

**[Report 1958] / Medical Officer of Health, Parts of Kesteven / Kesteven County Council (Lincolnshire).**

**Contributors**

Kesteven (England). County Council.

**Publication/Creation**

1958

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**County of Lincoln – Parts of Kesteven**



# **ANNUAL REPORT**

of the

**COUNTY MEDICAL OFFICER**

**OF HEALTH**

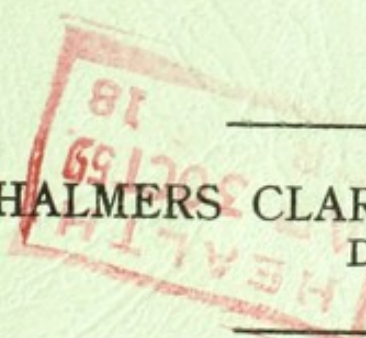
for the Year

**1958**

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**J. H. CHALMERS CLARKE, M.A., M.B., Ch.B., M.D.,**  
**D.P.H., D.T.M. & H., F.R.S.H.**

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COUNTY OF LINCOLN—PARTS OF KESTEVEN

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HEALTH COMMITTEE

(Constitution as at 31st December, 1958)

Chairman :

Alderman H. DEER

Vice-Chairman :

Alderman Mrs. D. SCHWIND, M.B.E.

Aldermen

C. W. BARRAND	F. J. JENKINSON, O.B.E.
Capt. H. W. N. FANE, D.L.	(ex-officio)
(ex-officio)	J. W. MILNER
C. H. FENELEY	W. E. YOUNG
H. L. HUDSON	

Councillors

Mrs. C. A. BAKER	Mrs. M. LARGE, M.A.,
A. E. BELLAMY	B.Comm.
Mrs. G. M. BOYFIELD	Mrs. A. S. MOTTERSHAW
G. DALE	R. B. NAYLOR
Mrs. A. FANCOURT	Mrs. N. ROBSON
H. E. HOUGH	Mrs. H. SMITH
Mrs. C. L. JACQUES	J. E. SNELL
Mrs. M. I. JAMES	J. H. W. TAYLOR
K. H. JENNINGS	G. E. WALTHAM
S. P. KING	

Co-opted Members :

P. NEWTON	T. W. MAWER
Mrs. I. PICK	Mrs. A. E. MILLETT

Representing Kesteven Local Medical and Panel Committee :

R. G. NETHERY, M.R.C.S., L.R.C.P.

Representing Kesteven Local Dental Committee :

VACANCY

## PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL

County Medical Officer of Health :

Principal School Medical Officer :

Medical Officer for Maternity and Child Welfare and Medical Supervisor of Midwives :

Medical Officer for Mental Health Services :

J. H. CHALMERS CLARKE, M.A., M.B., Ch.B., M.D.,  
D.P.H., D.T.M. & H., F.R.S.H.

Official Address : Public Health Dept., County Offices, Sleaford.  
Telephone : Sleaford 241.

Deputy County Medical Officer of Health, Deputy Principal School Medical Officer and Deputy Medical Officer for Maternity and Child Welfare and Mental Health :

T. J. O'SULLIVAN, M.A., M.B., B.Ch., B.A.O., M.D.,  
D.P.H., L.M.

Assistant County Medical Officers, School Medical Officers and Assistant Medical Officers for Maternity and Child Welfare (Part-time) :

C. W. SHEARER, M.B., Ch.B., D.P.H.  
H. ELLIS-SMITH, M.B., B.Ch., B.A.O., D.P.H.  
W. PARKER HARRISON, M.R.C.S., L.R.C.P.  
E. A. WHITELEY, M.B., Ch.B.

Consultant Chest Physicians :

H. G. H. BUTCHER, B.A., L.R.C.P., M.R.C.S., D.P.H.  
G. B. ROYCE, B.S., M.B., Ch.B.  
(Joint appointments with R.H.Bs.)

---

### Consultant Staff

The part-time services of the following consultants have been made available during the year to this Authority by arrangement with the East Anglian and Sheffield Regional Hospital Boards :—

Orthopaedic Surgeons :

J. P. JACKSON, F.R.C.S., M.R.C.S., L.R.C.P.  
NOEL J. SMITH, B.A., M.B., B.Ch., B.A.O., F.R.C.S.I.

Ophthalmic Surgeons :

G. M. BARLING, M.B., Ch.B., D.O.M.S.  
A. H. BRIGGS, M.Sc., M.B., Ch.B., D.O.M.S.  
W. A. BRIGGS, M.B., B.Ch., D.O.M.S.  
S. P. REDMOND, M.B., B.Ch., B.A.O., D.O.M.S.

Consulting Physician for Rheumatism and Heart Diseases :

J. W. BROWN, M.D., F.R.C.P. (died 16.9.58).

Ear, Nose and Throat Surgeons :

G. W. MOREY, M.B., B.S., D.L.O.  
A. A. FINLAYSON, M.B., Ch.B., F.R.C.S.

Dermatologists :

D. I. McCALLUM, M.B., Ch.B., M.R.C.P., D.P.H.  
E. C. RITTER, M.B., Ch.B., M.R.C.P.

## Senior Dental Surgeon :

J. E. MANN, L.D.S., R.C.S. (appointed 13.1.58).

## Dental Surgeons :

C. H. EDNEY, L.D.S., R.C.S.

2 whole-time vacancies.

## Public Analyst (Part-time) :

W. W. TAYLOR, B.Sc., F.I.C.

## County Nursing Superintendent :

## Non-Medical Supervisor of Midwives :

MISS M. HUGHES, S.R.N., S.C.M., H.V.Cert.

## Assistant County Nursing Superintendents :

Miss P. M. PARKER, S.R.N., S.C.M., H.V.Cert.

Miss L. DICK, S.R.N., S.C.M., H.V.Cert.

## County Health Visitors :

Mrs. M. J. AYLING, S.R.N., S.C.M., H.V.Cert (commenced 1.5.58).

Miss M. BRAY, S.R.N.

Miss O. A. BROOKES, S.R.N., S.C.M., H.V.Cert.

Miss A. N. CHEESEMAN, S.R.N., S.C.M., H.V.Cert.

Mrs. F. H. COCK, S.R.N., S.C.M., H.V.Cert.

Miss A. N. EVANS, S.R.N., S.C.M., H.V.Cert. (commenced 1.4.58).

Miss M. A. HETHERINGTON, S.R.N., S.C.M., H.V.Cert. (resigned 30.10.58).

Mrs. E. HOLLAND, S.R.N., S.C.M., H.V. Cert.

Miss E. M. JONES, S.R.N., S.C.M. (resigned 25.1.58).

Miss E. McNAIR, S.R.N., S.C.M., H.V.Cert. (appointed 3.2.58).

Miss E. M. WOOD, S.R.N., S.C.M., H.V.Cert.

Also 22 District Nurse-Midwives act as part-time Health Visitors.

## Physiotherapists :

Miss E. A. PECK, S.R.N., M.C.S.P.

Miss S. G. HARDY, M.C.S.P. (resigned 27.9.58).

## Speech Therapist :

Miss J. RAPER, L.C.S.T. (resigned 20.9.58).

## County Health Inspector :

J. F. LOFTHOUSE, M.A.P.H.I.

## Home Help Organiser :

Mrs. D. JONES.

## Matron, St. Catherine's Road Day Nursery, Grantham :

Mrs. M. E. HIBBERD, S.R.F.N.

## Non-Medical Staff—Mental Health Services :

- W. E. VICKERS, M.B.E. (Chief Authorised Officer).  
 J. W. ALLPRESS (Asst. Chief Authorised Officer).  
 W. HOLMES, Authorised Officer—North Kesteven District.  
 N. A. CLARKE, Authorised Officer—East Kesteven District.  
 R. H. BENTLEY, Authorised Officer—South Kesteven District.  
 L. A. HOLMES, Authorised Officer—West Kesteven District.  
 J. I. WALLACE, Authorised Officer—West Kesteven District.  
 W. A. PERKINS, Authorised Officer at Headquarters.  
 Miss W. PICKERING, Handicraft Teacher and Gen. Assistant.

## Chief Clerk :

W. S. DENCH.

## Assistant Chief Clerk :

A. COLLEY.

## Ambulance Officer :

H. SANDS

### District Medical Officers of Health and Public Health Inspectors

District	Medical Officer of Health (all part-time appointments)	Public Health Inspector
Borough of Grantham	C. W. Shearer, M.B., Ch.B., D.P.H.	C Taylor, M.A.P.H.I.
Borough of Stamford	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	L. J. Roll, A.R.S.H., Cert. S.I.B.
Urban District of Sleaford	J. W. Scholey, M.B., Ch.B.	T. E. Dagwell, M.R.S.H., M.A.P.H.I.
Urban District of Bourne	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	L. W. Brown, M.R.S.H.
Rural District of North Kesteven	W. Sharrard, M.B., Ch.B.	J. Freeman, M.I.Mun.E., M.R.S.H., M.A.P.H.I.
Rural District of East Kesteven	J. W. Scholey, M.B., Ch.B.	J. A. Saville, M.A.P.H.I., M.R.I.P.H.H.
Rural District of South Kesteven	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	W. A. Chivers, M.R.S.H., M.A.P.H.I.
Rural District of West Kesteven	C. W. Shearer, M.B., Ch.B., D.P.H.	J. Dean, M.R.S.H., F.F.S. (Eng.).

## CONTENTS

	Page
FOREWORD	7
STATISTICS—	
General Statistics	12
Extracts from Vital Statistics	12
Births	13
Deaths	14
CARE OF MOTHERS AND YOUNG CHILDREN—	
Infant Welfare Centres	16
Birth Control	16
Consultant Services	17
Ophthalmic Treatment	17
Orthopaedic Treatment	17
Treatment of Defects of the Ear, Nose and Throat	17
Rheumatism and Heart Diseases	18
Diseases of Children	18
Dermatology	18
Speech Therapy	18
Dental Treatment	18
Institutional Provision for Mothers and Children	19
Premature Infants	19
Care of Unmarried Mothers and their children	19
Provision of Maternity Outfits	20
Day Nursery Provision	20
Nurseries and Child Minders Regulation Act, 1948	21
Welfare Foods Service	21
NATIONAL SURVEY ON PERINATAL MORTALITY, 1958	21
MATERNITY AND NURSING HOMES	22
HEALTH VISITING	22
MIDWIFERY AND HOME NURSING	23
VACCINATION AND IMMUNISATION	27
AMBULANCE SERVICE	29
PREVENTION OF ILLNESS, CARE AND AFTER-CARE	33
BLIND PERSONS	36
DOMESTIC HELP	38
MENTAL HEALTH	39
PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES	42
PREVENTION OF ANTHRAX IN TANNERIES	44
TUBERCULOSIS	45
VENEREAL DISEASES	46
INSPECTION AND SUPERVISION OF FOOD	47
SANITARY CIRCUMSTANCES	52
STATISTICAL TABLES	55

## FOREWORD

The trend of vital statistics in Kesteven during 1958 remained generally favourable. No major alteration of any of the services administered through the Health Department occurred but there were noteworthy developments in the Domestic Help, Immunisation and Ambulance Service arrangements: in March, 1958, the agency arrangement with the Women's Voluntary Service to administer the Home Help Services through their local offices, except in the Borough of Grantham, was terminated owing to their other commitments; thereafter the service for the whole of Kesteven became directly provided. It is therefore opportune to place on record the valuable service rendered in the County by the Women's Voluntary Service since the inception of this scheme in 1948.

There was a marked extension of the work of Immunisation against Poliomyelitis, while on the 1st April the agency ambulance service, previously operated from Stamford by the St. John Ambulance Brigade on behalf of the County of Kesteven and several adjoining Health Authorities, was taken over by the Kesteven Ambulance Service. This change was rendered inevitable by the decision of the County Council to modernise the whole County service by making the directly operated part of it radio controlled. The radio equipment was installed and it became operational at the end of the year.

It was not without considerable regret that the long and valued association of the St. John Ambulance Association with the County Ambulance Service came to an end.

Reference is made in this report to the developments which are taking place locally in environmental hygiene in relation to Housing, Water Supplies, Sewerage and Sewage Disposal.

The matters of improvements to existing housing and the provision of homes for the aged are also referred to. Promising developments are projected by several Rural District Councils who in co-operation with the County Welfare Committee propose to establish small groups of houses or flats for the aged, each group to be supervised by a Warden. This scheme is likely to provide much needed suitable accommodation for the old which will at the same time enable them to reside at home.

The Ministry of Health in Circular 22/58 asks for information about any special ways in which it may have been possible to strengthen the domiciliary health services, including the home help service for the elderly, sick and infirm. In this connection it should be mentioned that effective liaison has been established with the County Welfare Department in regard to the provision of domestic helps. This service is mainly in demand by the aged, the chronic sick and infirm and has shown a steady expansion year by year; it appears, however, to be nearing the maximum practical limit in its growth.

A "Meals on Wheels" service is provided in Grantham, Stamford, Sleaford and Ruskington by the Women's Voluntary Service, who also propose to extend the service to Caythorpe, Fulbeck and Leadenham in Autumn 1959.

Mention should also be made of the Kesteven Association for the Welfare of the Physically Handicapped, a voluntary association which assists the County Council in the carrying out of their scheme for the care of the physically handicapped, particularly in connection with the co-ordination of the work of the local voluntary committees and organisations concerned with this branch of welfare. The County Public Health Department's nurses, health visitors and domestic help organiser maintain frequent touch with each other in connection with the care of the aged, the chronic sick and infirm.

Welfare work is carried out under the Council's Mental Health Scheme, through the Certifying Medical Officers in the Health Department, and the Duly Authorised Officers in the domiciliary visitation of the mentally handicapped, and at the Occupation Centre at Grantham.

It may be recalled that my Annual Report for 1952 included a detailed survey of the first five years working of the local health services under the National Health Service ; a further request is made by the Ministry of Health to make brief reference to the manner in which the local health services have functioned during the first ten years in the wider setting of the National Health Service.

Since 1952 substantial progress has been made by the local health services administered by the County Health Department. A detailed record of these developments is contained in the reports for the years when these occurred and need not be repeated here. Mention however might be made of the additional provision by the County Council of housing for district nurse-midwives, and the expansion of the home help service to cover the whole County, together with the employment of part-time local supervisors acting under the general supervision and control of a County Organiser.

An extension of the range of articles provided through the medical loan depots was also effected. These developments were of assistance not only to the patients involved but indirectly to the specialists and medical practitioners functioning under Parts II & IV of the National Health Service Act.

Similar observations might be made in regard to the provision of the highly organised radio controlled county ambulance service, which by the Spring of 1960 will be operating from four new ambulance stations at Bourne, Grantham, Stamford and Sleaford. These stations incorporate the latest ideas in design and equipment and will provide all the amenities and facilities necessary for an efficient service.

The Council's schemes of Vaccination and Immunisation were extended to include Whooping Cough, Poliomyelitis and B.C.G. A

further extension of the last mentioned service is planned to take place in the Autumn of 1959.

It was not to be expected that the defects inherent in the National Health Service Act 1946, several of which were referred to in my Annual Report for 1952, could, short of any major amending legislation, be remedied. The arrangements for co-ordination between the Regional Hospital Boards and their Hospital Management Committees, the Executive Councils and the Local Health Authority continue on the same lines as before. It may however be stated that with the passage of time better liaison has been established between the officers of the three bodies and the problems arising in day to day administration have come to be better understood. In particular, so far as the local health services are concerned, mention should be made of periodical meetings of the liaison committees of medical officers of health of counties and county boroughs with medical officers of the Regional Hospital Boards and the Ministry of Health. The information which is afforded by Regional Medical Officers of the Ministry and the free interchange of information and discussion of current problems at these meetings are a useful educative feature within the National Health Service.

The County Council is given direct representation of its members on the Executive Council, which controls the Medical, Dental, Pharmaceutical and Ophthalmic Services provided under the National Health Service. The County Medical Officer of Health is also a member of that body, and several of its committees, and is also a member of the Local Medical Committee.

The County Council is not given the right to elect, but only to nominate candidates for election as representatives on either the Regional Hospital Boards or Hospital Management Committees. A member of a Management Committee serves in a personal capacity and in no way acts as a representative of the organisation with which the Board consults prior to appointment.

