

Annual Report of the Medical Officer of Health in respect of the Year 1961 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 Public Health 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	330	539	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	571	731	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	50	64	5	—
<b>TOTAL</b> ...	<b>951</b>	<b>1,334</b>	<b>11</b>	<b>—</b>

**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.) ... ..	114	104	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4) ... ..	—	1	—	—	—
Ineffective drainage of floors (S.6.)	15	8	—	—	—
Sanitary Conveniences (S.7.)—					
(a) Insufficient ... ..	5	1	—	1	—
(b) Unsuitable or defective ...	63	56	—	1	—
(c) Not separate for sexes ...	3	1	—	—	—
<b>Other offences against the Act (not including offences relating to Outwork)</b>	<b>55</b>	<b>47</b>	<b>—</b>	<b>—</b>	<b>—</b>
<b>TOTAL</b> ...	<b>255</b>	<b>218</b>	<b>—</b>	<b>2</b>	<b>—</b>

## 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. ....	1	—	—	—	—	—
Nets, other than wire nets ....	154	—	—	—	—	—
TOTAL ....	155	—	—	—	—	—

SCHOOL HEALTH SERVICE

Table 2—Expenditures, 1957 to 1959.

Annual Report of the Medical Service of the Department of Health in respect of the Year 1961 for the County Borough of Doncaster in the Year 1961.

Doncaster, 1961.

Expenditure in 1961

Category	1957	1958	1959	1961	
				Actual	Estimated
Medical Services	100	100	100	100	100
Public Health	50	50	50	50	50
Other	50	50	50	50	50
<b>TOTAL</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>200</b>

Expenditure in 1961 compared with 1957-59.

Category	1957-59		1961		Percentage Change
	1957	1958-59	Actual	Estimated	
Medical Services	100	100	100	100	0%
Public Health	50	50	50	50	0%
Other	50	50	50	50	0%
<b>TOTAL</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>200</b>	<b>0%</b>

SCHOOL HEALTH SERVICE

Report of the Principal School Medical Officer for the year 1951

W. J. R.

To the Chairman and Members of the Education Committee

Once again it is pleasing to report that the general health of the school population is very satisfactory. There were no major outbreaks of infectious or contagious diseases. The number of notified cases of tuberculosis showed a decrease and there was not a single case of paratyphoid poisoning. This is most encouraging to those who have worked so hard on the immunisation programme. The complete elimination of typhoid fever for eight years may be too soon to know the meaning of this disease. Fortunately, by intensive prophylaxis, a fairly high rate of immunity has been maintained.

### PART IX

Notwithstanding no longer cause concern and this reflects a higher standard of living and an excellent school milk service. The latter service is to be congratulated that there were no cases of food poisoning, but dysentery is now the infection that causes most concern.

### SCHOOL HEALTH SERVICE.

Cleanliness, while still an important factor in the school, is now a problem for the home. Only constant vigilance keeps this danger at bay.

The consultants' clinic continues to provide an excellent service, giving expert advice with a minimum of delay.

The Principal Dental Officer's report also confirms the prediction made in last year's report. Not only has one assistant left the service, but the Chief himself has succumbed to the lure of general practice. However, the national figures show that this drift may have reached its peak, although it will obviously be many years before sufficient dentists become available to fill the existing vacancies.

The Child Guidance Centre continues to fulfil its most valuable role. The total number of referrals is less than the previous year. This reflects that the extra assistant psychologist has enabled more preventive work to be undertaken. The speech therapist continues her constructive service. This work attracts little publicity until it suddenly becomes unavoidable due to the lack of a qualified therapist. Gurney has been most helpful in this regard. Physical education in competition with the academic subject, rarely receives the attention it deserves, and it is pleasing to note the expanding programme which covers so many aspects.

**SCHOOL HEALTH SERVICE**

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**Report of the Principal School Medical Officer for the year 1961**

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*To the Chairman and Members of the Education Committee.*

Once again it is pleasing to report that the general health of the school population is very satisfactory. There were no major outbreaks of infectious or contagious diseases. The number of notified cases of tuberculosis showed a decrease and there was not a single case of paralytic poliomyelitis. This is most encouraging to those who have worked so hard on the immunisation programmes. The complete absence of diphtheria for eight years may be too reassuring, and some young parents do not even know the meaning of this disease. Fortunately, by intensive propaganda, a fairly high rate of immunity has been maintained.

Nutrition likewise no longer causes concern and this reflects a higher standard of living and an excellent school meals service. The latter service is to be congratulated that there were no cases of food poisoning, but dysentery is now the infection that causes most concern.

Cleanliness, while highly satisfactory, still reflects the hardcore from problem families. Only constant vigilance keeps this figure so low.

The consultants' clinics continue to provide an excellent service, giving expert advice with a minimum of delay.

The Principal Dental Officer's report alas confirms the prediction made in last year's report. Not only has one assistant left the service, but the Chief himself has succumbed to the lure of general practice. However, the national figures show that this drift may have reached its peak, although it will obviously be many years before sufficient dentists become available to fill the existing vacancies.

The Child Guidance Centre continues to fulfil its most valuable role. The total number of referrals is less than the previous year. This reflects that the extra assistant psychologist has enabled more preventive work to be undertaken. The Speech Therapist continues her unobtrusive service. This work attracts little publicity until it suddenly becomes unavailable due to the lack of a qualified therapist. Grimsby has been most fortunate in this respect. Physical education, in competition with the academic subjects, rarely receives the attention it deserves, and it is pleasing to note an expanding programme which covers so many aspects.

The friendly spirit of co-operation which prevails throughout the Education Department and the school staffs largely contributes to the school health service. Without this and the generous backing of the Committee the work would be impossible. So my grateful thanks are offered to all concerned and not least to my own staff for their loyal service.

R. GLENN,

*Principal School Medical Officer.*

HEALTH DEPARTMENT,  
1 Bargate, Grimsby.

April, 1962.

**GRIMSBY EDUCATION COMMITTEE***Chairman*—Alderman J. H. FRANKLIN.*Vice-Chairman*—Councillor Miss J. B. B. McLAREN*Director of Education*R. E. RICHARDSON, M.Sc., Ph.D.**EDUCATION WELFARE SUB-COMMITTEE***Chairman*—Councillor Miss J. B. B. McLAREN*Vice-Chairman*—Councillor A. BRADLEY

THE MAYOR—Councillor G. H. Pearson, J.P.

Alderman	I. ABRAHAMS, O.B.E., J.P.	Councillor	J. P. MURPHY
"	F. G. GARDNER	"	A. NEILSON
"	R. S. HAYLETT	"	Mrs. M. E. PICK
"	Mrs. M. LARMOUR	"	T. W. SLEEMAN
"	M. LARMOUR	"	A. W. STEADMAN
"	W. J. MOLSON	"	Mrs. L. TRAYER
"	C. J. MOODY	"	W. E. WILKINS
"	C. H. WILKINSON, M.B.E., J.P.		
Councillor	G. H. BERRETT		Mrs. M. M. BARKER
"	T. M. DAVISON		Mr. M. B. LLOYD, M.A.
"	Mrs. F. E. FRANKLIN, J.P.		Mr. G. W. RADGE, M.Sc.
"	Mrs. E. G. JEFFERSON		Mr. E. SMITH
"	P. MUNNINGS		Mrs. N. TROUGHT

**STAFF OF SCHOOL HEALTH SERVICE***Medical Officer of Health and Principal School Medical Officer* :—

ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer* :—

SAMUEL R. W. MOORE, M.B., B.Ch., B.A.O., D.P.H.

*School Medical Officers*—

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

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

JAMES L. T. GRAHAM, L.R.C.P., L.R.C.S., L.M.

*Principal Dental Officer*—

DONALD W. HUNT, L.D.S., R.C.S. (Eng.) (res. 31.12.61)

*Dental Officers*—

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

ROBERT D. BORRILL, B.D.S., L.D.S., R.C.S. (Eng.) (res. 31.3.61)

CHARLES B. G. MAJOR, B.D.S., L.D.S., R.C.S. (Eng.)

*Part-time Dental Officer*—

DAVID U. E. MILLER, L.D.S., R.C.S. (Eng.)

*Superintendent Health Visitor/School Nurse*—

Mrs. I. HALDANE

*Health Visitors/School Nurses*—

Miss M. TIPPLER, Miss M. BAGG, Miss J. D. M. VARRIE, Mrs. M. KOZLOWSKI, Miss J. BELL, Miss K. SPENCER, Miss I. ADAMSON, Mrs. M. DAWSON, Mrs. I. STOREY, Miss H. BRAGG, (appt.: 18.1.61).

*School Nurses*—

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

*Clinic Nurses*—

Mrs. G. WHITEHALL, Mrs. I. D. MILLS (part-time), Mrs. M. COLEMAN (part-time), Mrs. W. MASON (part-time).

*Dental Staff*—

Mrs. M. AYLOTT (Clerk), Mrs. S. J. PICKING (res.: 15.9.61), Mrs. M. FINNIE, Miss S. M. CASH, Mrs. J. HARNIESS.

*Clerical Staff*—

Miss A. ROBERTS, Mrs. A. BECKETT (res.: 25.7.61), Miss M. ROBINSON, Miss J. OAKES (app.: 28.8.61).

## GENERAL INFORMATION

Home population at all ages (estimated at 30th June, 1961) 96,520

Estimated Child population (30th June, 1961.)

