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County of Lincoln — Parts of Kesteven

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ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER

OF HEALTH

for the Year

1964





County of Lincoln — Parts of Kesteven



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COUNTY MEDICAL OFFICER

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COUNTY OF LINCOLN - PARTS OF KESTEVEN

HEALTH COMMITTEE

(Constitution as at 31st December, 1964)

CHAIRMAN:

Councillor S. P. KING

VICE-CHAIRMAN:

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

Aldermen:

Capt. H. W. N. FANE, D.L.

Chairman of the County Council
(ex-officio)

C. H. FENELEY

H. L. HUDSON

H. P. KELWAY

Chairman of Finance Committee
(ex-officio)

J. H. LEWIS, M.A.

Vice-Chairman of the County Council
(ex-officio)

W. E. YOUNG

Councillors:

Mrs. C. A. BAKER

Mrs. M. BANGAY

A. E. BELLAMY

Mrs. G. M. BOYFIELD

E. J. GRIEVES

J. R. GRUMMITT

H. KNOWLES

Mrs. M. LARGE, M.A., B. Comm.

C. E. MARSHALL

T. W. MAWER

Mrs. E. C. PACKER

Rev. S. RADFORD

Mrs. N. ROBSON

H. SCARBOROUGH

E. A. SKINNS

Mrs. H. SMITH

J. E. SNELL

H. F. STEWARD

J. H. W. TAYLOR

G. E. WALTHAM

Co-opted Members:

Mrs. T. H. N. BATTLE

Mrs. J. C. B. HARRISON

Mrs. A. E. MILLETT

Mrs. I. PICK

Representing Kesteven Local Medical and Panel Committee:

T. K. BRANDRETH, M.B., B.S.

Representing Kesten Local Dental Committee:

F. H. WALLACE, L.D.S., R.C.S.(ENG).

PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL

County Medical Officer of Health :

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

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

Deputy County Medical Officer of Health :

IRENE F. BLAKENEY, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H., D.C.H.
(resigned 31.10.64.)

E. A. WHITELEY, M.B., Ch.B., (appointed 25.11.64.)

Senior Medical Officer :

E. A. WHITELEY, M.B., Ch.B. (to 24.11.64.)

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

E. I. BLENKINSOP, M.B., B.S., D.P.H. (resigned 3.9.64.)

C. W. SHEARER, M.B., Ch.B., D.P.H.

H. ELUIS SMITH, M.B., B.Ch., B.A.O., D.P.H.

MARGARET A. LORAINÉ, M.B., Ch.B., D.P.H., D.C.H., B.Sc. (appointed
1.10.64.)

MARY ANDERSON, M.R.C.S., L.R.C.P., (appointed 1.9.64. to 30.9.64.
temp. part-time) (full-time from 2.11.64.)

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.B.s)

Consultant Staff :

The part-time services of the following consultants have been made
available during the year to this Authority by arrangements 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.

S. P. REDMOND, M.B., B.Ch., B.A.O., D.O.M.S.

B. A. CHAUDHARY, M.B., B.S., D.T.M.&H., D.O.

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.

M. SPENCER HARRISON, M.D., F.R.C.S., F.R.C.P.

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.

Chief Dental Officer:

J. E. MANN, L.D.S., R.C.S.

Area Dental Officer :

W. GARETH THOMAS, L.D.S., R.C.S. (appointed 14.12.64.)

1 VACANCY

Dental Officer :

1 VACANCY

Anaesthetists :

N. H. BLOOM, M.R.C.S., L.R.C.P., D.A. (part-time)

A. CAMPBELL HOLMS, M.B., Ch.B., F.F.A.R.C.S., D.A. (part-time)

Dental Surgery Assistants :

Miss A. M. TURNER

Miss C. M. WILLOWS

Public Analyst : (part-time)

E. R. W. FOGDEN, B.Sc., F.R.I.C.

County Nursing Superintendent :

Non-Medical Supervisor of Midwives :

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

Assistant County Nursing Superintendent :

Miss M. C. EDWARDS, S.R.N., S.C.M., H.V.Cert.

County Health Visitors :

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

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

Mrs. F. H. COCK, S.R.N., S.C.M., H.V.Cert. (resigned 4.9.64.)

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

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

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

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

Miss E. McNAIR, S.R.N., S.C.M., H.V.Cert. (appointed 1.4.64.)

Miss M. PHILLIPS, S.R.N., S.C.M., S.R.F.N., H.V.Cert.

Mrs. P. J. STEVENSON, S.R.N. (appointed 10.12.64.)

Mrs. S. J. SUTTON, S.R.N., S.C.M., H.V.Cert. (appointed 26.10.64.)

Mrs. M. M. TUCKER, S.R.N., H.V.Cert.

Mrs. J. L. JONES, S.R.N., S.C.M., H.V.Cert. (appointed 1.12.64.)
(part-time)

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.

Speech Therapists :

Mrs. M. E. WATSON, L.C.S.T.

Miss H. A. SMITH, L.C.S.T.

County Health Inspector :

J. F. LOFTHOUSE, M.R.S.H., M.I.P.H.E., M.A.P.H.I.

Home Help Organiser :

Mrs. D. JONES

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

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

Non-Medical Staff : Mental Health Services :

Senior Mental Welfare Officer :

N. A. CLARKE, A.I.S.W.

Mental Welfare Officers :

W. HOLMES, A.I.S.W.

D. WRAY

Miss W. PICKERING

R. G. BOYFIELD (appointed 1.4.64.)

Sandon School (Junior Training Centre) Grantham :

Supervisor :

Mrs. E. F. M. SURRIDGE

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)	Chief 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	E. I. Blenkinsop, M.B., B.S., D.P.H. (resigned 3.9.64.) Margaret A. Loraine, M.B., Ch.B., D.P.H., D.C.H., B.Sc. (appointed 1.10.64.)	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.	N. Buckle, A.R.S.H.
Rural District of North Kesteven	E. I. Blenkinsop, M.B., B.S., D.P.H. (resigned 3.9.64.) Margaret A. Loraine, M.B., Ch.B., D.P.H., D.C.H., B.Sc. (appointed 1.10.64.)	J. Freeman, M.I. Mun.E. M.R.S.H., M.A.P.H.I.
Rural District of East Kesteven	E. I. Blenkinsop, M.B., B.S., D.P.H. (resigned 3.9.64.) Margaret A. Loraine, M.B., Ch.B., D.P.H., D.C.H., B.Sc. (appointed 1.10.64.)	J. A. Saville, M.A.P.H. 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.	M. F. Johnson, M.A.P.H. C.R.S.H.

FOREWORD

To the Chairman, Aldermen and Members of the Kesteven County Council

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report for 1964.

The general health of the County remained satisfactory. There were no major epidemics during the year. The number of live births was 2,584 giving a birth rate per thousand population of 17.95, compared with 18.4 for England and Wales. The number of deaths was 1,597, giving a death rate of 10.55 compared with 11.3 for England and Wales. As in previous years, about 50% of the deaths in the County were caused by cancer and heart disease.

Details of the work undertaken during the year will be found in the various sections of this Report.

INFANT MORTALITY

It will be noted that the infant mortality rate is slightly higher than in 1963. The number of deaths of infants under one year was 55 compared with 46 for 1963. The main causes of deaths were congenital defects, which numbered 18, prematurity 14, accidents 2, other causes 21.

ILLEGITIMACY

I should like also to draw particular attention to the investigation in connection with illegitimacy about which there is a full report on page 20. This investigation brings out some very important factors, notably 69 of the 94 mothers for whom details are available were dealt with under the normal National Health Service arrangements and of the total number of babies born at least 51 are known to have been kept by the mothers.

PERINATAL MORTALITY SURVEY

During the year Dr. E. A. Whiteley conducted a Perinatal Mortality Survey on the 69 perinatal deaths (stillbirths and deaths during the first week of life) which occurred in Kesteven during 1963. The findings of the survey which are published in full in the body of the Report were most interesting and followed closely the results of the National Survey in 1958. Unfortunately, as this survey was carried out in retrospect it was impossible to gain details of all cases and some of the information on the cases investigated was not as complete as we could have wished. To draw definite conclusions on the causes of death is not possible without comparable details of all normal births occurring during the same period; with this end in view, and helped by the experience we have gained in this preliminary survey, we intend to launch a more comprehensive survey on all births occurring in Kesteven during 1966.

HOME HELP SERVICE

I am indebted to Mrs. Packer, County Organiser of the Meals on Wheels Service for her interesting report on this Service. The W.V.S. staff are to be complimented for their valuable contribution to the standard of nutrition amongst the elderly.

I would also like to thank Dr. Holt who has contributed a very worthwhile report on the Family Doctor and Home Help Service. Dr. Holt's report appears on page 51 and it emphasises the important social part played by the home help in the community care services.

MENTAL HEALTH SERVICES

The Mental Health Services continue to increase. It was necessary during the year for the Committee to consider the appointment of an extra Mental Welfare Officer. This appointment has now been made. The following figures give some indication of the mental illness side of the work :-

Prevention, Care and After-Care

	<u>Visits</u>	<u>No. of Cases Referred</u>
1961	642	Cases negligible
1962	1,668	160
1963	2,333	590
1964	3,082	613

In connection with the arrangement for dealing with subnormals, many tributes have been paid to the work carried out by the staff at Sandon School. The Mental Welfare Officers continue to visit the homes of subnormals; this visiting service is very much appreciated by the parents and relatives. The following figures give some indication of the visits made :-

1962	881
1963	1,111
1964	1,240

A full report on the work of the Mental Welfare services will be found on page 54 of the Report.

I would like to express to the Chairman and Vice-Chairman of the Health Committee my appreciation of their advice and support, and I would also like to thank the members of the Health Committee for their kindness and consideration during the year. Also, I would like to pay a special tribute to the members of the Health Department Staff for the valuable service they have rendered during the year. I am also grateful to the family doctors and hospital staffs for their understanding and co-operation.

I am My Lord, Ladies and Gentlemen,

Yours faithfully,

T. J. O'SULLIVAN,

County Medical Officer of Health.

Public Health Department,
County Offices,
Sleaford,
Lincs.

	<u>Males</u>	<u>Females</u>	<u>Totals</u>
Total Live and Still-births ..	1,346	1,278	2,624
Infant Deaths (i.e. under 1 year)			
Total	32	23	55
Legitimate	30	22	52
Illegitimate	2	1	3

Infant Mortality Rate per 1,000 Live Births:

Total	21.28
Legitimate (per 1,000 legitimate live births)	21.02
Illegitimate (per 1,000 illegitimate live births)	27.27
Deaths of Infants under 4 weeks	37
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	14.32
Deaths of Infants under 1 week	29
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	11.22
Perinatal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	26.30
Maternal Deaths (including abortion)	1
Maternal Mortality Rate per 1,000 Live and Still-births	0.38

BIRTHS

The Live Birth Rate of 17.95 per thousand of the estimated population was lower by 0.69 than that of the previous year. The number of live births belonging to the Administrative County was 2,584 (1,327 males and 1,257 females) compared with 2,638 (1,353 males and 1,285 females) in 1963.

The 110 illegitimate live births - representing 4.26 per cent of the total - showed a decrease of 0.29 on the figure for the previous year, when there were 120 (4.55 per cent of the total) such births.

The number of Still-births, 40, was the same as the previous year and the Still-birth Rate, 15.24 was much lower than the average for the previous ten years.

The following Table, which gives comparative statistics relating to births in the Administrative County since 1950 is of interest :

Year	LIVE BIRTHS				STILLBIRTHS	
	Legitimate	Illegitimate	Total	Rate (per 1,000 pop.)	No.	Rate (per 1,000 Total births)
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
1959	2,135	85	2,220	16.64	53	23.3
1960	2,257	89	2,346	17.35	40	16.7
1961	2,236	81	2,317	16.81	34	14.4
1962	2,396	101	2,497	17.80	54	21.2
1963	2,518	120	2,638	18.64	40	14.9
1964	2,474	110	2,584	17.95	40	15.2

The number of births notified in the County under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notifications was 2,549 live births and 41 still births.

Details of births in each of the 8 County Districts will be found in Table 1 on page 74.

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
1. Coronary Disease, Angina	262	1.82
2. Other Heart Diseases	251	1.74
3. Vascular Lesions of Nervous System	213	1.48
4. Other defined and ill-defined diseases	133	0.92
5. Pneumonia	130	0.90
6. Other Malignant and Lymphatic Neoplasms	122	0.85
7. Other Circulatory Disease	90	0.63
8. Bronchitis	62	0.43
9. Malignant Neoplasm, Lung, Bronchus	57	0.40
10. Malignant Neoplasm, Stomach	31	0.22
11. Accidents (other than motor vehicle)	31	0.22
12. Malignant Neoplasm, Breast	28	0.19
13. Motor Vehicle Accidents	27	0.19
14. Hypertension with Heart Disease	23	0.16

The Crude Death Rate from all causes for the County was 11.10 per thousand of the estimated population, while the Nett Rate was 10.55 compared with 11.22 the previous year. The rate for England and Wales was 11.3. The number of deaths, which include those of members of the armed forces stationed in the area was 1,597 (815 males and 782 females), the figures for 1963 were 1,672 (865 and 807 respectively). The proportion of deaths over 65 years of age was 72.01 per cent in the year under review, as compared with 72.61 per cent in 1963, 73.15 per cent in 1962, 71.67 per cent in 1961 and 71.3 per cent in 1960.

There were 55 deaths of infants under one year, representing an Infant Mortality Rate of 24.28 per thousand live births. The rate for England and Wales was 20.0

There was one death from maternal causes during 1964, giving a maternal mortality rate of 0.38 per 1,000 live and still births. The maternal mortality rate for the country as a whole was 0.25.

Deaths from Respiratory Tuberculosis amounted to 3, giving a rate of 0.02 deaths per thousand of the estimated population.

The following Table shows the number of deaths and rates during the past 10 years :-

YEAR	DEATHS (All Causes)		DEATHS (Infants under 1 year)		DEATHS (Maternal Causes)	
	No.	Rate	No.	Rate	No.	Rate
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
1959	1,505	11.28	38	17.12	0	0.00
1960	1,559	11.53	48	20.46	0	0.00
1961	1,560	11.32	44	18.99	1	0.42
1962	1,639	11.68	50	20.02	0	0.00
1963	1,672	11.81	46	17.44	0	0.00
1964	1,597	11.10	55	21.28	1	0.38

The deaths registered under Heart Disease during 1964 numbered 536. Reference to the Chief Causes of Death show that this remains the principal cause. The death rate per 1,000 of the estimated population at 3.7 was 0.2 lower than in 1963. The following is a statement of fatalities from Heart Disease during the years 1950 to 1964 :-

Year	No. of Deaths	Crude Death Rate per 1,000 of estimated population	Percentage of total Deaths from all causes
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
1959	514	3.85	34.1
1960	565	4.18	36.2
1961	520	3.77	33.3
1962	566	4.03	34.5
1963	549	3.88	32.8
1964	536	3.72	33.6

Further information regarding the causes of death, etc. will be found on page 75 and in Table III (inset).

DEVELOPMENT OF LOCAL AUTHORITY
HEALTH SERVICES

It will be remembered that local health and welfare authorities were asked by the Ministry of Health in 1962 to submit by the end of that year plans for the development of their services over the next ten years. A year later they were asked to furnish revised plans carrying them forward a further two years to take them up to 1974. During 1964 the Ministry issued a summary of the revised plans to all local authorities in England and Wales and in a covering circular (13/64) stated that while authorities would no doubt wish to revise their plans every year and on each occasion bring them forward one year, the Minister did not expect them to send him the results of the revisions carried out in 1964. The Health Committee did, however, give full consideration to this matter and agreed the necessary revisions.

Progress in the erection of a hostel for mentally subnormal children at Grantham (originally scheduled for completion in 1964) was maintained and the building is expected to be completed and occupied about the middle of 1965. The hostel and training centre for mentally subnormal adults in the same town, which it had been hoped to start building in 1964, was still only at sketch plan stage by the end of the year as also were the project for the new clinic at North Hykeham and extensions to the existing clinic at Grantham.

Difficulties in obtaining a site prevented any progress being made in the planning and erection of the clinic at the Deepings and the approved extensions to the Stamford clinic had still to remain in abeyance.

During the year the Health Committee gave consideration to the type of accommodation in use for infant welfare centres, and after studying reports on the position agreed to (i) the adoption of certain minimum standards in relation to the provision of sanitary accommodation, handwashing facilities, lighting, ventilation, heating and general cleanliness which should operate in all premises used by the County Council as Infant Welfare Centres and (ii) a letter being sent to secretaries of halls, etc. where infant welfare centres are held drawing attention to these standards and where the premises do not conform thereto the matter be taken up with a view to any necessary improvements being carried out within a reasonable time and reports submitted from time to time to the Sub-Committee for consideration and approval of any revision in the terms of tenancies.

The Committee also suggested that so far as the larger centres of population were concerned consideration might be given at an opportune time to incorporating infant welfare centres in other County Council building projects that might be planned. In this connection approval was given later in the year to the erection of a prefabricated purpose-built centre in conjunction with a branch library at Metheringham. This was to be regarded as an experimental scheme which it was hoped would provide some guidance as to future policy in this field.

CARE OF MOTHERS AND YOUNG CHILDREN

INFANT WELFARE CENTRES

Fifty-seven centres were maintained by the Council at the end of the year. Two new centres were taken over during the year; these are at Barrowby and Stoke Rochford. Five of the centres are held at County Council clinic premises and fifty-two at rented premises such as village halls, church halls, etc.

The majority of our centres are run with the aid of voluntary committees and helpers, and I would again express my thanks and the thanks of the Health Committee to them for the extremely valuable work they undertake.

The total attendances and the number of individual children who attended the centres show an increase over the figures reported for 1963. Full details of each centre, showing the days when they are open, attendances during 1964, etc. appear in Table on page

Total Attendances :-

Children born in 1964	15,558
Children born in 1963	14,625
Children born in 1959-1962	10,016
	<hr/>
	40,199

Number of Individual Children who Attended :-

Born in 1964	1,900
Born in 1963	1,673
Born in 1959-1962	1,660
	<hr/>
	5,233

Number of Consultations with Medical Staff 7,355

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

Year	Individual Children who attended I.W.C.s	Total Attendances	Consultations with M.O.
1960	4,470	30,492	6,706
1961	4,461	30,651	6,738
1962	4,458	30,719	5,845
1963	4,958	34,335	7,139
1964	5,233	40,199	7,355

In addition there are ten "unofficial" centres, seven in villages and three at Royal Air Force stations. These centres are organised on an informal basis by district nurses and other interested persons, and during 1964, 3,930 attendances were recorded.

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	35	63	4	12	17	18
Stamford	1	2	-	-	1	1
Sleaford	26	38	3	3	10	7
Bourne	3	3	-	-	1	2
Lincoln	16	16	-	-	7	6
TOTALS	81	122	7	15	36	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.

Orthopaedic

Specialist clinics continued to be held at the Authority's premises at Grantham and Sleaford and 66 pre-school children (including 43 new cases) were seen by the Surgeons in attendance who held 149 consultations. 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 66 pre-school children; these children made 1,352 attendances.

Ear, Nose and Throat

So far as pre-school children are concerned, the same arrangements for the examination and ascertainment in their cases apply as for children of school age. When such cases come to our notice they are, with the approval of the family doctor, referred to the appropriate specialist, and his recommendations are acted upon.

Our Health Visitors have also received special training in connection with identifying deaf children and carry out the recommended tests on children attending our infant welfare centres. Audiometric tests are also carried out by our Speech Therapists on children referred by the medical and nursing staff.