Notwithstanding the changes brought about by the National Health Service Act 1946 in the Clinical Public Health field we were able to retain in the Sheffield Regional Hospital Board's area in Kesteven all the school clinics and associated services relating to diagnosis and treatment of Ear, Nose and Throat, Ophthalmic, Orthopædic, Cardiac and Child Guidance, all held as before in the County Council premises and staffed by Consultants provided by the Regional Hospital Board. Ophthalmic Clinics at Stamford and Bourne in the area of the East Anglian Regional Hospital Board are also attended by the Ophthalmologist of the Board in County Council Clinic premises.

A consequence of the National Health Service Act has been the better coverage of consultants, surgeons and physicians in the whole area, and additional provision of specialist clinics at the hospitals staffed by these officers.

There is no doubt that the augmentation of consultants has proved to be of advantage to the public ; although a visit to a hospital clinic may mean the loss of a day's work and pay to a patient there is no lack of demand for ambulance journeys to hospitals for this purpose. By this means the County Ambulance Service is carrying out the new function of assisting the patient who is unable to travel by public or private transport to see surgical and medical consultants at the hospital clinics.

There is still room for better co-ordination of hospital planning with local authority domiciliary services. During the period under review a series of conferences was held with representatives of local medical practitioners and hospital consultant staffs with a view to securing better ante-natal and post-natal care of women to be confined in hospital. The County Health Department plays a considerable and responsible part in securing the admission of women upon social grounds to maternity beds in hospitals. There has, however, been a movement over the past ten years, which seems to be largely unco-ordinated, of admitting more women for a variety of reasons to hospital for their confinements. The proportion of admissions of expectant women has risen locally to 68 per cent. of all confinements, a figure which is above the average in the Sheffield Regional Hospital Board area. One reason for this steep rise has been the economic factor, it being considerably cheaper to have a baby in hospital rather than at home ; in this connection it should be mentioned that many houses are eminently suitable for home confinement, that certain intangible psychological benefits are lost to the family as a whole, when the confinement takes place in hospital, that the risk of contracting puerperal infection is now greater in hospital than at home, and last, but by no means least, that valuable experience of normal deliveries and sometimes of difficult midwifery is lost to the district nurse-midwives and some of the medical practitioners who would otherwise be responsible for this work at the homes. If therefore admissions to hospital for midwifery continue to grow a situation could arise whereby the County Council's Scheme of Domiciliary Nursing, Midwifery and Health Visiting, particularly in the rural districts where these appointments are combined, might become seriously undermined.

The recent establishment by the Peterborough City Council of a new crematorium at Marholm draws attention to the facilities for this essential service. There has been a tremendous growth in the practice of cremation since the last war ; it has been forecast that at the present rate by 1970 nearly one half of the people dying in Britain will be cremated, not buried.

There are advantages in the practice of cremation over earth burial, not least of which will be the immense saving of land.

The only crematorium in Lincolnshire is in Grimsby with the result that those who require this service in central and south Lincolnshire have to go to crematoria in other areas. As far as Kesteven

is concerned inhabitants of the areas served by the three southernmost local authorities no doubt can now look to Peterborough.

In Grantham, Sleaford and West Kesteven the nearest approach appears to be Nottingham.

There is, however, a natural centre for a crematorium at or near Lincoln which could serve not only the City but surrounding areas. The appropriate authorities to establish crematoria are Borough, Urban or Rural District Councils, and if a crematorium were to be established to serve Lincolnshire, it could be done through a joint committee of several authorities, or by one large authority; any proposal on these lines should be initiated by them.

### **Cancer Therapy.**

A joint scheme to serve the Geographical County of Lincolnshire, managed by a committee of the five major health authorities in Lincolnshire was set up under the Cancer Act, 1936. This was believed to be the first scheme of this nature created under that Act; it commenced in 1942, and treatment by deep X-ray and radium was provided at beds available at the Scunthorpe Memorial Hospital.

The Kesteven County Council representatives made continuous representations to the joint management committee that the proper site for Cancer Therapy was in Lincoln at or very near the geographical centre of Lincolnshire. Owing to various difficulties raised prior to the inception of the scheme and subsequently this aim was not achieved. It is of interest to mention, therefore, that the Sheffield Regional Hospital Board has decided to establish a new Radio Therapy Centre at St. George's Hospital, Lincoln, at which a Kilo-Curie Cobalt Unit will be installed.

This move will be to the advantage of Kesteven patients, and so far as the Ambulance Service is concerned there should be a substantial saving of transport mileage in future in the case of admission of in-patients to St. George's Hospital.

### **Prevention of Anthrax.**

The occurrence of cases of anthrax amongst workers in tanneries and establishments handling raw hides has constituted a public health problem, limited in extent but difficult to find a solution for it. Anything which can be done to prevent this serious disease is worth consideration, and I include in the report some details of successful measures devised at a local tannery in order to reduce the incidence of anthrax.

**J. H. CHALMERS CLARKE, M.D.,**

County Medical Officer of Health.

Public Health Department,  
County Offices,  
Sleaford.

## STATISTICS AND SOCIAL CONDITIONS.

**General Statistics.**

Area of Administrative County (in acres) ... ..	463,490
Population :	
Census 1921 ... ..	108,237
,, 1931 ... ..	110,360
,, 1951 ... ..	130,717
Registrar General's estimate, 1958 ... ..	133,500
Number of inhabited houses (Census 1921) ... ..	25,456
,, " " (Census 1931) ... ..	27,590
,, " " (Census 1951) ... ..	35,080
Number of families or separate occupiers (1921) ... ..	25,823
,, " " " (1931) ... ..	27,845
,, " " " (1951) ... ..	35,662
Rateable Value (1st April, 1958) ... ..	£1,239,943
Estimated product of a penny rate, 1958-59 ... ..	£4,930

**Extracts from Vital Statistics for the Year 1958.**

NOTE : Birth and Death Rates :

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this Report as " Nett " rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the rates for the Country as a whole.

These factors for Births and Deaths in respect of Kesteven are 1.03 and 0.80 respectively. The corresponding figure when multiplied by the Crude rate (that is, for Births or Deaths as the case may be) will give the Nett Rate.

Live Births :	Males	Females	Totals
Total ... ..	1,123	1,065	2,188
Legitimate ... ..	1,076	1,025	2,101
Illegitimate ... ..	47	40	87
Live Birth Rate per 1,000 Population :			
Crude ... ..			16.39
Nett ... ..			16.88
Rate for England and Wales ... ..			16.4
Still-births :	Males	Females	Totals
Total ... ..	23	20	43
Legitimate ... ..	23	20	43
Illegitimate ... ..	—	—	—
Still-birth Rate per 1,000 Live and Still-births ... ..			19.27
Rate for England and Wales ... ..			21.6
Total Live and Still-Births ... ..	1,146	1,085	2,231

Infant Deaths (i.e. under 1 year) :	Males	Females	Totals
Total	30	15	45
Legitimate	27	14	41
Illegitimate	3	1	4
Infant Mortality Rate per 1,000 Live Births :			
Total			20.57
Legitimate			19.51
Illegitimate			46.00
Neo Natal Mortality Rate per 1,000 Live Births (first 4 weeks)			15.54
Illegitimate Live Births per cent. of total Live Births			3.98
Maternal Deaths (including abortion)			2
Maternal Mortality rate per 1,000 Live and Still-births			0.90

### Births :

The Live Birth Rate of 16.39 per thousand of the estimated population was higher by 0.34 than that of the previous year. The number of live births belonging to the Administrative County was 2,188 (1,123 males and 1,065 females)—compared with 2,141 (1,139 males and 1,002 females) in 1957.

The 87 illegitimate live births—representing 3.9 per cent. of the total—showed a decrease of 0.2 on the figure for the previous year, when there were 87 (4.1 per cent. of the total) such births.

The number of Still-births (43) was lower than last year and the Still-birth Rate (19.3) was lower than the average for the previous ten years.

The following Table, which gives comparative statistics relating to births in the Administrative County since 1940, is of interest :—

Year	LIVE BIRTHS				STILL-BIRTHS	
	Legitimate	Illegitimate	Total	Rate <sup>o</sup> (per 1,000 pop.)	No.	Rate <sup>o</sup> (per 1,000 total births)
1940	1,665	88	1,753	15.91	58	32.0
1941	1,749	110	1,859	16.39	62	32.3
1942	1,927	165	2,092	18.47	66	30.6
1943	1,967	162	2,129	18.53	60	27.4
1944	2,045	200	2,245	19.75	64	27.7
1945	1,939	267	2,206	19.97	68	29.9
1946	2,094	176	2,270	20.06	65	27.8
1947	2,306	156	2,462	21.37	62	24.6
1948	2,130	168	2,298	19.20	67	19.8
1949	2,102	129	2,231	18.45	39	17.2
1950	2,058	121	2,179	16.78	48	21.5
1951	2,073	98	2,171	16.36	42	19.0
1952	1,993	102	2,095	15.56	52	24.2
1953	2,044	101	2,145	16.16	54	24.6
1954	1,990	107	2,097	16.16	51	23.7
1955	1,949	92	2,041	15.70	53	25.3
1956	2,032	96	2,128	16.12	54	24.7
1957	2,054	87	2,141	16.05	50	22.8
1958	2,101	87	2,188	16.39	43	19.3

<sup>o</sup>In calculating these rates for the years 1940-49 **Civilian** population figures were used while since then the **Total** population figures have been used.

The number of births notified in the County under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notifications, was 2,189 live births and 41 still-births.

Details of births in each of the 8 County Districts will be found in Table 1, on page 55.

### Deaths.

Details of deaths now supplied by the Registrar General are classified under the 36 headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, which has superseded the Abridged List of the International List of Causes of Death, 1938, in use from 1940 to 1949.

**CHIEF CAUSES OF DEATH.**—The following is a statement of the chief causes of death compiled from the Registrar General's returns for the year :—

Cause of Death	No. of Deaths	Rate per 1,000 of est. pop. Kesteven
Other Heart Diseases ... ..	286	2.14
Vascular lesions of Nervous System ... ..	219	1.64
Coronary Disease, Angina ... ..	218	1.63
Other defined and ill defined Diseases ... ..	146	1.09
Other Malignant and Lymphatic Neoplasms	141	1.06
Other Circulatory Disease ... ..	82	0.61
Pneumonia ... ..	68	0.51
Bronchitis ... ..	57	0.43
Malignant Neoplasm, stomach ... ..	44	0.33
Accidents (other than motor vehicle) ... ..	40	0.30
Malignant Neoplasm, Lung Bronchus ... ..	36	0.27
Hypertension with Heart Disease ... ..	33	0.25
Malignant Neoplasm, breast ... ..	30	0.22
Ulcer of Stomach and Duodenum ... ..	16	0.12

The Crude Death Rate from all causes for the County was 11.56 per thousand of the estimated population, while the Nett Rate was 10.29 compared with 10.84 the previous year. The number of deaths, which now include those of members of the armed forces stationed in the area was 1,543 (796 males and 747 females); the figures for 1957 were 1,571 (824 and 747 respectively). The proportion of deaths over 65 years of age was 75.8 per cent. in the year under review, as compared with 71.2 per cent. in 1957, 72.5 per cent. in 1956, 70.2 per cent. in 1955 and 70.3 per cent. in 1954.

There were 45 deaths of infants under one year, representing an Infant Mortality Rate of 20.57 per thousand live births.

There were two deaths from maternal causes during 1958, giving a mortality rate of 0.9 per thousand total births compared with 0.43 for the Country as a whole.

Deaths from Respiratory Tuberculosis were down to 6, giving a rate of 0.04 deaths per thousand of the estimated population, the lowest ever recorded.

The following Table shows the number of deaths and rates during the past 15 years :—

Year	* DEATHS (All Causes)		DEATHS (Infants under 1 year)		DEATHS (Puerperal Causes)	
	No.	* Rate	No.	Rate	No.	Rate
1944	1,298	11.42	100	44.54	0	0.00
1945	1,320	11.95	89	40.34	8	3.52
1946	1,352	11.95	90	39.65	2	0.86
1947	1,368	11.87	82	33.31	3	1.19
1948	1,320	11.04	70	30.46	2	0.84
1949	1,423	11.77	88	37.20	5	2.20
1950	1,455	11.20	90	41.30	1	0.45
1951	1,430	10.78	61	28.09	1	0.45
1952	1,325	9.84	74	35.32	3	1.39
1953	1,534	11.56	79	36.80	0	0.00
1954	1,551	11.95	51	24.32	1	0.46
1955	1,607	12.36	53	25.97	0	0.00
1956	1,630	12.35	60	28.19	1	0.46
1957	1,571	11.78	44	20.55	0	0.00
1958	1,543	11.56	45	20.57	2	0.90

\*For the years 1938/49 deaths of non-civilians were excluded from the Registrar General's returns and Civilian population figures were therefore used for calculating the Death Rates. These deaths have, however, been included in the 1950/58 returns and the Total population figures have therefore been used in determining the Rates for those years.

The deaths registered under Heart Disease during 1958 numbered 537. Reference to the Chief Causes of Death shows that this remains the principal cause. The death rate per 1,000 of the estimated population at 4.0 was .3 lower than in 1957. The following is a statement of fatalities from Heart Disease during the years 1940-1958.

Year	No. of Deaths	Crude Death Rate per 1,000 of estimated population	Percentage to total Deaths from all causes
1940	361	3.28	23.8
1941	297	2.62	21.4
1942	302	2.67	22.3
1943	309	2.69	21.9
1944	316	2.78	24.3
1945	362	3.28	27.4
1946	350	3.09	25.8
1947	391	3.39	28.5
1948	387	3.23	29.3
1949	441	3.65	30.9
1950	451	3.47	31.0
1951	486	3.67	33.9
1952	423	3.14	31.9
1953	510	3.84	33.2
1954	592	4.56	38.2
1955	574	4.41	35.7
1956	621	4.70	38.1
1957	579	4.34	36.8
1958	537	4.02	34.8

Further information regarding the causes of death, etc., will be found on page 56 and in Table III (inset).

## CARE OF MOTHERS AND YOUNG CHILDREN.

### Infant Welfare Centres :

Forty-three centres, including two weighing centres, were maintained by the Council at the end of the year. Two new centres were opened during the year at Helpringham and Swinderby respectively, and one centre, at Doddington Road, Skellingthorpe, was closed.

The following figures—which testify to the continuing popularity of these centres—are extracted from the records of attendances, full details of which appear on Table IV on page 57 of this Report.

Total attendances :—

Children under 1 year	... ..	16,503	
Over 1 but under 2 years	... ..	5,281	
Over 2 years	... ..	5,437	27,221

Number of individual children who attended :—

Born in 1958	... ..	1,292	
Born in 1957	... ..	1,220	
Born in 1953-1956	... ..	1,559	4,071

Number of children under 1 year who attended for the first time ... .. 1,578

Number of consultations with medical staff ... .. 6,358

Number of weighings undertaken ... .. 26,445

Comparative figures for the last five years are given below :—

Year	Individual children who attended I.W.Cs.	Total Attendances	Consultations with M.O.
1954	3,946	24,652	6,659
1955	3,734	25,741	5,853
1956	3,891	25,299	5,861
1957	3,955	26,739	6,282
1958	4,071	27,221	6,358

### Birth Control :

Although there are no birth control clinics in Kesteven there are a number within convenient reach of the area. They are situated at Lincoln, Boston and Peterborough and are run by the Family Planning Association with the support of the local health authorities concerned. The majority of Kesteven cases attend the Lincoln Clinic which receives a small annual grant from the County Council to assist when cases from the area are referred for advice on medical grounds.

Towards the end of the year the provision of a clinic at Grantham was under consideration and the County Council agreed that the

Family Planning Association could use Beaconfield Clinic for this purpose for two sessions a month and that a small grant be paid to them to assist with running expenses. It was also agreed that Dr. Whiteley and a health visitor be permitted to undertake the necessary training in birth control technique to qualify them to staff the clinic. It was hoped that arrangements would be sufficiently well advanced to enable the clinic to be opened early the following year.

### Consultant Services :

The specialist service arrangements were as outlined in my earlier Reports. Brief details of the services available, together with particulars of the pre-school children seen under these arrangements, are given below.

#### Ophthalmic :

Clinic	Errors of Refraction		Other Eye Defects		Glasses Prescribed	
	New Cases	Re-inspections	New Cases	Re-inspections	New Cases	Re-inspections
Grantham ...	17	24	1	—	6	11
Stamford ...	4	8	—	—	2	3
Sleaford ...	18	10	—	—	8	5
Bourne ...	4	3	—	—	2	1
Lincoln ...	14	25	—	—	6	14
Totals ...	57	70	1	—	24	34

All the clinics referred to above, with the exception of that at Lincoln, are held at County Council premises. The clinic at Lincoln to which cases from the north of the County are referred, is a special clinic for children and is held at the County Hospital.