Under 1 year .. .. 1,950

1 to 4 years inclusive .. .. 7,050

5 to 14 years inclusive .. .. 16,100

Total under 15 years .. .. 25,100

### Primary Schools

*Number on Rolls*

Number of schools .. .. 19

Number of departments .. 34 10,395

### Secondary Schools

Number of schools .. .. 6

Number of departments .. 11 4,175

### Secondary Grammar and Technical Schools

Grimsby Wintringham Boys' Grammar School .. 637

Grimsby Wintringham Girls' Grammar School .. 636

Havelock School .. .. 835

Technical School .. .. 685

### Special School

Carnforth Day Special School .. .. 130

### Nursery School

Nunsthorpe Nursery School .. .. 41

Total number of pupils on rolls (April, 1961) .. 17,534

## FINDINGS OF MEDICAL INSPECTIONS

The number of children on the register on 1st April, 1961 was 17,534 compared with 17,571 the previous year.

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

Classification of those medically examined is made under the designation 'physical condition' and is assessed under two headings—satisfactory and unsatisfactory. Of the 5,254 children medically examined 5,250 (or 99.92%) were classified satisfactory, and 4 (0.08%) as unsatisfactory.

At the end of the year 6,217 children were paying for school dinners and 538 were receiving them free. The number of children drinking school milk was 14,686 each day.



**Uncleanliness.**—Examinations are carried out at regular intervals at the various schools by the school nurses, statutory notices being issued to parents where indicated.

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

Inspections totalled 34,795 : the number of individual children found to be unclean was 686, while at routine school medical inspections 89 children out of 5,254 examined showed evidence of louse infestation.

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

Disease	<i>Routine Medical Inspections.</i> Incidence per 1,000 inspections.					
	1956	1957	1958	1959	1960	1961
All skin diseases ...	3.3	5.9	5.9	5.4	6.9	3.4
Scabies ...	—	—	—	0.1	0.1	0.1

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

Disease.	1956	1957	1958	1959	1960	1961
Ringworm (scalp) ...	3	—	—	—	—	—
Ringworm (body)	3	—	—	—	—	—
Scabies ...	14	2	—	1	25	12
Impetigo ...	30	46	22	19	16	20

**School Clinic.**—The School Clinic at Burgess Street had for many years been a useful and satisfactory clinic, but in 1958 it was felt that more modern premises would have to be found to cater for a growing population in the new housing estates. Arrangements were made to convert the Nurses' Home accommodation at 34 Dudley Street to provide a school health and dental service, and proposals were also submitted for the building of a new Joint Health and School Clinic at Nunsthorpe. This new clinic was built during the year and the Opening Ceremony was performed by the Mayor of Grimsby (Councillor G. H. Pearson, J.P.) on Tuesday, 10th October, 1961. It is a most-up-to-date building and situated in Milton Road behind the Nunsthorpe Primary Schools and provides modern facilities for the school health, maternal and child welfare and dental services.

The branch School Clinic at 34 Dudley Street is now working efficiently and serves the Eastern side of the town.

Both clinics are open daily from 8.40 a.m. to 5.30 p.m. and minor ailment sessions are held each morning, and the school medical officers hold three sessions per week for special medical inspections. Specialist Clinics are held as follows :—Ophthalmic—weekly ; Cardiac—monthly or by arrangement ; and Orthopaedic—fortnightly.

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

Special inspections by medical officers	..	..	70
Re-inspections by medical officers	..	..	11
New cases dealt with by clinic nurses	..	..	179
Total attendances	..	..	5,843

**Defects of Vision and Diseases of the Eye.**—Refraction was carried out on 308 children (83 new cases), and glasses were prescribed for 260. Attendances numbered 491 and no cases of eye disease were referred from the school clinic during the year.

#### **Diseases of the Ear, Nose and Throat.**—

(a) **Audiometry.**—During the year hearing tests by the sweep method were carried out in schools and the results were as follows :—

Number tested	..	..	1,026
Number found satisfactory	..	..	1,014
Number referred to the school clinic for special examination and final disposal	..	..	12

(b) **Nose and Throat Defects.**—The number of cases found to require treatment at routine and special inspections was 25. These were classified as follows :—

Chronic tonsillitis	..	..	9
Adenoids only	..	..	1
Chronic tonsillitis & adenoids	..	..	11
Other conditions	..	..	4

Appropriate treatment was carried out by the clinic nurse in suitably selected cases as advised by the medical officers.

(c) **Diseases of the Ear.**—37 new and 2 old cases of otitis media were examined at the school clinic. Of the 39 cases seen, 13 were referred to the E.N.T. Specialist on account of deafness.

**Heart Diseases and Rheumatism.**—During the year 11 consultative clinics were held at the school clinic, and 62 cases (of which 25 were new) made a total of 81 attendances.

**Orthopaedic Clinic.**—During the year 23 consultative clinics were held at the school clinic. 205 cases (of which 52 were new) were seen ; of these 33 were found not to require treatment.

### HANDICAPPED PUPILS AND SPECIAL SCHOOLS REGULATIONS, 1959.

(As on January 20th, 1962.)

Categories of Handicapped pupils	Number at ordinary school.	Number at special school.	Number not at school.
Blind ... ..	—	1	—
Partially sighted ...	—	4	—
Deaf ... ..	—	6	—
Partially deaf ...	—	3	—
Educationally sub-normal ...	1	112	—
Epileptic ... ..	16	5	—
Maladjusted ...	—	4	—
Physically handicapped	—	2	2*
Speech defect ...	—	—	—
Delicate ... ..	—	2	—

\* receiving home tuition.

**Infectious Diseases.**—No school or department was closed on account of communicable disease during 1961.

The incidence of notifiable diseases in children aged 5 to 15 years was as follows, the figures in brackets indicating the numbers notified in 1960 :—

Scarlet fever 30 (64) ; measles 1,228 (20) ; whooping cough 8 (29) ; pneumonia 1 (1) ; acute non-paralytic poliomyelitis 1 (—) ; dysentery 26 (27) ; acute rheumatism 1 (1) ; and chicken pox 118 (353).

In addition 5 children of school age were notified under the Public Health (Tuberculosis) Regulations, 1952, as suffering from pulmonary tuberculosis. Last year there were 8 cases notified as pulmonary and 3 as non-pulmonary.

**B.C.G. vaccination.**—The scheme relating to B.C.G. vaccination under Section 28 of the National Health Service Act, 1946 was amended on the 21st June, 1961 so that children of 10 years of age or older may be vaccinated. As explained in Ministry of Health Circular No. 6/61 the Minister is now prepared to extend the present arrangements, at the discretion of local health authorities, and permit B.C.G. vaccination at an earlier age than 13 years. In Grimsby this immunisation will continue to be offered to schoolchildren aged 13 years. It was also noted that B.C.G. records should be stored for at least ten years. The following information briefly summarises the work undertaken :—

1. ACCEPTANCES.

Number offered tuberculin testing and vaccination if necessary .. .. .	1,311
Number of acceptances .. .. .	1,104
Percentage of acceptances .. .. .	84

2. TUBERCULIN TESTING AND VACCINATION.

Number skin tested .. .. .	1,064
Number found negative .. .. .	926
Number vaccinated .. .. .	926

Since the scheme commenced in May, 1954 the number of children vaccinated each year is as follows :—

<i>Year</i>	<i>Number vaccinated</i>
1954 .. .. .	320
1955 .. .. .	297
1956 .. .. .	400
1957 .. .. .	408
1958 .. .. .	456
1959 .. .. .	573
1960 .. .. .	2,204*
1961 .. .. .	926

\*—Includes 1,167 older school children.

**Protection against diphtheria.**—Special diphtheria immunisation sessions were conducted at school premises in conjunction with the medical inspections, and of the following details 370 primary and 1,753 maintenance injections were undertaken in schools.

<i>Primary immunisation</i>		<i>Re-inforcing injections</i>	
Under 5-years	1,637	Under 5-years	38
5—15 years	444	5—15 years	1,938
Total	<u>2,081</u>	Total	<u>1,976</u>

The total primary immunisations for last year was 1,670 and re-inforcing injections numbered 1,968.

**Poliomyelitis vaccination.**—Eighty per cent. of the child population is now protected against poliomyelitis, the figures being as follows :—

					<i>Two injections</i>
Under 5 years	..	..	..	..	5,309
5—15 years	..	..	..	..	14,819
				Total	20,128
Third injections	..	..	..	..	4,009
Fourth injections	..	..	..	..	5,381

In April the Minister of Health announced that the programme of vaccination should continue to use inactivated vaccine and that the present course of three injections gave a high degree of protection. The Minister also announced that fourth injections should be offered to children of five and over already at school who had not reached the age of twelve.

To meet this additional effort temporary clerical assistance was employed and many sessions arranged. Unfortunately, this work was halted in August as the Ministry of Health drastically cut the supplies of Salk vaccine to local health authorities. The shortage of vaccine lasted until the end of the year and greatly reduced the poliomyelitis vaccination programme.

**Employment Certificates.**—During the year certificates were issued to 214 school children who were engaged in particular employment after school hours.

**Provision of Clothing.**—Clothing was supplied to 258 children at a cost of £1,216.

**Sanitary arrangements in schools.**—The following improvements to sanitary accommodation were carried out during 1961 :—

1. TECHNICAL SCHOOL, ELEANOR STREET.

(a) *Boys' Conveniences.*

Sixteen additional wash basins provided and seven basins renewed.

Hot and cold water supplies provided over the 23 basins.

One block of sanitary conveniences has been rebuilt.

An additional water closet provided—making a total of seven water closets now available.

A 12 ft. urinal provided with automatic flushing cistern.

