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BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDING 31st DECEMBER, 1959

*Including Reports of
The Principal School Medical Officer
and The Chief Public Health Inspector*



CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDING 31st DECEMBER, 1959

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
Medical Officer of Health

To: The Right Worshipful the Mayor,
Aldermen and Councillors of the
City and County Borough of Lincoln.

Mr. Mayor, Aldermen and Councillors,

I am pleased to present my first Annual Report on the health of the City for the year 1959.

The routine activities of the Health Department were maintained at a high level throughout the year and, in addition, extra work was necessary to deal with the introduction of new legislation regarding mental health, the extension of the B.C.G. Vaccination and Tetanus Immunisation Schemes and the continuation of the Poliomyelitis Vaccination programme.

The Infant Welfare Clinics continued to be very well attended; there was in fact a considerable increase in the total number of attendances during 1959 compared with the previous year. This increase is not wholly explained by the increase in the Birth Rate but it indicates an increased awareness by the public of the importance of the work carried out at the Clinics, and is also the result of the Health Visitors' efforts in encouraging mothers to attend the Clinics.

In view of the large number of infants living on the St. Giles' Estate, it was decided to increase the clinic facilities there and a medical officer now attends every week instead of fortnightly, as had been the case previously.

As the volume of work at the Clinics continues to increase, it becomes more urgent each year to make provision in Lincoln for suitable purpose-built premises. Apart from the central clinics at Newland, all other clinics are held in rented premises which were not designed for this purpose and considerable difficulties are experienced. Plans are well in hand for the establishment of a Clinic in the North of the City and when this is accomplished, little delay should occur in the planning of another purpose-built clinic in the South of the City where rapid development of housing estates is taking place with the resultant increase in population.

There has been a steady increase in the number of children accommodated at the Day Nursery over the past few years, and throughout 1959 the demand for admission remained fairly constant. It has always been the policy that children of unmarried, separated or widowed mothers are given urgent priority for admission. It is not possible to agree to all requests for admission and only those children of families where there is an urgent medical or social need are normally accepted. Numerous applications were received from families who found themselves in difficulties due to arrears of Hire Purchase payments and the requests for admission were made so that the mothers could go out to work in order to keep up with the payments or to help in paying off arrears. In general, these applications could not be accepted but it is noteworthy that in 1959 difficulties were produced for many families because the parents did not fully understand the implications of Hire Purchase Agreements.

The District Midwifery Service was especially busy during the year under review. There was an increase in the number of domiciliary births and it will be seen in the body of the report that there has been a steady increase in the number of domiciliary births for several years; this trend has been noticed in other parts of the country. It was not possible, however, to appoint additional midwives, and the existing staff carried a great burden throughout the year. Fortunately, the staff remained relatively free from illness.

In view of the pressure of work experienced by the midwifery staff, the City Council agreed to the following measures in an effort to relieve the position:—

1. The provision of additional Ante-Natal Clinics;
2. The granting of Essential User's Car Allowances to midwives and some financial help with driving tuition for those who were unable to drive but who were willing to purchase a car for their duties.

In view of the considerable amount of equipment that midwives must now carry, even though the use of Trilene analgesia has reduced part of their load (the Trilene Inhaler being much less heavy than the Minnitt's apparatus used formerly), nevertheless it is obvious that a car is the only satisfactory means of transport for midwives and the use of bicycles or autocycles should be discontinued as soon as practicable.

The discussion as to whether home or hospital is best for confinement is an endless one but there are many factors in favour of home confinement which are all too often understressed. Certainly the risk of maternal and neo-natal infection is much reduced when a confinement takes place at home. The risk of neo-natal infection is undoubtedly greater when babies are born in hospital. During 1959, it came to light during July that a considerable number of babies born in a local maternity hospital were returning home suffering from a staphylococcal skin infection. In many cases, this infection was not obvious on the day of discharge but routine visits from the Health Visiting staff quickly indicated that an outbreak of staphylococcal infection had developed. On being informed of the situation, the Hospital Cross Infection Committee rapidly instituted measures to reduce the infection. In all, some 37 babies were affected and the outbreak lasted about 20 weeks.