Six children of pre-school age were seen as new cases by Mr. G. W. Morey at the Grantham and Sleaford Clinics. In addition one child was seen by Mr. A. A. Finlayson at the Stamford and Rutland Hospital. Of the seven children examined only two were found to need operative treatment for enlarged tonsils and adenoids.

The majority of our suspected deaf or partially hearing cases are referred to the Lincoln County Hospital Audiology Clinic with which we have a very satisfactory working arrangement.

Paediatric

With the approval of their respective family doctors three children of pre-school age were referred to paediatricians at local hospitals.

Surgical

Two pre-school children were referred to Mr. Thompson at the Stamford and Rutland Hospital on account of inguinal hernias.

SPEECH THERAPY

During the year 247 pre-school children (including 17 new cases) were seen by Mrs. Watson and Miss Smith at the various Clinics. These children made 620 attendances during the year.

The following joint report is submitted by Mrs. Mary G. Watson and Miss Helen Smith, Speech Therapists :-

"Usually pre-school children who attend the clinic for speech therapy are about $3\frac{1}{2}$ -4 years old. As many of them have fairly serious speech problems the treatment, by virtue of their age, is of necessity presented in game form. Progress on the whole is comparatively slow and usually these children reach school age before being discharged. In fact our own policy generally is to continue treatment during the first term at school to help them to settle in and to give assistance should any fresh problems as regards speech arise.

DENTAL TREATMENT

There was some improvement in the staffing situation during the year under review. Mrs. A. Maden, B.D.S., joined the staff in a part-time capacity in January, and in December Mr. W. G. Thomas, L.D.S., was appointed as Area Dental Officer with headquarters at Grantham. This improvement was offset by the prolonged illness and convalescence of the Chief Dental Officer with the result that the total volume of work carried out was less than in the previous year.

At Waddington Royal Air Force Station, Flt. Lt. R. A. Cheek continued to carry out on behalf of the County Council treatment for the priority classes in his off duty hours. A request for the institution of a dental service similar to that in operation at Waddington was received from the Officer Commanding Digby Royal Air Force Station, the Dental Officer having signified his willingness to promote such a scheme. Before arrangements could be finalised, however, this Dental Officer was posted to another station and no immediate successor was available. In the event of this vacancy being filled negotiations for the provision of a dental service for the priority classes at Digby Royal Air Force Station will be resumed.

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

(a) Number of Cases :-

	Examined	No. who commenced treatment during the year	No. of courses of treatment completed during the year
1. Expectant and Nursing Mothers	34 (34)	24 (24)	24 (22)
2. Children under five	61 (71)	42 (55)	15 (46)

(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	
1. Expectant and Nursing Mothers	8 (35)	109 (160)	- (-)	- (-)	13 (61)	- (5)	- (6)	1 (8)	- (-)
2. Children under five	- (-)	5 (2)	2 (-)	- (-)	149 (78)	48 (37)	- (-)	- (-)	- (-)

Figures in parenthesis refer to 1963.

FAMILY PLANNING

The two clinics in the County - at Grantham and Stamford - run by the Family Planning Association continued to be well attended. A small grant is paid to the Association by the County Council to assist with running expenses at these clinics.

Clinics at Lincoln and Boston serve mothers from our northern and eastern areas respectively, so grants are also made to them.

INSTITUTIONAL PROVISION FOR MOTHERS AND CHILDREN

Reports on the circumstances of 249 expectant mothers referred for maternity beds on social grounds were submitted to the appropriate hospital authorities.

Arrangements were also made for 2 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 131 live births assignable to this County of infants notified as weighing $5\frac{1}{2}$ lbs. or less at birth; 118 of these survived at least 28 days.

Twenty-one of the babies in the premature category were born at home or in a nursing home, and of these, 3 were transferred to hospital on or before the 28th day. Thirteen premature babies died during the first seven days of life.

There were 23 premature stillbirths during the year of which 19 occurred in hospitals and 4 at domiciliary confinements.

PHENYLKETONURIA

This condition, now thought to have an incidence of about one per 10,000 births, is known to be a cause of mental deficiency and can be detected in the urine of a baby during the early months of life by a very simple test. Routine testing is carried out by our Health Visitors between the 10th and 14th day (when this has not already been done in hospital) and between 4 and 6 weeks of age. During 1964, 2,419 tests were carried out and I am pleased to report that none produced a positive reaction.

In January, 1964, I was informed by the Medical Research Council that at a recent conference on phenylketonuria held under the auspices of that organisation, it was suggested that present information

about the results of treatment was inadequate, though the case for expecting good results from instituting accurately controlled dietary treatment at an early age was a good one, and a recommendation was made that further research should take place on the results of treatment. A small Working Party was appointed to look into this question and it was decided that a survey should be attempted of the results of treatment of cases of phenylketonuria diagnosed on or after the 1st January, 1964. I subsequently received an invitation to take part in this investigation which I accepted.

CONGENITAL ABNORMALITIES

In my Report for 1963, I gave brief details of a national scheme which had been devised for the reporting of congenital defects at birth and which became operative on the 1st January, 1964. I am pleased to say that so far as this County is concerned the scheme is working well, with full co-operation from hospital staffs, family doctors and our own midwives upon whom falls the onus of notifying congenital defects detected at birth. Details of 28 cases were sent to the Registrar General during the year.

CARE OF UNMARRIED MOTHERS

The number of illegitimate live births assigned to the County in 1964 was 110, representing 4.3 per cent of the live births recorded; comparative figures for 1963 were 120 and 4.5 per cent respectively.

The Council's arrangements for assisting unmarried mothers followed the pattern established in previous years. Many of these girls and young women are helped and advised by our nursing and health visiting staff and by their family doctors, and subsequently have their babies at home, at the home of a sympathetic relative or friend, or in a maternity unit under the normal arrangements. In other instances the work is carried out under the County Council's arrangements with the Lincoln Diocesan Board for Social Work, whose caseworkers undertake domiciliary investigations and arrange, where necessary, for the girls and young women to be admitted to suitable homes. The County Council is one of the five Lincolnshire local health authorities making an annual grant to the Board towards the cost of maintaining the valuable work they carry out in connection with this service. In 1964, the Board's caseworkers dealt with 74 such cases (54 new, 20 old) on our behalf. The County Council undertook financial responsibility for three of these girls to be admitted to the Board's maternity home (The Quarry) at Lincoln and for nine others who were admitted to similar homes elsewhere.

It is appropriate to mention here that Miss E. M. Magness, B.A., who has been Organising Secretary to the Board since 1955, relinquished this post in late 1964 to take up work with the Central Council for Social Responsibility and I would like to place on record my appreciation of the help she has given. The successor to Miss Magness is Miss P. Hartley who, in her Annual Report for 1964 says, "The largest number of referrals concerned the illegitimate child, its parents and their families, and it is in the counselling of these people that one realises the havoc and unhappiness that an irresponsible attitude towards sex relationships can cause. We may never 'have had it so good' as far as material conditions are assessed, but in personal relationships people are still, in many cases, very poor".

A small annual grant is also made by the County Council to the National Council for the Unmarried Mother and Her Child, in recognition of the useful work they undertake in co-ordinating and assisting all the services for unmarried mothers.

ILLEGITIMACY SURVEY, 1964

The illegitimacy rates for England and Wales rose from 4.5% of live births in 1955 to 7.2% in 1964, an increase of 60% in a period of ten years. In 1964, 63,308 illegitimate live births were recorded in England and Wales, equal to 72 per 1,000 live births.

Some research into the figures available for Kesteven has produced the following information :-

In 1936 there were 79 illegitimate births, equal to 4.8% of all live and stillbirths in the County. These figures rose progressively year by year to 275 illegitimate births in 1945, equal to 12.1% of all live and stillbirths. The general trend from 1946 to 1961 was in the opposite direction - in 1961 there were 83 illegitimate births, giving a rate of 3.5% of all live and stillbirths. The rate for England and Wales in that year was approximately 5.9%. The year 1962 showed a reversal of the downward trend (103 births - 4.0%); an increase in 1963 (123 births - 4.6%), and the figure for 1964 at 116 births, including one set of twins, gives a rate of 4.4% of total live and stillbirths. Our present illegitimacy rate is therefore slightly lower than in the immediate pre-war years and considerably lower than the national average.

An analysis of 94 of the 115 cases of illegitimacy which occurred in Kesteven in 1964 has produced some interesting figures, which are given below. It has not been possible to obtain information on the other 21 cases. It will be appreciated that in dealing with this very personal subject it is difficult to obtain full information in every instance.

Mother married, separated or divorced, but father of child not the husband	25
Marital status not known	2
Single women	67
	<hr/>
	94

The ages of the 67 single women were :-

<u>Years of Age</u>										<u>Not</u>
<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21-25</u>	<u>26-30</u>	<u>30+</u>	<u>Known</u>
1	1	2	9	5	5	5	8	4	3	24
Delivered in a maternity home or hospital										69
Delivered at home or in a friend's or relative's home										14
Delivered at a mother and baby home or transferred from mother and baby home to hospital for delivery										12
										<hr/>
										94

The majority of mothers whose occupation is known appears to fall within social classes IV and V.

Of the 95 babies (including one set of twins) :-

- 6 were stillborn
- 3 have died
- 51 have been kept by their mothers
- 18 have been fostered or adopted
- 17 have left area, or outcome unknown

Of the 116 babies born illegitimately, nine have been lost either through stillbirth or death. These nine babies represent almost 10% of all losses in 1964 from stillbirth or infant death. This fact and the figures given below relating to Kesteven babies support the evidence that illegitimate babies are generally at greater risk than those born legitimately.

	1960	1961	1962	1963	1964
Infant Mortality Rate for LEGITIMATE births (per 1,000 legitimate live births)	18.16	18.78	19.19	17.47	21.02
Infant Mortality Rate for ILLEGITIMATE births (per 1,000 illegitimate live births)	78.65	24.69	39.60	16.57	27.27
Stillbirth Rate for LEGITIMATE births (per 1,000 legitimate live and stillbirths)	16.12	14.11	21.24	14.48	13.55
Stillbirth Rate for ILLEGITIMATE births (per 1,000 illegitimate live and stillbirths)	23.60	24.10	19.41	24.40	51.72

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.

MATERNITY SERVICES

The arrangements as outlined in my Report for 1961 for holding weekly mothercraft and relaxation classes in the five main centres of population in the County continued unchanged.

Details of attendances at these classes compared with those for the previous year (given in brackets) are as follows :-

	<u>Mothers attending</u>	<u>Attendances</u>
Stamford	85 (85)	621 (704)
Grantham	72 (77)	438 (353)
Sleaford	83 (59)	517 (372)
Bourne	48 (49)	370 (265)
North Hykeham	55 (43)	389 (275)
	<u>343 (313)</u>	<u>2,335(1,969)</u>

ANTE AND POST-NATAL CLINICS

Ante and Post-Natal Clinics are held at the general practitioners' surgeries with the District Midwife in attendance. Where it is difficult for expectant mothers to attend surgeries, the district nurse/midwife is usually able to help by providing transport. In the more isolated areas the ante-natal examination takes place at home, the doctor being accompanied by the district midwives. Post-natal clinics are also held at doctors's surgeries with the district nurse/midwife in attendance.

PERINATAL MORTALITY

At the time of writing my Report for 1963, the Deputy County Medical Officer, Dr. E. A. Whiteley, was carrying out, with the kind co-operation of family doctors and hospital authorities, a local survey in which an attempt was being made to discover the main factors contributing to infant mortality in the County in that year when 40 babies were stillborn and 46 died before they were one year old. I am pleased to present here some statistics and comments arising from the Survey :-

Perinatal Mortality in Kesteven, 1963.

The decision to carry out a retrospective survey of perinatal mortality in Kesteven in 1963 was made following publication in the Autumn of 1963, of the "First Report of the British Perinatal Mortality Survey" by Neville R. Butler, M.D., M.R.C.P., D.C.H., Director of the Survey and Dennis G. Bonham, M.A., F.R.C.S., M.R.C.O.G., Obstetrician to the Survey, and the "Report of the Maternity Services Emergency Informal Committee". These reports clearly indicate that in spite of the rapid advances in obstetrics and paediatric knowledge and skill, there has been insufficient improvement in the rate of perinatal mortality.

It is known, however, that not all the conclusions drawn in these publications have received unanimous approval, neither have all the factors which may lead to a higher rate of perinatal mortality been considered. In these respects, particular reference is made to Dr. Ivor Cookson's article in the September, 1964 issue of the Journal of the College of General Practitioners entitled "Perinatal Mortality, the Survey and the General Practitioner".

As will be seen from the appended statistics, our decision to carry out this Survey in Kesteven was not prompted by a poor record of Perinatal mortality in the County in 1963, nor over the previous six years do our stillbirth, infant mortality and perinatal mortality rates compare unfavourably with those for England and Wales. Rather did we attempt to produce some useful information about the histories, pregnancies and care of mothers who unfortunately lost their babies in 1963, with a view to detecting, if possible, any factors or circumstances which predisposed to the loss of an infant as a stillbirth or perinatal death.

Our Survey could not, for obvious reasons, be as comprehensive as the National Survey in 1958 in which the questionnaire contained 68 questions and numerous sub-questions, the results of which could have been expressed as a vast number of permutations. We have not attempted at this stage to present all the information collected on the questionnaire. The figures and tables which we have produced do not, because of the relatively small numbers involved, point to any particular factors or circumstances contributing to a perinatal death. It is possible to take out, here and there, instances which on their own can be associated with one or more of the 'high risk' groups disclosed by the National Survey in 1958, but it is felt that in a small survey such as this, only a detailed analysis of each mother's history and pregnancy may produce useful conclusions.

In this first attempt at a Perinatal Mortality Survey we have learned a number of lessons which we feel will be helpful in any future Survey of this kind :-

- (a) As a result of carrying out this Survey in retrospect, many questions have remained unanswered or have been answered only in part because nine of the mothers concerned had left the area before being interviewed. We therefore propose, in any future Survey, to ensure that as in the National Survey, information is collected with a minimum of delay. Furthermore, the mothers' account of a pregnancy related several months after the event may well not be as accurate as if given shortly afterwards.

(b) We limited the scope of our Survey to the 67 mothers who lost their babies by stillbirth or death within the first week. We therefore have no information on the 2,600 or so remaining mothers, most of whose babies are still surviving. This means that we have no 'control' groups by which we can calculate the normal incidence in the County of any particular age group, birth weight group, etc. for the year in question. In any future Survey we should widen our scope to include all pregnancies during the year of mothers normally residing in the County.

(c) If, for the purpose of any future Survey, we feel we need to know with accuracy the social classes of families, our related questions must be more searching than in the questionnaire we have used in the present Survey.

(d) We feel that it would have been profitable to record each mother's personal preference about the place of booking for confinement. In Counties such as Kesteven there is likely to be found in many families a strong preference for domiciliary confinement, particularly in areas where one midwife has served for a number of years and has established herself as a family friend and adviser. Thus, it may be that some mothers who, in the light of the National Survey may be classed as 'high risk' cases, are opting for domiciliary confinements against the advice of their family doctors.

The nett live birth rate per 1,000 population in Kesteven (18.64) was a little higher than the provisional rate for England and Wales (18.2).

The stillbirth rate per 1,000 live and still births (14.94) was lower than the provisional rate for England and Wales (17.3).

The perinatal mortality rate per 1,000 total live and still births (25.77) was lower than the provisional rate for England and Wales (29.3).

Some difficulty was experienced in determining the social classes. The figures given have been derived as accurately as possible from the information available.

The figures relating to Haemoglobin tests and Rhesus typing are satisfactory.

Congenital abnormalities were present in 9 of the stillborn children and in 6 of those who died. Had these children survived, they would probably have been mentally or physically handicapped in varying degrees.

Two-thirds of the babies were premature by weight, i.e. 5 lbs. 8 oz. or less at birth.

Of the 63 babies for whom the period of gestation was known, 48 were delivered before the 40th week.

The highest mortality occurred in babies born to mothers aged 20 to 24 years having had no previous live births, still births or miscarriages. Although we can produce no figures to show the incidence in Kesteven of pregnancies in women aged 20 to 24 years, it might be anticipated that this age group would account for a greater proportion of births than the other age groups.

The 20 to 24 year age group also produced the highest overall mortality, almost one-third of the total.

Mothers having first babies produced one-third of the total mortality.

Forty-six of the 67 mothers were in the first instance, booked for delivery in hospital. Fifty-six were ultimately delivered in hospital.

Of the two mothers who were apparently not booked anywhere for confinement, one was delivered in hospital as an emergency and the other, a caravan dweller, was delivered in an ambulance en route to hospital. Little information was obtained about these patients as they had both left the area before the Survey commenced.

GENERAL STATISTICS - 1963

	<u>KESTEVEN</u>	<u>ENGLAND & WALES</u> (Provisional)
Total Live Births	2,638	856,232
Nett Live Birth Rate per 1,000 Population	18.64	18.2
Total Still-Births	40	15,000
Stillbirth Rate per 1,000 Live and Still-Births	14.94	17.3
Deaths of Infants under one week Rate per 1,000 Total Live Births	29	
Perinatal Mortality (Deaths of infants under one week plus still-births)	69	25,498
Perinatal Mortality Rate (Rate per 1,000 Total Live and Still-Births)	25.77	29.3

The Still-births included two sets of twins, therefore our task was to obtain information about 67 mothers :-

Mothers interviewed	48
Not interviewed by request of family doctor	6
Questionnaire completed by family doctor	1
Since died	2
Left area	9
Not interviewed for other reasons	1
	<hr style="width: 50px; margin: 0 auto;"/>
	67

SOCIAL CLASS ACCORDING TO HUSBAND'S OCCUPATION

CLASS I	2
II	1
III	8
IV	25
V	20
NOT AVAILABLE	11
	<hr style="width: 50px; margin: 0 auto;"/>
	67

HAEMOGLOBIN

In 3 instances out of 67 was the haemoglobin not tested.

RHESUS TYPE

Rhesus type known	64
Not available - Mothers left area	3
	<hr style="width: 50px; margin: 0 auto;"/>
	67

CONGENITAL ABNORMALITIES

<u>Still-Births</u>		<u>Deaths</u>	
Anencephalic	4	Cor Triloculare	1
Anencephaly & Spina Bifida	1	Meningo Mylocele &	
Hydrocephalus	2	Hydrocephalus	1
Hare Lip, Anencephalic, malformation of Genital Organs and Imperforate Anus	1	Ventricular Septal Defect	1
Unspecified	1	Exomphalus	1
	<u>9</u>	Meningocele	1
		Multiple Abnormalities	1
			<u>6</u>

TYPE OF DELIVERY

	<u>Still-births</u>	<u>Deaths</u>	<u>Total</u>
Normal	24	18	42
Breech	12	6	18
Forceps	1	2	3
Caesarian	1	3	4
	<u>38</u>	<u>29</u>	<u>67</u>

BIRTHWEIGHT GROUPS AND PERIOD OF GESTATION

Birth Weight	Period of Gestation in Weeks											Total
	Under 28	28-29	30-31	32-33	34-35	36-37	38-39	40-41	42-43	44+	Not Known	
1,000 grams & under	-	1	1	-	1	-	-	-	-	-	1	4
1,001-1,500	1	3	1	4	3	2	2	-	-	-	-	16
1,501-2,000	-	1	-	4	3	2	1	1	-	-	2	14
2,001-2,500	-	-	1	-	5	3	1	-	1	-	2	13
TOTAL 2,500 GRAMS & UNDER	1	5	3	8	12	7	4	1	1	-	5	47
2,501-3,000	-	-	-	-	-	4	2	2	-	-	1	9
3,001-3,500	-	-	-	-	-	-	1	5	1	-	-	7
3,501-4,000	-	-	-	-	-	-	1	2	-	-	-	3
OVER 4,000	-	-	-	-	-	-	-	1	1	-	-	2
TOTAL OVER 2,500	-	-	-	-	-	4	4	10	2	-	1	21
NOT KNOWN	-	-	-	-	-	-	-	1	-	-	-	1
TOTAL	1	5	3	8	12	11	8	12	3	-	6	69

GRAMS

Under 1,000	=	Under 2 lbs. 3 oz.
1,001 - 1,500	=	2 lbs. 3 oz. - 3 lbs. 4 oz.
1,501 - 2,000	=	3 lbs. 5 oz. - 4 lbs. 6 oz.
2,001 - 2,500	=	4 lbs. 7 oz. - 5 lbs. 8 oz.
2,501 - 3,000	=	5 lbs. 9 oz. - 6 lbs. 9 oz.
3,001 - 3,500	=	6 lbs. 10 oz. - 7 lbs. 11 oz.
3,501 - 4,000	=	7 lbs. 12 oz. - 8 lbs. 13 oz.
Over 4,000	=	Over 8 lbs. 13 oz.