(b) *Girls' Section*

Six additional wash basins have been provided and sixteen renewed

Hot and cold water supplies provided over the 22 basins.

Six additional water closets provided.

(c) *Caretaker's room*

Water closet and wash basin with hot and cold water supplies provided.

2. WEELSBY PRIMARY BOYS' SCHOOL.

New urinal provided with automatic flushing cistern.

## DENTAL SERVICE

Mr. Donald W. Hunt, L.D.S., R.C.S. (Eng.), Principal Dental Officer, presents the following report :—

I have the honour of presenting my thirteenth Annual Report on the Dental Services provided by the County Borough of Grimsby for school-children, pre-school children, and expectant and nursing mothers.

The number of children at school within the Borough is 17,397 and with the mothers and pre-school children, this gives a total of approximately 25,000 persons to whom the services of the dental clinics are available. One full-time dental officer has resigned during the year under review, and since March 1961 the staff available has been three full-time dental officers, one part-time dental officer, and one part-time medical anaesthetist. When due allowance is made for the proportion of time allocated to work on patients for the Health Committee (i.e. expectant and nursing mothers and toddlers) it will be seen that there is one dental officer available for approximately each 6,000 school-children. This figure is in accordance with the national average and should be compared with the recommendation of the Ministry of Education that a minimum staffing requirement for a satisfactory School Dental Service should be one dental officer to each 3,000 children.

It will thus be realised that the overall picture of the School Dental Service throughout the country remains that of a grossly understaffed service with an ageing permanent staff, half of whom will have retired within fourteen years, and with virtually no full-time recruitment.

For some nine years, following the inauguration of the National Health Service, the staffing position was below the national average but for the past three years it has been well above this level. Staff resignations have, however, brought Grimsby back to the national level of fifty per cent. of a full staff, and the writer's own resignation at the end of the year under review will once again bring Grimsby well below the average.

No replies have been received when vacant positions on the staff have been advertised, and it is obvious that a complete reformation of the so-called "Priority Dental Services" is essential if they are to survive. There is, however, no sign on the horizon that this is even being considered; and the writer, in common with so many others, now feels that the position is without hope and that there is no alternative for him but to leave the service.

The statistical tables on page 39 show clearly the effect of reduced staff on the amount and type of work undertaken during the year. Only 2,749 children were inspected at school and offered routine treatment during the year, as against 17,000 children each inspected twice if the service was really functioning fully. The number of children attending as "specials", largely for the relief of pain, is once again in excess of the number inspected at school, and the service is tending to become a break-down service hamstrung in all its attempts at routine conservative work by the necessity of providing for an endless stream

of children in pain. . . . pain which the School Dental Service was intended to avoid by the provision of a system of frequent inspections followed by comprehensive conservative treatment. The situation is indeed one of impasse, and the vicious circle thus created is unlikely ever to be broken whilst the School Dental Service retains its existing structure.

It has always been a function of this Service to control oral disease by prevention as well as by treatment, but this aspect of the work has been sadly neglected in the past. Advantage was taken, however, of a temporarily improved staffing position to inaugurate a campaign of oral health propaganda during the year under review, and to endeavour to estimate its effectiveness.

The basic idea behind this experiment has been to test the effectiveness of a fairly prolonged and initially intensive period of oral health propaganda, by examining the state of oral hygiene and understanding of oral health matters of a large group of children, both before and after the period of propaganda. To this end dental officers began in 1960 to classify all children seen at routine school inspections according to their states of oral hygiene. This was done on a simple 'A', 'B', 'C' basis, i.e. 'A' mouths were apparently perfectly clean, 'C' mouths were virtually never cleaned, and 'B' mouths were anything between these two extremes. It was felt that the purpose of the experiment required no more detail than this, but great care was taken to assess a mouth only on its cleanliness and no account was taken of its caries experience when making the assessment.

Prior to the visit of the dental officer the children had been asked to complete a simple questionnaire and these were collected by the dental officer at the time of his inspection. Teaching staff had been asked not to give any preliminary coaching prior to the issue of the questionnaire, and not to help its completion in any way.

When a sufficient number of mouths had been classified so far as their state of cleanliness was concerned, and when a sufficient number of questionnaires had been completed, a campaign of oral health propaganda was initiated and continued until November 1961. An early estimate of 10,000 assessments and completed questionnaires proved far too optimistic, and experience of the length of time required to mark a batch of questionnaires reduced this figure to 1,500. However, it was felt that as the oral hygiene campaign would cover all schools and not just those where a questionnaire had been issued, then a representative sample of one-seventh of the school population was a reasonable basis from which to draw conclusions.

At the end of the campaign the same 1,500 children were re-classified in respect of their oral hygiene by the dental officer who classified them in the first instance, and each child again completed the same questionnaire.

The campaign itself began with a circular from the Director of Education asking schools to co-operate with the plan. Teachers were asked to introduce oral hygiene into their classes, and as a basis for teaching the oral hygiene service publication "Teaching Dental Health" was distributed in considerable

quantities amongst the teaching staff. Each school also made a special display of oral hygiene posters, which were changed at fortnightly intervals throughout the period of the campaign. The fortnightly supply of posters was frequently augmented by a supply of hand-outs for distribution to the children, and a dental health propaganda film was shown to coincide with the arrival of the new posters. The supply and dispatch of posters, pamphlets and other materials was through the School Dental Service and some 5,000 posters and 102,000 hand-outs were distributed to the schools in this way.

Each school made its own selection of film and film strip material from a descriptive source list compiled by the dental staff, and many organised special projects of their own design. A "project" that was particularly popular was a visit to one of the dental clinics by groups of 12—15 children from a school or class. At the clinic they were addressed for a short time by the dental officer and the surgery and other equipment were demonstrated to them and questions invited. Each member of the party was eventually expected to co-operate with one or two of his colleagues in writing an article for the school or form magazine under such headings as "Our visit to the School Dental Clinic", "The training of a Dental Surgeon", "How we should care for our teeth" and so forth.

It will be seen from the above that the general idea behind the campaign was for the school teachers to introduce dental health into the normal pattern of existing school lessons and life without adding yet another subject to already crowded curricula. Dental officers, school nurses and others all addressed schools and classes on oral hygiene, but only when specially requested to do so. The role of the dental service was therefore primarily initiative and advisory.

The results of the campaign are interesting and show that there is a very definite value in this type of health education. At original examination. 12% of children inspected at school had a grading of 'A' in respect of oral cleanliness, 61.5% had a grading of 'B', and 26.5% had a grading of 'C'. At the termination of the campaign, however, the percentage of 'A' mouths had risen to 52%, the percentage of 'B' mouths had fallen to 29.6%, and the percentage of 'C' mouths had fallen to 18.4%.

The answers to the questionnaire did not at first show the same improvement and the result was considered disappointing. The average mark for the original questionnaire, out of a possible total of 34 marks, was 19.07. The average mark for the second and identical questionnaire was only 20.5. On re-examination of the results, however, it was found that 35.9% gained marks over 23 out of 34 in the original questionnaire, 51% gained marks over 23 in the second questionnaire.

The second questionnaire had both an increase of very high marks and an increase of very low marks; some children in the younger age groups apparently became so confused by oral health propaganda that they knew less at the end of the campaign than they knew at its beginning.



The questionnaire was divided into two sections, one designed to show knowledge of how and when teeth should be brushed, and the other section to show knowledge of foods causing dental decay and the value of naturally detergent foodstuffs.

Examination of the results obtained showed that knowledge of correct tooth brushing habits had been quite successfully imparted, a fact borne out by the greatly improved standard of oral hygiene at the second dental inspection; but the dietary side of the health campaign had been far less successful despite the fact that it received the major emphasis. In general it was found that the younger children tended to say that anything they liked was bad for the teeth and all the things they did not like were good for the teeth. . . . . hence sweets, apples, cake and chewing gum were often all "bad" whereas white bread, treacle, and raw carrots were all "good". This no doubt reflects the child's reaction to his general experience of instruction by his elders.

Experience gained in the campaign may broadly be summed up as follows:- Correct tooth brushing technique can be taught to children of all ages and will be carried out in practice. Dietary instruction, involving knowledge of foodstuffs known to be bad for the teeth and a knowledge of foodstuffs with natural and beneficial detergent properties, is much less easily assimilated and should be reserved for older children.

The dental work undertaken for the Health Committee in the treatment of expectant and nursing mothers and for pre-school children remains at much the same level from year to year, but here again the service would be capable of great development if adequate staff could be obtained.

In conclusion the writer would like to emphasise the fact that his resignation from the service implies criticism only of the national structure of the School Dental Service and its place within the Health Service of the nation as a whole.

Within the statutory limits of that structure the local authority in Grimsby has always been active and interested in the work of the service, and it is with a very real regret that the writer severs his connection with the authority and colleagues with whom he has always been proud to be associated.

To his own staff the writer would like to express his sincere appreciation of their efficiency and loyalty during the many years he has had the pleasure of working with them.

### CHILD GUIDANCE SERVICE

Dr. M. J. Tyerman, Educational Psychologist, submits the following report on the work of the Child Guidance Service during the year ending 31st December, 1961.

**1. Staff.** Full-time members of staff at the Centre are Dr. M. J. Tyerman, Educational Psychologist; Miss M. E. D. Pearson, Social Worker;

Mr. T. D. MacKenzie, Remedial Teacher/Psychological Tester, and Miss K. L. Nocton, Secretary-Receptionist. Mr. G. E. Bookbinder of Manchester who was appointed assistant psychologist in November, took up duty in February, 1961. Mrs. M. N. Green, a remedial teacher, attends the Child Guidance Centre six sessions a week, and spends the remaining time in school.