#### Orthopædic :

Specialist clinics continued to be held at the Authority's premises at Grantham and Sleaford and 142 pre-school children (including 71 new cases) were seen by the Surgeons in attendance who held 286 consultations. In addition 6 cases were referred to orthopædic, out-patient departments at local hospitals. Regular treatment sessions for massage, remedial exercises, ultra violet light, etc., were held at the County Council's clinics at Grantham, Sleaford, Stamford and Bourne by the Council's physiotherapy staff who dealt with 80 pre-school children ; these children made 1,668 attendances.

#### Ear, Nose and Throat :

Nine children of pre-school age were seen as new cases by Mr. G. W. Morey at the Grantham and Sleaford clinics and 5 children attended who had been examined previously. Eight children were found to need operative treatment for enlarged tonsils and adenoids. In addition, 1 child was referred to the Leicester Clinic for Deaf Children, and 2 to the Ear, Nose and Throat Surgeon at Stamford Hospital.

**Rheumatism and Heart :**

One pre-school child was examined as a new case, and 5 children attended for re-examination by Dr. J. W. Brown at the County Council's Cardiological Clinics. Unfortunately, owing to the death of Dr. Brown in September, 1958, and the Regional Hospital Board's decision not to appoint a successor for this work, these clinics had to be closed. In future children are to be referred to the Pædiatricians at the local hospitals.

**Pædiatric :**

Five children of pre-school age were referred to Pædiatricians at local hospitals on account of :—Slow development (2), severe constipation (1), query tongue tie (1), possible circulatory trouble (1).

**Dermatology :**

Four children of pre-school age were referred to Dermatologists at local hospitals for advice and/or treatment for skin conditions.

**Speech Therapy :**

Six pre-school children were referred to the County Council's Speech Therapy Clinics at Grantham, Stamford, Sleaford, Bourne and Lincoln.

**Dental Treatment :**

Our establishment provides for the employment of 4 dental surgeons, each of whom would normally devote a quarter of his time to the Maternity and Child Welfare Service.

With only 2 dental officers on the staff at the present time it is impossible to provide a comprehensive dental service for the pre-school child and expectant and nursing mothers owing to the demands of the school health service upon the time of the dental surgeons.

Whenever parents seek treatment for pre-school children arrangements are made for their immediate inspection and wherever possible the children are rendered dentally fit, although in the majority of cases the parents only seek treatment for the relief of pain.

Particulars of cases dealt with during the year are as follows :—

(a) Numbers provided with dental care :—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ....	1	1	1	—
Children under five	58	54	50	36

## (b) Forms of dental treatment provided :—

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	—	—	—	—	2	—	—	—	—
Children under five	1	10	15	—	124	44	—	—	—

There were no applications for treatment from expectant mothers, and only one from a nursing mother, who required an extraction for relief of pain.

It should be remembered that the pre-school child, and expectant and nursing mothers can obtain priority treatment under the general dental practitioners service and this may be one of the reasons why these classes do not seek treatment under the County dental scheme.

**Institutional Provision for Mothers and Children :**

Reports on the circumstances of 244 expectant mothers referred for maternity beds on social grounds were submitted to the appropriate hospital authorities following home visits by the health visiting staff.

Arrangements were also made for 6 children under 5 years of age to receive hospital in-patient treatment for nose and throat conditions.

**Premature Infants :**

During the year under review there were 154 live births assignable to this County of infants notified as weighing 5½lbs. or less at birth ; 131 of these survived at least 28 days.

Thirty-one were born at home (9 being subsequently transferred to hospitals on or before the 28th day), 122 in hospitals and 1 in a private nursing home.

There were 21 premature still-births, 17 of which took place in hospitals and 4 at home.

The scheme for the care of premature infants as outlined in previous Reports continued to operate without change.

**Care of Unmarried Mothers :**

The number of illegitimate live births assignable to the County in 1958 was 87, representing 3.9 per cent. of the total live births recorded ; comparative figures for 1957 were 87 and 4.1 per cent. respectively.

The Council's arrangements for giving assistance to unmarried mothers continued as in previous years, the Lincoln Diocesan Associ-

ation for Moral Welfare supplying the Welfare Workers to undertake domiciliary investigations and arranging where necessary for cases to be admitted to suitable Homes. The Association receives an annual grant from the County Council in recognition of the valuable assistance which it gives.

During the year 7 unmarried expectant mothers were admitted to the Association's Maternity Home (The Quarry) at Lincoln and 5 others to similar homes elsewhere.

#### Provision of Maternity Outfits :

These outfits which are purchased centrally are supplied through convenient distribution points to all the Council's domiciliary midwives for free distribution as necessary. Virtually all domiciliary cases now take advantage of this facility.

#### Day Nursery Provisions :

The County Council's Day Nursery at St. Catherine's Road, Grantham, which provides accommodation for 15 children under 2 years of age and 25 between 2 and 5 years, continued to operate satisfactorily throughout the year. The average daily attendance rate was the highest for six years.

Priority of admission is still granted in the following cases :—

- (a) where the mother is the sole wage earner,
- (b) where there is sickness in the family or where there are home conditions likely to prejudice seriously the health of the child,
- (c) where, in exceptional circumstances, it appears that admission is desirable in the interests of the child.

Details of attendances, etc. throughout the year are given in the following table :—

	No. of children on register		Average daily attendance		No. of Mothers whose children were on register	
	Under 2 years	Over 2 years	Under 2 years	Over 2 years	In whole-time employment	In part-time employment
January ....	15	27	11	18	32	—
February ....	13	27	9	16	32	2
March ....	17	30	11	20	36	1
April ....	18	30	14	21	38	2
May ....	18	29	9	18	35	2
June ....	19	35	12	19	44	1
July ....	20	32	12	19	40	2
August ....	20	32	13	21	43	2
September ....	17	28	15	19	39	—
October ....	17	31	13	22	37	—
November ....	16	27	13	19	37	—
December ....	15	26	11	14	33	—
Average for Year	17	29	12	19	37	1

### Nurseries and Child Minders Regulation Act, 1948 :

No applications under this Act for the registration of privately run day nurseries or from would-be child minders were received during the year. Therefore, there still remained no premises or minders on the register at the end of the year.

### Welfare Foods Service :

There were no major changes, either nationally or locally, in the arrangements for this service during the year. Another name was added to our list of distributors during the year, viz : the Corby District Nurse, bringing the total of distributing points in the County up to 63.

Details of issues of welfare foods during 1958, and comparative figures for the previous year, are as follows :—

		National Dried Milk	Cod Liver Oil	Vitamins A & D Tablets	Orange Juice
1957	...	49,145	11,605	5,461	91,992
1958	...	38,811	7,906	5,330	61,351

Included in the above figures is a total of 172 tins of National Dried Milk dispatched by post during 1958 to those who by reason of ill health, etc. were unable to attend a centre, the postal charges being met by the County Council.

### National Survey on Perinatal Mortality, 1958 :

The Survey was carried out under the auspices of the National Birthday Trust Fund during March, April and May, and all local health authorities were asked to participate.

The object of the Survey was to obtain information from which it was hoped to make possible a reduction in still-births and neonatal deaths (i.e. deaths of babies up to one month old) which account for some 30,000 deaths yearly. The Survey covered England, Scotland and Wales and consisted of "clinical" and "pathological" enquiries. The clinical enquiry was designed to provide information on every delivery which occurred during the week of March 3rd to 9th inclusive and every still-birth and neonatal death during March, April and May. The pathological enquiry was designed to determine the precise cause of death of all still-births and neonatal deaths during March, April and May.

Midwives employed by this Authority were involved in both types of enquiry, as they were required to complete a detailed questionnaire on all deliveries (living or dead) attended by them between the first minute of Monday, March 3rd, and the last minute of Sunday, March 9th, and on all still-births and babies who died within 28 days of birth while attended by them during March, April and May. In connection with the pathological survey our midwives were also required to co-operate with general medical practitioners in the transfer, after written parental permission, of babies still-born or

dying neonatally, to nearby N.H.S. institutions from which transport was provided to the appropriate Regional Pathology Centres for autopsy.

The Public Health Department was responsible throughout the Survey for receiving completed midwives' questionnaires from all sources in Kesteven (including hospitals and maternity homes) for checking and to ensure that a questionnaire was completed for each live birth, still-birth or death coming within the scope of the Survey. All questionnaires were subsequently sent to the Director of the Survey for analysis.

The following tables give details of the cases covered :—

Live Births within the County, 3rd to 9th March (inclusive) :

Institutional	Questionnaires completed	Domiciliary	Questionnaires completed
*32	27	8	8
<u>Still-births within the County, 1st March to 31st May (inclusive) :</u>			
* 9	8	1	1
<u>Neonatal Deaths within the County, 1st March to 31st May (inclusive) :</u>			
3	3	—	—

\* Five Live Births and 1 Still-birth occurred at a Service hospital where the authorities had received no information from the organisers about the Survey and consequently did not complete questionnaires.

### MATERNITY AND NURSING HOMES

The one small nursing home, with accommodation for one maternity case and the home for 15 general cases, registered the previous year, continued in operation throughout 1958. No other homes were registered. Periodic visits of inspection are made by the County Nursing Superintendent whose duties include those of non-medical inspector of nursing homes.

### HEALTH VISITING.

The year began with a staff of 9 whole-time Health Visitors out of an establishment of 13. During the year one officer retired after 30 years service with the County Council, one moved away, and three new appointments were made, giving a staff of 10 at the end of the year. In addition there continued to be 22 District Nurse/Midwives undertaking health visiting duties in their respective areas.

The County Council's trainee, referred to in my Report for 1957, successfully completed her training in the Spring of 1958 and was then appointed to fill a vacancy in the north of the County. This appointment provided much needed relief in an area in which for some years only the barest essentials of the service had been covered with difficulty on a temporary basis.

It is pointed out, however, that there is still a vacancy for a second whole-time health visitor in the north, and efforts continue to be made to fill the post ; it is quite impossible for one health visitor adequately to cover the requirements of such a large and populous area, where the population is increasing rapidly owing to the implementation of large housing schemes.

The following statistics relate to the home visiting undertaken by the Health Visiting staff during the year under review. Ineffective visits are excluded :—

Children under 1 year of age :	First visits	2,489.	Total visits	9,768
,,    age 1 year and under 2 years :	,,    ,,	,,    ,,	,,    ,,	9,768
,,    age 2 but under 5 years :	,,    ,,	,,    ,,	,,    ,,	10,078
(No. of children under 5 visited during year : 8,713).				
*Expectant mothers :	First visits	58.	Total visits	87
Tuberculous households :	,,    ,,	,,    ,,	,,    ,,	449
Other cases (i.e., Care and After-Care. Infectious Diseases, etc.) :	,,    ,,	,,    ,,	,,    ,,	1,096
Total home visits				27,532

Total No. of families or households visited ... 7,549.

<sup>a</sup>excluding visits by District Nurse-Midwife/Health Visitors.

In addition to the above, the Health Visitors were in attendance at Infant Welfare Centres and Clinics, details of which appear in other sections of the report.

## MIDWIFERY AND HOME NURSING

### Midwifery :

The number of midwives practising in the area at the end of the year was 70. This figure comprised the following :—

Domiciliary midwives employed by the County Council ...	43
Midwives employed by Hospital Management Committees ...	27

In addition, 6 notices of intention to practise as Maternity Nurses were received.

The following table shows the number of cases attended during the year :—

	Domiciliary Cases		Cases in Institutions	Total
	Doctor present	Doctor not present		
(1) Employed by County Council ....	70	605	—	675
(2) Employed by Hospital Management Committees	—	—	1426	1426
(3) In private practice ....	—	—	—	—
Totals ...	70	605	1426	2101

It will be seen from the above table that those cases dealt with in maternity units represented 68% of the total, an increase of 3% over last year's percentage. The following particulars illustrate how this trend, which commenced shortly after the inception of the National Health Service Act in 1948, has since continued year by year.

	Domiciliary Cases	Cases in Institutions	Percentage in Institutions
1948	1433	839	37
1949	1202	1120	48
1950	1113	1038	48
1951	962	1050	52
1952	942	987	51
1953	866	1104	56
1954	815	1178	59
1955	729	1191	62
1956	723	1306	64
1957	701	1297	65
1958	675	1426	68

More and more cases are however being discharged home well before the 14th day after the confinement and these come under the care of the domiciliary midwives for the balance of the period. The cases in this category in 1958 numbered 772 compared with 743 the previous year.

The non-medical and general supervision of midwives is undertaken by the County Nursing Superintendent and her two Assistants, who together made 52 routine inspections and 33 special visits.

The number of cases in which medical aid was summoned by midwives under Section 14(1) of the Midwives Act, 1951, totalled 101—all domiciliary.

Other notifications from midwives were received as follows :—

Still-births	...	...	...	...	...	...	...	...	...	17
Laying-out the dead	...	...	...	...	...	...	...	...	...	1
Liability to be source of infection	...	...	...	...	...	...	...	...	...	7
Artificial Feeding	...	...	...	...	...	...	...	...	...	254
Death of Child	...	...	...	...	...	...	...	...	...	1

Of the 675 home confinements 549 babies were wholly breast fed at the fourteenth day. Forty-six miscarriages were attended against 56 the previous year. In all 22,373 visits to maternity cases were made by the Council's midwives, 7,361 of which were for ante-natal examination purposes.

#### **Administration of Analgesia :**

At the end of the year 67 midwives practising in the County were qualified to administer gas and air analgesia. Of these 41 were members of the County Council's staff and the remainder were employed by Hospital Management Committees.

Of the 675 domiciliary confinements in the year, gas and air was administered to 466 cases, i.e. 69 per cent., while Pethidine, an alternative form of analgesia, was given in 239 cases.

“ Trilene ” : (Trichloroethylene B.P.), a further analgesic now approved by the Central Midwives Board for use by midwives, is not in general use by the County Council's staff. It was, however, administered to 18 cases during the year.

### Refresher Courses for Midwives :

Under the Rules of the Central Midwives Board, all practising midwives are required to attend an approved Refresher Course at intervals not exceeding five years.

Thirteen of the County Council's midwives were sent to approved Refresher Courses during the year. Only one member of the staff was unable, through illness, to attend a Course within the prescribed period ended 31.12.58 in accordance with the Midwives Rules, 1955. This case was duly reported to the Central Midwives Board who, in view of the special circumstances, granted an extension to 1959. The midwife in question has now returned to duty and will be attending a Course in 1959.

### Training Scheme for Pupil Midwives :

My Report for 1956 referred to an agreement between the County Council and the Peterborough Hospital Management Committee, drawn up in 1956, under which the County Council agreed to accept a limited number of pupil midwives from The Gables Maternity Hospital, Peterborough, for Part II midwifery training in Kesteven under the direct supervision of two fully experienced midwives of this Authority approved as tutors by the Central Midwives Board. Other authorities adjacent to Peterborough were also participants in the agreement. So far as Kesteven is concerned no pupils have as yet been forthcoming. The agreement still stands, however, and will be put into operation when pupils become available.

### Home Nursing :

Normally all general home nursing is undertaken by the County Council's nurse-midwives who devote approximately half of their time to home nursing.

Details of the work undertaken during the year are given in the following statement :—

Type of Case Visited.	No. of Cases	No. of Visits.
Medical	1,669	33,778
Surgical	927	12,103
Infectious Diseases	16	102
Tuberculosis	25	1,233
Maternal Complications	35	333
Others	11	35
Totals	2,683	47,584

Of the 2,683 cases visited 1,273, or 47 per cent., were 65 years of age or over and 305, or 11 per cent., were under 5 at the time of the first visit during the year.

The former category accounted for 32,596 (68%) of the total visits paid and the latter for 1,961 (4%).

A total of 435 patients received more than 24 visits during the year ; in fact this group received on an average as many as 68 visits each during that time.

**GENERAL.****Staff :**

The year began with 43 nurse/midwives on the staff out of an establishment of 50. These were assisted by one whole-time and two part-time general nurses who undertook no midwifery.

During the year two nurse/midwives left, one transferred to the relief staff, three were appointed, one part-time general nurse became a whole-time nurse/midwife, the whole-time general nurse left, and the position at the close was 43 whole-time nurse/midwives and 1 half-time general nurse. One nurse/midwife married but remained on the staff.