The Health Visitors continued to carry out very valuable work but in view of their small number, their activities were restricted. It was not possible to fill the vacancy caused by the retirement of one of the staff and the total staff was approximately one half of the number recommended for an Authority of the size of Lincoln by the Working Party on Health Visiting which reported in 1956. In view of this staff difficulty, the City Council agreed to sponsor students and the first Student Health Visitor commenced training at Leeds University in October, 1959.

A considerable amount of the time of the social workers in the three Corporation Departments—Health, Children and Welfare—is spent on a relatively few difficult families in Lincoln. It was considered that some 50 families needed special attention from these workers during 1959 and it is disappointing to have to report that the results achieved do not appear to repay the time and effort spent on the attempted rehabilitation of these unsatisfactory family groups.

As a result of the Joint Circular from the Ministry of Health and Ministry of Local Government on Homeless Families, the City Council decided to agree to the supply of Home Helps to a limited number of families who were in serious difficulties and to make available a number of sub-standard houses to families who were on the point of being evicted. It is difficult at times to recruit satisfactory home helps for the Home Help Service and it is particularly difficult to recruit home helps who will be satisfactory for the special duties of working with a problem family and who are also willing and capable of instructing the mother in household duties. It is too early to draw definite conclusions as to the usefulness of home helps in this respect, but it is hoped that some progress will be made in the future.

Prophylactic immunisation and vaccination continued to take up a considerable amount of time and it must be realised that although the medical and nursing problems in connection with these schemes present relatively few problems, the keeping of accurate records is all important and the valuable work done by the clerical staff in this connection must not be forgotten.

There was an increase in the number of infants immunised with the Triple Antigen against Diphtheria, Whooping Cough and Tetanus but it will be seen in the report that there was a slight reduction in the total number of Diphtheria immunisations during the year. This is explained by the fact that it was decided to postpone the Diphtheria Immunisation programme in Schools which consists of primary immunisation of those children who were not immunised in infancy and reinforcing injections of those children who have already been immunised, from the Winter Term of 1959 to the Spring Term of 1960 and to carry out Primary Tetanus Immunisation in the Junior Schools during the Winter Term.

All vaccinations and immunisations continued throughout the year without any restrictions which might have been necessary had there been an appreciable incidence of Poliomyelitis in the City.

The decision to carry out Poliomyelitis Vaccination of infants at peripheral clinics instead of at the Health Department Centre, which had been the practice in previous years, proved to be a success and this obviated the need for many mothers to make the journey to the Health Department on three occasions.

The extension in 1958 of the Poliomyelitis Vaccination Scheme to include persons between 16 and 26 years of age and also to give a third injection to complete the course of vaccinations resulted in the majority of the work during 1959 being the vaccination of infants, persons aged 16 to 26 years and the giving of third injections.

It is pleasing to record that since the epidemic of Poliomyelitis in Lincoln in 1957, few cases of the disease have occurred; three paralytic cases were notified during 1959, none of whom had been vaccinated against Poliomyelitis.

The number of notifications of Whooping Cough (fifteen) was the lowest ever recorded, but it is too soon to be sure that this is due to the vaccination programme, although this is undoubtedly one contributory factor.

Once again no case of Diphtheria occurred in the City during the year—the last notification was in 1950. This satisfactory position must not be held as grounds for complacency as it is vitally necessary to continue the Diphtheria Immunisation programme. Some 60% of infants under one year are immunised and on school entry this proportion is considerably increased when primary immunisation is offered to those school entrants who were not immunised in infancy. A more satisfactory position would be to have a greater proportion of infants immunised.

The recommendations of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency resulted in legislation being approved by Parliament much earlier than is usual following the report of a Royal Commission. No doubt the reason for this is that not only expert opinion on mental health would not tolerate prolonged delay, but also public opinion generally made the introduction of new legislation imperative as soon as possible.

Sections 1 and 149 of the Mental Health Act, 1959 enabled patients to be admitted to hospital informally for the first time as from 6th October,

1959. This is in keeping with the great change in public opinion which has taken place in the Country in relation to methods of admission to mental hospital.

In view of the Ministry of Health's requirement that Local Health Authorities should submit their proposals for implementation of the Mental Health Act early in 1960, a good deal of time was spent during the latter part of 1959 in considering the nature and content of the proposals to be submitted on behalf of the Lincoln City Council. Discussions were held with neighbouring Health Authorities and Hospital Authorities and a full account of this work, together with details of the Authority's proposals will be outlined in the Annual Report for 1960.