PREVIOUS PREGNANCIES AND AGE OF MOTHERS

(Previous pregnancies include live births, still-births and miscarriages)

Previous Pregnancies	A G E							Total
	Under 20	20-24	25-29	30-34	35-39	40+	Not Known	
0	3	13	5	1	1*	-	-	23
1	2	4	3	3	1*	1	-	14
2	-	2	2	2	-	1	-	7
3	-	1	1	2	2	-	-	6
4+	-	-	2	6*	3	4	-	15
Not Known	-	1	-	-	-	-	1	2
TOTAL	5	21	13	14	7	6	1	67

*Includes one twin pregnancy in each case.

PREVIOUS PREGNANCIES AND PLACE WHERE BOOKED FOR DELIVERY

PREVIOUS PREGNANCIES	Place Where Booked				Total
	Home	G.P. Unit	Hospital	Not Booked	
0	2	5	16	-	23
1	1	-	13	-	14
2	2	2	3	-	7
3	2	-	4	-	6
4+	2	3	10	-	15
Not Known	-	-	-	2	2
TOTAL	9	10	46	2	67

PREVIOUS PREGNANCIES AND WHERE DELIVERED

Previous Pregnancies	Place Where Delivered				Total
	Home	G.P. Unit	Hospital	Other	
0	1	2	20	-	23
1	1	-	13	-	14
2	-	2	5	-	7
3	2	-	4	-	6
4+	1	1	13 ^o	-	15
Not Known	-	-	1 ^o	1*	2
TOTAL	5	5	56	1	67

* Born in ambulance en route to hospital - not booked.

^o Not previously booked - admitted as an emergency.

PLACE OF BOOKING AND DELIVERY

Booked for Delivery at Home and Delivered at Home.

Previous Pregnancies	A G E						Total
	Under 20	20-24	25-29	30-34	35-39	40+	
0	-	1	-	-	-	-	1
1	-	-	-	1	-	-	1
2	-	-	-	-	-	-	-
3	-	-	1	1	-	-	2
4+	-	-	-	1	-	-	1
TOTAL	-	1	1	3	-	-	5

Booked for Delivery at Home and Delivered in Hospital

Previous Pregnancies	A G E						Total
	Under 20	20-24	25-29	30-34	35-39	40+	
0	-	1	-	-	-	-	1
1	-	-	-	-	-	-	-
2	-	-	1	1	-	-	2
3	-	-	-	-	-	-	-
4+	-	-	-	-	-	1	1
TOTAL	-	1	1	1	-	1	4

Booked for Delivery in G.P. Unit and Delivered in G.P. Unit

Previous Pregnancies	A G E						Total
	Under 20	20-24	25-29	30-34	35-39	40+	
0	1	1	-	-	-	-	2
1	-	-	-	-	-	-	-
2	-	-	-	1	-	1	2
3	-	-	-	-	-	-	-
4+	-	-	-	-	-	1	1
TOTAL	1	1	-	1	-	2	5

Booked for Delivery in G.P. Unit and Delivered in Hospital

Previous Pregnancies	A G E						Total
	Under 20	20-24	25-29	30-34	35-39	40+	
0	1	2	-	-	-	-	3
1	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-
4+	-	-	-	1*	1	-	2
TOTAL	1	2	-	1	1	-	5

* Twin Pregnancy

Booked for Delivery in Hospital and Delivered in Hospital

Previous Pregnancies	A G E						Total
	Under 20	20-24	25-29	30-34	35-39	40+	
0	1	8	5	1	1	-	16
1	2	4	3	2	1*	1	13
2	-	2	1	-	-	-	3
3	-	1	-	1	2	-	4
4+	-	-	2	4	2	2	10
TOTAL	3	15	11	8	6	3	46

* Twin pregnancy

Dr. E. A. Whiteley presented a report on this Survey to the Lincoln and District Obstetric Advisory Committee on the 18th February, 1965, when Mr. J. G. Napier, Consultant Obstetrician and Gynaecologist was Chairman, and Dr. Trevor Wright, Consultant Paediatrician was present during the ensuing discussion.

The Committee's discussion upon the report covered many aspects of ante-natal and post-natal care and in connection with ante-natal care particular stress was laid upon the importance of keeping adequate records of illnesses, accidents or other conditions occurring during pregnancy which could affect the unborn child. Mention was made of the adverse effect of poor maternal health and physique and conditions such as bad nutrition, anaemia etc., which could be corrected by treatment. It was felt strongly that every attention should be given to those mothers who come within the high risk groups. The opinion was expressed that all premature babies weighing $4\frac{1}{2}$ lbs or less at birth should be cared for in special units. The Committee noted with interest that 22 of the 67 mothers reported a history of stillbirths in their families. It was agreed that it would be very valuable to hold a post mortem examination on every baby dying perinatally after which a discussion would be held between the medical and nursing staffs concerned.

I would like to express my thanks to the many family doctors in the County who consented to their patients being interviewed and who supplied information for the completion of the questionnaires, also the staffs of the hospitals concerned for making the relevant records available.

My special thanks are also due to Miss Edwards and Mr. Dobbs of my Department for their work in connection with this Survey.

A more comprehensive survey of perinatal mortality in the County is being planned for 1966. We hope that it will be possible to obtain information at the time of confinement, of all mothers residing in Kesteven who are delivered during the year.

DAY NURSERY PROVISION

The County Council's Day Nursery at St. Catherine's Road, Grantham provides accommodation for 15 children under 2 years of age and 25 children between 2 and 5 years. Priority of admission is granted to children from families which fall within the following categories :

- (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	29	9	21	35	4
February	12	30	7	22	34	4
March	14	31	9	26	40	3
April	17	32	17	28	38	3
May	17	35	13	25	41	4
June	18	34	15	28	40	4
July	16	27	15	23	38	4
August	18	29	12	15	40	3
September	20	35	14	22	42	7
October	21	32	12	24	41	5
November	20	33	17	23	44	5
December	19	32	13	22	43	4
Average for Year	17	31	13	23	39	4

I am indebted to Mrs. M. E. Hind, the Matron, for the following report on the working of the nursery during 1964 :-

"With the exception of holiday periods the number of attendances remained stable at a fairly high level.

"All the children attending the nursery needing immunisations were taken either to the clinics or to the local surgeries for the necessary injections etc. One child aged eighteen months was referred to the Orthopaedic specialist and is receiving treatment, another child aged four years, is taken regularly to Beaconfield Clinic for speech therapy.

Dr. Whiteley visits the Nursery at regular intervals.

"The demand for Day Nursery accommodation was very high. 102 names were entered on the waiting list. 46 children were admitted, and were classes as follows :-

21 from the priority group. 5 on a temporary basis due to the illness of the mother. 14 due to the

professional status of the mothers and the demand for their services i.e. teachers, nurses, hospital workers, etc.

the remaining 6 were admitted from the list after a period of waiting for at least twelve months for a vacancy. All six has varied domestic problems.

Training

"The Day Nursery continued to operate satisfactorily as a training school for the National Nursery Examination Board in affiliation with the Nottingham County Council and the two local Nursery Schools.

"Three students completed their training (two year course) and were awarded N.N.E.B. certificates in July, 1964.

"Eleven candidates were interviewed for appointments. Two others had withdrawn their applications prior to the interviews. Four students were selected and commenced their training in September, 1964. All four students are progressing satisfactorily. Miss Wright, the Principal of the Nursery Nurses' Training Centre, Nottingham, together with members of her staff visited the Day Nursery several times throughout the year and commented that Day Nurseries can give valuable experience to students, as there is such a wide range of children, a varied programme, and stimulating environment and it seems a pity that more girls cannot have the opportunity for training.

"As in previous years, invitations were extended to all the girls interested in nursery training, to spend a day in the Nursery, giving them the opportunity to see and participate in a normal day's activities. They all agreed that they found this experience very helpful when considering Nursery Nursing as a career.

"We were pleased to welcome Dr. O'Sullivan, Dr. Whiteley and many parents to a Film Show held at the Day Nursery in July. Films shown were "Children at Play" and "Your Children and You"."

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

At the end of 1963, the County Council had only four registered Daily Minders under the Act and three Private Nurseries but during the year under review there has been a steady increase in applications for registration and at the end of this year there were on the register:-

12 daily minders providing 86 places

4 private nurseries providing 72 places

During the year the County Health Inspector made 25 preliminary inspections in respect of applications received. He is concerned primarily with matters to do with the building to be used and the accommodation offered. Initial inspections are also made by the Deputy County Medical Officer and the County Nursing Superintendent - they being concerned with the medical and nursing aspects of child minding and nursery operation. After approval, periodic routine inspections are made by our Health Visiting Staff.

WELFARE FOODS SERVICE

One new centre was opened during the year, namely, Barrowby, Grantham; this made a total of 70 distribution points in operation in the County at the end of the year.

Details of issues of welfare foods sold during 1964 and the comparative figures for the previous year are as follows :-

	National Dried Milk	Cod Liver Oil	Vitamin Tablets A & D	Orange Juice
1963	21,984	2,166	3,222	25,784
1964	21,694	2,093	3,225	27,073

The sale of national welfare foods now seems to have found a steady level compared with the two previous years when a drop in sales occurred owing to an increase in prices as from June, 1961.

Once again I would like to thank all the voluntary helpers throughout the County who have given such valuable service by undertaking the sale and distribution of welfare foods at these centres.

M A T E R N I T Y A N D N U R S I N G H O M E S

One home (with one maternity bed) closed during the year, leaving two registered with the County Council. These two homes between them were providing a total of 37 beds in all for general cases.

Miss Dick, S.R.N., S.C.M., H.V., the County Nursing Superintendent, continued to make regular periodic visits of inspection to these homes.

H E A L T H V I S I T I N G

Staff

At the commencement of the year we had a staff of 8 whole-time qualified health visitors out of an establishment of 14, plus 24 nurse/midwives who were undertaking health visiting as part of their combined duties.

During the year, 3 whole-time and 1 part-time qualified health visitors joined the staff, while 1 whole-time health visitor retired and another left to go overseas.

At the end of the year, we had a staff of 9 whole-time qualified and 1 part-time qualified health visitors and 22 nurse/midwives who were undertaking health visiting duties.

In the past the greater proportion of a health visitor's time has been spent caring for mothers and children, but during the last few years the scope of the work has been considerably extended, particularly to the elderly. During the year, 1964 a total of 5,399 visits - 18% of all visits made by health visitors - were to persons aged 65 or over.

As has already been mentioned, health visiting in a considerable part of the rural area of our County is undertaken by district nurse/midwives. This arrangement has been operating very successfully for a number of years and is very much welcomed by the family doctors. The wide variety of duties which a district nurse/midwife/health visitor

undertakes usually brings her into contact with many people of varying circumstances, and she maintains close and continuous liaison with the family doctor.

The following statistics relate to the home visiting undertaken by the Health Visiting staff during 1964 with comparative figures for 1963 given in brackets. Ineffective visits have been excluded :-

	<u>First Visits</u>		<u>Total Visits</u>	
Children born in 1964	2,516	(2,669)	7,521	(7,559)
Children born in 1963	2,483	(2,773)	6,540	(6,649)
Children born in 1959-1962 ...	4,088	(4,288)	8,862	(8,678)
Expectant mothers	277	(159)	412	(225)
Tuberculous households	206	(187)	418	(343)
Persons aged 65 & over	983	(682)	5,399	(4,172)
Other cases (i.e. hospital discharges, infectious diseases, etc.)	158	(190)	796	(764)
	<u>Total Home Visits</u>		<u>27,948 (28,390)</u>	

*Excluding visits by District Nurse/Midwife/Health Visitors.

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

Statistics cannot give anything but a limited idea of the wide range of duties the Health Visitor carries out today. Not least of these is her task of supervising the socially inadequate family. On the face of it it may seem that the time spent in supportive work in this field may often be out of all proportion to the results achieved but fortunately there is the occasional success to record.

Four of our Health Visitors attended a two-day training course in screening tests of hearing in pre-school children at the Granville Street Day Nursery, Peterborough, in October, 1964. The course was arranged by the County Medical Officer of Health for the Soke of Peterborough in conjunction with the Department of Education of the Deaf, Manchester University.

Family doctors are familiar with the work of the Health Visitors and contact them direct as necessary. Also, by arrangement, the Health Visitors visit the doctors' surgeries at regular intervals for case discussions. Cases due for discharge from hospital and in need of after-care are referred to the County Nursing Superintendent who arranges for follow-up by Health Visitors as necessary. All health visiting staff are now on the telephone, either at their homes or, where appropriate, at their base clinics.

M I D W I F E R Y A N D H O M E N U R S I N G

MIDWIFERY

The number of midwives who gave notice of intention to practise in the Authority's area during the year 1964 was 120, of whom :-

50 were domiciliary midwives employed by the County Council.

70 were employed by Hospital Management Committees.

At the end of the year 44 domiciliary midwives were employed by the County Council.

The following are details of cases attended during the year:-

	Domiciliary Cases	Cases in Institutions	Total
(1) Employed by County Council	655	-	655
(2) Employed by Hospital Management Committees	-	2,264	2,264
TOTALS	655	2,264	2,919

The total number of confinements in the County, 2,919, was almost up to last year's high figure (2,926). The proportion of institutional confinements was 77.6%, compared with 76% in 1963 and 74% in 1962. The pattern of domiciliary midwifery in the County varied considerably from area to area with numbers remaining high in some and much lower in others.

Owing to the large number of hospital confinements taking place and the consequent need for a quick turn-over of beds, there was yet again an increase in the number of cases (755 compared with 567 in 1963 and 502 in 1962) discharged home before the end of the minimum lying-in period of 10 days. These early discharges came under the subsequent care of our domiciliary midwives.

The number of visits paid during 1964 amounted to 23,242 (15,015 plus 8,227 ante-natal visits) compared with 23,121 (15,014 plus 8,107 ante-natal visits) in 1963. Miscarriages attended totalled 68, compared with 50 in 1963 and 53 in 1962.

The number of cases in which medical aid was summoned by midwives under Section 14 (1) of the Midwives Act, 1951, totalled 119 - all domiciliary.

Other notifications from midwives were received as follows :

Stillbirths 18
Deaths 1
Liability to be a source of infection.. Nil

The number of routine inspections of nurse/midwives carried out by the County Nursing Superintendent and the Assistant County Nursing Superintendent amounted to 39, plus 157 special visits.

Analgesia

Of the 44 midwives employed by the County Council at the end of the year, 43 were qualified to administer gas/air analgesia.

The extent to which one or other of the various forms of analgesia was administered by the midwife or doctor in attendance at the domiciliary confinements was as follows, with comparative figures for 1963 given in brackets :-

<u>Gas/Air</u>	<u>Trilene</u>	<u>Pethedine</u>
288 (355)	226 (178)	346 (323)

Refresher Courses for Midwives

During the year, 8 midwives employed by the County Council attended approved refresher courses in accordance with the rules of the Central Midwives Board.

Pupil Midwives

During the year 1964, one pupil completed Part II midwifery training under the direct supervision of one of the three County Council's midwives approved as tutors by the Central Midwives Board.

The number of pupils referred to us for Part II training from the Gables Maternity Hospital, Peterborough, is dependent on the availability of pupils under the agreement with the Peterborough and Stamford Hospital Management Committee.

HOME NURSING

Miss L. Dick, S.R.N., S.C.M., H.V., County Nursing Superintendent comments as follows :-

"Owing to the advances in modern medicine and better standard of living and home accommodation more patients are now nursed at home. This applies particularly to cases of pneumonia, disseminated sclerosis, stroke, etc. The use of the hoist lift and other gadgets for the handicapped have been found invaluable in dealing with these cases. Nurses have, of course, to spend a lot of time in very tactfully explaining to people how to live with their disabilities.

"In the above cases, the use of incontinence pads, where necessary, has been most encouraging; the patient can be changed when necessary without the relative worry of washing and drying linen.

"Where the geriatric patients are accepted at the hospital geriatric units once or twice weekly, it is a great uplift both for the patients and a free day for the relatives; this is something we hope will develop more and more in the future.

"In all fields of our work, the use of disposable equipment has been appreciated both in use and time saving in the preparation and sterilisation."

Incontinence Pads

Ministry of Health Circular No. 14/63 commended the provision by local health authorities of incontinence pads as part of their arrangements for the care of patients under Section 28 of the National Health Service Act. This authority agreed to the purchase of these pads for use in our Home Nursing service, at no charge to the patient, and issues of same began in October, 1963. They are supplied, through the district nurses, to all persons requiring them. As Kesteven is not a smoke control area, the disposal of used pads present no real problem. In the main, they are wrapped up and burnt in the domestic boiler or in outdoor incinerators.

Day Hospital, Stamford

With regard to day hospitals, the following report from Dr. P. E. Jackson, Consultant Physician to the Peterborough and District Memorial Hospital and the Stamford and Rutland General Hospital, on the one operating at Stamford will be of interest :-

"The Day Hospital scheme here has been in operation almost a year. It started in a very small way and has grown considerably. It has very fully justified its function both to patients and staff.

"The Day Hospital is housed in the old converted laundry of St. George's Home. It comprises a day room, physiotherapy department, occupational therapy department, office, staff toilet, patients' toilet and store-rooms. A kitchen for the use of patients is part of the occupational therapy room. Patients who attend fall into three groups.

"Firstly there are ex-inpatients of St. George's Hospital. They thus retain a very useful connection with the hospital after discharge and are given a sense of security in the difficult phase immediately after leaving hospital. I feel that this is very important to them particularly with older folk. They start by coming up perhaps three times a week and then this is gradually reduced until they are discharged altogether. It is also particularly useful for other patients who cannot quite manage at home or whose own relatives are out at work all day. In either case there is considerable encouragement for them to go home earlier than otherwise and for them to be kept out of hospital instead of remaining indefinitely and possibly deteriorating.

"The second group is a small one of patients referred from Part III accommodation. These attend largely for occupational therapy and physiotherapy only.

"The third group is of patients referred direct from their own family doctors. These are for similar reasons as the first group. All patients are personally seen by the Physician in charge before they start attendance.

"The patients themselves who come have undoubtedly been greatly helped and feel considerable value both from the medical and social point of view. The strain on the hospital has undoubtedly been reduced.

"I feel that this has been one of the most successful ventures that we have undertaken."

Details of work carried out during 1964

The main part of the district nurse's time is spent in attending to the needs of the elderly and chronic sick, and again in 1964 50% of all cases attended were persons aged 65 or over. During the year 2,875 persons received 51,667 visits - of which 1,437 were to persons aged 65 or over who received 35,141 visits - two thirds of all visits paid by nurses.