The district most affected by changes of staff was Grantham. For many years the staff here has consisted of three nurse/midwives and one part-time general nurse, out of an establishment of 6 nurse/midwives. By the latter half of 1958 only one nurse/midwife remained, assisted by one part-time general nurse. Repeated advertising for staff failed to achieve results, and only with the greatest difficulty was it possible to maintain the service. Relief staff had to come in daily from as far afield as Coleby in the north and Heckington in the east. Also one of the Assistant Nursing Superintendents from Sleaford gave assistance temporarily and occupied the furnished nurse's house at Grantham. This state of affairs continued well into the Spring of 1959.

In the south of the County a welcome improvement took place when a former part-time general nurse took up whole-time duties as a nurse/midwife, her services being particularly valuable during the prolonged absence through sickness of one of the regular midwives in the area. In Stamford a second midwife was appointed in August (transferring from Sleaford) thereby providing urgently needed relief to the other midwife who has for some years worked to a large extent single-handed.

**Housing :**

One more nurse's house was completed during the year, at Stamford, and immediately occupied by the second midwife referred to above. At the end of the year the County Council owned 17 nurses' houses, 13 of which had been specially built and 4 purchased. In addition the Council rents five houses for nurses.

**Transport :**

Orders for two new cars were placed but these were not delivered until 1959. Three old cars were sold. The total cars in the Nursing Service at the end of the year were :—

Owned by K.C.C. ...	34
Owned by nurses ...	15
	—
	49
	—

## VACCINATION AND IMMUNISATION

As far as Diphtheria Immunisation and Vaccination against Smallpox were concerned there were no changes during the year in the Council's scheme under Section 26 of the National Health Service Act as set out in my Annual Reports for 1948 and 1955.

### Smallpox Vaccination :

A not inconsiderable increase occurred in the number of children under one year of age who were vaccinated during the year—632 compared with 508 the previous year.

Full details of persons vaccinated in 1958 are as follows :—

Age at date of Vaccination	Under 1	1	2-4	5-14	15 or over	Total
No. vaccinated	632	71	35	47	118	903
No. re-vaccinated	—	—	8	15	155	178

### Diphtheria Immunisation :

Table A below indicates the number of children who completed a full course of primary immunisation or received a secondary or reinforcing injection during 1958, while Table B gives details of the number of children under 15 years of age who, at the 31st December, had completed a course of immunisation at any time before that date, i.e. at any time since 1st January, 1943.

A.

	Age at date of final injection (as regards (i) or of reinforcing injection (as regards (ii)).			
	Under 1	1—4	5—14	Total Under 15
(i) No. who completed a full course of primary immunisation	695	552	101	1348
(ii) No. who received a secondary or reinforcing injection	1	75	508	584

B.

Age at 31/12/58 i.e. born in year	Under 1 1958	1 to 4 1954-1957	5 to 9 1949-1953	10 to 14 1944-1948	Total under 15
No. immunised	159	4,368	6,797	8,919	20,243
Estimated mid-year Child population	2,130	8,670	21,100		31,900

### Whooping Cough Vaccination :

As I mentioned in my Report for 1957 the County Council, towards the end of that year, adopted a scheme for Whooping Cough Vaccination. The vaccine to be issued under this scheme was, for the reasons stated in that Report, to be limited to the plain variety as opposed to the combined type for diphtheria and whooping cough or diphtheria, whooping cough and tetanus. As will be seen from the following table, which shows the number of children who completed a primary course of vaccination during the year, only a very small number were treated with the plain vaccine compared with the less safe but more popular multiple antigens.

	Age at date of final injection		Total
	0—4 years	5—14 years	
No. vaccinated with combined vaccine . . . . .	1,055	41	1,096
No. vaccinated with plain vaccine	24	—	24
Total	1,079	41	1,120

### Poliomyelitis Vaccination.

It will be remembered that towards the end of 1957 the Ministry of Health announced an extension of the scheme (which at that time was limited to children of 2-9 years) to cover all children over 6 months and under 15 years of age, expectant mothers and other specified groups at risk. Issues of vaccine had not been sufficient to meet demands under the earlier scheme with the result that there were arrears of some 10,500 registrations to be dealt with. With this new development numbers of registrations began to rise rapidly. However, by this time vaccine from the United States and Canada was becoming available and treatment was begun on a large scale by the County medical staff and general practitioners who co-operated well in the emergency.

In September, 1958, the scheme was again extended—this time to include all persons over 6 months and up to 25 years of age. Hospital staffs and their families were also added to the special groups eligible for vaccination. At the same time authorities were asked to make arrangements for the giving of third injections. These were to be offered to persons who had already had two injections in approximately the same order in which they were given their earlier injections.

This further extension was fully publicised in the press and by notices to pupils in senior schools and further education establishments. Registration forms were also available from health visitors, district nurses, County clinics, District Council offices and doctors' surgeries.

The response, however, was not particularly encouraging and in common with the rest of the country did not improve until the Spring

of 1959—a matter which will be commented on in my Report for that year.

The following is a summary of cases dealt with under the scheme since it started on a trial basis in 1956 :—

Class	No. vaccinated with two injections		Total No. vaccinated with two injections as at 31.12.58.
	1956-57	1958	
Children born in the years 1943 to 1958 ....	685	20,236	20,921
Young Persons born in the years 1933 to 1942 ....	—	433	433
Expectant mothers ....	—	274	274
General practitioners and their families ....	—	188	188
Ambulance staff and their families ....	—	28	28
Hospital staff, medical students and their families	—	331	331
Total	685	21,490	22,175

Total number of persons who had received three injections at 31.12.58 .....	355
Estimated number of persons who had received one injection only at 31.12.58 .....	1,355
Number of applicants awaiting vaccination (i.e. no injections received) at 31.12.58 .....	1,731

### AMBULANCE SERVICE

#### General :

The statistics for the year reveal that 440,061 miles were covered by the ambulance service compared with 428,964 in 1957 and 428,846 in 1956. The total number of patients carried in the year was 43,418 compared with 40,908 in the previous year and 40,903 in 1956. The average miles per patient carried in 1958 was 10.36 which again shows a slight decrease in comparison to the previous year's figure of 10.46 and continues the downward trend, the corresponding figures for 1956 and 1955 being 10.48 and 11.10 respectively.

It is by no means quite clear why the number of patients carried should have risen by 2,490 in spite of the special attention paid to ensuring that only necessitous cases were carried. Analysis of the figures reveals that 1,290 patients were carried for other authorities for whom the County Council have agreed to provide a service on an agency basis. These figures did not previously appear in the figures

for the directly provided service, the work prior to April 1st, 1958 having been carried out by the Stamford Division of the St. John Ambulance Brigade on behalf of the authorities concerned. Of the remaining 1,200 additional patients a proportion was undoubtedly due to the continued expansion of hospital out-patient facilities in the area, and to the decreasing public transport services in the rural area resulting in transport being required on medical grounds for patients who, in the event of suitable public transport being available would undoubtedly have been able to travel at least part if not the whole of the journey to and from hospital without requiring the use of ambulance transport. On the 10th anniversary of the National Health Service it is interesting to compare the figures for 1958 with those for 1949 which was the first complete year in which the County Council were responsible for the provision of ambulance transport. These show that for the Service as a whole the mileage has increased by 97.9% and the patients carried by 243.8%. Comparative figures for these two years are as follows :

		Miles	Journeys	Patients
1949	... ..	272,743	10,306	12,627
1958	... ..	440,061	15,324	43,418
Increase over 1949 ...		267,318	5,118	30,791

Perusal of the records since 1949 reveals that there has been a consistent increase in patient demand each year with the exception of 1956 when the number of patients carried decreased by 429 compared with the figure for 1955.

The evidence is incontestible that modern methods resulting in quicker turnover of beds, day admissions for minor operations, increased out-patient facilities and the frequent re-distribution of patients between hospitals have all played their part in influencing what appears to be an ever increasing demand for ambulance service transport. At the same time the provision of a comprehensive ambulance service has undoubtedly enabled many more people to avail themselves of the facilities provided through the hospital and specialist services than was hitherto the case.

The work of the Service has neither the danger nor glamour of several other Public Services : rather it is hard and monotonously routine, carried out in good weather and in bad, giving little time for leisure, or more particularly, staff training in duty hours ; nevertheless it does have its lighter side, and occasionally its more rewarding cases.

A detailed summary of the work carried out during 1958 appears on pages 32 and 33.

#### **Organisation :**

The modified scheme under Section 27 of the National Health Service Act 1946 as approved by the County Council was submitted to the Ministry of Health and subsequently approved by them on the

20th February, 1958. A copy of the scheme appears on pages 68-70. The voluntary organisation at Stamford agreed to sell two of their vehicles and certain equipment to the County Council on terms to be agreed and the County Council service commenced on the 1st April, 1958, the change-over being effected without difficulty. The tender by Messrs. Pye Telecommunications Ltd., who had advised on the installation of radio equipment, was accepted. Delivery of the radio equipment commenced in December, 1958, the necessary staff as approved by the County Council were appointed and the Ambulance Service went "on the air" for the first time on the 22nd December, 1958. The complete installation was brought into use on the 1st January, 1959. Two main transmitting stations have been set up situated at Pottergate Farm, Fulbeck Heath, and at Grange Wood, Kirkby Underwood. Contact between the main transmitting station and the Headquarters Control at the County Offices, Sleaford is obtained by use of remote control equipment operating over G.P.O. land lines, but in the event of line failure, it is possible for the main transmitters to be operated directly by radio link. All vehicles have the complete mobile radio installation. At the time of writing the overall improvement in efficiency as regards mobility and availability of ambulance vehicles has already been noted. When the radio control has been fully operational for some time it will be possible to ascertain the saving which is likely to accrue from its use.

#### Garaging and Servicing :

The arrangements for garaging the County Council vehicles have been detailed in previous reports and no changes have taken place during the year. The necessary approvals having been received from the Ministry of Health, construction work commenced on the new ambulance stations at Stamford and Grantham in June, 1958, and by the end of the year work on both stations was well advanced. At the close of the year tenders had also been invited for the erection of the Sleaford ambulance station, and subject to the granting of a loan by the Ministry of Health, it is anticipated that building work will commence early in 1959. There have been no changes in the general arrangements for the servicing and maintenance of vehicles for which work priority is given by the commercial garages concerned.

#### Personnel :

##### (a) Driver/Attendants :

There are now twenty-four whole time operational staff and one part-time driver/attendant. These personnel are based at the following Stations :—

	Whole-time Driver/ Attendants	Part-time retained Driver/ Attendants	Females Whole-time Attendants
Sleaford ... ..	7	1	—
Grantham ... ..	7	—	—
Bourne ... ..	3	—	—
Stamford ... ..	6	—	1

## (b) Attendants :

Voluntary attendants from the undermentioned organisations have been available on a rota basis throughout the year.

Grantham — British Red Cross Society.

Sleaford — St. John Ambulance Brigade.

Sleaford and District Voluntary First Aid and Ambulance Unit.

Bourne — British Red Cross Society.

St. John Ambulance Brigade.

Stamford — Nursing Section—St. John Ambulance Brigade.  
(w.e.f. 1/4/58).

In addition the Stamford Detachment of the British Red Cross Society has been of considerable assistance in providing attendants to escort patients undertaking long distance journeys by rail under ambulance service arrangements.

### STATISTICS FOR THE YEAR 1958.

#### A. Directly provided Service—year ended 31.12.58 :

Depot	Ambulances			Sitting-Case Cars			Totals		
	Miles	Journeys	Patients	Miles	Journeys	Patients	Miles	Journeys	Patients
<b>Grantham</b>	47,302	2,186	3,867	54,260	2,419	6,503	101,562	4,605	10,370
<b>Sleaford</b>	61,095	1,389	7,556	70,113	1,851	5,409	131,208	3,240	12,965
<b>Bourne</b>	22,981	698	1,785	30,636	678	2,033	53,617	1,376	3,818
<b>Stamford</b>	35,434	3,097	4,056	25,287	1,015	2,127	60,721	3,112	6,183
<b>Totals</b>	166,812	6,370	17,264	180,296	5,963	16,072	347,108	12,333	33,336

Average Journey : 28.14 miles.

#### B. STAMFORD.—Agency Service provided on behalf of the County Council by the St. John Ambulance Brigade operating from Stamford (quarter ended 31st March, 1958 only) :

Ambulances.		
Mileage	Journeys	Patients
2,674	225	395

Average Journey 11.88 miles.

#### C. North Kesteven (and Parts of East Kesteven) Agency Service provided by the Lincoln Corporation :—

The following statistics relating to Kesteven patients carried by vehicles of the Lincoln Ambulance Service under the joint Scheme, have been provided by the Lincoln Corporation Health Department :

Ambulances			Sitting-Case Cars			Totals		
Miles	Journeys	Patients	Miles	Journeys	Patients	Miles	Journeys	Patients
26,276	1,170	2,654	64,003	1,596	7,033	90,279	2,766	9,687

Average Journey 32.63 miles.

D. Summary for the whole of the Administrative County :

Ambulances			Sitting-Case Cars			Totals		
Miles	Journeys	Patients	Miles	Journeys	Patients	Miles	Journeys	Patients
195,762	7,755	20,313	244,299	7,559	23,105	440,061	15,324	43,418

Average Journey 28.71 miles.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Tuberculosis :

During the year, the Authority's Health Visitors, in their capacity as Tuberculosis Visitors, made 449 visits to patients to give advice as necessary and furnish reports on social circumstances and contacts. Arrangements for the interchange of information between the County Health Department, Chest Physicians and District Medical Officers of Health, as described in previous annual reports, continued to operate satisfactorily.

Dr. H. G. H. Butcher, the Chief Medical Officer of the Central Lincolnshire Chest Unit, states that the Unit continued to operate on much the same lines as in previous years. There was again reduction in the number of notifications of cases of active tuberculosis from Kesteven treated at the clinics. These numbered 16 at the Grantham Clinic and 17 at the Lincoln Clinic, compared with 18 and 29 respectively last year. The contacts dealt with in connection with these notifications together with children born to previously known cases of tuberculosis amounted to 65 at Grantham and 80 at Lincoln, compared with 63 and 98 respectively last year.

Dr. Butcher adds that whilst the number of notifications appears to be decreasing year by year, the number of referrals by general practitioners is continually on the increase. The time has now come when the Chest Physician is dealing with a wide range of chest ailments apart from tuberculosis.

### B.C.G. Vaccination :

All "Mantoux negative" children of known cases of tuberculosis are vaccinated with B.C.G. During 1958 82 cases were skin tested and 60 were found to be negative ; 56 of these (compared with 80 in 1957 and 62 in 1956) were subsequently vaccinated.

### Mass Radiography :

Three surveys were undertaken in the County during the year, namely at Grantham, Sleaford and Bourne. Details of attendances, etc. at the Grantham and Sleaford surveys are as follows :—

	Grantham	Sleaford	Total
X-rayed on miniature film ...	5,282	1,931	7,213
Cases of tuberculosis referred to Chest Clinic and considered to require supervision or treatment	10	1	11
Cases of tuberculosis requiring out-patient supervision only ...	1	1	2

The visit to Bourne was made specially to a school where a case of tuberculosis had occurred among the teaching staff. One hundred and seventy-eight pupils and 19 staff (11 of whom were teachers) were X-rayed. All were passed as clear except 4 children who required follow-up X-ray ; ultimately they also were found to be clear.

#### General :

During the year 4 sleeping shelters were out on loan under the Council's scheme for open air treatment of tuberculous patients, and 46 cases considered to be in need of extra nourishment were provided with free liquid milk.

Three patients were undergoing a course of rehabilitation at Papworth Village Settlement, 1 at the Sherwood Village Settlement, Notts., and 1 at the Enham-Alamein Village Centre, Andover.

During the year 9 patients who were being nursed at home received assistance under the County Council's Home Help Scheme.

It is the policy of the Authority to arrange for the X-ray examination of any Home Helps before they commence duty with a family where tuberculosis is present in the household. During the year 1 Home Help was X-rayed.

The Council's medical staff undertook the medical examination of 31 entrants to teachers' training colleges and 20 entrants to the teaching profession as required under Ministry of Education Circular 249. Persons in the former group are required to be X-rayed prior to the completion of their training while those in the latter group, e.g. the occasional relief teacher or person coming direct from university, have to undergo X-ray examination before appointment to teaching posts.

#### **Mental Illness and Mental Deficiency :**

Reference to the community care work undertaken amongst persons suffering from mental illness or defectiveness appears on page 39 of this Report in the section dealing with the Mental Health Services provided by the Authority.