One of the most urgent priorities in the implementation of the new Act for Local Health Authorities is the establishment of Junior and Adult Training Centres. We are fortunate in Lincoln that considerable progress has been made in this direction and the Training Centre which was opened in 1958 is catering very adequately for the needs of sub-normal persons in Lincoln. However, it is clear that fairly soon separate accommodation will have to be made for Adult Males in view of the recommendation of the Ministry of Health that sufficient Centres should be established for the training of adults and that they should be entirely separate from Junior Centres.

It will be seen from the section dealing with Notifiable Infectious Diseases that this problem becomes smaller each year and that with the exception of Acute Pneumonia, these diseases cause few deaths. The great decline in the incidence of infectious diseases is very largely due to public health measures such as the provision of a pure water supply, the abolition of slum property with rehousing and the consequent reduction in overcrowding, the vaccination and immunisation programme and the provision of an adequate supply of safe, dried milk for infants. The preventive measures necessary to reduce the incidence of respiratory diseases have not, as yet, been dealt with adequately and it is clear that atmospheric pollution is an important factor in the causation of these diseases and there is no doubt that they are aggravated by this pollution.

The attainment of Clean Air should therefore be an objective to be pursued with the same vigour as that directed towards the provision of a pure water supply in the late 19th Century. A start has been made in that the City Council have agreed to recommend that an area in the South West, comprising a new housing estate, be declared a Smoke Control Area. A great deal, however, remains to be done in this respect and further progress will involve considerable effort when Smoke Control Areas are established in areas in which properties already exist.

Dr. L. F. McWilliams left in April, 1959, having been appointed Medical Officer of Health of Rochester, Gillingham and Chatham. He was Medical Officer of Health of Lincoln for over five years and a good deal of progress was made during that time in the development and extension of the Local Health Authority Services; in particular, the new Training Centre was built as a result of his efforts and representations to the Council on behalf of the mentally subnormal children and adults in Lincoln.

It is with profound regret that I report the death of Mr. D. G. McGill who was Chief Public Health Inspector for over 30 years. The face of Lincoln must have changed considerably as a result of his efforts over this long number of years and his wisdom and long experience will be greatly missed not only by the Public Health Inspectors' Section but by the whole Department.

During the year, the Department lost the services due to retirement of two other valuable members of the staff. Miss A. Mills, Health Visitor and Mr. J. W. Hoe, Public Health Inspector, served the Department well for many years and we wish them well in their retirement.

I would like to express my sincere thanks to all the members of the Health Department Staff for their loyal service throughout the year. Much of the work of the Department is not spectacular and it is easy to forget the valuable contribution made by the administrative and clerical staff whose work is no less important than that undertaken by the field workers who are often better known to the general public.

May I also take this opportunity of expressing my thanks to the Health Committee and in particular to the Chairman, Mr. Councillor E. J. Richardson—his help and encouragement have been appreciated and of great assistance to me during the year.

R. D. HAIGH,

Medical Officer of Health.

City Health Department,
Beaumont Fee,
Lincoln.

October, 1960.

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HEALTH COMMITTEE, 1959

THE RIGHT WORSHIPFUL THE MAYOR, ALDERMAN F. W. G. TODD.

Chairman: COUNCILLOR E. J. RICHARDSON, J.P.

Vice-Chairman: COUNCILLOR DR. A. H. BRIGGS

Council Members:

Alderman T. F. Taylor	Councillor Mrs. G. L. Murfin
Councillor F. T. Allen	Councillor J. H. Spence
Councillor S. A. Campbell	Councillor J. T. Ward
Councillor G. W. Colls	Councillor S. Wilson

Other Members:

Mrs. M. R. Sookias	Mr. J. Maltby
Dr. T. M. O'Brien	Dr. W. S. H. Campbell
Mr. D. A. C. Andrews	Miss M. Witting

Accounts Sub-Committee :

Councillor S. A. Campbell	Councillor S. Wilson
Councillor J. T. Ward	

Maternity and Child Welfare Sub-Committee

Chairman: COUNCILLOR E. J. RICHARDSON, J.P.