An analysis of the work undertaken during the year (with comparative figures for the previous year given in brackets) is as follows :-

<u>Type of Case</u>	<u>No. of Cases</u>		<u>No. of Visits</u>	
Medical	1,744	(1,794)	33,848	(35,290)
Surgical	1,057	(1,069)	16,818	(15,625)
Infectious Diseases	7	(4)	57	(20)
Tuberculosis	15	(17)	590	(442)
Maternal Complications	36	(51)	290	(368)
Others	16	(11)	64	(115)
Totals	<u>2,875</u>	<u>(2,946)</u>	<u>51,667</u>	<u>(51,860)</u>

The proportion of the various types of cases seems fairly constant from year to year, but the total number of visits paid to all cases during the last two years has shown a marked increase over previous years. In 1963 and 1964, such visits totalled 51,860 and 51,667 respectively, compared with 46,293 in 1962 and 45,142 in 1961 - an increase of approximately 12%.

Training of District Nurses

The training scheme for Lincolnshire came into operation in January, 1962, and details of this were given in my Annual Report for that year.

Briefly, each course consists of approximately twelve study days over a twelve week period, conducted by a panel of approved lecturers, with an examination at the end of the course. Successful candidates obtain both the National Certificate and that issued by the Queen's Institute.

Unfortunately, it was not possible for a course to be held in 1964, but one was held during the first half of 1965 and was attended by four of our nurses.

GENERAL

Staff

Three district nurse/midwives left during the year and two were appointed. Two district nurses were also appointed. At the 31st December, 1964, actual staff employed was as follows :-

- 22 District Nurse/Midwives with combined duties;
 - 22 District Nurse/Midwives;
 - 4 District Nurses.
- Two posts remained to be filled, namely at Bassingham and Sleaford.

Housing

No further houses were built or purchased during the year, and the number, therefore, owned by the County Council remained at 17, of which 15 had been specially built and 2 purchased. In addition, the County Council rents 3 houses for nurses. There is some doubt now as to whether it is a wise policy to build houses for nursing staff as privately owned or rented accommodation seems to be preferred to a County Council owned house.

Transport

Three new cars were ordered during the year in accordance with the replacement programme. At the 31st December, 1964, the total number of cars in the Nursing Service was as follows :-

Owned by the County Council	33
Owned by Nurses	22
	—
Total	55
	—

The following is a summary of persons immunized since the commencement of the scheme in 1956 :-

VACCINATION AND IMMUNISATION

The Council's scheme for Vaccination against Smallpox under Section 26 of the National Health Service Act as set out in the Annual Reports for 1948 and 1955 continued to operate without change. The Scheme for Diphtheria Immunisation continued as outlined in my Report for 1961, when the use of combined antigens was introduced.

Note : The figures in brackets in the various tables in this section are comparative figures for 1963.

SMALLPOX VACCINATION

Details of persons vaccinated against smallpox for whom records were received during 1964 are shown in the following table :-

Smallpox Vaccination	Age at Date of Vaccination								Total
	0-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	1	2-4	5-14	15 or over	
No. vaccinated	22	87	65	73	418	75	44	158	942 (825)
No. re-vaccinated	-	-	-	-	2	32	59	247	340 (405)

The total number of persons vaccinated against smallpox for the first time increased in comparison with the previous year's figures, but there was a slight decrease in the number of persons re-vaccinated. The effect of the advice given by the Standing Medical Advisory Committee in November, 1962 that smallpox vaccination should be offered to children during their first two years of life, but preferably during the second year, now becomes evident - children in their second year comprised almost one half of the total number of persons who received primary vaccination in 1964.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION

The following antigens are available for use under the County Council's scheme by medical officers and family doctors :-

Diphtheria/Whooping Cough/Tetanus in combination.

Diphtheria/Tetanus in combination.

Plain Tetanus.

Plain Whooping Cough.

Plain Diphtheria.

The following Table A gives details of all diphtheria, whooping cough and tetanus immunisation given to children during 1964. Tables B and C give separate details for diphtheria and whooping cough immunisation and are based on the forms of return required by the Ministry of Health, the figures shown having been included in Table A. It will be noted in Tables A and B that the figures relating to children of school age are lower than those for the previous year but this is due to the termination during the early part of 1964 of the immunisation campaign in schools which commenced in 1962. The figures relating to pre-school children show a slight increase over the previous year.

Medical	1,744	(1,794)	13,248	(13,290)
Surgical	1,057	(1,089)	16,888	(15,625)
Infectious Diseases	7	(2)	57	(20)
Tuberculosis	15	(17)	540	(447)
External Complications	36	(51)	290	(368)
Others	16	(11)	64	(115)
(37)				
Totals	2,875	(2,946)	51,607	(51,860)

TABLE A

	Primary Course								Boosters
	Children born in years							Total	
	1964	1963	1962	1961	1960	1955-1959	1950-1954		
Diphtheria	-	-	-	-	1	3	10	14	251
Diphtheria/ Whooping Cough	-	-	-	-	-	-	-	-	2
Diphtheria/ Tetanus	3	12	4	6	3	109	156	293	757
Diphtheria/ Whooping Cough/ Tetanus	704	1,083	128	43	16	65	28	2,067	729
Whooping Cough	-	-	-	-	-	-	-	-	1
Tetanus	-	3	-	4	8	150	345	510	206
TOTAL	707	1,098	132	53	28	327	539	2,884	1,946

TABLE B

Diphtheria Immunisation	Children born in years							TOTAL
	1964	1963	1962	1961	1960	1955-1959	1950-1954	
No. of children who completed a primary course of immunisation	707	1,095	132	49	20	177	194	2,374 (2,994)
No. of children who received a secondary or re-inforcing injection	-	91	182	32	38	1,013	383	1,739 (3,196)

TABLE C

Whooping Cough Immunisation	Children born in years							Total
	1964	1963	1962	1961	1960	1955-1959	1950-1954	
No. Vaccinated with combined vaccine	704	1,083	128	43	16	65	28	2,067 (2,007)
No. Vaccinated with plain vaccine	-	-	-	-	-	1	-	1 (1)
TOTAL	704	1,083	128	43	16	66	28	2,068 (2,008)

POLIOMYELITIS VACCINATION

There were no changes in the scheme for poliomyelitis vaccination during 1964 and our revised arrangements as outlined in my Report for 1963 continued to work very satisfactorily. Supplies of Sabin oral vaccine remained freely available and it will be noted from the Table below that very little use was made of Salk vaccine, administered by injection.

The following is a summary of persons immunised since the commencement of the scheme in 1956 :-

Group	No. of persons vaccinated with 2 injections or 3 oral doses at 31.12.63.	Numbers of persons who received during 1964		Total No. vaccinated with 2 injections or 3 oral doses at 31.12.64.
		2 injections of Salk vaccine	3 doses of Sabin oral vaccine	
Children and young persons born in the years 1943 to 1963	34,917	17	2,275	37,209
Persons born in the years 1933 to 1942	8,953	1	51	9,005
Others	10,026	3	55	10,084
TOTAL	53,896	21	2,381	56,298

Number of persons who, during 1964, received third injections of Salk vaccine, fourth injections of quadruple vaccine or a boosting dose orally 51

Total number of persons who at 31.12.64. had received three injections of Salk vaccine, or two injections of Salk vaccine plus one dose of oral vaccine, or four injections of quadruple vaccine 46,194

Number of persons who, during 1964, received fourth injections of Salk vaccine, fifth injections of quadruple vaccine, or a boosting dose orally after three Salk injections, three oral doses or two Salk injections plus two oral doses 1,273

Total number of persons who at 31.12.64 had received three injections of Salk vaccine plus a boosting injection or dose or three doses of oral vaccine plus a boosting dose, or two Salk injections plus three oral doses, or five injections of quadruple vaccine 14,610

GENERAL

Ministry of Health Circular 20/64 dated the 17th November, 1964, advised that local health authorities need no longer maintain records of vaccinations and immunisations for persons who have reached their sixteenth birthday and asked authorities, in consultation with the Local Medical Committee, to provide all general practitioners who participate in their vaccination and immunisation schemes with full information about the records they should send in. General practitioners in Kesteven have accordingly been advised that with effect from the 1st April, 1965 they will only be required to send in records of vaccination and immunisation for persons who have not reached their sixteenth birthday and that fees will be payable for these records only. The Circular also requires local health authorities to render annually to the Ministry of Health a revised form of return incorporating details of all types of immunisation (except smallpox and B.C.G. vaccination) and it is therefore anticipated that this will be the last year in which the immunisation tables will be shown as above.

The diphtheria and tetanus immunisation campaign in schools was completed early in the year and proved to be very successful, over 2,300 courses of primary immunisation and 2,400 reinforcing injections having been given. It is evident from the number of children who received primary diphtheria immunisation during the campaign that many parents had overlooked having their children immunised in infancy. Our most recent figures show that at the end of March, 1965, 69 out of every 100 Kesteven children had received protection against diphtheria, and 60 out of every 100 had received poliomyelitis vaccination. Needless to say, we continue to do all we can to impress upon parents the importance of immunisation in infancy.

A M B U L A N C E S E R V I C E

The number of patients carried during the year ended 31st December, 1964, totalled 79,716 which represents an increase of 6,898, (9.4%) over the figure for the previous year. The total mileage travelled including Hospital Car Service mileage was 717,723 compared with 630,119 in 1963 - an increase of 13.9%. The average number of miles per patient carried again showed a slight upward trend at 9 miles per patient as against 8.65 for 1963. Once again this has been influenced by the increasing use of the Hospital Car Service transport for both Section 27 and other cases which during the year carried a total of 6,842 patients over a total of 95,458 miles. In terms of the whole service this represents a proportion expressed as a percentage of 8.5% patients and 13.3% miles respectively, but this provision undoubtedly provides a useful supplement to the directly provided service, particularly at times of peak and concentrated demand and also for the conveyance of one or two patients on long distance journeys. Accident and emergency cases conveyed during the year totalled 4,295 involving 3,403 journeys on 106 of which the ambulance was not required on arrival. 402 patients who were conveyed to out-of-county destinations travelled by train for the major portion of their journey having been conveyed to the railway station by ambulance service vehicles, and met at the end of their rail journey by ambulance transport which conveyed them to their final destination. In appropriate cases attendants for rail escort were provided through the agency of the voluntary societies. It is estimated that approximately a further 24,817 miles of road travel would have been travelled if these patients had been conveyed by road for the whole of their journeys.

The main event during the year was the implementation of the decision of the County Council to extend the hours of manning at three stations to provide a 16 hour daily cover. This procedure was implemented in stages and all stations with the exception of Bourne which remains a day station now carry out a 16 hour daily manning tour, the remaining eight hours from 11 p.m. to 7 a.m. being covered by adequate standby arrangements.

A detailed summary of the work carried out during the year appears on page 41.

VEHICLES

There have been no changes in the number or types of vehicles and their distribution remains as stated in my Annual Report for 1963.

STAFF

(a) Driver/Attendants

The authorised establishment of Driver/Attendants was raised from 37 to 42 (including a Senior post at each Station) during the year to provide the necessary cover required to increase the manning hours at the Grantham, Sleaford and Stamford Stations respectively, and no difficulty was experienced in recruiting the additional staff. No occasional vacancies occurred throughout the year and the distribution of driver/attendants as at the 31st December, 1964 was as follows :-

Grantham	-	10
Sleaford	-	9
Bourne	-	4
Stamford	-	9
Waddington	-	10

All personnel are qualified in First Aid and extremely successful courses in advanced First Aid have been held at three stations during the year culminating in the personnel re-qualifying by examination at a

higher level. The courses which were held in the personnel's own time were extremely well attended and the personnel are to be congratulated on their keenness and interest.

(b) Attendants

Trained nursing attendants provided on an individual basis and by the various voluntary agencies have continued to provide service on a rota basis throughout the year. This help has been greatly appreciated, although at times there has been difficulty in filling the rota. There are indications that the voluntary societies are finding it increasingly difficult to find volunteer nursing attendants during the day owing to more personnel taking up full time employment, and other personal obligations. The ratio of staff, whole time and voluntary, remains too low to enable ambulances as opposed to mainly sitting cases vehicles, to be sent out with an attendant on all occasions, though every effort is made to ensure that an attendant is sent when it is known that a case requires one. The service is nevertheless indebted to those individuals and members of the undermentioned organisations who have continued to render such valuable assistance.

- Bourne - British Red Cross Society.
St. John Ambulance Brigade.
- Grantham - British Red Cross Society.
- Sleaford - St. John Ambulance Brigade.
Sleaford and District Voluntary First Aid and Ambulance Unit.
- Stamford - Nursing Section - St. John Ambulance Brigade.
British Red Cross Society - for patients travelling by rail.

SERVICING AND REPAIR

The arrangements whereby the majority of the maintenance work (other than routine maintenance carried out by whole time staff) is undertaken by the staff of the County Council Central Repair Depot at Grantham have been detailed in previous reports and these arrangements have continued throughout the year. I should like to express my appreciation of the willing and helpful assistance received from the Depot Officers and their interest in the special problems connected with ambulance vehicles.

STATISTICS FOR THE YEAR 1964

Depot	Ambulances		Sitting-Case Vehicles		Totals	
	Miles	Patients	Miles	Patients	Miles	Patients
SLEAFORD	90,807	10,503	122,164	12,382	212,971	22,885
GRANTHAM	87,388	14,829	58,391	5,788	145,779	20,617
BOURNE	28,604	2,475	53,226	5,160	81,830	7,635
STAMFORD K.C.C.	9,335	2,508	41,139	4,087	50,474	6,595
STAMFORD AGENCY	19,912	2,225	14,995	1,556	34,907	3,781
WADDINGTON	44,211	5,196	52,093	6,165	96,304	11,361
HOSPITAL CAR SERVICE	-	-	95,458	6,842	95,458	6,842
TOTALS	280,257	37,736	437,466	41,980	717,723	79,716

Average Miles Per Patient - 9.003

P R E V E N T I O N O F I L L N E S S , C A R E
A N D A F T E R - C A R E

TUBERCULOSIS

A close liaison is maintained between the chest clinics serving the area, the Health Department and our health visitors to ensure that so far as is possible all cases and families needing help and advice receive the necessary attention. One of the first steps which must be taken immediately a new case of tuberculosis is detected is the locating of close contacts of the person involved and arranging for them to attend the chest clinic for x-ray etc. In a small number of instances, the health visitor finds that much persuasion is necessary before contacts will agree to co-operate. When making her initial visit to the patient's home, the health visitor will note carefully the conditions under which the patient and his family are living and this information is passed on to the Chest Physician concerned. It is pleasing to report that in these days comparatively few instances of adverse home circumstances are reported and in only isolated cases is it necessary to enlist the aid of the housing authorities in providing better accommodation for the tuberculous patient and his family.

When a Chest Physician considers that a patient will benefit by the provision of free milk, a supply of one or two pints per day, whichever the Chest Physician deems adequate, is arranged with the patient's regular milk supplier, and continues until such time as the Chest Physician decides that it is no longer required. During 1964, 38 patients in Kesteven were provided with free milk.

One patient maintained by the Nottinghamshire County Council on behalf of this Authority, remained in employment as a woodworker at the Sherwood Village Settlement, where he was admitted in 1959. This man still requires constant medical supervision and treatment.

Where necessary, tuberculous patients being nursed at home receive assistance under the County Council's Home Help Scheme, and three patients were helped by this service during 1964. Home Helps who may be required to undertake work with families where tuberculosis is present in the household are x-rayed by arrangement with the Chest Physician.

Dr. H.G. H. Butcher, the Chief Medical Officer of the Central Lincolnshire Chest Unit, has kindly submitted the following report on the work of the Chest Clinics during 1964 :-

"During 1964 the work of the Chest Clinics was continued on the same lines as in the previous year. That is to say that with the number of cases of Tuberculosis maintaining a steady level more cases of a non-tuberculous nature were seen and treated. Full investigation of all known contacts was continued. Emphasis should be made to the public of the importance of their attending the Mass Radiography Unit when it is in your District".

B.C.G. Vaccination

The vaccination with B.C.G. (Bacillus Calmette - Guerin) vaccine of children of known cases of tuberculosis, negative to the tuberculin skin test, is undertaken by the Chest Physicians as part of the clinical service to the patient and close contacts. During 1964, 106 children were skin tested by the Chest Physicians, 66 gave a negative reaction and a total of 95 were vaccinated, a number of infants having received vaccination without first being skin tested.

Comparative figures for the last five years are as follows :-

	<u>Tested</u>	<u>Negative</u>	<u>Vaccinated</u>
1960	151	120	105
1961	135	118	109
1962	91	77	82 (includes 5 not skin tested)
1963	66	37	84 (includes 47 not skin tested)
1964	106	66	95 (includes 29 not skin tested)

The scheme for B.C.G. vaccination of older children as a routine measure towards the prevention of tuberculosis commenced in Kesteven in 1959, and is now offered to school children of about 13 years of age and upwards and students attending further education establishments. The B.C.G. vaccination programme commences as soon as possible after the summer holidays each year, and it is usually well into the following year before completion is effected. Since at least two visits have to be made to each school or establishment, the first for skin tests and the second for vaccinations, with the possibility of a further session to deal with previous absentees, it is difficult to carry the programme through without causing some disturbance to school routine, and I would again express my thanks to head teachers and their staffs for their kind co-operation. All positive reactors are referred to the Chest Physicians for follow-up as necessary.

The following are details of persons dealt with during 1964 :

	No. skin tested	Of those tested		
		Positive	Negative	Vaccinated
School-Children	1,214	136	1,053	1,021
Further Education Students	9	3	6	6
TOTAL	1,223	139	1,059	1,027

Tuberculosis Vaccines Clinical Trial

The Tuberculosis Research Unit of the Medical Research Council has for some years conducted a trial to determine the duration of protection from tuberculosis imparted by B.C.G. vaccination in adolescence. Local Health Authorities help in this trial by making quarterly returns to the Tuberculosis Research Unit of all cases notified, and cases discovered only after death, in persons born in the years 1935 to 1938 inclusive. The most recent figures show that the protection given by B.C.G. is still substantial 12 years after vaccination.

Mass Radiography

The Lincolnshire Mass Radiography Unit carried out a survey at Sleaford in January, 1964 and at Grantham in May, 1964. The Director of the Unit has kindly supplied me with the following statistics relating to these surveys :-

	<u>Sleaford</u>	<u>Grantham</u>
No. x-rayed on miniature films	1,033	6,924
No. recalled for large films	8	67
No. recalled for clinical examination .	▼	-
No. referred to Chest Clinic	4	19
No. referred to own doctor	-	-

	<u>Sleaford</u>	<u>Grantham</u>
No. of cases of Pul. Tub. Active ..	1	6
No. of cases of Carcinoma	-	3

General

The Council's medical staff undertook the medical examination of 87 entrants to teachers' training colleges and 15 entrants to the teaching profession as required under Minister of Education Circular 249. Persons in the former groups 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 directly from university, have to undergo x-ray examination before appointment to teaching posts.

MENTAL DISORDER

Reference to the community care work undertaken amongst persons suffering from mental disorder appears on page 54 of this report in the section dealing with the Mental Health Services provided by the Authority.

ILLNESS GENERALLY

Care and after-care of Patients

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.

I am glad to say that in this connection the close liaison between the Health Department's staff and the hospital staff continued. The arrangements too at local level for direct contact between the latter staff and the District Home Help Supervisors, Health Visitors and Nurse/Midwives continued to operate satisfactorily.

Recuperative Holidays

During the year 13 patients (3 male and 10 female) were admitted to recuperative convalescent homes for short periods under arrangements made by the County Council.