#### **Illness Generally :**

When requested by general practitioners, hospitals or other agencies, the County Council continued to assist under their scheme patients being nursed at home or after discharge from hospital.

During the year 5 patients (2 male and 3 female) were sent to a recuperative convalescent home under arrangements made by the County Council.

The Voluntary Laundry scheme, to which I referred in detail in my Report for 1956, continued to be a great source of help to elderly incontinent persons, etc. in the Deepings area.

### Nursing Equipment and Apparatus :

There were no changes in the Council's arrangements, as outlined in previous Reports. Each District Nurse has an ample stock of the smaller items of loan equipment, while the British Red Cross Society, who administer the Medical Loan Depots on behalf of the County Council have, with the Council's financial assistance, continued to add to their own comprehensive stocks of articles. The following statistics for the year give some indication of the valuable work which these Depots are undertaking :—

Depot	No. of issues made	No. of individual cases who benefited
Grantham ....	215	160
Stamford ....	255	143
Sleaford ....	360	229
<b>Totals ....</b>	<b>830</b>	<b>532</b>

### Health Education :

The medical and nursing staff of the Public Health Department devote time to giving talks on health topics at Infant Welfare Centres, meetings of Women's Institutes, etc. Much useful work in this field is also done by personal contact with parents, etc. during the Health Visitor's regular domiciliary visiting.

The County Nursing Superintendent and her two assistants gave a total of 15 talks during the year to Women's Institutes, Youth and other similar organisations, from which there is an increasing demand for talks on health subjects.

Considerable use is made of publicity material available from the Central Office of Information and the Central Council for Health Education. Posters and leaflets are used at school clinics, infant welfare centres and welfare foods distribution centres and school canteens are supplied with posters on food hygiene and health matters.

In recent years there has been much concern in official circles at the number of burning accidents in the home, many of which are caused by clothing coming into contact with unguarded fires. The Home Office, in a circular issued by them on this matter, stated that it was felt that interest in home safety was now such as to make a campaign, organised by the Government and local authorities, worthwhile. The Secretary of State, with the support of the Minister of Health, therefore decided to initiate a national campaign in Nov-

ember ; this was known as the " Guard that Fire Campaign ". Local authorities were invited to support the national effort by organising local campaigns, conducted through their own services (in particular their health and fire services). In Kesteven everything possible was done jointly by these two services to support the national campaign. The greater part of the field work was undertaken by the Fire Brigade who conducted about two months preparatory co-ordinating work with District Councils, public utility services and other bodies able to assist with publicity arrangements.

A considerable number of posters and other aids to publicity were obtained by the Public Health Department and employed throughout the County ; the following summary of the material used gives some idea of the propaganda that took place :—

Leaflets	... ..	45,000
Campaign stickers	...	700
Car strips	... ..	220
Posters	... ..	860
Sticker stamps	... ..	600 sets
Book marks	... ..	2,000

The widest publicity was in the distribution of the leaflets, one of which was sent to every house in the County. In addition 90 talks were given by the officers of the Fire Brigade to a total of 6,855 people at meetings of women's organisations, infant welfare centres, schools, etc. In the talks to schools, a short Walt Disney film, " I'm no Fool with Fire ", was included.

The short term results of the campaign can be judged to some extent by the sale of fireguards which rose considerably during the campaign while the long term results can only be judged with the passage of time.

### BLIND PERSONS

The following information relating to blind persons in the County, supplied by the County Welfare Officer, has been included in this report at the request of the Ministry of Health.

The table below gives details of blind and partially sighted persons on the County Council's register during the year ended 31st December, 1958 :—

	(i) Blind	(ii) Partially sighted
(a) Registered at 1st January, 1958 ...	316	98
(b) New registrations during the year	34	14
(c) De-certified cases re-registered ...	—	—
(d) Deaths ... ..	35	12
(e) Transfers to other areas .. ..	5	1
(f) Transfers from other areas ... ..	8	—

	(i) Blind	(ii) Partially sighted
(g) Transfers from blind to partially-sighted category (included in (b) (ii) above) ... ..	—	—
(h) Transfers from partially-sighted to blind category (included in (b) (i) above) ... ..	—	6
(i) Recovered sight ... ..	3	—
(j) Registered at 31st December, 1957	315	93

The age groups of the persons newly registered during the year were as follows :—

0 to 15 years ... ..	—
16 to 59 years ... ..	4
60 to 69 years ... ..	14
70 to 79 years ... ..	11
80 years and over ... ..	19
Total ... ..	48

The proportion of newly registered persons aged 60 years and over represents 92% of the new registrations compared with 83% the previous year. It will be noted from the table below that in 29 cases registered during the year no treatment has been recommended by the certifying ophthalmologists. The high proportion of aged persons is undoubtedly the explanation for this.

(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends :—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	9	1	—	19
(b) Treatment (medical, surgical or optical) ... ..	8	3	—	8
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ... ..	8	3	—	7

#### Ophthalmia neonatorum :

One case of this disease was notified in Kesteven under the Public Health (Ophthalmia Neonatorum) Regulations, 1926-37, during the year. Subsequent follow-up revealed that vision was unimpaired.

## DOMESTIC HELP SERVICE

Mrs. Jones, the County Home Help Organiser, reports as follows :—

“ During 1958 the Domestic Help Service has continued to operate to full capacity. Details of cases assisted, etc. appear in Table VI on page 61 and an analysis of these according to the period of help given is contained in Table VII on page 62.

“ On the 1st April, 1958, the District Supervisors in Bourne, Sleaford and Lincoln were engaged by the Local Authority in a part-time capacity for the first time. The Supervisor at Stamford, Miss A. Prior, decided not to be employed by the Local Authority, and her post was taken by her Assistant, Miss M. Eayrs. Previously the Supervisors of these services were W.V.S. workers who operated very successfully over a number of years. The change-over has proved successful and has enabled all those concerned with the running of the Domestic Help Service at the County Offices to maintain closer liaison with the District Services, thus helping to promote smooth running and more economical service in the County.

“ The year was a very busy one in which 253 new cases were helped. Many more requests for help were received, but on investigation the services of home helps were found not to be required. The detailed statistics will show the types of cases and the areas covered in respect of these new cases.

“ It will be observed that the majority of requests for help come from the homes of the aged and chronic sick. There has been an increase, however, in demand for short term help during emergency illness, absence of mother in hospital, and where illness has occurred amongst several members of the family.

“ Increased use of the Service has been made by the Hospital Almoners in requesting help for patients who have been discharged from hospital, and as a result of this we have been able to assist in a quicker release of hospital beds.

“ There has been a steady demand for help in maternity cases, and in the North Kesteven area, especially in the immediate vicinity of the City of Lincoln, there has been an increase in requests for this type of help.

“ It has been necessary to limit the amount of help allocated to each type of case and this has been confined to the domestic work of the household. In certain cases, where it has been necessary to care for small children, the aged and physically handicapped persons, investigations have been made and the needs of these patients have been met. There are 25 cases in this category in the County, i.e., where home care is being provided by the Service. Of these cases 20 are old persons who have no other source of help to enable them to remain in their own homes, and without the service of a home help would need institutional care. Our helpers are required to

attend these patients every day, including Sundays and return each evening to attend to their needs before retiring. To cover this part of our Service 455 hours of help are being worked by our helpers each week.

“ Efforts have been made during 1958 to reduce the number of helpers employed by increasing the number of hours worked by each helper. It has been possible in the towns and larger villages to recruit women who are prepared to work 22 hours weekly, but in the rural areas, and particularly in the North of the County, difficulty is experienced in recruiting helpers. We have had to continue to accept women who are only able to give a few hours weekly in order to cover essential work for our cases. There have been times when even this has not been possible.

“ The Night Attendants Service has not been in great demand, but those requests that have been received were of great necessity and without this help the patients would not have been able to remain in their own homes.

“ Co-operation has been maintained with W.V.S. workers, and especially with the officers responsible for “ Meals on Wheels ”. This service of providing a meal for a patient occasionally enables us to release our home help on that day for another case where help is needed.”

## MENTAL HEALTH

### 1. Administration :

#### (a) Sub-Committee.

Matters relating to the administration of the Mental Health Services in the County are dealt with by the Mental Health, Maternity and Child Welfare and Care Sub-Committee which meets at approximately quarterly intervals. This Committee consists of 20 members, 14 of whom are County Councillors and the remainder co-opted members.

#### (b) Staff.

The County Medical Officer of Health is the chief executive officer of the Mental Health Services and is also a designated officer for providing certificates of mental defects under the Mental Deficiency Acts. Other officers, similarly designated, were Dr. T. J. O'Sullivan, Deputy County Medical Officer of Health and two assistants viz. Dr. C. W. Shearer and Dr. H. Ellis Smith. Dr. J. S. Robson, Medical Superintendent of the Harmston Hall Hospital (the mental deficiency hospital serving the area) is also approved for this purpose.

Details of the non-medical staff of the service appear on page 5 of this Report.

#### (c) Co-ordination.

Co-ordination between the Authority and the Regional Hospital Boards and Hospital Management Committees, as described in previous Reports, continued to be satisfactory.

## (d) Delegation of Duties.

There was no delegation of duties to voluntary societies or organisations.

## (e) Training of Mental Health Workers.

No arrangements were made for the further training of staff during the year.

**2. Work Undertaken in the Community :**(a) Under Section 27 of the National Health Service Act, 1946—  
Prevention, Care and After-Care.

There are no changes to report in the arrangements made (as described in previous Reports) whereby the Duly Authorised Officers supervise mental defectives living in their own homes and give assistance as required to persons suffering from mental illness.

During the year the Home Teacher for Mental Defectives gave 153 lessons to defectives in their own homes and made 86 visits in connection with the supervision of female defectives. She also continued to be responsible for the supervision of the group class for young mental defectives referred to in item 2(c) (iii) of this section.

During 1958 2 mentally defective children were admitted for short periods to mental deficiency institutions and one to a residential home administered by a voluntary organisation under the provisions of Circular 5/52.

(b) Under the Lunacy and Mental Treatment Acts, 1890—1930, by  
Duly Authorised Officers.

Details of cases dealt with during the year ended 31st December, 1958, were as follows :—

(1) Patients from the area of Kesteven certified under the Lunacy Act, 1890 ... ..	25
(2) Patients admitted from this area to hospitals under Section 20, Lunacy Act, 1890 ... .. (Of these 4 were later certified, 1 was discharged and 51 became voluntary patients).	56
(3) Patients admitted under Section 21 ... .. (Of these 2 were later certified, 1 died and 1 left hospital).	4
(4) Patients from this area admitted for temporary treatment (Sec. 5 Mental Treatment Act, 1930) ... ..	—
(5) Patients from the areas of other local Health Authorities who were dealt with at mental hospitals in this area ... .. (Of these 28 were certified and 5 were found not to be certifiable).	33

In addition 157 persons from this area were admitted to mental hospitals for voluntary treatment during the year.

(c) Under the Mental Deficiency Acts, 1913—1938.

- (i) Twenty-six cases were ascertained during 1958, 22 of these being found "subject to be dealt with." Of the 26 cases ascertained, 13 were notified by the Local Education Authority, 7 by other local authorities, 2 through the courts and 4 from miscellaneous sources. Their disposal was as follows :— 5 were admitted to mental deficiency hospitals, 17 were placed under statutory supervision and 4 placed under voluntary supervision.

At 31st December, 1958, there were 138 cases under statutory supervision and 117 cases under voluntary supervision. These figures included 22 cases accommodated in residential establishments provided under Part III of the National Assistance Act, 1948, and 1 case in hospital.

- (ii) There were no cases under guardianship during the year.
- (iii) The arrangements in force last year for holding the group class for young mental defectives two days a week in Grantham continued unchanged and the average attendance was 12.

The provision of better occupation centre facilities was under constant consideration during the year and improved premises were in fact taken over and the class extended to 3 days per week early in 1959. An arrangement was also made with the Lincoln Corporation to admit cases from North Kesteven to their occupation centre where suitable travelling arrangements could be made—Kesteven being responsible for maintenance costs.

During 1958, 15 patients were admitted to mental deficiency institutions, and at 31st December, there were 17 patients awaiting admission. Of this number 5 were considered to be in urgent need of institutional care.

The following table shows the number of mental defectives within the County at the end of the year :—

	Male	Female	Total
(1) in mental deficiency institutions or on licence therefrom ...	108	100	208
(2) under statutory supervision ...	84	55	139
(3) under voluntary supervision ...	46	48	94
(4) in residential establishments and hospitals ... ..	10	13	23
	248	216	464

### 3. Ambulance Service :

The County Council's ambulance service is available for the transportation of cases of mental illness or defectiveness and all mental health workers, both non-medical and medical, are authorised to call out ambulances or sitting-case cars as necessary.

If it is ever necessary for trained attendants to accompany patients, these are provided by arrangement with the appropriate Hospital Management Committees.

### PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Two thousand six hundred and eight cases of infectious diseases, etc., were notified to the District Medical Officers of Health during 1958 compared with 3,135 in 1957, 588 in 1956, 3,116 in 1955, 831 in 1954 and 3,180 in 1953.

The Notification Rates per 1,000 total population were as follows :—

	County of Kesteven
Smallpox ... ..	0.00
Typhoid Fever ... ..	0.00
Para-typhoid Fever ... ..	0.00
Scarlet Fever ... ..	0.61
Diphtheria ... ..	0.00
Measles ... ..	16.61
Whooping Cough ... ..	1.17
Acute Pneumonia ... ..	0.48
Erysipelas ... ..	0.12
Acute Poliomyelitis (Paralytic) ... ..	0.01
Acute Poliomyelitis (Non-Paralytic) ... ..	0.01
Meningococcal Infection ... ..	0.02
Food Poisoning ... ..	0.20
Dysentery ... ..	0.15
Cerebro-Spinal Fever ... ..	0.00

A Table showing the distribution, etc., of the notified cases will be found on page 63 of this Report.

**Smallpox.**—No cases of this disease were notified in the County ; the last occasion upon which Smallpox occurred in Kesteven was in 1931.

**Typhoid Fever.**—No case was notified in the County during the year.

**Para-typhoid Fever.**—No case of this disease was notified during the year.

**Scarlet Fever.**—Eighty-two cases were recorded, compared with 66 in 1957, and an average of 132 during the years 1950-1957.

**Diphtheria.**—For the eighth year in succession no case of this disease was notified.

**Measles.**—Two thousand, two hundred and seventeen cases of this disease were notified to the District Medical Officers of Health during the year. The following is a summary of the cases notified and the deaths registered during the past ten years :—

Year	Cases	Deaths
1949	396	1
1950	1,660	1
1951	1,640	—
1952	1,159	—
1953	2,045	—
1954	202	1
1955	2,291	—
1956	21	—
1957	2,433	1
1958	2,217	—

**Whooping Cough.**—One hundred and fifty-six cases were notified during the year, compared with 429 in 1957 and an average of 517 during the years 1950-1957.

**Pneumonia.**—Only Acute Primary and Acute Influenzal Pneumonias are notifiable, and 64 cases coming within these categories were notified during 1958 compared with 123 in 1957 and 56 in 1956. Deaths from all forms of Pneumonia numbered 68—14 less than last year.

**Erysipelas.**—Sixteen cases (15 in 1957) were notified in the County during the year, representing a notification rate of 0.12 per thousand of the total population.

**Acute Poliomyelitis.**—Three cases (2 Paralytic and 1 Non-Paralytic) were recorded during the year, compared with 30 (21 Paralytic and 9 Non-Paralytic) in 1957. There were no deaths.

**Meningococcal Infection.**—Three cases were notified during the year, compared with 3 in 1957 and none in 1956.

**Food Poisoning.**—Seventeen cases were recorded during 1958.

**Ophthalmia Neonatorum.**—One case was notified during the year.

**Puerperal Pyrexia.**—The 18 cases reported during 1958 represent a Notification Rate of 8.06 per thousand total births (live and still). The average number of notifications received during the previous 5 years was 15.

**Dysentery.**—There were 20 cases of this disease notified during the year, and of these 15 occurred in the South Kesteven Rural District.

**Acute Encephalitis.**—No case of this disease was notified during the year.

**Cerebro Spinal Fever.**—No case was notified during the year.

## PREVENTION OF ANTHRAX IN TANNERIES

The occurrence of sporadic cases of anthrax in workers in tanneries and other occupations, e.g. wool sorting, is recognised as an industrial hazard which it is impossible completely to eradicate. In tanneries the infection is caused by spores of anthrax bacilli which are usually imported along with animal skins from abroad. The spore is a dried-up form of the bacillus which can come to life and multiply under favourable conditions of growth. The workers who are most at risk in a tannery or leather processing establishment are employees working either as raw skin sorters or limeyard workers.