By arrangement with the Sheffield Regional Hospital Board, Dr. J. F. R. Goodlad, consultant psychiatrist of Lincoln, has continued to attend for two sessions each week. Occasionally Dr. D. J. Buchanan, his senior assistant psychiatrist has attended. Their skilful and willing help, ready co-operation and advice are greatly appreciated.

2.—The school children covered by this service number approximately 17,500 and since facilities are extended to all children under the age of 18 the actual child population is probably about 25,000.

#### Statistical Summary :

Number of children referred since the Service was inaugurated :—2,327.

Number of children referred by year :

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
116	124	127	105	143	174	250	236	200	192	190	244	226

**Comment.**—There were 226 new cases referred for individual examination, but this number indicates only one part of the work undertaken during the year. Other important services in Grimsby include : the group assessment of children for classification or screening purposes, remedial classes within the schools, the discovery and statutory examination of handicapped children who need special educational treatment together with the follow up of their progress in the special school, two hospital classes, and helping with the revised transfer arrangements at the age of 11, in addition to general advisory duties. This aspect of the work is usually described as the Schools Psychological Service.

In addition to the figures quoted : 399 children were tested in groups, 781 were helped in remedial classes within the ordinary schools, 23 were statutorily examined, 81 Carnforth pupils were re-assessed, and 513 Grimsby children received help in hospital.

Anyone may request an interview for a child under 18, and no one is refused. All attendances, except those requested by the magistrates, are entirely voluntary.

At the Centre, educational, psychological and psychiatric examinations and treatment are carried out, and when indicated medical examinations are arranged, especially paediatric and neurological. The Centre is the administrative base, the premises where some of the more intensive work with individual children is carried out. But, first and foremost this is a Schools Psychological Service : an integral part of the Committee's educational provision. The basic aim is to provide a service for schools, and get into the schools as much as possible to give first hand assistance. The concern is not solely with the personal aspect of the problem child but with the educational and social adjustments of all children.

The child guidance service is one type of welfare and educational agency among the many that exist in the town and county, and to function effectively it works in close co-operation with them. To help strengthen the ties with workers in psychiatry and child guidance, the educational psychologist has been active in forming a Lincolnshire child guidance association where psychiatrists, psychologists and social workers in child guidance can meet to exchange ideas and develop a closer personal link. On the educational side he has been active in the Guild of Teachers of Backward Children where everyday problems of teachers can be discussed.

In all the varied duties of the Service, Dr. R. Glenn, the Principal School Medical Officer, and Dr. R. E. Richardson, the Director of Education have always given their support and active help. This is greatly valued and appreciated.

**A. Cases closed, current and awaiting interview :**

Number of cases dealt with in 1961 : .. .. .	219
Number of cases closed during 1961 .. .. .	192
Number of cases current on 31st December, 1961 .. .. .	164
Number of children awaiting initial interview .. .. .	9

With the appointment of the assistant psychologist it has been possible to keep the waiting list very small. Only 9 children, out of the 226 referred, were awaiting an initial interview at the end of the year.

A child guidance service, or any other form of service, is of little use if an individual has to wait months or years before receiving help. People with problems want assistance at once, not at some distant time in the future. As a matter of deliberate policy this Service is so organised that urgent matters can be dealt with immediately.

**B. Particulars of children referred in 1961 :**

1. Number (excluding those submitted for remedial teaching in school) .. .. .		226
2. Age at time of referral :		
Below 5 years	Pre-school	24
5 but not 6 } .. .. .	Primary (Infant) School	11
6 " " 7 } .. .. .		13
7 " " 8 } .. .. .	Primary (Junior) School	27
8 " " 9 } .. .. .		23
9 " " 10 } .. .. .		11
10 " " 11 } .. .. .		15
11 " " 12 } .. .. .		30
12 " " 13 } .. .. .	Secondary School .. .. .	22
13 " " 14 } .. .. .		17
14 " " 15 } .. .. .		18
15 and above .. .. .		15
3. Sex :		
Boys .. .. .		150
Girls .. .. .		76

There was almost an equal number of junior and secondary school children referred this year, and more boys than girls. This is probably because boys' difficulties are usually more noticeable than those of girls. Also many parents seem more inclined to worry about their sons than their daughters (except possibly in adolescence), believing that as girls usually marry it is not so important for them to do well at school.

#### 4. Reasons given for referral :

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>%</i>
Mental or personality assessment .. ..	45	33	78	35
Difficult behaviour .. ..	57	18	75	34
Emotional problems .. ..	12	8	20	8
Educational Guidance .. ..	16	6	22	10
Habit disorders .. ..	12	7	19	8
Failure to progress at school .. ..	8	4	12	5

Although children are usually referred for one specific complaint such as backwardness, thieving or bed-wetting, one rarely finds an isolated difficulty, such as these, in an otherwise well adjusted child. The categories overlap very considerably. Often the symptom leading to referral is not the real problem : For example, a boy was referred for bed-wetting but this was only about once a week : the root trouble was that he was missing his father, and his mother, separated from her husband, had far more burdens (including financial) than she could manage single handed.

#### 5. Source of referral :

	<i>%</i>
Parents (direct or through school) .. ..	30 13
Headteachers .. ..	90 40
M.O.H. and his staff .. ..	19 8
Director and his staff .. ..	20 8
General Practitioners or Consultants .. ..	28 12
Children's Officer and Magistrates (through the M.O.H.) ..	24 11
Probation Officers .. ..	6 3
Speech Therapist .. ..	3 2
Other .. ..	6 3

Children are referred by a wide range of welfare workers but almost half by teachers. This reflects the close and friendly relationship between the schools and the Service, and the fact that this is a Schools Psychological Service, a branch of the Education Department, with a first responsibility to school children and school teachers.

The child guidance service is organised so that anyone can bring a child without any difficulty and without having to go through an intermediary. The Centre has no name-plate or white coats and seems an ordinary pleasant house without formality.

During the year there was an increase in the number of children referred by the magistrates. This reflects the national increase in juvenile crime. Because of the shortage and overcrowding of remand homes, 19 children from out of the area were committed to the Grimsby Remand Home with requests for reports from this Centre. Cheshire, Derbyshire and Staffordshire were among the courts from which children were remanded to Grimsby.

#### 6. Cases from previous years dealt with in 1961 :

Number of children referred in 1960 but not interviewed until 1961 .. .. .	13
Number of children interviewed in 1960 and still current on 1st January, 1961 .. .. .	158

#### C. Details of referral interviews held :

1. **Number** .. .. . 219  
219 new cases were dealt with in 1961 and 171 old. A total of 390.

#### 2. Intellectual level of the 219 cases :

Ineducable/educationally subnormal .. .. . (I.Q. below 70) .. .. .	16
Dull .. .. . (I.Q. 70—84) .. .. .	34
Low Average .. .. . (I.Q. 85—94) .. .. .	30
Average .. .. . (I.Q. 95—104) .. .. .	24
High Average .. .. . (I.Q. 105—114) .. .. .	17
Superior .. .. . (I.Q. 115—129) .. .. .	17
Very Superior .. .. . (I.Q. 130+ ) .. .. .	6
Not tested .. .. .	75

Intelligence tests are always administered to children with learning difficulties but not always to children with other types of problem. The intelligence test results above, are, therefore, not a true indication of the ability range of the children dealt with by the Service.

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

(a) Regular treatment interviews .. .. .	54
(b) Occasional supportive interviews .. .. .	23
(c) Report or advice (excluding 'd') .. .. .	133
(d) Special educational treatment required .. .. .	9

Not all children brought to the Centre require psychological or psychiatric treatment. In two-thirds of the cases, a report or advice, with follow up, was sufficient. The Service is not restricted to individual treatment but gives advice to parents, schools and others on a wide range of matters affecting children's progress.

Three of the basic principles of child guidance are : (1) that home is synonymous with mother, (2) that the child cannot be considered or treated apart from the home, and (3) that affection and training are equally necessary for security in childhood.

Often a child can best be helped by assisting the mother financially through the National Assistance Board, Schools Meals Service, W.V.S., etc. and by occasionally calling on her at home (supportive treatment) to discuss the management of the child. The mother's morale is all-important. For the children's sake, the mother must always be considered in the treatment.

But some mothers and some fathers can never be effective parents. Their own personality difficulties, or perhaps just plain selfishness, prevent it. Not every parent loves the child, and in some cases the child can only be happy away from the parents in a special school, foster home, or Children's Home.

Children need to know what is expected of them and what they can expect from others. Consistency makes for security, but it is so difficult for harassed and over-burdened mothers to apply this.

With some children and parents a psychiatric opinion or psychiatric treatment is required. Dr. J. F. R. Goodlad attends two sessions a week for this purpose. However, in the very few cases when psychiatric in-patient treatment for a child is needed, it is rarely possible to obtain beds in a children's psychiatric unit. During the year 3 Grimsby children have, therefore, had to be admitted to mental hospitals for adults.

The Regional Hospital Board has been made aware of this, and have under consideration the possibility of setting up a children's unit in Lincoln. During the year Dr. Goodlad saw 48 new cases.

It is probable that psycho-therapy, and family and school adjustment will remain the main child guidance treatment during the foreseeable future. But drugs are being used more and more to delve into deeper levels of mind, release tensions and help towards adjustment. Child guidance must be up to date and adopt any proven technique that will help to relieve distress.