Laundry Scheme

The Voluntary Laundry Scheme, to which detailed reference has been made in previous reports, continued to give very valuable service to elderly incontinent persons, etc. in the Deepings area.

Marriage Guidance Council

The County Council continued to give financial assistance to the Lincoln and District Marriage Guidance Council to assist them in the valuable work they are undertaking.

According to the Annual Report of the Council's Executive Committee for 1964/65, 13 new cases from Kesteven were dealt with by their Counseling Service during the year.

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 and the St. John Ambulance Brigade who administer the Medical Loan Depots on behalf of the County Council, have, with the aid of grants from the County Council, continued to add to their own comprehensive stocks of articles. The figures for 1964 when compared with those for 1963, show a decrease of 39 in the number of issues made and an increase of 12 in the number of individual cases who benefited.

DEPOS	NO. OF ISSUES MADE	NO. OF INDIVIDUAL CASES WHO BENEFITED
Bourne	162	136
Grantham	783	690
Stamford	290	237
Sleaford	444	280
TOTALS	1,679	1,343

DENTAL - FLUORIDATION OF WATER SUPPLIES

The County Council on the recommendation of the Health Committee has, of course, formally approved of the fluoridation of its water supplies but I am afraid I must report that no substantial progress has yet been made in this direction.

CHIROPODY

Full details of the Chiropody Service operating in the area were given in my Report for last year. The Service continued to operate in 1964 with no basic changes. It is available to elderly persons (women 60 years of age and over and men 65 years of age and over), the physically handicapped and expectant mothers, through the County clinic at Grantham or through old peoples' clubs and other organisations assisted by the County Council. All participants are charged a fee of 2s. 6d. per attendance unless in receipt of National Assistance, when the service is given free.

The number of clubs operating a service increased from 29 at 31st March, 1964, to 37 at 31st March, 1965; this date is used for statistical purposes as it is the date on which the clubs' financial year ends and they submit their returns.

During the year under review, 1,214 patients were treated through the club schemes and they made a total of 4,833 attendances; the respective figures for the previous year were 1,065 and 3,261. During the calendar year 101 patients were treated under the County Council's direct scheme at the Grantham Clinic and they made a total of 458 attendances. The number of sessions at this clinic was increased from one to two per week as from May 1964.

HEALTH EDUCATION

A significant event in the field of health education was the issue in May, 1964 (with Ministry of Health Circular 6/64) of the report of the Joint Committee on Health Education which was appointed in 1959 by the Central and Scottish Health Services Councils. One of the main recommendations of the Report is that a new Board should be set up in England and Wales to promote health education generally and assume responsibility for the health education functions of the Ministry of Health and the Central Council for Health Education. Similar arrangements will be made in Scotland. The functions of these Boards would include the carrying out of pilot studies and experimental health campaigns, the training of health educators and the creation of a climate of opinion generally favourable to health educators. The new Health Educators, who would be employed by the local authorities, would be given executive responsibility for the conduct of local campaigns.

Many recommendations and conclusions are listed in the Report, dealing, among other things, with the conducting of social surveys to provide guidance for the planning of health education programmes, the subjects on which more stress should be laid during modern times and suggestions on priorities.

To give this new impetus to health education and to pay for additional staff, finance experimental campaigns, and provide funds for research would, the Committee estimate, cost an extra £500,000 a year. This cost would fall partly on the new Boards and partly on local authorities. These and the Committee's other recommendations will now be considered by the Health Minister in consultation with a wide range of professional and local government bodies and no doubt guidance from the Ministry as to their official attitude on the report will be received in due course.

The Department's activities in connection with health education followed a similar pattern to that for recent years. A number of talks and film shows were given by the medical and nursing staff at schools, welfare centres, young wives' groups, Women's Institute meetings, etc. and to expectant mothers attending the weekly mothercraft classes. Also, good use continued to be made of the wide range of publicity material available through the Ministry of Health, the Central Council for Health Education and other agencies concerned with the promotion of health. The County Council also continue to contribute to the Central Council for Health Education and the Royal Society for the Prevention of Accidents.

The monthly journal "Better Health", published by the Central Council for Health Education is now sent to our health visitors, school nurses, voluntary workers at infant welfare centres and to others whose daily work brings them into contact with mothers and children.

Two one-day courses were provided in late June/early July by the Central Council for Health Education. The first course, at the Ambergate School, Grantham, was provided for certain of his teaching staff by the Director of Education, who very kindly opened the course to members of my Department and to the whole-time health visitors. The second course, at Sandon School, Grantham, was devoted to Mental Health, with a bias towards the care and training of the mentally subnormal.

The film "To Janet a Son?" was borrowed on a number of occasions during the year from Farleys Infant Food Ltd. for showing to those attending the mothercraft and relaxation classes. The Gas Council film "Most Precious Gift", about health and hygiene in the home, was also shown at four mothercraft and relaxation classes.

The films "Learning to Live", "Boy to Man", "How We Begin", "Biography before Birth", and "Preparation for Parenthood", were also borrowed for use at a meeting in July of Head Teachers of Grammar and Secondary Schools in connection with the programme of sex education in schools. The filmstrips "Human Reproduction", "How Life is Handed On", and "Sex and Society", were also borrowed for use at this meeting.

Copies of a leaflet entitled "The Home Care of Old People" were obtained for all nursing and domestic help service staff. Copies of the latest Ministry of Health leaflet on immunisation were distributed to all health visitors, and to nurses who attend infant welfare centres. A cartoon-type poster illustrating the four rules of dental health and a poster on immunisation were issued to all clinics and infant welfare centres.

SMOKING AND HEALTH

The number of deaths in the County from lung cancer in 1964 numbered 57 (49 males and 8 females), a decrease of 4 in comparison with the figure for 1963 and it is fairly certain that the nett rate per 1,000 estimated population at 0.396 will, as in previous years, be well below the average rate for England and Wales.

The setting up of anti-smoking clinics in various parts of the country is a growing feature of the campaign against lung cancer and a

clinic of this type, held by Dr. J. B. Wilkinson, Chest Physician, commenced at Grantham Hospital during the year. I am indebted to Dr. Wilkinson for the following report on the progress of the clinic in the four months October, 1964 to January, 1965, inclusive :-

Total Cases : 16

Stopped smoking	(originally 10 a day)..... 3)	6
	(originally 20 a day)..... 3)	
Reduced to 50% or less		3
Little or no reduction		5
	(Still under treatment - 3)	
Did not complete course		2

Dr. Wilkinson states that the figures are of course very small but the results are more encouraging than he had anticipated. He would be glad to have more cases from family doctors and has now extended the clinic to local authority and hospital staffs. The family doctor of each patient attending is kept fully informed.

I was interested to receive in July, a letter from Mrs. Edith Macwhirter, County Secretary of the Kesteven Federation of Women's Institutes, informing me that at their National Federation Annual General Meeting the following resolution was carried :-

"In order that people should be discouraged from smoking, the National Federation of Women's Institutes urges that strong measures be taken to restrict the amount of smoking in public places, such as tops of buses, places of entertainment, cafes and restaurants, and also on television."

A selection of anti-smoking posters was subsequently supplied for use by the Secretary.

In September the Ministry of Health produced a poster aimed specially at getting school children to start or join their own "Junior League of Non-Smokers", which is sponsored by "Family Doctor" magazine. After consultation with the Director of Education, copies of the poster were obtained for distribution to all junior and senior schools in the County.

B L I N D P E R S O N S

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, 1964 :-

	<u>(i)</u> <u>Blind</u>	<u>(ii)</u> <u>Partially-</u> <u>sighted</u>
(a) Registered at 1st January, 1964	288	99
(b) New registrations during the year	49	14
(c) De-certified cases re-registered	-	-
(d) Deaths	28	7
(e) Transfers to other areas	6	-
(f) Transfers from other areas	5	3
(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	4	2
(j) Registered at 31st December, 1964	304	101

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

0-15 years	-
16 to 59 years	6
60 to 69 years	11
70 to 79 years	23
80 years and over	<u>23</u>
Total	<u>63</u>

The proportion of newly registered persons aged 60 years and over represents 90% of the new registrations as against 76% in the previous year.

(i) Number of Cases registered during the year in respect of which para. 7(c) of Forms B.D. 8 recommends :-	Causes of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	1	-	-	33
(b) Treatment (medical, surgical or optical)	15	-	-	14
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment.	15	-	-	13

OPHTHALMIA NEONATORUM

No case of this disease was notified in Kesteven under the Public Health (Ophthalmia Neonatorum) Regulations, 1926/37, during the year.

HOME HELP SERVICE

The Home Help Service continued to expand during 1964, and it is coping satisfactorily with the varying types of cases calling upon it for help.

Statistics show that the total cases covered during the year were 867 compared with 791 during 1963. Of these, 354 were new cases referred to the service during the year.

Cases of short term sickness increased from 45 during 1963 to 77 in 1964 and 63 of the 77 cases were new cases.

The number of maternity cases helped was less than during 1963, being 48 in comparison to 52. The demand here is regulated by the supply of hospital beds, where it seems that mothers prefer to have their babies. Our cases were in the main in the North of the County (25 cases) and in the South, particularly Stamford (15 cases). The Grantham area dealt with only 8 cases during the year.

The service in Sleaford, East and North Kesteven shows the greatest variation of cases amongst all age groups, which is an extremely healthy sign of a progressive service.

The Stamford and South Kesteven area has also increased the coverage of short term sickness and Maternity Cases.

The Grantham and West Kesteven area continue to give the majority of help to the aged, particularly to those over 65 years of age.

The number of hours covered by the service have correspondingly increased from 124,829 in 1963 to 126,070 during the year.

DISTRICT SUPERVISORS

In October, 1964, Mrs. B. Fisher, the Stamford and District Supervisor, resigned her appointment to take a Teachers' Training Course, and Mrs. B. Hutchinson was appointed in November, 1964.

The work of our District Supervisors continues to increase with the expansion of the service, and in particular with the increased number and types of cases referred to the service. They are in daily contact with family doctors and officers of the statutory and voluntary services, and much of their work is liaising with their colleagues in the field concerning the welfare of people outside the work of the Home Help Service.

HOME HELPS

The number of Home Helps increased from 180 in 1963 to 186 during the year under review. All Home Helps are employed on a part-time basis and their hours vary from week to week according to the needs of their patients. Too little is said about the quality of the women who choose to work in this service, as their idea of service is of the highest. They are called upon to go into neglected homes and work among some of the most difficult of people. They do this willingly and cheerfully and do much work outside their official working hours. Much of the well-being of the aged living in their own homes depends on the personal care given to them by the home helps.

TRAINING

The training of home helps continued during the year. Two courses were completed and these were held at Grantham and Bourne. This year the courses were arranged in two parts, one to cover practical instruction in domestic duties, and the second part covered the duties of the home help as a member of the Public Health team.

The instruction in domestic subjects was given at Grantham College of Further Education and Billingborough Evening Institute. The course covered twelve weekly sessions in cookery, laundry and housework, with special emphasis on the preparation of nutritious, economical meals for elderly people living alone.

The service is greatly indebted to Mr. G. F. Johnson, M.Ed., B.Sc., M.I.Mech.E, Principal of Grantham College Further Education, and to Mr. H. D. Bostock, A.R.C.M., the Principal of Billingborough Evening Institute, and to the tutors who did such excellent work with our staff.

The second part of the course, i.e. tuition in the duties of the home help as a member of the Public Health team, also covered twelve weekly sessions. These took the form of lectures, followed by discussion and were given by Dr. E. A. Whiteley, Dr. H. Ellis Smith, the County Health Inspector, the County Nursing Superintendent, and by officers of the Mental Welfare Section, Children's Department and National Assistance Board, and by the County Home Help Organiser. This part of the course was much appreciated by the home helps and our thanks are expressed to the officers who conducted this course.

PROBLEM FAMILIES

Sect. I of the Children and Young Persons Act, 1963, which came into operation on October 1st, 1963, has meant an increase in our work among problem families. Home Helps who are sent into the homes of these families, are specially selected and have undergone the course of training described in the preceding paragraph. They enjoy this work, although their duties are arduous and sometimes seem unrewarding. These cases are of a long term nature and must be approached with tact and patience. No rapid improvement in standards can be expected and often we can only prevent further deterioration. The home helps understand that their main duties concern the well being of the children in these homes, and they have, in some cases, helped considerably to support these families and in some cases to have raised the standard of the home.

Approximately 2,000 hours of Home Help were given to the 10 cases for whom help was requested during the year.

GOOD NEIGHBOUR SERVICE

This service has been of great advantage to the elderly patients needing home care rather than home help for housework only. The cases helped by this service need frequent visits during the day and late evening for meals and fires and to ensure the safety and comfort needed by these elderly people to remain living alone in their own homes. This help is best given by someone living near and we are discovering that neighbours will help one case on a long term basis if a small remuneration is paid them.

At the beginning of the year 13 cases were being helped and this had increased to 41 cases during the year. It is expected that there will be a steady expansion of the good neighbour service throughout the County as the service provides the ideal method of dealing with the social needs of older people, especially for those living alone.

PUBLICITY

A booklet has been compiled giving information on the work of the Home Help, Good Neighbour, and Night Attendant Service. Details of work carried out, where and to whom applications are made for help for all three services are given in this booklet. Copies have been sent to all medical and nursing officers, family doctors, statutory and voluntary services, hospital almoners, etc. throughout the County.

CHIROPODY SERVICE

The home helps are particularly grateful to this considerably extended service which relieves the discomfort of their patients when troubled with foot disorders.

MEALS ON WHEELS

The extension of this service to the villages in the remoter areas of the County has been a great help to the service especially during the winter months and as always we express our thanks to Mrs. C. Packer, the County Organiser of the service and to the ladies of the W.V.S. who work in this service.

The following brief report on the work of the service during 1964 has kindly been submitted by Mrs. C. Packer, the organiser.

"The Meals on Wheels service has been extended during the year by a further four schemes in rural areas, at Brant Broughton, Kirkby-la-Thorpe, Folkingham, Billingborough. W.V.S. now operate the four urban schemes and sixteen rural schemes in the County. In the rural areas, nine schemes in North Kesteven cover nineteen villages, four in East Kesteven supply four villages, three in South Kesteven supply four villages.

"The source of the meals varies - two schemes obtain them from industrial canteens, two from Slea View, and the remainder from the School Meals Service. It is pleasing to note that in Bourne and Stamford, during the School holidays, W.V.S. have been able to provide temporary alternative arrangements for supplying meals and that this is also done in four of the rural schemes.

"A total of 32,755 meals were delivered by W.V.S. in Kesteven during 1964, an increase of 7,277 on the previous year. The recipients numbered 394 of whom 320 have two meals weekly.

"It must be stressed that the helpful co-operation of the Director of Education and the County Welfare Officer has been a vital factor in this extension of the Meals on Wheels Service - a service which not only supplies excellent hot meals to the permanently or temporarily home-bound, but also enables a watchful eye to be kept on the welfare of the frail and the elderly."

CONFERENCE OF HOME HELPS

The following interesting paper on the Home Help Service as seen by a general practitioner was given by Dr. L. R. Holt of Stamford at a conference of Home Helps recently held in the County.

"I would like to consider the Home Help Service from three points of view which are particularly relevant to my work as a family doctor in this town.

These are :

- (1) The aged.
- (2) The ill.
- (3) The pregnant.

"Firstly then, let us consider the relationship between the Home Help and those elderly individuals or couples living alone, of whom there are, in this town, about 193, out of a population of about 12,000; and I suppose that 60 or 70 of these are attended by 24 or 25 Home Helps. This, then in my opinion, is the hard core of the whole Service, the one important facet that makes it so much worth while.

"I believe that it provides a very personal relationship between the Elderly and their "adopted daughter", for after all, they rely on her for all the chores, from getting them dressed to doing the shopping, from lighting the fire to cleaning the silver, from washing their clothes to tucking them up for the night. They become integrated into the very life and well-being of their charges: they become attached.

"I come from Lancashire where they call a spade a spade and not a shovel, where people are human beings and not cases.

"I am often chided for calling my patients "love"; down here in Lincolnshire they call them "me dear" or "me Ducky", but it matters not so long as the term is one of endearment and friendliness. This is the approach that is needed towards the elderly, for it produces an atmosphere of confidence and trust.

"Stamford has just embarked on a scheme to house the elderly in bungalows and flats under the control of a Warden.

"This small estate, called Clare Close will house about 32 to 34 old people, some of them married couples, all living in conditions with every modern convenience. The Warden will be responsible for their day to day welfare, and will be available by an intercommunication relay system in any case of emergency. She knows the name of the doctor of each inhabitant and can send for him if necessary. In time, we hope that this small community will diminish the need for Home Helps, but not entirely, for some still require help with their household chores: but it will mean that perhaps two or three will manage to look after them all, instead of many individual Helps being employed on an uneconomic basis.

"It will, however, be a step in the right direction, in view of the recent press report that there is a national shortage of recruitment to the Home Help Service.

"And now I turn to the Ill.

"This, I believe to be the greatest test of the Home Help Service - to render help at short notice, and let me say at once that we are indeed fortunate in this area, in having such a capable District Supervisor as Mrs. Hutchinson and I am sure we are all sorry that she will soon be leaving us.

"For it is through her, and an old friend, Mrs. Jones, the County Organiser, that a sudden demand for help has to be met, and I believe that this is where the co-operative efforts of the Doctor, District Nurse and Home Help come into action.

"Never have I asked for help in an emergency and found the Service wanting.

"And now the last in my three Groups, the Pregnant Women.

"We must subdivide this group into three further sections :

1. The antepartum period.
2. The lying in period.
3. The post partum period.

"In the first section we are dealing with the sudden emergency, such as toxæmia or bleeding, which requires the immediate attention of doctor, Midwife and Home Help.

"For the normal confinement, the Home Help has a valuable role to play, and spends longer hours in the home, as she is taking over the duties of a young mother who is upstairs in bed. This is a long-term commitment, as the approximate date is known many months previously.

"As you know, the trend in these days is for most women to have their first baby in Hospital, and often their subsequent babies, so that domiciliary midwifery, at least in this area, does not form a very large part of medical practice. But the time is coming, when the Maternity Units will be overbooked and soon a mother-to-be will go into Hospital, and be discharged after 48 hours if the confinement is normal. This may put an extra strain on the Home Help Service to provide help in the 10 days following discharge.

"However, I found that most pregnant women make their own arrangements for home care, in the form of relatives or neighbours. This early discharge scheme will need careful consideration in the very near future.

"I am sure the Service will rise to the occasion, as it always has done, and always will do. But once again, prior planning between Hospital, Local Authority and Doctor are essential to its success.

"Two final questions :

1. What manner of person is the Home Help and why does she do the job? For the money or to fill in time while her husband is at work and her children at school?

No, I think it is because she regards it as a vocation, a sincere desire to be of service, to do something for the community and particularly the Elderly.

For this reason she must be chosen with care, must be medically fit to undertake the rigours of the job, and willing to carry on the work for a lengthy period, even though the hours worked per day may be relatively short.

2. What is the role of the family doctor in all this?

I think he can greatly assist the Supervisor in assessing the nature of a particular case by accurately filling in the form of request for assistance.

He can help by checking the quarterly list of his patients who have a Home Help, and suggesting additions or deletions according to the present state of their health.

He should be in touch with, and even visit the Supervisor, in order to discuss mutual problems. And finally, if possible, he should pay visits to his Elderly patients at regular intervals, as far as his time permits. For loneliness is their chief symptom, and a friendly chat, even for a few minutes, helps to make them feel that they are not forgotten.

"Lastly, may I say how grateful I am to be taking part in this Conference, and to Mrs. Jones for asking me."