There is a large tannery in Grantham from which occasional notifications of cases of anthrax were received over the years, culminating in an unusually heavy incidence of six cases in the period 1947-48. At that time the tannery was working with large quantities of dry East African calfskins and hides which were under suspicion as having caused the outbreak.

The principal action taken by the firm was the purchase of an industrial size vacuum cleaner and to prohibit the sweeping up of any part of the raw skin shed or the factory. The vacuum cleaner was used for all these purposes and the dust was collected and burned.

At the time of the outbreak fresh copies of the Anthrax Warning Notice were distributed to all employees, and new copies of the display notices were posted throughout the factory.

Members of the departments most likely to be affected were instructed in how to prevent anthrax by keeping their nails cut short and the use of the nail brushes provided.

As a further precaution liquid soap dispensers were fitted in the factory so that no-one even had cause to use soap handled by any other person, and paper towels were installed for the same purpose. Additional washing facilities with an ample supply of hot water were installed in the limeyard so that operators could wash at any opportunity.

Difficulty, however, was encountered in preventing people in the Limeyard and, to some extent in the Raw Skin Shed, from taking their lunch in the Department. A special room was set aside in the Canteen for these people to take their own food into, and with the assistance of H.M. Inspector of Factories the management was able to enforce the use of this facility.

Prior to 1947, when a suspected case of anthrax occurred, especially at nights or at weekends, a problem of early diagnosis sometimes arose, when the case presented himself at the doctor's surgery or the local hospital. In view of this the Managing Director, recognising the importance of adequate early diagnostic and treatment facilities for anthrax, made special arrangements with the staff of Leices-

ter Royal Infirmary Laboratory to give priority of attention to any suspected cases. At the same time car transport was made available at all times at the tannery.

These precautions have been successful in very substantially reducing the incidence of anthrax. After 1948 the next case occurred in 1953 in a raw skin sorter, and the only other case since then was notified in June, 1959, in a limeyard worker. It is not possible to determine how the infection was acquired in these two cases.

I am obliged to the Managing Director of Messrs. Bjorlow (Great Britain) Ltd., Mr. H. J. Hempton, for making this information available for publication.

### TUBERCULOSIS.

Details of the new cases of Tuberculosis (including 12 inward transfers—all respiratory) coming to the notice of the County Health Department during the year under review, and of the deaths from this disease, are as follows :—

Age Groups	New Notifications (including Supplemental Return)				Deaths			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F
Under 1 year	1	—	—	—	—	—	—	—
1—4 years	—	1	—	—	—	—	1	—
5—14 "	—	1	2	1	—	—	—	—
15—24 "	7	7	2	2	—	—	—	—
25—44 "	13	13	1	1	—	2	—	1
45—64 "	8	4	—	1	2	—	—	—
65—74 "	2	2	—	2	1	1	—	—
75 and over	1	—	—	—	—	—	—	—
Totals	32	28	5	7	3	3	1	1

Of the 72 new cases notified 2 (1 respiratory and 1 non-respiratory) coming to light from death returns, were included in the Supplemental Return to the Ministry of Health.

In comparison, there were 81 new cases (77 respiratory and 4 non-respiratory) in 1957, 118 (96 and 22 in 1956), 107 (93 and 14) in 1955 and 136 (109 and 27) in 1954.

The 6 deaths from respiratory tuberculosis represents a mortality rate of 0.04 per thousand of the total population—0.04 lower than last year's record low rate.

The 2 deaths from other forms of tuberculosis (bones, joints, glands, etc.) was equivalent to a death rate of 0.01. Comparative information relating to the deaths from tuberculosis during the last decennium is given below and shows the progressive fall in mortality rates of Tuberculosis.

	Respiratory Tuberculosis :		Non-Resp. Tuberculosis :	
	No of Deaths	Death Rate	No. of Deaths	Death Rate
1949 ...	30	0.25	5	0.04
1950 ...	26	0.20	5	0.04
1951 ...	23	0.17	8	0.06
1952 ...	23	0.17	4	0.03
1953 ...	17	0.13	6	0.05
1954 ...	18	0.14	1	0.01
1955 ...	18	0.14	4	0.03
1956 ...	11	0.08	3	0.02
1957 ...	11	0.08	1	0.01
1958 ...	6	0.04	2	0.01

### Institutional Treatment :

From information received from District Medical Officers of Health and the Chest Physicians of the Sheffield and East Anglian Regional Hospital Boards, a total of 55 individual patients received treatment in institutions during the year compared with 122 in 1957, 147 in 1956, 195 in 1955 and 196 in 1954—51 for respiratory or suspected respiratory tuberculosis and 4 for other forms.

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, (relating to persons suffering from respiratory tuberculosis, employed in the milk trade), or under Section 172 of the Public Health Act, 1936, (relating to the compulsory removal to hospital of persons suffering from tuberculosis).

Reference is made to the services provided for the welfare of tuberculous patients in the section dealing with the County Council's Scheme for the Prevention of Illness, Care and After-Care on page 33.

### VENEREAL DISEASES

There were no alterations in the arrangements for the diagnosis and treatment of persons suffering from venereal diseases as given in my Annual Report for 1949.

The following table, compiled from returns submitted by the Medical Officers of hospital treatment centres, shows the number of Kesteven patients who attended for the first time during 1958 :—

	Syphilis	Gonorrhoea	Other Conditions	Total No. of Cases
Nottingham ....	—	2	7	9
Grantham ....	1	4	15	20
Lincoln ....	5	3	21	29
Peterborough ....	1	6	19	26
Totals ...	7	15	62	84

## INSPECTION AND SUPERVISION OF FOOD

### Food Hygiene Regulations, 1955/56 :

I am pleased to report that the work in my department under this heading has been most rewarding. The general standard in many of the establishments where food is prepared, handled or served has shown a marked improvement. This has only been possible through the understanding shown by the officers of the various departments concerned and by the realistic approach of the County Council. The work of inspection requires considerable knowledge and experience, but without the co-operation of those actually engaged in the work progress would indeed be slow. During the year the County Health Inspector made 40 inspections of premises controlled by the County Council for the purpose of the above Regulations.

Since the inception of the Regulations, the County Council has approved the expenditure of £14,291 and no less than 50 establishments have either been improved or are in the process of being improved. These figures, whilst impressive, only relate to premises under the control of the Education Department and therefore do not include residential establishments, etc.

### Milk and Dairies :

#### Specified Areas :

During the year the Ministry of Health and the Ministry of Housing and Local Government made an order extending the scheme to cover the South Kesteven Rural District and it is now known that by the middle of 1959 the whole of the Administrative County will have become a Specified Area. From a public health point of view this will be a great step forward in safeguarding the health of the community. It may be of interest to note that the introduction of Specified Areas is a part of Government policy to ensure a " safe " milk supply ; that is to say, milk which is free from tuberculosis, or other pathogenic organisms as far as pasteurised milk is concerned. The Government outlined its policy in 1943 and at that time indicated that when the full policy was brought into operation the sale of milk for human consumption in scheduled areas would be restricted to milk which is either heat treated or tuberculin tested. The progressive improvement in recent years in clean milk production, and the increased application of pasteurisation to raw milk supplies, have been accompanied by a marked decline in bovine and other forms of tuberculosis in human beings, also by the virtual elimination of milk-borne epidemics of diseases caused by scarlet fever and diphtheria and other organisms.

The duties under the Regulations are administered by the County Health Department and involve additional work both in respect of sampling and visits of inspection. During the year the County Health Inspector made 26 visits and obtained 18 samples which were submitted for examination. Only 1 sample proved to be unsatisfactory and the necessary action was taken.

#### Supervision of Pasteurising Plants :

Each year we report that the work of supervising pasteurising plants and establishments continues in a satisfactory manner. Pasteurisation is a method of heat treatment of milk in such a way as to destroy all the harmful bacteria and improve its keeping quality without impairing its nutritional properties or flavour. This method of heat treatment has grown into a highly technical process requiring a great deal of skill and knowledge, both for the person carrying out the process and the inspector whose duty it is to supervise the work. The main purpose of sampling milk from such plants is to make sure that the milk has in fact been sufficiently heat treated and that pathogenic organisms have been destroyed, rendering the milk safe for consumption.

During the year the County Health Inspector made 110 visits to the 2 licensed pasteurising establishments and 100 samples of milk were obtained for examination. Only 1 sample failed to satisfy the phosphatase test, indicating that at this time the milk had been improperly pasteurised. An immediate investigation was carried out at the dairy and tests showed that the indicating thermometer on the plant was faulty.

Tests were also carried out to ascertain the cleanliness of the washed bottles and churns used in the dairies and for this purpose 56 washed bottles were submitted for bacteriological examination, together with rinsings from 38 washed churns. The Bacteriologist reported that all showed a satisfactory standard of cleanliness.

#### Tuberculosis in Milk :

The County scheme for the biological sampling of milk has functioned satisfactorily for many years and in the past, when most milk supplies were obtained from non-designated herds, it fulfilled a vital need in helping to safeguard the consumer from the risk of tuberculous milk-borne infection. Whilst the need for biological milk sampling continues, the risk of infection from this source becomes progressively less owing to the large number of dairy herds which are becoming attested under the Attested Herd Scheme ; with regard to the eradication of tuberculosis in cattle, 90% of all cattle in Great Britain are now fully attested. The cleaning up process in the Midlands, the last area to be dealt with, is nearing completion. It is anticipated that few non-attested herds will remain by 1st March, 1960, and that the final eradication will commence immediately after that date.

During the year 103 samples were submitted for biological examination, 2 of which were reported positive to tubercle bacilli. Four were found to be positive to brucella abortus and appropriate action was taken in each case.

#### Milk and Dairies Acts and Orders :

I am indebted to Mr. G. A. Moore, the Divisional Veterinary Inspector, for the following report :—

“ The following inspections of dairy herds were carried out :—

Non-designated Herds—27, comprising 601 cows.

T.T. Herds—322, comprising 7,911 cows.

On 31st December, 1958, there were 139 non-designated milk producing herds, only 3 of which are producing milk which is not heat treated. There were 283 attested herds producing T.T. milk and a further 23 attested and 7 supervised herds were producing non-designated milk.”

#### Milk in Schools Scheme :

Milk supplies to the schools under the Milk in Schools Scheme continued to be satisfactory. All schools receive supplies of liquid milk which is either pasteurised or tuberculin-tested. All sources of supply are approved by my department before contracts are entered into. Samples of milk are regularly obtained and submitted for bacteriological or biological examination, and during 1958 100 samples of milk were obtained from these suppliers.

The number and types of individual retailers approved, together with schools supplied, were as follows :—

(Comparable figures for 1957 are shown in parenthesis.)

14	(12)	Licensed retailers were supplying				
		Pasteurised milk to	...	...	...	169 (166) schools
8	(6)	Licensed retailers were supplying				
		Tuberculin Tested milk to	...	...	...	12 (15) schools

#### Milk Supplies to Establishments and Homes :

In all cases of milk supplied to Residential Establishments, Children's Homes and similar institutions under the control of the County Council, the source of supply is approved by my department.

#### Diseases of Animals :

The Divisional Veterinary Inspector has supplied the following information :

##### Tuberculosis Order, 1938 :

No. of Tuberculous Milk Investigations	...	...	...	...	3
No. of cows where T.B. detected	...	...	...	...	3
No. of cattle slaughtered under T.B. Order	...	...	...	...	7
No. of cattle slaughtered under T.B. Slaughter of Reactors Order	...	...	...	...	65

#### Food and Drugs Act, 1955 :

The provisions of the Food and Drugs Act, 1955, insofar as they relate to the composition and adulteration of food and drugs are administered by the Weights and Measures Department of the County

Council and I am indebted to the Chief Inspector of Weights and Measures, Mr. E. T. Hawley, for the following report :—

#### SAMPLING :

“ The principal administrative function of a Food and Drugs Authority is the sampling locally of a wide range of foodstuffs and drugs. Generally speaking, the majority of samples are purchased from persons selling to the public and thus a sampling officer procures for analysis what anyone else could buy. He can, however, submit for analysis as to its composition or quality any food or drug about which a purchaser has reasonable doubts. Consumers may be interested to know, therefore, that the basic criterion in all cases is whether or not the article purchased is of ‘ the nature, substance or quality of the article demanded ’. In many cases, the article demanded may have a standard fixed by law, e.g. butter, cream, margarine, milk, mustard, soft drinks, tomato ketchup and dozens of other commodities. In others, the standard may be a non-statutory one which has come to be generally accepted as a reasonable one, e.g. malt vinegar, which is now held to mean an acetous liquid produced by fermentation, not an artificial mixture of water, acetic acid and caramel.

“ During the year under review, 410 samples were obtained in the area where the County Council is the Food and Drugs Authority, i.e. the Administrative County including the Boroughs of Grantham and Stamford. As in former years, samples were taken on the basis of 3 per 1,000 of population and the Table at Appendix A shows how this was done in the principal rural and urban divisions of the County.

“ The articles actually sampled are listed in Appendix B from which it will be seen that milk and other dairy products, butter confectionery, preserves, sausages, soft drinks and tinned foods were among those most frequently tested. The 202 samples of milk obtained during the year represent 49% of all the samples taken and this reflects both the importance of milk as an article of diet as well as the Ministry’s own policy.

#### QUALITY OF MILK :

“ For many years now, the Milk Marketing Board has been expressing growing concern at the decline in the quality of milk, a decline due partly to the Board’s own policy of stimulating production on a quantity rather than a quality basis and partly to a number of post-war economic factors which have made imported feeding stuffs very expensive. In 1957, however, the Board announced its intention to institute a system of price penalties for poor quality milk and after an interim period during which monthly quality tests were introduced, the threat was implemented towards the end of 1958. In Kesteven, in spite of a few consistent, though comparatively isolated, defaulters, poor quality milk has never been a problem. Statistics relating to the 202 samples of milk obtained during the year are set out in Appendix C from which it will be seen that the quality of milk produced and consumed in the County remains well above the minimum legal standard 3.0% butterfat and 8.50% of other solids.

## ANALYSES :

“ Of the 193 samples submitted to the Public Analyst, 14 (7.25%) were found to be adulterated or otherwise unsatisfactory. Whilst this percentage is considerably lower than last year, it is still somewhat misleading because the 14 samples certified to be unsatisfactory include 4 where the faults were of a technical nature relating to labelling. It cannot be too strongly emphasised, therefore, that the proportion of adulterated samples to the 410 obtained is very small indeed. Credit for this undeniably satisfactory state of affairs cannot be ascribed to any single factor. The official emphasis on reasonable standards, coupled with an all-round improvement in public taste, has led to a demand for wholesome food at all price levels ; and although it cannot be denied that abuses still exist, it is equally certain that the discrimination of the post-war housewife has been a vital factor in reducing these abuses. So far as the food in grocers' shops is concerned, it has been estimated that well over 90% of this is now pre-packed, for the most part by large scale manufacturers, many with their own analytical departments. The well-known branded article does, therefore, in almost every case, offer the twin virtues of consistent quality and proven purity.

## UNSATISFACTORY SAMPLES

“ The action taken in respect of the 14 unsatisfactory samples is set out in Table X on page 65.”

## APPENDIX A

Localities in which samples were taken during the year

North Kesteven, with approximate population	of	31,000	—	79
South Kesteven (including Bourne U.D.C.)	..	20,000	—	60
East Kesteven (including Sleaford U.D.C.)	..	28,000	—	97
West Kesteven, with approximate population	of	18,000	—	62
Grantham Borough	..	24,000	—	74
Stamford Borough	..	11,000	—	38
				410

N.B.—Sampling is done on the basis of 3 samples per annum per 1,000 of population.