Therefore, when increased accommodation becomes available, it is hoped to arrange facilities for psychiatric treatment on a day basis instead of just an hourly basis as at present. This would make it unnecessary for some children to go to an adult mental hospital in Lincoln as out-patients.

#### D. Analysis of Interviews :

##### 1. Interviews with **children** by :

Educational Psychologist	..	..	..	..	..	220
Assistant Psychologist	..	..	..	..	..	320
Psychiatrist	..	..	..	..	..	112
Social Worker	..	..	..	..	..	193
Remedial Teachers	..	..	..	..	..	781

Total .. .. 1,626

##### 2. Interviews with **parents** by :

Educational Psychologist	..	..	..	..	..	309
Assistant Psychologist	..	..	..	..	..	159
Psychiatrist	..	..	..	..	..	138
Social Worker	..	..	..	..	..	413
Remedial Teachers	..	..	..	..	..	99

Total .. .. 1,118

**D. Analysis of Interviews :****3. School Visits by :**

Educational Psychologist	..	..	..	..	..	137
Assistant Psychologist	..	..	..	..	..	50
Social Worker	..	..	..	..	..	4
Remedial Teachers	..	..	..	..	..	224
						<hr/>
				Total	..	415

**4. Home Visits by**

Educational Psychologist	..	..	..	..	..	162
Assistant Psychologist	..	..	..	..	..	19
Social Worker	..	..	..	..	..	154
Remedial Teachers	..	..	..	..	..	3
						<hr/>
				Total	..	338

**Grand Total** .. .. 3,497

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**E. Closures during 1961 :**

1. **Total Number** .. .. 192

**2. Reasons for closures :**

(a) No treatment required. Diagnosis followed by report, recommendation or advice	..	..	..	..	..	109
(b) Child transferred to another department or out of the area	..	..	..	..	..	12
(c) Parents did not accept offer of treatment	..	..	..	..	..	16
(d) Problem cleared by time of interview	..	..	..	..	..	6
(e) Cases given regular treatment interviews, supportive treatment or advice and when followed up were found suitable for closure because :						
Condition satisfactory	..	..	..	..	..	32
Improvement	..	..	..	..	..	17

Of the 49 children treated, 32 seemed considerably improved and 17 to have been treated successfully.

The decision to close a case is made on symptom relief and satisfactory circumstances. In all cases the parents are told to get in touch if ever they have cause for concern, but the re-referral rate is slight.

**F. Lectures :**

During the year 4 lectures were given by the educational psychologist, and 1 by the social worker. They are one way of attempting to give general advice on the upbringing of children to try and prevent unhappiness and disturbance. But usually it is the parents who least need guidance that attend such discussions.

**G. Composition of Case Load on 31st December 1961 :**

1.	Total number of children :	.. .. .	164
2.	(a) Number of children awaiting initial interview	..	9
	(b) Number of children whose treatment has been discontinued or who do not require treatment, but whose progress requires following up	.. .. .	50
	(c) Number of cases (excluding follow-ups) receiving regular treatment interviews from :		
	Educational Psychologist	.. .. .	31
	Assistant Psychologist	.. .. .	19
	Psychiatrist	.. .. .	25
	Social Worker	.. .. .	11
	Remedial Teachers	.. .. .	11
	(d) Number of children concerning whom further information is needed before any action is taken	..	8
3.	Number of children referred before 1st January, 1961, and still current on 31st December, 1961	.. .. .	74
	Number referred in 1961 and still current (including " follow-ups " and children awaiting appointment)	..	90

**3. Statutory Examinations under Sections 34 or 57 of the Education Act.**

It is the duty of an education authority to find and examine all children aged two years and over who seem to require some form of special educational treatment because of physical or mental handicap.

A few two-year olds with severe handicaps are each year notified to the educational psychologist by the infant welfare centres through Dr. Glenn. Usually, however, though interviewed and followed up at regular intervals, these children are not statutorily examined until they are about five since a better forecast of a child's educational needs can be made at five than at two.

Most handicapped children, however, are referred by primary school head-teachers. Educationally subnormal children who form the largest single group of handicapped children often cannot be recognised until the second year of the infant or the first year of the junior school.

When repeated testing indicates that a child needs special teaching, the home is visited to explain to the parents what should be done and why it seems necessary. Parents who are reluctant to let their child attend Carnforth School are invited to look round the school, and it is explained to them that attendance at this school is a privilege.

Children change, and a recommendation made when a child is, for example, eight may be inappropriate five years later. All children at Carnforth School are, therefore, re-tested by the staff of the Centre on standardised individual intelligence tests at intervals of two or three years. During 1961, Mr. MacKenzie made 70 of these re-assessments.



The school keeps very careful records, and like the staff of the Training Centre, advises the educational psychologist if a child appears to be misplaced. A parent of a child at the special school or the Training Centre can ask for a re-examination at any time.

The progress of children recommended by the educational psychologist for education at residential special schools is also kept under close review. School reports are received, and the educational psychologist examines certain of the pupils when they are home on holiday. In other cases he visits the children at their boarding schools to see their work and discuss their progress with their headteachers. This is a very necessary check, for it is never wise to keep a child at a residential school if he would do better at home. 6 such boarding schools were visited during 1961.

The ages and sex of the 23 children examined during 1961, together with the recommendations made, are shown below.

1. Age	2	3	4	5	6	7	8	9	10	11	12	13	14
Number of children	1	—	—	2	4	2	7	2	3	2	—	—	—

2. Sex : .. 14 Boys, 9 Girls. Total 23

### 3. Recommendation :

Day special school for educationally subnormal children (Carnforth School) .. .. .	17
Training Centre or institution for mentally handicapped children .. .. .	4
Residential special school for maladjusted pupils .. .. .	1
Residential special school for epileptic pupils .. .. .	1

### 4. Remedial Teaching Groups in Schools :

During 1961, 781 children received help from the remedial teaching service in 11 junior schools : Edward, Little Coates, Nunsthorpe Boys', Old Clee, St. John's, St. Mary's, South Parade, Strand, Welholme Boys', Weelsby Boys' and Weelsby Girls'.

Special help was also afforded at Nunsthorpe Junior Girls' School.

Of these 781 children, 285 were discharged during the year : 198 were reading satisfactorily, 52 transferred to secondary schools, 28 left the district, and 7 seemed unable to profit from the teaching. This gives a success rate of at least 70%. 496 were still in the remedial classes at the beginning of 1962.

Only the teacher shortage prevents the expansion of this very worthwhile service. It is particularly helpful at the primary school stage to enable the pupils to profit fully from the secondary school. Many children who have not responded to classroom teaching progress when given a little regular attention in small groups. Withdrawal of these children for half an hour several times a week also enables class teachers to give extra attention to their more able pupils.

Three full-time and four part-time remedial teachers are employed. Mrs. West, Mrs. Coop and Mrs. Green are full-time. Mrs. Lawley, Mrs. Howe, Mrs. Walsham and Miss Hall also give excellent service in a half-time capacity.

The psychological tester/remedial teacher has particular responsibility for supervising the work of these classes. In this connection, Mr. T. D. MacKenzie has made 102 school visits and given 399 group and 14 individual tests. The remedial groups at Nunsthorpe Girls' School where 134 children receive help was also supervised though this class is not organised by the Service.

### **5. Education of Children in Hospital :**

In May 1960, at the request of the hospital authorities a class was set up in the Children's Ward at Scartho Hospital, for five mornings a week, and Mrs. F. M. Ingham was appointed teacher-in-charge.

This class proved so successful that at the beginning of 1961 a request was received for a similar provision at the Grimsby and District Hospital. A morning class, was therefore, begun on 22nd February 1961 under Mrs. E. Blackbourn. Both these classes are supervised by the educational psychologist.

The main aim is to keep the children so busy and happy that they will not be homesick and will recover more quickly. An attempt is also made to try and prevent the children falling behind in their school work so that on discharge they can return to their normal places in the ordinary school. Entering hospital is an alarming experience for most children, and the hospital classes provide a reassuring link with the familiar world of school and home.

Medical treatment is of course given priority but the teachers, doctors and nurses work together as colleagues and friends.

At the Grimsby and District Hospital 279 children from Grimsby have been in the class. Tonsil cases are admitted for two or three days, the eye and palate two or three weeks, fractures six to eight weeks, and, longest of all, the children with osteo-myelitis who often stay at the Grimsby and District Hospital for more than six months. It is hoped soon to make further recommendations to meet these children's special needs. Boys and girls aged 3 to 10 are together in the Children's Ward, but from 10 to 14 are in their separate wards. There are bed tables, and small tables and chairs for children able to walk.

At Scartho Hospital where 234 children from Grimsby were in the class during 1961, there are two wards : one for surgical, the other for medical cases. In the surgical ward, the children stay about ten days and gradually increase in strength and ability as they improve after their operations. In the medical ward the reverse is often the case. The children's work begins normally and then begins to deteriorate as the children become weaker through special diets, drugs, illness etc.

For the few who never come home the teacher considers it a privilege " to give them some enjoyable activity during their last weeks ".

“ The pre-school child sees the teacher as the only person not in uniform and probably associates her with neighbours and relations. She is often called ‘ Nana ’ by the little ones, and the cuddly toys, some constructional material and a little mothering generally stop their tears ”.

“ The school child generally brightens at the sight of familiar sums and a brand new exercise book. The sense of satisfaction in accomplishing a piece of work is itself often a tonic after many aimless hours in bed ”.

The grammar school child is usually concerned lest he falls behind in his school work. He wants help rather than reassurance, and often brings his own text books.