GENERAL

The year in the Mental Health Service has been one of continued growth, both in the fields of subnormality and mental illness.

The most striking happening during the year has been the extension of Sandon School, this Authority's Training Centre for Subnormals. I wrote in my last report that the school was pressed into service in February, 1963 with 30 children on the register and two staff. At the end of the year (1964) - less than two years later, an additional classroom had been added, the number of children risen to 59 and the number of staff to seven (one on special leave of absence for the N.A.M.H. Diploma course).

The growth of the Mental Health Service was by no means confined to Sandon School. The service offered to the mentally ill in the Community had grown to such a degree that by April a further district officer had to be appointed. Details of the work undertaken are given later in this report.

ADMINISTRATION

(a) Sub-Committee

The administration of the Mental Health Service in the County has continued to be dealt with by the Mental Health, Maternity and Child Welfare and Care Sub-Committee, which consists of 20 members and meets at approximately quarterly intervals.

(b) Staff - Medical

The County Medical Officer is the chief executive officer of the Mental Health Service and is also an approved officer for examinations for mental illness under Section 28 (2) of the Mental Health Act, 1959. The Deputy and Assistant County Medical Officers, the Consultant Psychiatrists at Rauceby, St. John's and Harmston Hospitals and three general practitioners are also approved under the Act. Dr. E. A. Whiteley, Deputy County Medical Officer, is medical officer of the Training Centre and has a special responsibility in connection with the care of mentally subnormal children in the community.

(c) Staff - Non-Medical

Increasing demands on the services of the Mental Welfare Officers necessitated the appointment of a further Officer during the year, therefore at the end of the year there were four full-time District Mental Welfare Officers working under the Senior Mental Welfare Officer.

Training

Two members of the staff at Sandon School have undertaken the National Association's course for supervisors - the Head Supervisor passing the course in July and an Assistant Supervisor commencing in September. The newly appointed mental welfare officer took the short Leeds course and the monthly meetings have continued. Two officers attended the National Association Conference in London and two also attended the Annual Conference of the Federation of Associations of Mental Welfare Officers at Scarborough. Mental Welfare Officers have also attended case conferences and ward rounds at St. John's Hospital and also various regional conferences.

WORK UNDERTAKEN IN THE COMMUNITY

Psychiatric Cases

Admissions to Hospitals

The following table shows the number of patients from the Kesteven area admitted to psychiatric hospitals during the year under the Mental

Health Act, 1959. Comparative aggregate figures for the preceding two years are also given

Category	Rauceby Hospital	St. John's Hospital	Other Hospitals	Total 1964	Total 1963	Total 1962
Section 5 (Informal)	197	60	5	262	246	233
Section 25 (Observation)	9	9	-	18	23	11
Section 26 (Treatment)	1	3	-	4	2	4
Section 29 (Emergency)	37	10	-	47	40	50
Section 60	1	1	1	3	-	-
	245	83	6	334	311	298

The proportion of women admitted to hospital was 57% of the total - a similar proportion to other years.

The following table analyses the figures on a sex and age basis :-

		Under 20	20-29	30-39	40-49	50-59	60-69	Over 70	Age not given	Total
MALE	1964	21	23	26	16	18	12	19	7	142
	1963	14	22	20	21	14	14	21	-	126
	1962	7	16	29	22	11	10	10	2	107
FEMALE	1964	9	34	29	33	32	21	24	10	192
	1963	11	37	31	28	30	18	30	-	185
	1962	11	32	35	37	27	19	29	1	191
TOTALS	1964	30	57	55	49	50	33	43	17	334
	1963	25	59	51	49	44	32	51	-	311
	1962	18	48	64	59	38	29	39	3	298

Regrading in Hospital of Patients admitted for Observation

Admitted for Observation	Regraded			Discharged
	Section 5	Section 25	Section 26	
{ 48 Section 29	21	26	1	-
65 { 17 Section 25	14	-	1	2

Of the 26 regraded to Section 25 from Section 29, 21 continued treatment on an informal basis on the expiration of the order.

In the last two reports, I have in turn analysed the admissions to Rauceby and St. John's Hospitals. This year the pattern is very similar and so I have looked into the question of the aged as it applies in Kesteven. An extract from a recent issue of the British Medical Journal states that "medical care may preserve the body but can so far do little to prevent the wearing out of the brain. Pre-senile and senile psychosis seems likely to be a serious social problem for the second half of the century". The following table shows the number of admissions to hospital of male and female patients over the age of 60 years in relation to total admissions.

	Hospital	Aged 60-69 Years	Aged over 70 Years	Admissions of all Ages
Male	St. Johns	5	6	39
	Rauceby	7	13	103
Female	St. Johns	7	7	41
	Rauceby	14	17	151
TOTALS		33	43	334

10% 13%

1964 76 Admissions over 60 years 23%
 1963 26%
 1962 23%

These figures indicate that since the inception of the Mental Health Act, 1959, the percentage of admissions of persons over 60 in Kesteven, has remained fairly constant and the admission rate per thousand for all admissions to hospital (given below) remains the same as last year and is still below the last published National average of 3.5 per thousand.

1964 2.3 per thousand
 1963 2.3 per thousand
 1962 2.2 per thousand

Discharges from Hospitals

During the year, 302 discharges from psychiatric hospitals were notified to the Local Health Authority and after care service was accepted by 161 patients; the respective figures for 1963 were 259 and 142. Twenty-six patients had two admissions to hospital and six three admissions.

The pattern of diagnosis of the mental illness of patients remained very similar to previous years, the anxiety and depressive illnesses accounting for almost 50%. An analysis together with comparative figures for the previous two years is as follows :-

Diagnosis	Male	Female	Total	Percentages		
				1964	1963	1962
Manic Depressives	50	90	140	47	46	51
Depressives						
Anxiety State						
Melancholia	36	48	84	27	24	26
Paraphrenia						
Paranoia						
Schizophrenia	4	12	16	5	4	5
Hypochondria						
Hysteria						
Obsessional Neur.	8	5	13	4	4	3
Psychopaths						
Alcoholism	20	16	36	12	15	11
Epileptic						
Arteriosclerosis						
Senile Dementia						
Somatic	-	1	1	1	3	2
Subnormality						
Unspecified	5	7	12	4	4	2
TOTALS	123	179	302			

PREVENTION, CARE AND AFTER CARE

About one third of the patients seen by family doctors are suffering from illness which is mental or emotional in origin ("Morbidity Statistics from General Practice, Vol.3") and the cost to the National Health Service of treatment for mental, psychoneurotic and personality disorders was given as £111 million for the year 1962/3. Other indications of mental ill-health in the Community are the 5,000 known suicides and approximately ten times that number of attempted suicides each year and the estimated 400,000 alcoholics in the country.

In Kesteven the number of cases referred to the Mental Health Service continues to increase as the following figures indicate :-

Source of Referral	Mental Illness		Psychopathic				Subnormal				Severely Subnormal				Total		
	Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		Under 16				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
General Practitioners	9	-	58	69	-	-	-	-	-	-	4	2	3	3	2	1	151
Hospitals	-	-	93	165	-	-	-	-	1	-	2	2	-	-	2	-	265
Out Patient Clinics	1	-	26	41	-	-	-	-	-	-	1	1	-	-	-	-	70
L.E.A.	12	4	-	-	-	-	-	-	2	-	-	-	-	-	-	-	18
Police & Courts	-	-	12	11	-	-	4	-	-	-	2	-	-	-	-	-	29
Others	1	-	28	23	-	-	1	-	2	3	5	7	-	1	-	1	72
TOTALS	23	4	217	309	-	-	5	-	5	3	14	12	3	4	4	2	605

Total for 1963 - 590

Total for 1962 - 160

Visits in respect of these referrals have also increased, especially in the after-care service. The figures give some indication of the growth of the service and I think I might say also reflect the confidence that the hospitals, general practitioners and the general public have in the service.

Number of Visits

	<u>1964</u>	<u>1963</u>	<u>1962</u>
Patients in Hospital	425	319	265
O.P. Clinics	90	35	21
Patients at Home	470	343	681
Relatives etc.	634	563	217
After Care	1,230	698	269
Prevention Cases	233	375	215
TOTALS	<u>3,082</u>	<u>2,333</u>	<u>1,668</u>

SUBNORMALITY

In my general remarks I have commented on the expansion of Sandon School making particular reference to the additional classroom. This expansion has meant that practically the whole of the County is now served by Sandon School although it means that some children have to travel quite a distance to attend. Vehicles commence daily from Stamford and Bourne in the South, East Heckington and Sleaford in the East, Metheringham Fen and Carlton in the North, to pick up children in these areas and make their way to Grantham, picking up children in various villages as they pass through. Children in the North Hykeham and Waddington areas continue to travel to the Lincoln centre and one

still travels to the Peterborough centre from the Stamford area. The brunt of the task of providing transport falls on the County Ambulance Service, whilst the remainder is done by the Hospital Car Service, private hire and public transport.

A not inconsiderable amount of work continues to be carried out by the mental welfare officers in visiting the homes of subnormals and giving advice and help to the families concerned. With the majority of the juniors attending Sandon School or benefiting from the agency arrangements, more time is devoted to the adult subnormal. The numbers of subnormals in full employment has been maintained and with casual employment at one time rose to almost 70% during the summer months.

The actual cases referred to the service were much the same as in previous years although slightly more were deleted from the register through death or removal from the area. The actual figures are as follows :-

During the year 37 new cases have been added to the register. The sources of referral with comparative figures for the two previous years were as follows :-

	<u>1964</u>	<u>1963</u>	<u>1962</u>
Transfers from other Authorities	3	10	9
Mental Welfare Officers	-	6	6
N.A.B.	7	2	6
Hospitals	4	3	3
L.E.A.	8	8	14
Others	15	7	5
	<u>37</u>	<u>36</u>	<u>43</u>

The referrals were dealt with as follows :-

Placed under Community Care	-	34
Direct admissions to hospital	-	<u>3</u>
		37

During the year 20 cases were deleted from the register, 9 formerly being under supervision and 11 in hospital. On the 9 under supervision 8 left the area and 1 died. Eight cases in hospital died and 3 were discharged to other areas.

During the year, 7 cases under supervision in the community were admitted to hospital, making the total admissions to hospital from this Authority 10. Five patients were discharged from hospital into the community.

Twelve admissions for temporary residential care were arranged during the year to afford relief to the parents.

The following table shows the number of subnormals on the register at the end of the year.

	Subnormal				Severely Subnormal				Totals				Grand Total
	Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	
<u>Under Community Care</u>													
(a) Attending day training centres	7	6	7	7	13	11	8	9	20	17	15	16	68
Awaiting entry thereto	-	1	6	5	3	1	8	8	3	2	14	13	32
(b) Receiving home training	-	-	-	1	-	-	-	-	-	-	-	-	1
(c) Resident in Local Authority Homes	-	-	1	5	-	-	13	4	-	-	14	9	23
(d) Receiving supervision	11	4	69	64	-	-	12	15	11	4	81	79	175
<u>In Hospitals</u>	11	10	29	35	22	4	52	48	33	14	81	83	211
Numbers as at 31.12.64.	29	21	112	117	38	16	93	84	67	37	205	201	510
Numbers as at 31.12.63.	27	21	117	129	34	14	110	94	61	35	227	223	546

At the end of the year there were 21 cases awaiting admission to hospital, of which 11 were classified as "Urgent".

CARE AND SUPERVISION

A comprehensive survey of subnormals in the County was completed during the year and this indicated that certain amendments to the register were necessary; these had the effect of slightly reducing the total number of cases on the register, as will be seen by reference to the table immediately preceding this section. Only selective visiting is undertaken insofar as subnormals living an independent life and being self supporting are only visited at their request and not as routine. The large increase shown as awaiting admission to training centres will be adequately dealt with when the adult training centre is opened in 1966/67. The work in the community unfortunately can only be portrayed by statistics giving number of visits. The actual success of the service is shown by how much more readily the subnormal is accepted in the Community and by his own achievements.

An eminent authority on mental health recently drew attention to the enormous improvements in the physique of our population in recent years and suggested that a corresponding improvement was to be hoped for in mental health. He thought this could be achieved through the services of the Social Worker (mental welfare officer, psychiatric social worker and child care officer) encouraging and supporting the families concerned by the application of case work techniques. He emphasised too that many of the subnormals were recoverable in the sense that it was possible to achieve considerable improvement in the development of their potential and hoped that all authorities and persons concerned would review their aim or goal for the mentally subnormal, adding that in his opinion the aim should be employment and he thought it completely irrelevant whether it was economic or uneconomic - the criterion should not be related, he said to £.s.d.

Following are details of the visits made to subnormals :-

	<u>1964</u>	<u>1963</u>	<u>1962</u>
To subnormals in Hospitals	37	31	25
In the Community	667	885	693
To employers	245	72	66
For reports to Hospitals	5	9	9
Enquiries and other visits	288	114	88
	<u>1,242</u>	<u>1,111</u>	<u>881</u>

TRAINING OF SUBNORMALS

At the end of the year the number on the register at Sandon School had risen to 59. The agency arrangements with Lincoln and Peterborough continued to operate satisfactorily - eight juniors and four seniors having attended the training centres at Lincoln and two juniors attending the centre at Peterborough during the year. The actual number from the county attending training centres at the end of the year was 68.

Dr. Whiteley has submitted the following report :-

Sandon School

"Sandon School, the Junior Training Centre, had a very successful year; Mrs. SurrIDGE, the Head Supervisor, gained her N.A.M.H. Diploma at Sheffield in July, and Miss Burnett, an Assistant Supervisor, was accepted for the course and started her training in September, 1964. The numbers at the School increased throughout the year, including the admission of 'Special Care' cases, and the Committee approved the appointment of an additional supervisor from September to assist with the training of these particularly difficult cases.

"In addition to the normal training every opportunity is taken to increase the social activities of all the children. During the year visits of observation to the Fire Station, Post Office, a Secondary Modern School and a Circus visiting the town, were arranged. The seniors are encouraged to go shopping and accompany members of the staff to the bank and to the hospital each week.

"Most of the children are transported to and from the school daily by ambulance and hospital car service transport. Unfortunately, many have long distances to travel which makes it a long tiring day. We hope this situation will be alleviated when the Junior Hostel is opened next year, allowing those from more distant areas to live in from Monday to Friday and attend the Centre daily.

"The School held an Open Day on July 10th and an 'At Home' on December 9th when visitors and parents were invited to see the school and meet the staff. This year for the first time, the Christmas Party was divided into two sections, the Juniors holding theirs on December 14th in the form of a Children's Party, and the Seniors' Party on December 17th was held as a Social Evening and Dance with a Buffet Supper.

"Until the proposed Adult Centre is built in two years' time it will be necessary for the children over 16 years to remain in the Junior Centre. The senior girls do cookery, simple housecraft and laundry work, but it was felt the senior boys needed instruction in more practical crafts, and in May an additional classroom, a purpose-built pre-fabricated building, was erected in the grounds to accommodate 15 senior boys. This classroom was equipped as a workshop, and designed to act as a transitional classroom to prepare the boys for work either in open industry or in an adult training centre. A male instructor was appointed and

commenced instruction with simple woodwork, but by the end of the year the trainees had progressed to woodwork, metal work and concrete work, and a varied selection of articles had been produced. No general contract work was undertaken but anything asked for was attempted. In addition, items of furniture and toys were made for the school. In spite of this considerable activity, the social education of the boys was not neglected; they took part in all the visits of observation and social activities of the school. Where possible, trainees make their own way to and from the Workshop, and three of the senior boys are now travelling daily on public transport - distances of up to 40 miles, which involves changing buses. Unlike the school which has school hours and holidays, the workshop is open from 9 a.m. to 4.30 p.m. each day, and has only a two week break for the summer vacation; the boys do their own catering, shopping and cooking for their mid-day meal during the school holidays.

"In November the Sandon Social Club was formed; it is organised by a voluntary committee, comprised of the staff and the mental welfare officers, and is run independently, the Health Committee giving a grant of £20. to help the financial side. The Club was formed on the lines of a Youth Club and is held every Wednesday evening at the School for those over 16 years. The initial meeting on November 5th was in the form of a firework display given by the Newtonian Scooter Club to the whole of the school. Membership of the Club had increased from 12 to 20 members by the end of the year."

SUMMARY

The year's work can again be summarised as one of steady progress and expansion. The acceptance of the service by the general public and more important the acceptance of mental ill-health by the community, points to the achievements of the service. More and more people are showing interest in the problems of mental health as reflected by their changing attitudes. This together with the co-operation and help received from the general practitioners, the hospital doctors and their staffs, indicate the progress made.

PREVALENCE OF AND CONTROL OVER
INFECTIOUS DISEASES

Two thousand and forty-five cases of infectious diseases etc. (excluding Tuberculosis) were notified to the District Medical Officers of Health during 1964. Particulars of cases and their distribution appear in Table VI on page 83 of this Report. Totals for the previous five years were :-

1959	-	1,923 cases
1960	-	890 cases
1961	-	2,484 cases
1962	-	905 cases
1963	-	2,243 cases

The Notification Rates per 1,000 total population for 1964 were as follows :-

Scarlet Fever	..	..	..	..	0.39
Measles	..	..	..	..	12.50
Whooping Cough	..	..	..	..	0.86
Acute Pneumonia	..	..	..	..	0.30
Erysipelas	..	..	..	..	0.03
Food Poisoning	..	..	..	..	0.01
Dysentery	..	..	..	..	0.08
Anthrax	..	..	..	..	0.01

SCARLET FEVER - Fifty-seven cases were notified, as compared with 69 in 1963 and an average of 112 during the years 1954 to 1963.

MEASLES - One thousand seven hundred and ninety-nine cases of measles were notified during the year. The majority of cases occurred in the East, North and South Kesteven Rural Districts and in the Borough of Stamford and the Bourne Urban District. There was no death from measles during 1964.

Cases of measles notified and deaths from the disease during the past ten years are shown below.

<u>Year</u>	<u>Cases</u>	<u>Deaths</u>
1955	2,291	-
1956	21	-
1957	2,433	1
1958	2,217	-
1959	1,541	-
1960	226	-
1961	2,138	-
1962	403	-
1963	1,728	-
1964	1,799	-

WHOOPING COUGH - One hundred and twenty-four cases were notified during the year, compared with 56 cases in 1963 and an average of 215 during the years 1954 to 1963.

ACUTE PNEUMONIA - Only Acute Primary and Acute Influenzal Pneumonias are notifiable and 44 cases coming within these categories were notified during 1964, compared with 75 during 1963 and 43 in 1962. Deaths from all forms of pneumonia numbered 130.

ERYSIPELAS - Four cases were notified.

FOOD POISONING - One case was notified.

DYSENTERY

- I am pleased to report that the County was free from major outbreaks of this disease in 1964. Eleven cases were notified.

PUERPERAL PYREXIA

- The 4 cases notified during 1964 represent a Notification Rate of 1.5 per thousand births (live and still). The average number of notifications received during the previous five years was 14.

ANTHRAX

- One case was notified.

No notifications were received during 1964 in respect of cases of diphtheria and poliomyelitis. The last notified case of diphtheria in Kesteven occurred in 1950 and we have been free from poliomyelitis during the past four years. The incidence of whooping cough has also diminished during the past ten years and as in the case of diphtheria and poliomyelitis this can without doubt be attributed to the availability in early childhood of protection against the disease.