## APPENDIX B

List of articles sampled during the year

Almonds, ground	4	Cream cakes	2
Apricots, dried	1	Custard tarts	1
Blackcurrant juice	2	Ginger, ground	1
Butter	7	Glycerine, lemon and honey	1
Butter confectionery	11	Groundnut oil	1
Butter walnut cake	1	Health salts	1
Celery salt	1	Honey	2
Cheese	5	Ice cream	7
Coconut, desiccated	1	Indian brandee	1
Coffee and chicory	1	Lemon juice	1
Colouring	1	Lollipop, iced	2
Condensed milk	3	Margarine	9
Cooking fat	1	Marzipan	3
Cream	17	Milk	202



### Water Supplies and Sewerage :

There is little doubt that within a short space of time the administration of public water supplies will have become the responsibility of Regional Water Boards. In this County it is proposed to establish two such Boards. The grouping of water undertakings undoubtedly has many advantages to offer ; however, regret will be felt when these important responsibilities are transferred from local authorities, particularly from those who in the past have done much to provide this essential service. The provision of mains water supplies in Kesteven has not presented the same difficulties as may be found elsewhere, for we are fortunate in having within the area abundant supplies of pure underground water.

Nineteen fifty-eight has been a period of consolidation rather than a time for initiating new schemes. A few mains extensions have been made and it is pleasing to report that the great majority of the villages in Kesteven now have a mains supply of water.

The following is a summary of the position as regards housing for the aged and as regards water supplies in the four Rural Districts :—

#### NORTH KESTEVEN RURAL DISTRICT COUNCIL :

Fifteen one-bedroom bungalows are under construction at Welbourn for the use of aged persons together with a large community room, over which will be a warden's flat. Each bungalow to be wired for emergency bell communication with the warden's flat. The bungalow will be provided with a settee ; this can be converted to a single bed when required. In addition, two single bedrooms will be available near the community room to accommodate visitors who cannot be housed in the individual bungalows. This work is expected to be completed by the end of April 1960. There are also 12 one-bedroom bungalows in course of erection on Council housing sites in other parts of the rural district and 16 others have received approval and will be erected shortly. These of course will not be supervised by wardens.

#### Water Supplies :

All parishes have a mains water supply.

#### EAST KESTEVEN RURAL DISTRICT COUNCIL :

A block of 36 bungalows are to be built in 1959/60 at Billingham together with a warden's residence. There are 22 other bungalows for the aged erected in other parts of the district.

#### Water Supplies :

Exclusive of Brauncewell, Roxholme and Howell, all parishes have a mains water supply.

#### WEST KESTEVEN RURAL DISTRICT COUNCIL :

There are 32 two-bedroom bungalows occupied by old persons at Great Gonerby. Built within a reasonable distance from each other it is proposed to wire them to a warden's bungalow.

#### Water Supplies :

With the exception of Easton and Woodnook all other parishes have a mains water supply.

## SOUTH KESTEVEN RURAL DISTRICT COUNCIL :

At present the Council has erected 22 old persons bungalows at Uffington, Baston and Folkingham. There is a further scheme to erect 19 bungalows with a warden's house at Deeping St. James but this project has been delayed owing to difficulties in connection with the acquisition of a site.

## Water Supplies :

The whole of the Rural District has a mains water supply with the exception of Holywell and Aunsby which are hamlets within the parish of Careby.

While the general position with regard to water supplies is very satisfactory, a great deal of work is required before I can report that all villages in Kesteven have satisfactory sewerage and sewage purification facilities. Indeed the facilities provided for the disposal of sewage effluents are not wholly satisfactory even in some of the larger centres of population. The bar to progress in this work is of course that of cost, which in the case of some of the smaller villages is almost prohibitive. Nevertheless, substantial progress has been made—for instance in North Kesteven eleven villages are sewered. The scheme serving the parishes of North Hykeham and Waddington has recently been extended to receive the sewage from the R.A.F. Station at Waddington. This involves some 100,000 gallons per day. Previously the effluent, after treatment, was discharged direct into the Lincolnshire Limestone and therefore a source of serious possible pollution to the underground water supplies has been removed. During the year the sewerage of Branston, Heighington and Washingborough was completed, with a modern disposal works, of first class design, to serve this scheme.

The West Kesteven Rural District Council has a number of sewerage schemes under consideration and they propose to carry out schemes for the following villages during the period 1959/60 :—Allington, Ancaster, Caythorpe, Harlaxton, Long Bennington.

In the Borough of Grantham the reconstruction and improvement of the whole of the Grange sewer proceeded throughout 1958, and at the same time complete reconstruction and enlargement of the culvert carrying the stream known as the Mowbeck through the town was in progress. Although this was a major engineering project the contractors have carried out their work with few complaints having been received of nuisances to public health.

New foul and surface water sewers were constructed at Gonerby Hill Foot to serve a small projected Council housing site, and extension to the foul sewer was made in Granta Crescent.

**General :**

During the year matters of general hygiene received attention ; they included the supervision of water supplies to properties owned by the County Council, joint investigations by the County Health Inspector and officers of the district councils in connection with refuse disposal, water supplies and housing, and the investigation of 22 complaints.

TABLE 1.—VITAL STATISTICS, 1958

DISTRICT	Popul'n Mid-year 1958 (R.G.Est.)	No. of Live Births			Crude Birth Rate	Nett Birth Rate	No. of Stillbirths			Deaths under 1 year of age			Inf. Mort. Rate	No. of Deaths			C'de Death Rate	Nett Death Rate	
		M	F	Total			M	F	Total	M	F	Total		M	F	Total			
Bourne .. ..	5,010	45	31	76	15.17	15.02	—	1	1	2	1	—	1	13.16	34	29	63	12.57	11.69
Grantham .. ..	24,400	177	171	348	14.26	14.26	5	3	8	4	3	7	20.11	160	133	293	12.01	10.81	
Sleaford .. ..	7,480	41	52	93	12.43	12.68	2	—	2	—	1	1	10.75	64	70	134	17.91	10.21	
Stamford .. ..	11,440	80	83	163	14.25	14.53	2	1	3	2	1	3	18.40	90	87	177	15.47	9.13	
Total Urban Districts ..	48,330	343	337	680	14.07	14.07	9	5	14	7	5	12	17.65	348	319	667	13.80	10.35	
East Kesteven .. ..	20,750	180	158	338	16.29	18.41	3	5	8	7	2	9	26.63	102	89	191	9.20	11.87	
North Kesteven .. ..	31,640	317	287	604	19.09	19.66	9	5	14	5	3	8	13.24	174	196	370	11.69	9.12	
South Kesteven .. ..	14,890	100	118	218	14.64	15.23	—	2	2	4	1	5	22.94	75	72	147	9.87	9.67	
West Kesteven .. ..	17,890	183	165	348	19.45	19.26	2	3	5	7	4	11	31.61	97	71	168	9.39	10.23	
Total Rural Districts ..	85,170	780	728	1,508	17.71	18.60	14	15	29	23	10	33	21.88	448	428	876	10.28	10.18	
Total Administrative County .. ..	133,500	1123	1065	2188	16.39	16.88	23	20	43	30	15	45	20.57	796	747	1543	11.56	10.29	

TABLE II.—SHOWING FOR EACH COUNTY DISTRICT THE NUMBER AND CAUSES OF DEATH DURING 1958

CAUSES OF DEATH	Bourne U.D.	Grantham Borough	Sleaford U.D.	Stamford Borough	Aggregate	E. Kesteven R.D.	N. Kesteven R.D.	S. Kesteven R.D.	W. Kesteven R.D.	Aggregate	TOTALS
1. Tuberculosis, respiratory ..	—	3	—	—	3	—	—	1	2	3	6
2. Tuberculosis, other ..	1	1	—	—	2	—	—	—	—	—	2
3. Syphilitic disease ..	—	1	—	—	1	—	2	—	—	2	3
4. Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ..	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—
8. Measles ..	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ..	—	2	—	—	2	1	1	—	1	3	5
10. Malignant neoplasm, stomach ..	2	13	2	6	23	5	8	3	5	21	44
11. Malignant neoplasm, lung bronchus ..	2	11	4	7	24	5	2	1	4	12	36
12. Malignant neoplasm, breast ..	—	6	3	5	14	2	7	3	4	16	30
13. Malignant neoplasm, uterus ..	1	1	—	2	4	1	3	3	1	8	12
14. Other malignant and lymphatic neoplasms ..	8	29	10	17	64	20	32	12	13	77	141
15. Leukaemia, aleukaemia ..	—	—	—	1	1	—	—	—	—	—	1
16. Diabetes ..	—	4	1	2	7	2	—	6	—	8	15
17. Vascular lesions of nervous system ..	8	42	19	27	96	31	46	23	23	123	219
18. Coronary disease, angina ..	7	25	25	33	90	34	60	21	13	128	218
19. Hypertension with heart disease ..	1	1	4	5	11	3	8	3	8	22	33
20. Other heart disease ..	15	61	33	14	123	14	91	28	30	163	286
21. Other circulatory disease ..	1	18	9	10	38	17	15	6	6	44	82
22. Influenza ..	3	—	—	2	5	1	5	—	1	7	12
23. Pneumonia ..	3	5	7	9	24	8	18	11	7	44	68
24. Bronchitis ..	—	19	3	5	27	10	11	3	6	30	57
25. Other diseases of respiratory system ..	—	2	1	—	3	1	1	3	1	6	9
26. Ulcer of stomach and duodenum ..	—	4	—	4	8	1	5	1	1	8	16
27. Gastritis, enteritis and diarrhoea ..	—	—	—	—	—	2	1	—	—	3	3
28. Nephritis and nephrosis ..	1	—	—	1	2	2	4	1	1	8	10
29. Hyperplasia of prostate ..	2	1	1	—	4	—	6	1	2	9	13
30. Pregnancy, childbirth, abortion ..	—	—	—	—	—	2	—	—	—	2	2
31. Congenital malformations ..	1	3	—	2	6	3	—	2	2	7	13
32. Other defined and ill-defined diseases ..	5	36	8	17	66	15	30	7	28	80	146
33. Motor Vehicle accidents ..	—	1	—	1	2	4	2	1	4	11	13
34. All other accidents ..	1	4	4	6	15	3	10	7	5	25	40
35. Suicide ..	1	—	—	1	2	2	2	—	—	4	6
36. Homicide and operations of war ..	—	—	—	—	—	2	—	—	—	2	2
ALL CAUSES ..	63	293	134	177	667	191	370	147	168	876	1543





TABLE IV.—INFANT WELFARE CENTRES, 1958

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer			
		Born in 1958	Born in 1957	Born in 1956 to 1953	Infants under 1	Children aged 1—2	Children aged 2—5	Total with Aver.	Infants under 1	Children aged 1—5	Total
ANCASTER— British Legion Hall	Fourth Thursday .. ..	13	13	14	91	42	28	161 (15)	43	24	67
BASSINGHAM— Comrades Hall	Second Tuesday .. ..	16	11	13	100	35	33	168 (14)	89	40	129
BILLINGBOROUGH— Toller Hall	Third Tuesday .. ..	21	30	35	190	124	158	472 (39)	54	50	104
BILLINGHAY— Church Hall	Second & Fourth Wednesday ..	24	22	36	324	180	139	643 (28)	129	125	254
BOURNE— The Clinic, North Road	First & Third Thursday .. ..	54	60	76	808	262	263	1333 (56)	97	75	172
BRACEBRIDGE HEATH Village Hall	Second & Fourth Thursday ..	38	27	51	520	248	212	980 (43)	174	149	323
BRANSTON Methodist Chapel	Second Tuesday .. ..	19	23	41	204	99	140	443 (37)	127	100	227
CASTLE BYTHAM Village Hall	Second Wednesday .. ..	11	14	14	92	56	46	194 (16)	44	11	55
CAYTHORPE— Village Hall	Second Wednesday .. ..	8	15	17	101	61	60	222 (19)	19	27	46
CLAYPOLE— Village Hall	First Thursday .. ..	8	22	20	104	40	73	217 (18)	33	20	53
COLSTERWORTH— Wesleyan School	Fourth Monday .. ..	16	15	36	130	78	131	339 (28)	27	24	51
CORBY— Church Room	Second Thursday .. ..	8	7	19	63	34	93	190 (16)	16	7	23
CRANWELL— R.A.F. Station	First & Third Thursday .. ..	31	30	23	338	114	30	482 (21)	—	—	—
EAGLE— Village Hall	Second Wednesday .. ..	13	13	24	94	79	70	243 (20)	83	121	204

TABLE IV (Continued)—INFANT WELFARE CENTRES, 1958

Address of Centre	Days of Opening	Individual Children who attended				Attendances				Consultations with Medical Officer		
		Born in 1958	Born in 1957	Born in 1956 to 1953	Total	Infants under 1	Children aged 1-2	Children aged 2-5	Total with Aver.	Infants under 1	Children aged 1-5	Total
FOLKINGHAM— Village Hall	First Friday .. .. .	4	6	8	18	32	18	24	74 (6)	15	5	20
FULBECK .. .. .	Last Wednesday .. .	12	12	23	47	99	35	44	178 (15)	33	9	42
Reading Room .. .	Tuesday a.m. and p.m. Wednesday p.m.	202	181	182	565	3227	695	650	4572 (29)	135	51	186
GRANTHAM— 40 Westgate	Thursday a.m. and p.m. Every Wednesday .. .	129	112	98	339	2349	419	230	2998 (58)	197	31	228
GRANTHAM— (Harrowby Lane) Methodist Church Hall	First Wednesday .. .	13	10	20	43	93	32	41	166 (14)	11	2	13
GREAT GONERBY— Memorial Hall	Third Thursday .. .	18	33	45	96	208	138	220	566 (47)	70	58	128
HECKINGTON— Village Hall	Second Thursday .. .	15	16	50	81	137	63	148	348 (29)	110	160	270
HEIGHINGTON— Methodist Schoolroom	First Friday .. .. .	15	2	3	20	114	51	70	235 (26)	97	86	183
HELPRINGHAM— Memorial Hall	First Wednesday .. .	5	8	11	24	44	18	38	100 (8)	21	7	28
INGOLDSBY— Village Hall	Third Monday .. .. .	—	9	13	22	15	12	15	42 (14)	13	19	32
LINCOLN— Doddington Road	Alternating Second Tuesday and Second Monday	19	22	31	72	153	89	139	381 (32)	23	20	43
LONG BENNINGTON— Village Hall	Second & Fourth Monday	45	41	11	97	457	65	15	537 (22)	80	14	94
MARKET DEEPING— Welland Room, New Inn	Third Wednesday .. .	7	13	29	49	100	75	128	303 (25)	76	143	219
MARTIN— Dr. R. E. Riley's Surgery	First & Third Wednesday	20	21	46	87	308	209	221	738 (31)	145	198	343
METHERINGHAM— Village Hall	Third Friday .. .. .	6	8	7	21	36	14	23	73 (7)	11	3	14
MORTON— Baptist Church Hall												

TABLE IV (Continued)—INFANT WELFARE CENTRES, 1958

Address of Centre	Days of Opening	Individual Children who attended				Attendances			Consultations with Medical Officer			
		Born in 1958	Born in 1957	Born in 1956 to 1953	Total	Infants under 1	Children aged 1-2	Children aged 2-5	Total with Aver.	Infants under 1	Children aged 1-5	Total
NAVENBY— Wesleyan School ..	Second Friday ..	12	21	40	73	98	58	112	268 (24)	86	144	230
NOCTON— R.A.F. Hospital ..	Wednesday, fortnightly ..	18	10	17	45	276	60	79	415 (17)	—	—	—
NORTH HYKEHAM— Wesleyan Schoolroom ..	Second & Fourth Tuesday ..	38	33	23	94	463	136	53	652 (27)	139	34	173
NORTH HYKEHAM— (Newark Road) Memorial Hall ..	First & Third Monday ..	38	38	40	116	386	152	135	673 (35)	265	174	439
OSBOURNBY— Village Hall ..	Last Thursday ..	16	5	16	37	92	43	38	173 (16)	37	24	61
POTTERHANWORTH— Village Hall ..	Third Friday ..	14	8	29	51	86	53	107	246 (21)	76	141	217
ROPSLEY— Village Hall ..	Third Friday ..	9	9	14	32	76	35	70	181 (15)	20	14	34
SKELLINGTHORPE— Women's Institute ..	Second Monday ..	20	13	30	63	159	70	101	330 (28)	143	146	289
SLEAFORD— Riversdale House, Westgate ..	Every Monday ..	68	65	95	228	1191	405	330	1926 (39)	196	68	264
SOUTH WITHAM— Church Hall ..	Third Wednesday ..	12	17	22	51	85	70	59	214 (19)	—	—	—
STAMFORD— The Clinic, Barnhill ..	Every Friday ..	114	113	96	323	1802	377	500	2679 (54)	197	69	266
SWINDERBY— Methodist Schoolroom ..	First Thursday ..	18	4	25	47	79	44	57	180 (15)	77	94	171
THURLBY— Chapel Hall ..	Second Friday ..	11	8	11	30	79	29	29	137 (11)	—	—	—
WADDINGTON— Church Hall ..	First & Third Tuesday ..	93	63	68	224	963	269	165	1397 (58)	274	135	409
WASHINGBORO— Village Hall ..	Third Thursday ..	21	17	37	75	137	95	120	352 (29)	106	148	254

TABLE V.—\*PREMATURE INFANTS BORN DURING 1958

Weight at Birth	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS					
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3lb. 4oz. or less	15	5	6	—	—	—	2	—	1	—	—	—	—	—	—	11	3	—
Over 3lb 4oz. up to and including 4lb 6oz.	21	3	15	—	—	—	1	—	1	—	—	—	—	—	—	4	1	—
Over 4lb 6oz. up to and including 4lb. 15oz.	22	—	21	3	—	3	3	—	3	—	—	—	—	—	—	1	—	—
Over 4lb. 15oz. up to and including 5lb. 8oz.	64	3	59	19	1	18	3	—	3	—	—	—	—	—	—	1	—	—
Totals	122	11	101	22	1	21	9	—	8	—	—	—	—	—	—	17	4	—

\*i.e., babies weighing 5½lbs. or less at birth, irrespective of period of gestation.