The pattern of lessons is very informal, and apart from prayers, registration and a scripture story, the morning’s activities are entirely individual and free. The small numbers make it possible for a child to have help in the three R’s and a variety of other subjects in the course of one morning.

Children with eye complaints such as squints or ulcers must sometimes have their eyes bandaged for three to seven days. To try and prevent their becoming restless and depressed during the long darkness, they are made familiar with manipulative toys before the operation. “ One ten-year old boy built a magnificent model of Tristan-da-Cunha (this being topical at the time) with trees, beach, rocks, houses and people. He had been taught to memorise the different coloured balls of plasticine. When the bandages were removed he found it difficult to believe that it was his own work ”. Dramatization of stories by the other children, clapping and singing games are also helpful with these cases.

A few figures may be of interest :

	<i>Scartho</i>	<i>G. &amp; D.</i>	<i>Total</i>
Number of pupils during 1961 ..	234	279	513
Number of pupils during May—December, 1960 .. ..	101		101
			614
Youngest child .. .. .	2.2	18 months	
Oldest child .. .. .	14	14	
Shortest stay .. .. .	1 session	1 session	
Longest stay .. .. .	8 weeks	21 weeks	
Average length of stay .. ..	6 sessions	5 sessions	
Number of class sessions during 1961	170	175	

Thanks are due to Mrs. Blackburn and Mrs. Ingham for their conscientious and skilful approach, and to the hospital staff, particularly the nursing sisters, for their interest and consideration.

## SPEECH THERAPY

(Report by Miss G. M. Roberts)

On 1st January, 1961, 50 patients were receiving regular weekly treatment (TR.) and 30 were under three and six-monthly observation (OBS.). There was a carry-over waiting list (WL.) of 44 referrals. During the year there have been a further 76 referrals, bringing the total case load to 200.

**Table 1** (1st January, 1961)

Treatment .. .. .	50	} 80
Observation .. .. .	30	
Waiting List .. .. .	44	
	124	
New Referrals .. .. .	76	
	200	

By the end of the year these had been disposed of as follows :—

**Table 2.**

**Disposal** (31st December, 1961)

Treatment .. .. .	47
Observation .. .. .	24
Discharged .. .. .	63
Waiting List .. .. .	54
No treatment necessary .. .. .	5
Moved out of area .. .. .	5
Not suitable for treatment .. .. .	2
	200

**Table 3.**

Detailed Examination of the 63 cases closed :—

1. Discharged with Normal Speech .. .. .	29	} 44
2. Discharged with Near Normal Speech .. .. .	15	
3. Patients transferred to other Authorities .. .. .	5	
4. Discharged due to inability to co-operate over lengthy treatment resulting in continual non-attendance without cancellation of appointments	14	
	63	

This indicates approximately 68.25% of the year's work satisfactorily concluded.

**Table 4.**

The 76 referrals during 1961 came from the following sources :—

Head Teachers	..	..	..	..	..	44
School Medical Officer	..	..	..	..	..	12
Scartho Road Hospital	..	..	..	..	..	3
Grimsby General Hospital	..	..	..	..	..	2
General Practitioners	..	..	..	..	..	4
Child Guidance Department	..	..	..	..	..	3
Orthodontist	..	..	..	..	..	—
Speech Therapist	..	..	..	..	..	8
						—
						76
						—

A slight increase in the number of children referred by School Medical Officers and General Practitioners is indicated in this table.

**Table 5.**

Defects found among the 71 cases remaining open on 31st December, 1961 :

	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
Retarded Speech and Language Development	1	5	6
Retarded Speech and Language Development associated with Mental Retardation .. ..	4	10	14
Dyslalia .. .. .	5	7	12
Cleft Palate Disorders .. .. .	4	5	9
Excessive Nasal Resonance .. .. .	1	1	2
Developmental Articulatory Dyspraxia .. .. .	1	3	4
Developmental Aphasia .. .. .	1	1	2
Dysphonia .. .. .	2	—	2
Dysarthria .. .. .	1	—	1
Deafness .. .. .	—	1	1
Partial Deafness .. .. .	—	2	2
Stammering .. .. .	3	9	12
Hesitancy and Dyslalia .. .. .	—	4	4
	—	—	—
	23	48	71
	—	—	—

As usual it has been necessary to arrange other special treatment either before speech therapy was carried out or concomitantly with speech therapy. Where necessary, children have been referred for E.N.T. examinations and surgical treatment, for orthodontic and dental treatment and for audiometric testing. Others have been referred for mental assessment and psychiatric help.

## Ages of the 71 Children at the time of Referral :

	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
3— 5 yrs. (Pre-school) .. .. .	3	7	10
5— 7 yrs. (Infant) .. .. .	12	25	37
7—11 yrs. (Junior) .. .. .	6	12	18
11—15 yrs. (Secondary) .. .. .	2	3	5
15+ (Secondary and College of Further Education) .. .. .	—	1	1
	—	—	—
	23	48	71
	—	—	—

**Appointments** 1st January—31st December, 1961.

1,969 appointments were offered.

1,558 appointments were kept.

345 appointments were not kept.

Of these 66 cancelled on the day of the appointment. This works out at an attendance rate of 74%.

**Visits.**

During the year the following visits have been made :—

Carnforth Day Special School for a treatment session ..	31
School Visits .. .. .	28
Hospital Visits .. .. .	4
	—
	63
	—

**Meetings, Courses, etc. attended during 1961.**

1961 has been a most stimulating year. In January a Grimsby child was received as an in-patient at the West Hammersmith Hospital, London, for plastic surgery. This was carried out by Mr. James Calnan, F.R.C.S. using a new technique for the improvement of the child's Pharynx. The result has been most satisfactory. It was a great privilege to be allowed to watch this operation and two others of a similar nature, at close quarters.

In June, 1961, with some financial help and leave of absence, the Education Committee enabled me to attend the 2nd International Course in Paedo-Audiology at Groningen University in Northern Holland. Miss J. Hardie, L.C.S.T., then Speech Therapist for North Lindsey, also attended the course. This has proved extremely helpful in the handling and training of the young deaf children who attend for speech therapy.

In April, 1961, Miss E. Parham, L.C.S.T., then Speech Therapist at Lincoln County Hospital, held a day study of laryngectomy—the operation performed to remove the larynx in event of disease. The talks covered the Anatomy, Physiology, Radiography, Pathology, Radiology, Surgery and Speech Therapy for patients undergoing this operation, and were given by the hospital's consultants in these fields. This was well attended and most interesting.

In July an interesting visit was made to Nottingham to a new Hospital School giving residential treatment to the severely emotionally disturbed and maladjusted child.

A Day Course on Reading organised by the College of Speech Therapists in conjunction with Nottingham University was held in December, 1961. This drew Speech Therapists from a wide area—as far north as Carlisle, Durham and Newcastle and South from London, Oxford, Bristol. A large number of our most experienced therapists were present. As some of them had been my lecturers during training, it was an excellent opportunity to renew acquaintances and keep contact with them.

Since February, 1961, Grimsby Hospital Management Committee have extended their services by instituting a weekly session for adult patients requiring Speech Therapy. This is giving a further opportunity to widen my experience, and I am grateful to the Director of Education for permitting me to carry out this extra commitment.

Lincolnshire is at the moment faced with a serious shortage of Speech Therapists. At present there are only three full-time therapists in the whole county—one in Holland and one in Kesteven. There are vacant posts in Lincoln and North and South Lindsey and also in the Scunthorpe area. This means that on the whole the scope of the service we can offer in the northern part of the county is for the moment somewhat restricted.

However, in the Grimsby area I hope it will continue as formerly and that the same degree of co-operation between the Speech Therapy and other Departments will be maintained in the coming year as in the one past. I should like to thank the Director of Education for his help and guidance and also all those who have contributed in any way towards helping my patients acquire more normal and acceptable speech.

### PHYSICAL EDUCATION

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

Physical education carried out in the schools during 1961 maintained the same wide variety of activity which has become established during recent years.

There were no outstanding aspects : it was rather a period of consolidation of teaching methods. Some 120 newly trained teachers have joined this Authority since 1959, and many of them now teach physical education as part of their normal duties. A period such as this for practical assessment of training methods acquired during their teacher training has been of great value.

Facilities for teaching physical education varied. Several new playing fields were brought into full use for the first time. The opening of the new Scartho Primary Junior School brought opportunities for physical activity which had long been impracticable for pupils and teachers on their previous site. At the Western Secondary Boys' School the new gymnasium was brought into full use and plans to improve the working conditions at the South Parade and Edward Primary Junior Schools were put into effect.

On the other hand the increase in the numbers of children attending Yarborough Infants' School and Worsley Infants' School, resulted in classes having to occupy the halls. Physical education for these schools, therefore, had to be confined to out-door work when weather conditions allowed. The hall at Havelock School was not available for physical education until the late Autumn, when the new science block came into use. Difficulties created during this time emphasise yet again the urgency of the development plan in this respect.

**Primary Schools.** The general pattern of physical education in the infant and junior departments continued to follow that of recent years, the younger teachers favouring the movement training method and the older teachers preferring to use a framework of lessons based on general activity, compensatory and agility movements. In all schemes, small apparatus and climbing apparatus were freely used, thus enabling a wider and more interesting range of training to be undertaken.

The B.B.C. "Music and Movement" lessons were popular with both infant and junior schools. Movement through dance and drama was also taken, use being made of the piano, record player or percussion instruments to assist and accompany the movement. In the junior schools, Folk and National Dancing figured in many of the schemes of work.