TUBERCULOSIS

The following table gives details of the movement of cases on and off the Register during the year, and the state of the Register at 31st December, 1964:-

	Respiratory		Non-Respiratory		Total	
	M	F	M	F	M	F
No. of persons on Register at 31.12.63.	192	124	14	26	206	150
<u>Cases added to Register during 1964</u>						
Formally notified	18	14	5	4	23	18
Transferred from other areas	3	9	1	1	4	10
Picked up from Death Returns	1	-	-	-	1	-
	214	147	20	31	234	178
<u>Cases removed from Register during 1964</u>						
Died	8	2	-	-	8	2
Removed from area	2	1	-	1	2	2
No. of persons on Register at 31.12.64.	204	144	20	30	224	174

The age groups of cases placed on the Register and of persons who died from tuberculosis during 1964 are as follows :-

Age Groups	Cases placed on Register				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 1 year	-	1	-	-	-	-	-	-
1-4 years	-	2	1	-	-	-	-	-
5-14 years	3(1)	-	-	-	-	-	-	-
15-24 years	3	7(2)	1	-	-	-	-	-
25-44 years	8(1)	12(7)	2(1)	4(1)	1	1	-	-
45-64 years	5	1	2	1	1	-	-	-
65-74 years	2	-	-	-	-	-	-	-
75 and over	1(1)	-	-	-	-	-	-	-
TOTAL	22(3)	23(9)	6(1)	5(1)	2	1	-	-

N.B. Cases transferred from other Authorities are included in the main figures and also shown separately in brackets.

The following table shows new cases (including inward transfers) coming to the notice of the County Health Department during the last five years:-

Year	Respiratory	Non-Respiratory	Total
1960	51	8	59
1961	47	9	56
1962	50	7	57
1963	37	9	46
1964	45	11	56

The three deaths from respiratory tuberculosis represent a mortality rate of 0.03 per thousand of the total population. Comparative information relating to the deaths from tuberculosis during the last decennium is given below :-

	Respiratory Tuberculosis		Non-Respiratory Tuberculosis	
	No. of Deaths	Death Rate	No. of Deaths	Death Rate
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
1959	8	0.06	1	0.01
1960	2	0.01	2	0.01
1961	4	0.03	-	0.00
1962	4	0.03	-	0.00
1963	7	0.05	2	0.01
1964	3	0.03	-	0.00

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 42.

VENEREAL DISEASES

Arrangements for the diagnosis and treatment of persons suffering from venereal diseases continued as hitherto. Clinics staffed by specialists in venereology are attached to the out-patient departments of most large general hospitals in the United Kingdom. These clinics exist to advise and help patients and to control the spread of disease, by investigation of all cases in which genital infection is suspected, by prompt treatment of patients and infected contacts and, by follow-up to establish that treatment has been successful. One of the most important functions of a clinic is to act as a centre for investigation, advice and reassurance of individuals who are anxious about infection but who are not in fact infected.

Advice, treatment and attendance at these special clinics is entirely free and confidential and patients may attend without making an appointment and without a doctor's letter.

In October, a leaflet "Venereal Diseases in Women" was made available by the Ministry of Health to local health authorities for distribution to social workers and others who, in the course of their work, might find it necessary to advise a person where to seek treatment for venereal disease. Copies of the leaflet were obtained for staff in the Children's Department, Welfare Department, Mental Health Section and our Health Visitors.

The following table, compiled from returns submitted by our physicians in charge of the special treatment centres in this area, shows the number of Kesteven patients who attended for the first time during 1964 :-

	Syphilis	Gonorrhoea	Other Conditions	Total No. of Attenders
Nottingham	-	-	11	11
Grantham	2	1	20	23
Lincoln	1	15	34	50
Peterborough	-	9	14	23
Boston	-	-	2	2
TOTAL	3	25	81	109

Dr. D. O. Stevenson, Consultant Venereologist, reports that there is no evidence of a local reservoir of infectious venereal disease in Kesteven.

INSPECTION AND SUPERVISION
OF FOOD

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

The County Public Health Department have continued to be responsible for ensuring that the above Regulations are complied with in respect of all County Council properties. I am pleased to say that all premises used for the preparation and serving of food have reached a satisfactory standard and this is primarily due to the co-operation which has been received by my department from the Chief Officers of other departments and the County Council themselves. During the year the County Health Inspector carried out 50 inspections of premises in which food was prepared, and any contraventions found were dealt with and brought to the notice of the Chief Officers of the department concerned.

The County Health Inspector also carries out routine inspections of food supplied to the County Council. During the year, a large quantity of food was examined. Only a very small quantity was condemned as unfit for human consumption.

MILK AND DAIRIES

Milk (Special Designation) Regulations, 1963

The new Milk (Special Designation) Regulation 1963, the administration of which is the responsibility of the County Council, came into full operation in October. One main point is that commencing 1965, there will only be three special designations for milk - 'Untreated' replaces the designation 'Tuberculin Tested' and the others are 'Pasteurised' and 'Sterilised'.

Seventy-eight visits were made to premises of registered milk retailers in connection with the above regulations and 397 samples were submitted for bacteriological examination. Particulars are set out in the table as follows :-

District in which sample taken	Number Submitted	PASTEURISED			T.T. (Past.)			T.T.			STERILISED	
		Passed	Failed	Void #	Passed	Failed	Void #	Passed	Failed	Void #	Passed	Failed
Grantham M.B.	90	55	2	-	31	1	-	-	-	-	1	-
Stamford M.B.	43	2	-	-	18	-	8	9	1	5	-	-
Sleaford U.D.	31	21	-	-	8	-	-	5	1	-	-	-
Bourne U.D.	30	1	-	-	15	-	-	8	-	2	-	-
North Kesteven R.D.	77	23	-	1	3	1	-	44	3	2	-	-
South Kesteven R.D.	46	4	-	1	14	-	5	18	1	3	-	-
East Kesteven R.D.	40	4	-	1	24	-	-	9	-	1	1	-
West Kesteven R.D.	40	8	-	1	15	-	-	14	-	2	-	-
TOTAL FOR COUNTY	397	118	2	4	128	2	13	107	6	15	2	-

* Methylene Blue Test Only.

At the end of the year, 136 persons were registered by the County Council as milk retailers and 26 people were registered for retail milk sales by the Ministry of Agriculture, Fisheries and Food. In addition to these, there are a number of retailers who retail milk within the County but are registered outside the County.

The importance of the public health control of milk supplies continues. Milk has been described as a perfect food and as such can be subject to serious contamination.

Biological Milk Sampling

During 1964, 153 samples of raw milk were submitted for biological examination. One proved positive to Brucellosis and a herd investigation was carried out. For this purpose, twenty-four quarter samples were taken, all of which proved negative. Investigation of the herd still goes on. Particulars of biological samples taken are given in the table below :-

No. of Samples taken	No. of Herds involved	Tubercule Bacilli		Brucellosis	
		Positive	Negative	Positive	Negative
153	53	Nil	153	1	152

Years ago, the purpose of biological milk sampling was to detect the presence of tubercule bacilli in milk, and twenty years ago, it was established that a large number of all the milk samples submitted for biological examination were positive to this organism but today, thanks to both medical and veterinary research, the picture has completely changed. For several years we have not had a T.B. positive milk sample. However, unfortunately, the emphasis has now changed to another disease which can be spread by the consumption of infected milk. The disease is known as "Brucellosis" and quite a number of milk samples are found to be infected with this organism. The method of control is at the present time rather lengthy, but it is hoped that in the near future, the Ministry of Agriculture, Fisheries and Food, will take the necessary steps to stamp out this disease in our country. The amount of illness caused to human beings through drinking this infected milk is not readily established but cases of severe illness have occurred in this county and it has been due to milk containing Brucella organisms. It should be noted that the organism is completely destroyed in milk which has been pasteurised or sterilised.

Antibiotics in Milk

As recommended in the Ministry report of 1963, the County Council commenced early in 1964, the sampling of raw milk supplies for the presence of antibiotics. Twenty-four samples were submitted to the Public Health Laboratory for examination and of these, two were found to contain antibiotics. In each case, the farmer concerned was interviewed and advised. Repeat samples proved satisfactory. Efforts are being made to obtain samples for examination from each retailer of raw milk at least every six months.

Milk and Dairies Acts and Orders :

I am indebted to Mr. G. A. Moore, the Divisional Veterinary Officer for the following report which covers the period ending 31st March, 1965.

Attested Herds Scheme

"Every herd in the county was tuberculin tested during the year under the Attested Herds Scheme. A total of 36 reactors were found and of these, 31 were in one herd and resulted from a breakdown in the herd. The other 5 were single reactors found in

5 herds, and 3 of them were imported Irish cattle. All the animals which reacted were purchased by this department and a post mortem examination was made. Lesions were not found in 2 of the reactors in 2 separate herds.

Milk Producers

"A clinical examination of all the cows in milk producing herds in the county was carried out during the year. Few lesions of any kind were found, and the incidence of Mastitis was very low indeed. There were no reports of tuberculous milk infection during the year.

Anthrax

"Two cases of Anthrax were confirmed during the period. These were in single cases in farms all located in the Witham valley, north of Grantham. The incidence of Anthrax in this district is higher than elsewhere in the county and some owners regularly vaccinate their cattle against Anthrax before turning them out to grass in the spring.

Salmonella Infection

"There has been a continued increase in the cases of Salmonellosis in cattle diagnosed in the county during the year. All these cases were confirmed by our Laboratory and the majority were reported individually to you in case there might be some human angle to them. The disease appeared mainly amongst the large calf rearing units which are springing up throughout the county. The organism involved was usually S. dublin but occasional cases of S. typhimurium were diagnosed. Other types were rarely found."

Milk in Schools Scheme

During the year, 18 retailers supplied "Pasteurised" milk to 180 schools. Twenty-six samples of school milk were submitted for bacteriological examination, all of which proved satisfactory.

In view of the large quantity of milk consumed in our schools each year, it is very gratifying to note that the number of complaints received are very small indeed. We do, of course, receive odd complaints concerning extraneous matter in school milk and alleged dirty bottles, but these are very few in relation to the quantity of milk supplied.

Milk Supplies to Establishments and Homes

As in previous years, all the milk supplied to our residential establishments, children's homes and similar institutions are under the control of the County Medical Officer of Health and I am pleased to state that supplies are maintained at a satisfactorily high level.

FOOD AND DRUGS ACT, 1955

The provisions of the Food and Drugs Act, 1955, insofar as they relate to the chemical composition and adulteration of food and drugs are in this county, administered by the Weights and Measures Inspector. I am therefore indebted to Mr. Hawley for the following information :-

Sampling :

During the year under review 372 (424) samples were obtained in the area in which the County Council is the Food and Drugs Authority, namely, the administrative county of Kesteven, including the Boroughs of Grantham and Stamford. The Table at Appendix "A" shows how these samples were spread through the principal rural and urban divisions of the County. The articles sampled are listed in Appendix "B" and from this list it will be seen that about 40% were milk. Of the remainder, dairy products, ice cream, meat products, preserves and soft drinks bulked largely. Some

years ago, the Minister recommended that Food and Drugs Authorities should endeavour to take 3 samples per 1,000 of population annually, of which number 65% should be milk. The slow disappearance of the small dairyman has made it unnecessary to adhere to this proportion too strictly, but milk and dairy products still contribute largely to the nation's dietary needs and must be sampled regularly.

APPENDIX "A"

Localities in which samples were taken during the year

North Kesteven, with approximate population of	37,000	(111)	60
South Kesteven (including Bourne U.D.)	" "	21,000	(63) 47
East Kesteven (including Sleaford U.D.)	" "	29,500	(88) 98
West Kesteven, with approximate population of	18,250	(55)	57
Grantham Borough	" "	25,650	(77) 71
Stamford Borough	" "	12,650	(38) 39
		<u>144,050</u>	<u>(432) 372</u>

N.B. The figures in brackets are the sampling 'targets' for the year based on the Ministry's suggested 3 samples per 1,000 of population.

APPENDIX "B"

List of articles sampled during the year

Almonds, ground	1	Marzipan	4
Beverages	10	Meat products	26
Butter	13	Milk	152
Butter (peanut)	1	Milk (condensed)	5
Cereals	3	Preserves	13
Cheese & cheese spreads	11	Sauces, etc.	7
Confectionery	3	Sausages	15
Cream	21	Soft Drinks	13
Drugs	15	Soups (tinned)	2
Food colour	3	Vegetables (tinned)	4
Fruit (tinned & dried)	18	Vinegar (malt)	1
Honey	3	Wine	5
Ice Cream	10	Miscellaneous	5
Margarine	8		
		TOTAL	<u>372</u>

The action taken in respect of unsatisfactory samples is set out in Table IX on page 85.

GENERAL

HOUSING

Housing remains one of the most important functions of the District Council. For too long we have had to put up with sub-standard housing and an acute housing shortage, but we are now beginning to see the results of past endeavours, and many local authorities are finding that their once endless list of applications for re-housing is at last beginning to dwindle. Indeed, some local authorities are saying that within the next five or six years, they will have satisfied this tremendous demand for houses. The local authorities in the County of Kesteven have always been aware of this vital need and have without exception, made every effort to provide homes for the people which after all is one of the basic necessities of life. The following is an extract from the housing report showing the position in the various districts of this administrative county:-

CONSTRUCTION OF NEW HOUSES UP TO 31st DECEMBER, 1964.

LOCAL AUTHORITIES		PRIVATE OWNERS		LOCAL AUTHORITY	Estimated popn. mid-1963 (000's)	HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE		
In tenders approved but not started	Under Construction	Completed since 1.4.45.	Under Construction			Completed since 1.4.45.	Included in orders confirmed 1.1.55. to 31.12.64.	In Clearance areas	DEMOLISHED OR CLOSED 1.1.55. to 30.9.64.	Elsewhere
(1)	(2)	(3)	(4)	(5)	(7)	(8)	(9)	(10)
65	299	7,802	966	7,162	141.5	569	517	1,780
-	10	1,800	70	1,054	25.4	150	201	454
-	31	729	93	675	12.5	55	10	106
-	17	311	53	357	5.4	17	22	85
-	55	469	21	211	7.7	118	112	28
-	27	1,273	52	600	21.0	125	77	247
32	73	1,290	298	3,223	35.9	75	48	299
18	51	819	203	607	15.3	-	19	257
15	35	1,111	176	435	18.3	29	28	304

RURAL WATER SUPPLIES AND SEWERAGE

The provision of mains water supplies in the county is nearing completion. In the majority of the rural areas all the villages have a mains supply of pure and wholesome water. The picture with regard to the provision of sewers and sewage purification works is not so bright but nevertheless the District Councils have done whatever was possible to provide this facility in their larger villages.

I am pleased to say that many of them have now set up a rigid scheme of priorities but its completion can only depend on finance. The District Councils are to be congratulated on their wisdom and foresightedness in these matters.

WATER SAMPLING

Thirty-two samples of water were obtained, 3 of these proved unsatisfactory and the water was boiled until the cause of the trouble had been found and corrected. In addition, eight samples of swimming bath water were obtained. One sample was unsatisfactory at a time when the chlorination plant was defective and had to be continued by hand. Subsequent samples proved satisfactory.

INDOOR WATER CLOSETS FOR THE AGED

For some time now, reports have been received from health visitors and others concerning the dangers of health to elderly people who are not provided with indoor sanitation in their homes. It is of the greatest value that elderly people should be encouraged to lead independent lives rather than having to be accommodated in residential homes for the elderly or the geriatric wards of our hospitals. It is in some cases a real risk for many old people to leave a warm room in the winter time to make a journey perhaps across a yard or even down a garden in order to use outside toilets. They are exposed to chills and this can cause hypothermia (sub-normal temperatures) which in turn, exposes them to respiratory conditions. The difficulties of providing these facilities are well understood and I have approached the District Councils to seek their co-operation in providing indoor water closets wherever this is possible, particularly in Council owned houses. Whatever we can do as public health workers to allow elderly people to remain in their own homes and continue to lead an independent and useful life is always well worthwhile.

DISPOSAL OF FARM WASTES

From time to time, the County Council receive complaints regarding nuisances from dykes, etc., which flow through newly developed villages. In these cases the dykes are heavily polluted often by farmwastes, in addition to unauthorised discharges from cesspools, etc. It has been found that where some of these villages have been provided with modern sewerage and sewage facilities, the nuisances continue to occur. This is due to the fact that farm wastes are being discharged untreated into these dykes. This tends to be an increasing problem, particularly where rapid development has occurred in villages near to towns, resulting in previously fairly isolated farm buildings being now surrounded by modern dwelling houses and it seems to me that the question of the disposal of farm wastes in such circumstances will have to be dealt with and whilst I know and quite appreciate that local authorities do not favour the admission of trade wastes into their public sewers owing to the increased costs of purification etc., I do feel that perhaps in the future, local authorities should consider accenting these wastes in the situations that I have described. Otherwise, these nuisances will continue to occur.

SURVEY OF INFANT WELFARE CENTRES

In order to ascertain conditions of premises in which our Infant Welfare Centres are held, the County Health Inspector has made a complete survey of all the buildings used. A standard of fitness for these premises has also been drawn up, and it is considered that premises used as

Infant Welfare Centres should conform to the following minimum standards :-

(1) Provision of Sanitary Accommodation

There should be at least one water closet available, which should be reasonably well lighted and ventilated. Pail closets, vaults, etc. cannot be accepted.

(2) Handwashing Facilities

These should consist of at least one fixed wash-hand basin, together with a permanent supply of both hot and cold water (hot water may be supplied from an electric storage heater or gas geyser over the wash basin). Portable bowls and electric kettles cannot be considered as a suitable means of hand washing and deep sinks in kitchens or sculleries cannot be considered suitable either.

(3) Lighting, Ventilation and Heating

These should be reasonably satisfactory. Sufficient glass area should be provided to give a good light during a normal day and some windows should be openable to provide natural ventilation. The heating should be sufficient to provide a reasonable temperature for the comfort of the occupants (consideration of course should be given to the fact that babies may be required to be undressed).

(4) General Cleanliness

The floor and internal surfaces of the walls, doors, windows etc., should be in a reasonably clean condition, and it has been noticed that a number of the halls used for this purpose are not kept to this standard.

(5) Privacy

It seems essential that the hall which is to be used should be capable of being either divided up by means of portable screens or that a separate small room should be available for the doctor when he examines babies or gives his advice to mothers.

The survey revealed that the majority of the premises were quite suitable for their use but on the other hand, a number lacked supplies of hot and cold water for handwashing etc. However we are receiving real co-operation from the Village Hall Committees and Parish Councils and these recommendations are now being gradually implemented.

NATIONAL SURVEY OF AIR POLLUTION

Full operation of the two stations for measuring the pollution of the atmosphere was established early in the year. A total of 384 visits were made to the stations in respect of the National Survey.

By the end of the year, sufficient records had been obtained to compare these with other areas throughout the country. It is pleasing to note that generally the amount of pollution being observed in Kesteven is very small and we can still regard our county as a clean and healthy place in which to live.