Area	CASES ASSISTED. ANALYSIS BY TYPE OF CASE							Number of helps employed at end of year. (All part-time)	Total hours worked by Helps
	Maternity	T.B.	Chronic Sick (Under 65 years)	Chronic Sick (Over 65 years).	Others (Short term-sickness, etc.	Total			
GRANTHAM									
1957	12	5	240	17	274	81	44,816		
1958	10 (8)	5 (—)	35 (12)	9 (9)	265 (108)	79	43,314		
SLEAFORD									
1957	10	1	125	12	148	40	38,881		
1958	12 (11)	2 (1)	17 (8)	10 (10)	162 (62)	45	35,555		
NORTH KESTEVEN									
1957	3	3	47	12	65	17	11,220		
1958	8 (7)	2 (1)	13 (5)	5 (3)	74 (37)	26	13,667		
STAMFORD									
1957	4	—	82	11	97	30	31,315		
1958	— (—)	— (—)	9 (—)	3 (2)	96 (22)	32	33,521		
BOURNE									
1957	5	—	51	22	78	21	17,727		
1958	5 (2)	— (—)	7 (2)	11 (4)	91 (24)	23	21,962		
TOTALS									
1957	34	9	545	74	662	189	143,959		
1958	35 (28)	9 (2)	81 (27)	38 (28)	688 (253)	205	148,019		

The figures in brackets denote new cases helped, *i.e.* cases who had not received help before 1958.

TABLE VII — DOMESTIC HELP SERVICE

Area	Cases assisted during 1958 Analysis by period of time helped (up to 31.12.58)					Totals
	Over 1 Year	6 months to 1 year	3 months to 6 months	Under 3 months		
GRANTHAM .. ..	145	37	27	56		265
SLEAFORD .. ..	84	19	16	43		162
NORTH KESTEVEN ..	21	14	12	27		74
STAMFORD.. ..	62	12	8	14		96
BOURNE .. ..	44	13	10	24		91
TOTALS .. ..	356	95	73	164		688

TABLE VIII.—DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES IN RURAL AND URBAN DISTRICTS, 1958  
(including Non-Civilians)

Sanitary District	Total No. notified	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Acute Pneumonia	Ophthalmia Neonatorum	Puerperal Pyrexia	Dysentery	Erysipelas	Acute Poliomyelitis		Para-Typhoid Fever	Acute Encephalitis		Meningococcal Infection	Food Poisoning	Malaria	Enteric Fever
											Paralytic	Non-Paralytic		Infective	Post Infectious				
Bourne U.D.	173 (89)	17	—	128	—	13	—	—	4	3	—	—	—	—	—	—	8	—	—
Grantham M.B.	530 (472)	30	—	466	8	9	—	14	—	1	—	—	—	—	—	2	—	—	—
Sleaford U.D.	58 (346)	—	—	35	7	5	1	—	—	1	—	—	—	—	—	1	8	—	—
Stamford M.B.	518 (80)	11	—	438	54	14	—	—	—	—	—	—	—	—	—	—	1	—	—
Aggregate of Urban Districts	1279 (987)	58	—	1067	69	41	1	14	4	5	—	—	—	—	—	3	17	—	—
E. Kesteven R.D.	139 (825)	3	—	100	21	3	—	1	—	4	1	—	—	—	—	—	6	—	—
N. Kesteven R.D.	210 (690)	3	—	169	27	5	—	1	—	2	—	—	—	—	—	—	3	—	—
S. Kesteven R.D.	542 (340)	12	—	474	24	10	—	—	15	5	1	—	—	—	—	—	1	—	—
W. Kesteven R.D.	438 (293)	6	—	407	15	5	—	2	1	—	—	—	—	—	—	—	—	1	—
Aggregate of R.D.'s	1329 (2148)	24	—	1150	87	23	—	4	16	11	2	1	—	—	—	—	10	1	—
Totals for whole County	2608 (3135)	82	—	2217	156	64	1	18	20	16	2	1	—	—	—	3	27	1	—
		(66)	(—)	(2433)	(429)	(123)	(—)	(13)	(12)	(15)	(21)	(9)	(1)	(1)	(3)	(6)	(1)	(1)	(1)

TABLE IX—CLINICS.

Address	Dental	Orthopaedic	Ophthalmic*	E.N.T.*	Speech Therapy	Child Guidance
Beaconfield, Grantham	Mon.—Fri. 9 a.m.—5 p.m. Sat. 9 a.m.— —12 noon	Mon. 9-12 noon Wed. 9 a.m.— 5 p.m. Fri. 9 a.m.— p.m. Sat. 9-12 noon	1st & 3rd Fri. each month 10 a.m.—1 p.m.	Last Fri. each month 11—12 noon	Tues. 9 a.m.— 4.30 p.m. Fri. 2—4.30 p.m.	Mon. 9.15 a.m.— 12.30 p.m. 1.30—5 p.m.
Barnhill House, Stamford	As required	Tuesday 2—4.30 p.m.	1st and 3rd Thurs. each month, 2—4 p.m.	—	Mon. 9.30 a.m. —4.30 p.m.	—
North Street, Bourne	As required	Tuesday 10-12 noon	4th Thursday each month 11.30 a.m.— 4 p.m.	—	Thurs. 2-4 p.m.	Bourne House Hostel Tues. 2.30 —5 p.m.
Riversdale House, Sleaford	Mon.—Fri. 9 a.m.—5 p.m. Sat. 9 a.m.— —12 noon	Monday 2—4.30 p.m. Thursday 9.30 a.m.— 4.30 p.m.	2nd Tues. each month, 3—5.30 p.m.	1st Fri. each month 11 a.m.— 1 p.m.	Wed. 9 a.m.— 12 noon Thurs. 9 a.m. —12 noon	Fri. 2.15 —5 p.m.
30 Lindum Road Lincoln	—	—	—	—	Wed. 2— 4.30 p.m.	—

\*under arrangements with the Regional Hospital Boards.

Surgeon  
attends as  
required

All services by appointment only.

TABLE X—ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1938, IN CASES OF UNSATISFACTORY SAMPLES. 1958.

Sample No.	Article.	Report of Analyst.	Action Taken.
38	Stewed steak	Contained 80.3% meat instead of the 95% claimed on the label. The Analyst added, "I am constantly meeting with this sort of thing, particularly from Australia".	The importers, a reputable Liverpool firm, were informed of the Analyst's report and promised to write to the canners in Australia. In the meantime, the Association of Public Analysts has made a complete survey of the results of analyses of canned meat products and placed their findings before the Ministry.
92	Mixed fruit jam	Contained 66% of soluble solids instead of the 68.5% required by the Food Standard (Preserves) Order, 1953.	Although the minimum quantity of soluble solids in jam required by law is 68.5%, there is a proviso that jam packed in hermetically sealed containers may contain a minimum of 65%. This jam was, in fact, sold in an hermetically sealed jar, though this was not stated on the portion sent to the Analyst.
166	Camembert cheese	Full examination not possible because of over-ripeness.	A further sample of this imported cheese was found to be satisfactory.
237	Iced lollipop	No declaration of ingredients on the paper wrapper.	Under the Labelling of Food Order, 1953, this commodity is required to bear on the wrapper a list of ingredients. When the attention of the manufacturers was drawn to this omission, it was found that the Bradford firm responsible was in process of being taken over by a Birmingham concern. There was, in fact, no infringement of the Food and Drugs Act.
272	Potted beef	Contained 2.68% of dry starchy matter.	The attention of the manufacturers was drawn to this slight adulteration and later, a further sample was obtained. This was found to be 100% pure.
341	Pork sausages	Contained 60.5% of meat.	In view of the comparatively small deficiency, the vendor was cautioned.

TABLE X (cont.)—ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1938, IN CASES OF UNSATISFACTORY SAMPLES, 1958.

Sample No.	Article.	Report of Analyst.	Action Taken.
342	Vienna steaks with meat sauce	Description of ingredients too vague.	While the Analyst was satisfied with this commodity so far as the Food & Drugs Act was concerned, he felt that the description of some of the ingredients was not in strict compliance with the requirements of the Labelling of Food Order. The matter was referred to the canners, whose chief chemist agreed to make certain amendments.
345	Butterscotch	19.4% deficient in butterfat—i.e. contained 3.24% instead of a minimum of 4%.	This sample, which was labelled to suggest a butterscotch of superior quality (Doncaster Butterscotch of Finest Quality) was, in fact, manufactured at Newcastle-on-Tyne. Legal proceedings were instituted and the firm fined £5 with £2 12s. 6d. costs.
361	Minced pork in jelly	Contained 65% pork meat and 35% jelly.	The Analyst's main criticism was directed against the high proportion of "jelly" in a pack which was labelled MINCED PORK in large letters and "in jelly" in very small letters. After careful consideration, it was decided to take no action.
366	Butter	Contained 0.3% excess moisture.	This locally-blended butter contained 16.3% of moisture instead of the maximum of 16% permitted. It was ascertained that the blenders made their own moisture tests, but that their equipment for doing so was old and gave rise to an error of slightly more than 1%. In the circumstances it was thought that a caution would meet the case.
369	Malt vinegar	Contained at least 70% of added water.	The Lincoln manufacturers were prosecuted and fined £5 with £2 12s. 6d. costs. They pleaded Guilty and explained that this watery mixture had been despatched accidentally.

**TABLE X (cont.)—ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1938, IN CASES OF UNSATISFACTORY SAMPLES, 1958.**

Sample No.	Article.	Report of Analyst.	Action Taken.
370	Cream of Chicken Soup (Condensed)	This soup does not appear to be entitled to the word "condensed".	The question of the use of the word "condensed" was taken up with the English importers of this Canadian product. Subsequently, an executive of the Canadian firm gave assurances that stocks of this pack would be withdrawn.
389	Lingonberry preserve	Low in soluble solids.	The question of the deficiency in soluble solids was taken up with the Swiss manufacturers who explained, however, that this commodity was not, strictly speaking, a jam. In these circumstances, the applicability of English standards for jam is in doubt and has not yet been finally resolved.
390	Indian Curried Chicken in butter (with bone)	Contained 10% of bone and 2% of butterfat and 2.75% other fats.	Here again, the main criticism was against the labelling of this article, the words IN BUTTER being in large letters and the words "with bone" being very small indeed. The whole question of this particular pack was raised with the makers and, as a result, they have agreed to make a boneless curried chicken and leave out altogether any reference to butter.
—	Jam tart	Not submitted to Analyst.	This article was submitted by a North Hykeham housewife because she had found a 1-inch nail embedded in it. The tart and nail were made available to the manufacturers, whose chief chemist admitted the validity of the complaint. Legal proceedings were instituted and the firm fined £5 with 5s. 0d. costs.
—	Milk	Not submitted to Analyst.	This bottle of milk, which contained a number of dead flies, was submitted by the supervisor of a South Kesteven works' canteen. After a full inquiry carried out in collaboration with the South Kesteven sanitary authorities, it was decided that the question of blame could not be adequately resolved to justify further action.

## AMBULANCE SERVICE

### Revised Scheme for the Provision of Ambulance Services under Section 27

(as approved by the Minister of Health on 20th February, 1958.)

These re-cast proposals shall become effective on or after 1st April, 1958, on the termination of the Agency Service operated by the St. John Ambulance Brigade.

#### 1. Administration

The Service will be the responsibility of the Local Health Authority and will be administered by the Health Committee through the County Medical Officer of Health, who will be in executive charge. The administrative headquarters will be at the County Offices, Sleaford. The detailed functioning of the Ambulance Service will be the responsibility of the Ambulance Officer, who will act under the direction of the County Medical Officer of Health.

#### 2. Existing and Proposed Services

##### (a) AMBULANCE STATIONS

**EXISTING** Rented ambulance garages at Sleaford, Grantham and Stamford. 1 County Council Ambulance Station at Bourne.

**PROPOSED** As soon as practicable it is proposed to replace the existing rented ambulance garages by the erection of new ambulance stations at Sleaford, Grantham and Stamford.

##### (b) VEHICLES

The minimum number of ambulances capable of carrying two or more stretchers required to provide an adequate service is 11. The maximum number of vehicles of all types (including ambulances, one stretcher dual purpose and sitting case vehicles) required to meet foreseeable demand is 23.

##### (c) STAFF

**EXISTING OPERATIONAL** 11 whole-time Driver/Attendants  
12 part-time Drivers  
Voluntary attendants provided by voluntary organisations.

**PROPOSED OPERATIONAL** 24 whole-time Driver/Attendants  
1 whole-time Female Attendant.

The minimum number of whole-time driver/attendants required to provide an adequate service is 21 and the maximum number 27.

## (d) MAINTENANCE AND REPAIR OF VEHICLES

All ambulances and sitting-case cars will be properly serviced and maintained by commercial garages. The necessary steps have been taken to secure first priority for all such work.

## (e) DEVELOPMENT PLAN

The requirements of the ambulance service will be kept under constant review and such increases as are made essential by increased demand on the service will be made from time to time up to the maxima before mentioned in the number of vehicles and staff, or to such greater numbers as the Minister of Health may from time to time approve.

## (f) QUALIFICATIONS OF STAFF AND ARRANGEMENTS FOR FURTHER TRAINING

All personnel, attendants as well as drivers, who are not proficient in first aid will be required to undergo a course of instruction as soon as practicable. Refresher Courses will be arranged from time to time. Personnel will also be trained in the disinfection and disinfection of vehicles and equipment. In addition, special arrangements will be made to ensure that an adequate number of drivers and attendants are protected by vaccination.

**3. Joint arrangements with other Local Health Authorities**

A comprehensive ambulance service will continue to be provided by the City of Lincoln as at present to cover the Rural District of North Kesteven and two parishes in the Rural District of East Kesteven.

Arrangements will be made, if requested to do so, to continue the existing Agency Services at present provided for the adjoining local health authorities, i.e. the Counties of the Soke of Peterborough, Northampton and Rutland—the areas to be served to be determined by mutual arrangement and upon such terms as may be agreed.

**4. Operational arrangements**

## (i) INFECTIOUS DISEASES

One ambulance will be provided at each of the 4 ambulance stations, Grantham, Sleaford, Stamford and Bourne, for the transport of cases of infectious disease. Arrangements have been made by the appropriate Regional Hospital Boards for the provision of vehicles and staff for the conveyance of cases of smallpox.

## (ii) CALL-OUT AND EMERGENCY ARRANGEMENTS

Emergency calls for accidents, sudden illness in public places or places of employment will be accepted without question. Ambulance transport for other purposes will be provided only on the request of an authorised person.

“ Authorised Person ” will consist of medical practitioners, registered dentists, midwives, district nurses, health visitors and school nurses, senior staff of hospital and nursing homes, members of the Police Force on duty, registered medical auxiliaries, welfare officers, senior officers of the Local Health Authority's Department.

The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County informed of the action to be taken to call an ambulance.

(iii) SUPPLEMENTARY SERVICES

In addition to the vehicles specified in the scheme, there are a number of owner/drivers of private motor cars who are available, by arrangement as required, for the transport of sitting cases.

(iv) ARRANGEMENTS FOR RAIL TRANSPORT

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for the whole or part of it by railway, as a stretcher case or in some similar way involving special arrangements with the Railway undertaking and/or Local Health Authorities, the Local Health Authority will arrange accordingly.