Games training, carried out informally in the infants schools, was developed throughout the junior departments. Free play, mainly with bats and balls of various sizes, took place on the playgrounds and on the grass areas and playing fields. In the third and fourth years, small 'sides' and teams were formed in most junior schools and a series of 'house matches' arranged for their age groups and most schools held a Sports Day of their own.

The Primary Schools' Athletics Competition was held on Clee Fields during the summer term. 1,380 children took part during the heats evenings and of this number, 500 competed in the Finals. The outstanding performance was that of Graham Winney of Weelsby Primary Boys' School who cleared 4ft. 2ins. in the high jump, beating the previous record by 1½ins.

The annual Junior Schools' Netball Competition took place at Clee Fields. 24 teams took part, Western Primary Junior School being the winners. Three Netball Leagues, run during the two winter terms between schools in Grimsby and Cleethorpes, resulted in Western Primary Junior School and Edward Primary Junior School winning two of the three competitions.

The three Junior School Football Leagues, held on similar lines, were won by Welholme Primary Junior School, St. John's Primary Junior School and Little Coates Primary Junior School. The Asher Cup, a knock-out competition for Junior schools, was won by Old Clee Primary Junior School.

The better playing-field facilities available for junior schools has enabled an extension in the tuition for hockey. Several schools showed much interest, and although it is too early to consider the effects, a favourable development in this respect is anticipated during future years and this should, in turn, produce a better standard of play in the secondary schools.

A Folk Dance Party was again held informally for junior schools. Several schools took part on the grass quadrangle at Nunsthorpe Primary Girls' School. It provided a delightful setting, the colourful summer dresses of the girls adding



to the gaiety of the occasion. Several new dances were demonstrated by school teams, whilst at other times all dancers joined in to take part in the communal dances.

All primary junior schools took part in the instructional swimming programme and excellent results were obtained.

All physical education equipment was sufficient in quantity and all apparatus was in a good state of repair.

**Secondary Schools.** The staffing position with regard to specialist teachers of physical education was better than for many years, Harold Secondary Boys' School, Welholme Secondary Girls' School and St. Mary's Secondary School being the only schools without them.

Physical education continued along accepted lines, work in the gymnasium forming the basis of the training, this being supplemented by games, athletics, swimming and dancing.

The transfer of the Western Secondary Boys' to their own school in September improved the gymnasium facilities and at the same time released the girls' school gymnasium for their full use, this gymnasium having been shared previously by both schools.

A full programme of games was carried out. In addition to the normal games periods, most schools held house matches, thus enabling many more pupils to take part in competitive sport, although at a standard lower than that played by representative school teams. The usual competitions, run by the Schools' Sports Association, were held for football, netball, cricket, athletics and cross-country running and the three swimming galas were held at the end of each term.

In addition to entering the local competitions, pupils at the Wintringham Grammar Schools, Havelock School and the Technical Secondary School were engaged in a series of competitions organised for their senior pupils. Boys from the Havelock School took part, for the first time, in the Boys' Inter-Grammar Schools' Athletics Meeting held at Cranwell.

All schools held Sports Days, and in conjunction with the Cleethorpes schools, the annual Athletics Championships were held on Clee Fields. Several new record performances were made but the general standard of athletics was not as high as last year.

The team selected to represent the area entered the County Athletics Championships held at North Hykeham, Lincoln. Our representatives put up a moderate performance and could only obtain two second places in the final aggregate of points. Five boys were selected for the County team which entered the National Championships held at Chesterfield.

The Grimsby Boys' Football Team entered the English Schools' Football Cup Competition but only survived the first two rounds.

At the close of the football season a six-a-side tournament was held at Hereford Avenue. 37 teams took part, the winners being the Havelock School.

Twenty-six teams from the area competed in the annual Cross Country Championships held at Cleethorpes. Havelock "A" team were runners-up to Beacon Hill "A" team. The first boy home was Anthony Bland of Havelock School.

One team won the junior competition of the County Cross Country Championships held at Lincoln.

All secondary girls' schools took part in netball competitions, but the senior netball league was not held during the autumn term because time was needed to assimilate and practise the new netball rules which came into force in September.

Armstrong Secondary Girls' School maintained their prowess at netball. Their achievements, which were outstanding, are worth recording. They won both the under 15 years of age and the under 13 years of age Netball Leagues, being unbeaten throughout the season. In April they won the under 13 years of age and the under 14 years of age Knock-out Tournament. They won the Lincolnshire County Netball Tournament held at Lincoln. They were winners of one section in the East Midlands' Tournament, and met the winners of the other section, Wintringham Girls' Grammar School, in the final. Wintringham won. The First Team won the County Tournament (North) held at Beacon Hill in November. In the current programme of matches, they have not been beaten. Tribute must be paid to their teacher, Mrs. Jackson, for these successes and it will be a loss to the school and the Authority when she leaves the Borough in April, 1962.

Rugby football, played on a limited scale by Chelmsford Secondary Boys' School had to be discontinued during the latter part of the year owing to staff changes. The Technical Secondary School and Havelock School also introduced this game to a limited number of boys and it proved popular. Western Secondary Boys' School is also expecting to play some rugby in the future. With the further recruitment of suitable members of staffs, I feel this game might be played on a much larger scale.

More hockey was played, due in part to more and better playing facilities. It is hoped that the training now being given in the primary schools will enable a higher standard of play to be reached by all girls.

Several schools ran clubs which met during the lunch break or after school. Gymnastics, table-tennis, circuit training, weight-training, badminton, archery, five-a-side football, sailing, swimming and dancing were activities which were arranged.

Carnforth School maintained a normal physical education programme commensurate with the physical and mental ability of the pupils. Where possible, teams or individuals took part in competitive and friendly fixtures. Swimming instruction was arranged for classes of both boys and girls. During the summer term a visit was made to St. Hugh's School, Scunthorpe. Both schools took part in an afternoon of gymnastics, dancing and singing.

Physical activity for students at the College of Further Education was, of necessity, limited to out-door activity. Football, cricket, tennis, hockey and netball were all played on competitive lines and weekend rambling walks were arranged for some of the students. In the Nautical section of the College, instruction in judo and swimming was given at the Eleanor Street Evening Centre. Girls of the Commerce Section also had swimming in the Eleanor Street Baths.

All apparatus was regularly inspected and kept in a satisfactory state of repair.

**School Camping Humberstone.** School camps were again held at the Y.M.C.A. Centre at Humberstone. Parties of up to 50 children attended weekly from Mondays to Fridays over a period of eight weeks. A total of 370 children and 23 teachers came from the following schools:—*Secondary*—Armstrong Boys', Armstrong Girls', Western Boys'. *Primary*—Nunsthorpe Boys', Nunsthorpe Girls', Strand, Little Coates, South Parade and Welholme Boys'.

Staffing difficulties prevented other schools from sending children, although they would have liked to have done so. The allocation of places, made by the Head Teachers, was usually given to those children most likely to benefit from a week of this nature. The Y.M.C.A. were without the services of a permanent Camp Leader and the standard of the camp suffered accordingly. A new appointment was made later in the year and it is expected that the high standard of the previous camps will again result. The weather was, on the whole, very good and full benefit was obtained from the venture.

**Playing Fields.** New fields brought fully into use at the Western Secondary Girls' School, Carnforth School, Macaulay, South Parade, Welholme, Havelock School and the College of Further Education resulted in a further 42 acres being added to those previously in use. Improvements to the Chelmsford Boys' School were completed, whilst similar improvements were started at the Chelmsford Girls' School, Scartho Primary Junior School, Western Secondary Boys' School and the College of Further Education.

The provision of hard tennis courts at the Western Secondary Schools provided excellent areas for the development of tennis, a game which has become very popular with more and more young people. It is unfortunate that, at the Wintringham Boys' and Girls' Grammar Schools, Havelock School and the Technical Secondary School, where many pupils remain at school much longer, the facilities for playing tennis are so inadequate. The public courts at Barrett's Recreation Ground were used when possible, but there remained the conflict of general public requirements and school requirements. In addition considerable difficulty was experienced in booking courts for match play, particularly on Saturdays.

In the case of the Wintringham Schools, proposals have been made to erect netting surrounds round their existing hard areas. This will help to alleviate the situation. But if the interest in and development of the playing of tennis in schools continue to increase, it may well be that consideration should be given to the siting of an additional eight new hard courts between the two schools. These would then be available throughout the week and could be time-tabled for the use of both schools. Havelock School will have several tennis courts on their own field when the development plan for the school is put into effect, and therefore their problem is a temporary one. Until such time as the Technical Secondary School has its own field, the tennis courts at Barrett's will have to be used.

During the last few years, as a temporary measure, the area reserved for the Hereford Secondary School was equipped and used for games training, school and club matches and sports days by several schools and Youth Organisations. Fortunately many of the schools which previously used the facilities now have fields of their own and as building operations have now commenced,

much of this area will no longer be available for games. The Technical Secondary School, which has used this area daily, will, therefore, have to revert to Clee Fields for games and school matches. Unless further areas of playing fields are prepared elsewhere, it might be difficult to loan pitches to the young people and Youth Organisations which have previously had the use of this area.

**Swimming.**—The progress made in the building of the new Scartho Road Baths has excited all who are interested in swimming. For many years swimming instruction has been carried out under difficult conditions for instructors and pupils alike. The results of the school swimming have, however, been such that it is to be hoped the Education Committee will press for a large share of the time available for swimming at the new baths.