TABLE I - VITAL STATISTICS, 1964

Districts	Popul'n Mid-year 1964 (R.G.Est.)	No. of Live Births			Crude Birth Rate	Nett Birth Rate	No. of Still-Births			Deaths under 1 year of age			Inf. Mort. Rate	No. of Deaths			Crude Death Rate	Nett Death Rate
		M	F	Total			M	F	Total	M	F	Total		M	F	Total		
Bourne	5,510	52	59	111	20.15	20.15	-	-	-	1	-	1	9.01	26	37	63	11.43	11.43
Grantham	25,670	212	228	440	17.14	18.34	6	4	10	6	3	9	20.45	167	134	301	11.73	11.73
Sleaford	7,910	53	54	107	13.53	14.48	-	1	1	2	1	3	28.04	70	78	148	18.71	11.23
Stamford	12,650	118	118	236	18.66	19.59	-	3	3	3	2	5	21.19	74	81	155	12.25	10.41
Total Urban Districts	51,740	435	459	894	17.67	18.73	6	8	14	12	6	18	20.13	337	330	667	12.89	11.21
East Kesteven	21,590	224	199	423	19.59	20.37	1	3	4	6	2	8	18.91	99	84	183	8.48	9.83
North Kesteven	37,010	369	330	699	18.87	17.93	6	4	10	7	9	16	22.89	212	226	438	11.83	10.05
South Kesteven	15,330	136	127	263	17.16	17.67	2	4	6	3	3	6	22.81	77	71	148	9.65	10.04
West Kesteven	18,250	163	142	305	16.71	15.37	4	2	6	4	3	7	22.75	90	71	161	8.82	9.79
Total Rural Districts	92,180	892	798	1,690	18.33	17.96	13	13	26	20	17	37	21.89	478	452	930	10.10	10.20
Total Administrative County	143,920	1,327	1,257	2,584	17.95	17.95	19	21	40	32	23	55	21.28	815	782	1,597	11.10	10.55

TABLE II - SHOWING FOR EACH COUNTY DISTRICT THE NUMBER AND CAUSES OF DEATH DURING 1964.

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	-	1	1	-	2	-	1	-	-	1	3
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	-	-	-	-	-	-	-	-	1	1	1
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	2	2	1	1	6	-	-	-	-	-	6
10. Malignant neoplasm, stomach	-	3	1	2	6	7	3	9	6	25	31
11. Malignant neoplasm, lung, bronchus	2	14	7	5	28	7	14	2	6	29	57
12. Malignant neoplasm, breast	3	2	1	4	10	1	9	5	3	18	28
13. Malignant neoplasm, uterus	-	4	-	2	6	2	4	1	2	9	15
14. Other malignant and lymphatic neoplasms	8	22	6	9	45	17	32	13	15	77	122
15. Leukaemia, aleukaemia	-	2	-	-	2	2	3	2	2	9	11
16. Diabetes	1	4	1	1	7	1	2	1	2	6	13
17. Vascular lesions of nervous system	5	40	20	26	91	28	53	20	21	122	213
18. Coronary disease, angina	12	44	25	23	104	28	75	28	27	158	262
19. Hypertension with heart disease	1	3	3	4	11	3	7	-	2	12	23
20. Other heart disease	12	53	34	12	111	17	76	27	20	140	251
21. Other circulatory disease	1	18	7	14	40	22	16	2	10	50	90
22. Influenza	-	1	3	-	4	-	-	2	1	3	7
23. Pneumonia	5	17	9	17	48	8	48	19	7	82	130
24. Bronchitis	3	19	2	13	37	4	16	1	4	25	62
25. Other diseases of respiratory system	-	3	-	1	4	2	5	2	1	10	14
26. Ulcer of stomach and duodenum	-	-	1	1	2	-	2	2	1	5	7
27. Gastritis, enteritis and diarrhoea	-	5	-	-	5	2	2	-	1	5	10
28. Nephritis and nephrosis	-	-	-	1	1	1	5	1	-	7	8
29. Hyperplasia of prostate	-	1	-	-	1	-	2	-	-	2	3
30. Pregnancy, childbirth, abortion	-	-	1	-	1	-	-	-	-	-	1
31. Congenital malformations	-	4	2	1	7	3	8	1	-	12	19
32. Other defined and ill-defined diseases	6	20	15	11	52	18	37	7	19	81	133
33. Motor Vehicle accidents	-	7	1	1	9	6	5	1	6	18	27
34. All other accidents	-	7	5	3	15	2	9	2	3	16	31
35. Suicide	2	4	2	3	11	2	4	-	1	7	18
36. Homicide and operations of war	-	1	-	-	1	-	-	-	-	-	1
ALL CAUSES	63	301	148	155	667	183	438	148	161	930	1,597

TABLE IV - INFANT WELFARE CENTRES, 1964

Address of Centre	Days of Opening	First Attendances During Current Year of Children				Attendances of Children			Consultations with Medical Officer		
		Born in 1964	Born in 1963	Born in 1959 to 1962	Total	Born in 1964	Born in 1963	Born in 1959 to 1962	Seen by M.O.	Refd. to Spec.	
ALLINGTON Village Hall	3rd Thursday	17	24	30	71	90	122	169	381 (32)	31	1
ANCASTER Village Hall	4th Thursday	30	15	8	53	74	49	69	192 (18)	64	-
BARROWBY Reading Room	3rd Tuesday	12	13	11	36	52	36	30	118 (15)	46	7
BASSINGHAM Comrades Hall	3rd Tuesday	21	20	23	64	71	130	109	310 (26)	80	1
BILLINGBOROUGH Toller Hall	3rd Tuesday	11	26	41	78	64	197	151	412 (34)	174	1
BILLINGHAY Church Hall	2nd & 4th Wednesday	29	21	8	58	179	163	65	407 (18)	125	1
BOURNE Clinic North Rd.	1st & 3rd Thursday	111	80	102	293	1,106	940	485	2,531 (49)	164	6
BRACEBRIDGE HEATH Village Hall	2nd & 4th Thursday	50	35	73	158	392	270	429	1,089 (49)	74	1
BRANSTON Methodist Chapel	2nd Tuesday	33	55	42	130	80	146	120	346 (29)	64	1
CANWICK Village Hall	3rd Tuesday	8	5	5	18	23	44	37	104 (8)	24	-
CASTLE BYTHAM Village Hall	2nd Wednesday	6	6	5	17	41	64	65	170 (14)	89	1
CAYTHORPE Village Hall	2nd Wednesday	19	18	13	50	48	125	55	228 (19)	71	-
CLAYPOLE Village Hall	1st Thursday	8	10	17	35	38	79	105	222 (18)	157	1
COLSTERWORTH Wesleyan School	4th Monday	19	13	21	53	73	105	159	337 (28)	35	1
COPBY The Church Room	2nd Thursday	17	17	27	61	84	105	142	331 (27)	42	-

TABLE VI - INFANT WELFARE CENTRES, 1964 (CONTD)

Address of Centre	Days of Opening	First Attendances During Current Year of Children				Attendances of Children				Consultations with Medical Officer	
		Born in 1964	Born in 1963	Born in 1959 to 1962	Total	Born in 1964	Born in 1963	Born in 1959 to 1962	Total with Average	Seen by M.O.	Refd. to Spec.
GRANWELL R.A.F. Station	1st & 3rd Thursday	58	33	18	109	236	351	129	716 (31)	-	-
DRY DODDINGTON Village Hall	3rd Tuesday	9	5	16	30	49	55	132	236 (19)	-	-
EAGLE Village Hall	2nd Wednesday	11	15	15	41	47	89	84	220 (18)	97	-
FOLKINGHAM Village Hall	1st Friday	6	3	5	14	33	27	35	95 (8)	51	-
GRANTHAM 40, Westgate	Tuesday a.m. & p.m. Wed. p.m. Thurs a.m. & p.m.	222	209	112	543	2,467	1,714	870	5,051 (32)	701	15
GRANTHAM Harrowby Lane Methodist Church Hall	Every Wednesday	74	48	48	170	1,055	647	398	2,100 (43)	67	3
GRANTHAM Easconfield Clinic	Every Thursday	84	94	21	199	999	1,060	313	2,372 (45)	161	5
GREAT GONERBY Memorial Hall	1st Wednesday	19	14	17	50	54	83	89	226 (19)	28	-
HARLAXTON Village Hall	3rd Thursday	7	5	9	21	38	31	43	112 (9)	14	-
HECKINGTON Village Hall	3rd Thursday	29	13	26	68	99	154	226	479 (40)	69	-
HEIGHINGTON Methodist Schoolroom	2nd Thursday	31	35	32	98	91	228	144	463 (38)	151	-
HELPRINGHAM Memorial Hall	1st Friday	15	11	21	47	67	101	119	287 (24)	100	1
INGOLDSEY Village Hall	1st Wednesday	3	6	14	23	31	61	118	210 (17)	21	2
LANGTOFT R.A.F. Wives Club	3rd Monday	19	37	45	101	81	182	134	397 (36)	282	3

Address of Centre	Days of Opening	First Attendances During Current Year of Children			Attendances of Children			Consultations with Medical Officer		
		Born in 1964	Born in 1963	Born in 1959 to 1962	Total	Born in 1964	Born in 1963	Born in 1959 to 1962	Seen by M.O.	Refd. to Spec.
LEADENHAM Village Hall	4th Tuesday	22	12	15	49	79	67	64	86	2
LEASINGHAM Village Hall	3rd Tuesday	13	6	14	33	38	39	77	86	1
LINCOLN BRANT ROAD Social Club	4th Monday	32	15	26	73	120	169	219	162	-
LONG BENNINGTON Village Hall	Alternating 2nd Thurs. & 2nd Mon.	15	12	23	50	77	73	130	57	3
MARKET DEEPING Town Hall	2nd & 4th Monday	46	76	99	221	344	516	258	459	4
MARTIN Dr. R. E. Riley's Surgery	3rd Wednesday	8	13	14	35	42	47	112	151	-
METHERINGHAM Village Hall	1st & 3rd Wed.	22	22	34	78	196	293	238	215	-
MORTON Baptist Church Hall	3rd Friday	13	3	2	18	48	40	35	-	1
NAVENBY Wesleyan School	2nd Friday	32	14	20	666	134	108	92	90	3
NOCTON Village Hall	2nd Wednesday	11	18	27	56	35	115	116	44	1
NORTH HYKEHAM Church Hall	2nd & 4th Tuesday	52	45	20	117	367	593	161	151	4
NORTH HYKEHAM (Newark Road) Memorial Hall	1st & 3rd Monday	43	28	14	85	286	415	201	74	2
NORTH HYKEHAM St. Hugh's	1st & 3rd Weds.	97	62	13	172	593	868	144	118	1
NORTON DISNEY Village Hall	1st Friday	2	5	12	19	9	58	169	60	1
OSBOURNEY Village Hall	Last Thursday	16	9	10	35	55	64	53	157	-

TABLE VI - INFANT WELFARE CENTRES, 1964 (CONTD)

Address of Centre	Days of Opening	First Attendances During Current Year of Children			Attendances of Children			Consultation with Medical Officer		
		Born in 1964	Born in 1963	Born in 1959 to 1962	Total	Born in 1964	Born in 1963	Born in 1959 to 1962	Seen by M.O.	Refd. to Spec.
POTTERHANWORTH Village Hall	3rd Friday	5	5	26	136	24	27	108	49	-
ROPSLEY Village Hall	3rd Friday	3	8	23	34	19	71	119	21	2
SKELLINGTHORPE Women's Institute	2nd Monday	22	22	35	79	98	147	181	1109	4
SLEAFORD Riversdale House Westgate.	Every Monday	102	62	51	215	790	6846	565	276	18
SOUTH KYME Village Hall	4th Tuesday	9	8	13	30	28	51	70	107	-
SOUTH WITHAM Church Hall	3rd Wednesday	11	19	3	33	68	118	44	28	1
STANFORD Barnhill Clinic	Every Friday	213	196	218	627	2,752	2,466	1,026	1,516	9
STOKE ROCHFORD Village Hall	Last Wednesday	7	5	15	27	51	58	104	45	1
SWINDERBY Methodist Schoolroom	1st Thursday	8	6	10	24	40	49	60	92	-
THURLEY Chapel Hall	2nd Friday	7	9	7	23	31	41	31	--	-
WADDINGTON Church Hall	1st & 3rd Tuesday	36	33	28	97	208	393	280	133	-
WADDINGTON R.A.F.	1st & 3rd Thursday	56	61	34	151	262	397	223	22	2
WASHINGTONBOROUGH Village Hall	3rd Thursday	19	13	29	61	69	71	114	65	-

TABLE V - *PREMATURE INFANTS BORN DURING 1964

	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS	
	Born in Hospital						Born at Home or in a Nursing Home						Born	
	Nursed entirely at home or in a Nursing Home			Transferred to Hospital on or before 28th day			Died			Died				
	Total Births	Within 24 hours of birth	In 7 and under 28 days	Total Births	Within 24 hours of birth	In 7 and under 28 days	Total Births	Within 24 hours of birth	In 7 and under 7 days	In 7 and under 28 days	In 7 and under 7 days	In 7 and under 28 days	In Hospital	At home or in a Nursing Home
2 lb 3 oz or less	3	2	-	-	-	-	-	-	-	-	-	2	-	
Over 2 lb 3 oz up to and including 3 lb 4 oz	9	3	-	-	-	-	-	-	-	-	-	2	1	
Over 3 lb 4 oz up to and including 4 lb 6 oz	24	1	4	3	-	4	1	-	-	-	-	10	-	
Over 4 lb 6 oz up to and including 4 lb 15 oz	23	-	-	2	-	-	2	-	-	-	-	4	2	
Over 4 lb 15 oz up to and including 5 lb 8 oz	51	-	-	13	-	-	-	-	-	-	-	1	1	
TOTAL	110	6	7	18	-	-	3	-	-	-	-	19	4	

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

TABLE VI - DOMESTIC HELP SERVICE

Area	Year	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 & WEST KESTEVEN	1963	13 (13)	1 (-)	22 (12)	216 (62)	10 (10)	262 (97)	62	40,590
	1964	8 (8)	2 (1)	29 (12)	235 (72)	10 (7)	284 (100)	70	42,499
SLEAFORD, NORTH & EAST KESTEVEN	1963	29 (29)	1 (1)	20 (15)	186 (59)	24 (21)	260 (125)	68	44,939
	1964	25 (25)	1 (-)	40 (15)	240 (91)	42 (36)	348 (167)	52	46,036
STAMFORD, SOUTH KESTEVEN AND BOURNE	1963	10 (10)	- (-)	25 (7)	223 (76)	11 (8)	269 (101)	50	39,300
	1964	15 (15)	- (-)	17 (9)	178 (43)	25 (20)	235 (87)	64	37,535
TOTALS	1963	52 (52)	2 (1)	67 (34)	625 (197)	45 (39)	791 (323)	180	124,829
	1964	48 (48)	3 (1)	86 (36)	653 (206)	77 (63)	867 (354)	186	126,070

The figures in brackets denote new cases helped, i.e. cases who had not received help before 1964.

TABLE VII - DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES IN RURAL AND URBAN DISTRICTS, 1964
(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	Anthrax
											Paralytic	Non-Paralytic		Infective	Post Infectious					
Bourne U.D.	256 (156)	26	-	207	5	8	-	1	8	1	-	-	-	-	-	-	-	-	-	-
Grantham M.B.	117 (510)	2	-	94	17	1	-	1	-	1	-	-	-	-	-	-	-	-	-	1
Sleaford U.D.	72 (14)	1	-	67	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Stamford M.B.	427 (118)	15	-	384	13	14	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Aggregate of Urban Districts	872 (798)	44	-	752	37	25	-	2	8	3	-	-	-	-	-	-	-	-	-	1
E. Kesteven R.D.	444 (465)	1	-	393	35	12	-	-	1	1	-	-	-	-	-	-	1	-	-	-
N. Kesteven R.D.	359 (451)	3	-	324	28	3	-	-	1	-	-	-	-	-	-	-	-	-	-	-
S. Kesteven R.D.	307 (308)	9	-	269	23	4	-	2	-	-	-	-	-	-	-	-	-	-	-	-
M. Kesteven R.D.	63 (221)	-	-	61	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Aggregate of Rural Districts	1,173 (1,445)	13	-	1,047	87	19	-	2	3	1	-	-	-	-	-	-	1	-	-	-
Totals for whole County	2,045 (2,243)	57	-	1,799	124	44	-	4	11	4	-	-	-	-	-	-	1	-	-	1

Note ; Figures in brackets relate to 1963.

TABLE VIII - CLINICS

Address	Dental	Orthopaedic	Ophthalmic*	E.N.T.*	Speech Therapy	Child Guidance
Beaconfield, Grantham.	Mon. - Fri. 9 a.m. - 5 p.m.	Mon. 2 - 5 p.m. Wed. 9 a.m. - 5 p.m. Fri. 9 a.m. - 5 p.m.	Mon. 10 a.m. - 1 p.m.	Last Fri. each month 11 - 12 noon	Wed. 9 a.m. - 4 p.m. Fri. 1 - 4 p.m.	Mon. & 1st & 3rd Wed. each month 9.30 a.m. - 12.30 p.m. 2.0 - 5 p.m.
Barnhill House Stamford	-	Tues. 9.30 a.m. - 12 noon	1st & 3rd Thurs. each month 9 - 11 a.m.	-	Mon. 9 a.m. - 12 noon	-
North Street, Eourne	-	Tues 2 - 4.30 p.m.	4th Thurs. each month 2 - 4 p.m.	-	Thurs. 1.30 - 4 p.m.	Bourne House Hostel Fri. 2 - 5 p.m.
Riversdale House, Sleaford	Mon. - Fri. 9 a.m. - 5 p.m.	Mon. 9.30 a.m. - 12.30 p.m. Thurs. 9.30 a.m. - 4.30 p.m.	1st, 2nd & 3rd. Thurs. each month 10 a.m. - 12.30 p.m.	1st Fri. each month, 11 a.m. 1 p.m.	Mon. & Fri. 9 a.m. 4 p.m. Thurs. 9 a.m. - 12 noon.	Fri. 9.30 a.m. - 12.30 p.m.
30, Lindum Road	-	Surgeon attends as required	-	-	Wed. 1 - 4 p.m.	-

*Under arrangements with the Regional Hospital Boards.

All Services by Appointment Only

TABLE IX - ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1955, IN CASES OF UNSATISFACTORY SAMPLES - 1964.

Sample No.	Article	Report of Analyst	Action Taken
101	Stewed Steak (with gravy)	Contained 69% meat instead of the 75% recommended by the Food Standards Committee	As no statutory Order has yet been made to give effect to the Food Standards Committee's recommendation, the seller was advised to bring the matter to the notice of the canners.
123	Pork sausages	Contained 65% meat and 400 p.p.m. of sulphur dioxide	Up to 450 p.p.m. of sulphur dioxide is permitted in sausages as a preservative, if it is declared at the time of sale. The vendor was advised to exhibit a notice in her shop.
184	Ground Rice	Contained a small proportion of other dark coloured weed seed.	This sample was submitted for analysis following a complaint concerning the presence of 'black specks'. These were found to be harmless vegetable matter.
145/183	Tinned fruit salad.	In both cases the cherries were coloured with the coal-tar dye erythrosine.	Erythrosine is a permitted dye provided it is declared on the label. The canners were so informed and have since prepared amended labels. It is significant that the Food Standards Committee has recently recommended the gradual abolition of all coal-tar dyes.
215/216 219	Tinned fruit Tinned vegetables	Coloured with coal-tar dyes	The matter was taken up with the importers and fresh labels were printed.
247 259	Pork Sausages	Contained 58% meat Contained 63.5% meat	These were both samples of locally made sausages. The makers were advised to bring the meat content to a minimum of 65%.
245	Plastic Toy	A red screwdriver contained 2,500 p.p.m. of lead and was ... likely to be very dangerous if sucked by a child.	This tool-kit was submitted for analysis at the request of the Bourne M.O.H. It had been won as a prize at a Fete, but had been returned as it was similar to others which has been described in the Press as being potentially dangerous. It is interesting to know that the maximum lead contamination permitted in foodstuffs is 5 p.p.m. and the Home Office limit for children's toys, 250 p.p.m.
304	Margarine	Had an unpleasant soap-like taste.	This sample was sent for analysis following a complaint from a consumer. The matter was taken up with the sellers and with the Public Health Authority concerned.
356	Pork sausages	Contained only 62.5% meat.	The makers were advised to increase the meat content to 65%.