The number of non-swimmers who were taught to swim was the highest recorded in any year (1,376).

2,554 children's names were included on the swimming registers. The total number of children able to swim was 2,179 (984 girls, 1,195 boys), i.e. 85.3% of those on registers. Of this number 1,376 learned to swim, i.e. 53.8% of those on registers.

The graded badge system instituted as an incentive to further effort resulted in the following awards :—

Grade I—788. Grade II—288. Grade III—41.

Advanced tests arranged in connection with the English Schools Swimming Association resulted in 22 awards being gained.

In the County Swimming Championships held at Sleaford, full entries of boys and girls were made. Both teams finished second to the Kesteven teams.

Susan Eley of Wintringham Girls' Grammar School, was selected as a reserve in the Divisional team which entered the National Championships at Manchester.

**Teachers' Courses.**—During the spring term a tennis course, attended by 22 teachers was held at Western Secondary Girls' School. 14 teachers succeeded in obtaining the Lawn Tennis Association Elementary Coaching Certificate.

65 teachers attended a course held at Western Secondary Girls' School on the coaching and umpiring of netball associated with the new rules which came into force during the year.

45 teachers attended a hockey course held at Nunsthorpe Primary Girls' School and Chelmsford Secondary Girls' School for teachers in junior and secondary schools.

I attended a course at Blackpool at Easter, which dealt with movement training in the primary and secondary schools. I found this interesting and of value in my present capacity.

**Conclusion.**—Thanks are due to the Director of Education and Medical Officer of Health and their staffs whose help and advice have at all times been so readily available.

I would also like to thank those teachers who helped at the school camp, trained teams and refereed matches, and who gave their time to running clubs and other out-of-school activities. I am also grateful to the Grimsby, Cleethorpes & District School Sports' Association for the extensive sports programmes which they carried out.

**PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS  
(Including Nursery and Special Schools)**

**TABLE A.—PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	250	250	100	—	—
1956	1,010	1,009	99.90	1	0.10
1955	477	476	99.79	1	0.21
1954	46	46	100	—	—
1953	8	8	100	—	—
1952	59	58	98.30	1	1.70
1951	38	38	100	—	—
1950	1,009	1,009	100	—	—
1949	520	520	100	—	—
1948	16	16	100	—	—
1947	81	81	100	—	—
1946 and earlier	1,740	1,739	99.94	1	1.06
<b>TOTAL</b>	<b>5,254</b>	<b>5,250</b>	<b>99.92</b>	<b>4</b>	<b>0.08</b>

**TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS**

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1957 and later	—	30	29
1956	1	168	164
1955	—	87	85
1954	—	4	4
1953	—	1	1
1952	1	18	16
1951	—	13	13
1950	45	180	210
1949	29	100	120
1948	—	1	1
1947	2	11	11
1946 and earlier	101	119	212
<b>TOTAL</b>	<b>179</b>	<b>732</b>	<b>866</b>

**TABLE C.—OTHER INSPECTIONS**

Number of Special Inspections ... ..	70
Number of Re-inspections ... ..	11
<b>TOTAL ... ..</b>	<b>81</b>

**TABLE D.—INFESTATION WITH VERMIN**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... ..	34,795
(b) Total number of individual pupils found to be infested ... ..	686
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ... ..	78
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ... ..	101

PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A.—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin ...	8	78	9	51	8	76	25	205
5	Eyes—								
	a. Vision ...	1	19	102	298	76	1,064	179	1,381
	b. Squint	10	41	—	37	8	88	18	166
	c. Other ...	—	13	2	4	3	28	5	45
6	Ears—								
	a. Hearing	1	10	2	29	2	17	5	56
	b. Otitis								
	Media	2	12	2	22	2	20	6	54
	c. Other ...	—	12	—	2	—	10	—	24
7	Nose and Throat	16	192	2	43	5	115	23	350
8	Speech ...	7	43	—	9	3	49	10	101
9	Lymphatic Glands	1	48	—	2	—	26	1	76
10	Heart ...	2	10	3	26	1	13	6	49
11	Lungs ...	—	56	—	38	—	51	—	145
12	Develop-mental—								
	a. Hernia...	1	6	2	1	2	—	5	7
	b. Other ...	—	30	2	12	1	48	3	90
13	Orthopaedic								
	a. Posture	—	3	—	12	1	13	1	28
	b. Feet ...	11	23	—	12	7	26	18	61
	c. Other ...	4	56	6	40	4	84	14	180
14	Nervous System—								
	a. Epilepsy	—	6	—	1	—	9	—	16
	b. Other ...	—	2	—	1	—	11	—	14
15	Psychological								
	a. Develop-ment ...	—	4	—	3	—	8	—	15
	b. Stability	—	56	—	5	1	152	1	213
16	Abdomen ...	—	10	—	1	—	8	—	19
17	Other ...	—	6	—	10	1	16	1	32

TABLE B.—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
(1)	(2)		
4	Skin ... ..	34	—
5	Eyes— <i>a.</i> Vision ... ..	17	—
	<i>b.</i> Squint ... ..	2	—
	<i>c.</i> Other ... ..	15	—
6	Ears— <i>a.</i> Hearing ... ..	—	—
	<i>b.</i> Otitis Media ... ..	2	—
	<i>c.</i> Other ... ..	6	—
7	Nose and Throat ... ..	2	6
8	Speech ... ..	1	3
9	Lymphatic Glands ... ..	1	—
10	Heart ... ..	1	1
11	Lungs ... ..	5	4
12	Developmental—		
	<i>a.</i> Hernia... ..	—	2
	<i>b.</i> Other ... ..	—	1
13	Orthopaedic—		
	<i>a.</i> Posture ... ..	1	—
	<i>b.</i> Feet ... ..	—	1
14	<i>c.</i> Other ... ..	—	—
	Nervous system		
	<i>a.</i> Epilepsy ... ..	—	—
15	<i>b.</i> Other ... ..	3	1
	Psychological—		
	<i>a.</i> Development ... ..	—	—
16	<i>b.</i> Stability ... ..	—	—
	Abdomen ... ..	—	—
17	Other ... ..	—	—



**PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY  
AND SPECIAL SCHOOLS)**

**TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	7
Errors of refraction (including squint) ... ..	2,532
Total ... ..	2,539
Number of pupils for whom spectacles were pres- cribed ... ..	2,040

**TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ... ..	9
(b) for adenoids and chronic tonsillitis ... ..	361
(c) for other nose and throat conditions ... ..	12
Received other forms of treatment ... ..	42
Total ... ..	424
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1961 ... ..	1
(b) in previous years ... ..	2

**TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS**

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients depart- ments ... ..	261
(b) Pupils treated at school for postural defects	—
Total ... ..	261

**TABLE D.—DISEASES OF THE SKIN**  
(excluding uncleanness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm—(a) Scalp ... ..	—
(b) Body ... ..	—
Scabies ... ..	14
Impetigo ... ..	20
Other skin diseases ... ..	8
Total ... ..	42

**TABLE E.—CHILD GUIDANCE TREATMENT**

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ... ..	390

**TABLE F.—SPEECH THERAPY**

	Number of cases known to have been treated
Pupils treated by speech therapists ... ..	134

**TABLE G.—OTHER TREATMENT GIVEN**

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ... ..	90
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	—
(c) Pupils who received B.C.G. vaccination ...	926
(d) Other than (a), (b) and (c) above.	
Please specify :	
1—Respiratory System ...	5
2—Cardio-Vascular System ...	13
3—Alimentary System ...	110
4—Central Nervous System ...	3
5—Genito-Urinary System ...	30
6—Other conditions not specified. ... ..	18
Total (a)—(d)	1,195

**PART IV—DENTAL INSPECTION AND TREATMENT  
CARRIED OUT BY THE AUTHORITY.**

1. Number of pupils inspected by the Authority's Dental Officers—				
(a)	At Periodic Inspection	...	...	2,749
(b)	As Specials	...	...	3,369
	Total (1)	...	...	<u>6,118</u>
2. Number found to require treatment ... .. 4,428				
3. Number offered treatment ... .. 4,428				
4. Number actually treated ... .. 4,209				
5. Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) overleaf ... .. 9,305				
6. Half-days devoted to : Periodic (School)				
	Inspection	...	...	23
	Treatment	...	...	1,737
	Total (6)	...	...	<u>1,760</u>
7. Fillings : Permanent Teeth ... .. 3,772				
	Temporary Teeth	...	...	261
	Total (7)	...	...	<u>4,033</u>
8. Number of teeth filled : Permanent Teeth ... .. 3,418				
	Temporary Teeth	...	...	246
	Total (8)	...	...	<u>3,664</u>
9. Extractions : Permanent Teeth ... .. 1,554				
	Temporary Teeth	...	...	3,559
	Total (9)	...	...	<u>5,113</u>
10. Administration of general anaesthetics for extraction ... .. 2,042				

## 11. Orthodontics :

(a)	Cases commenced during the year	...	...	80
(b)	Cases brought forward from previous year	...	...	46
(c)	Cases completed during the year	...	...	32
(d)	Cases discontinued during the year	...	...	21
(e)	Pupils treated by means of appliances	...	...	81
(f)	Removable appliances fitted	...	...	114
(g)	Fixed appliances fitted	...	...	13
(h)	Total attendances	...	...	<u>1,031</u>

12. Number of pupils supplied with artificial teeth ... 108

## 13. Other operations :

Permanent Teeth	...	...	...	2,605
Temporary Teeth	...	...	...	1,260
				<u>3,865</u>
	Total (13)	...	...	<u>3,865</u>