Council Members:

Alderman T. F. Taylor	Councillor Mrs. G. L. Murfin
Councillor S. A. Campbell	Councillor J. H. Spence
Councillor G. W. Colls	Councillor J. T. Ward

Other Members:

Mrs. M. Eagle	Mrs. M. H. Plant
Mrs. G. M. Barnett	

Necessitous Cases Sub-Committee :

Chairman: COUNCILLOR E. J. RICHARDSON, J.P.

Alderman T. F. Taylor	Councillor G. W. Colls
Councillor S. A. Campbell	Councillor Mrs. G. L. Murfin

Prosecutions Sub-Committee :

Chairman: COUNCILLOR E. J. RICHARDSON, J.P.

Councillor S. A. Campbell	Councillor Mrs. G. L. Murfin
Councillor G. W. Colls	Councillor J. T. Ward

Mental Health Services Sub-Committee :

Chairman: COUNCILLOR E. J. RICHARDSON, J.P.

Council Members:

Alderman T. F. Taylor	Councillor Mrs. G. L. Murfin
Councillor S. A. Campbell	Councillor J. H. Spence
Councillor G. W. Colls	Councillor J. T. Ward

Other Members:

Mr. T. Smith	Mrs. M. Eagle
Dr. W. S. H. Campbell	Dr. F. A. Bleaden

STAFF OF THE CITY HEALTH DEPARTMENT, 1959

Medical Officer of Health and Principal School Medical Officer:

L. F. MCWILLIAMS, M.C., M.B., B.Ch., D.P.H. (to 30th April, 1959)
R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H. (from 11th May, 1959)

Deputy Medical Officer of Health:

J. L. PATTERSON, M.B., Ch.B., D.P.H. (to 31st March, 1959)
J. McCORMACK, M.B., B.S., D.P.H. (from 1st May, 1959)

School Medical Officer and Assistant Medical Officer:

E. G. M. CUMMINGS, M.R.C.S., L.R.C.P., D.P.H.

Principal School Dental Officer:

Vacancy until 31st January, 1959

K. H. DAVIS, L.D.S. (from 1st February, 1959)

School Dental Officer:

MRS. J. LODGE, B.D.S. (to 10th January, 1959)

Chief Public Health Inspector:

DUNCAN G. MCGILL, CERT. R.S.I., MEAT AND FOOD CERT. R.S.I. (Died 27th December, 1959)

Deputy Chief Public Health Inspector:

H. SHIMELD, CERT. R.S.I., MEAT AND FOOD CERT. R.S.I.

Public Health Inspectors:

F. L. G. CHAPMAN, CERT. R.S.I., MEAT AND FOOD CERT., R.S.I.
C. CLARKE, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.I., SMOKE INSPECTOR'S CERT. (R.S.I.)
G. T. W. SHEPHERD, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.I.
J. W. HOE, CERT. R.S.I. (Retired 3rd February, 1959)
J. R. MANNERS, CERT. P.H.I.E.B.

Pupil Public Health Inspector:

T. R. H. BELL

Nursing Superintendent:

MISS E. M. DAY, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.)

Health Visitors:

MISS K. LUKE, S.R.N., S.C.M., R.S.C.N., Q.I.D.N., H.V. (CERT.)
MISS E. N. BRITT, S.R.N., S.C.M., R.S.C.N., H.V. (CERT.)
MISS M. CLARKE, S.R.N., R.S.C.N., H.V. (CERT.)
MISS R. M. CRAWFORD, S.R.N., S.C.M., R.S.C.N., H.V. (CERT.)
MRS. M. L. DIMBLEBY, S.R.N., S.C.M., H.V. (CERT.) (from 11th May, 1959)
MISS E. M. FORNEY, S.R.N., S.C.M., H.V. (CERT.) (to 28th Feb., 1959)
MISS J. E. GREEN, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.)
MISS A. MILLS, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.) (Retired 31st October, 1959).
MISS M. T. KUHN-REGNIER, S.R.N., S.R.F.N., H.V. (CERT.)
MISS J. WILLIAMSON, S.R.N., S.C.M., H.V. (CERT.)
MISS A. H. TAYLOR, S.R.N., S.C.M., R.S.C.N. (Student, from 5th October, 1959)

Tuberculosis Visitors:

MISS J. M. ARCH, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.)
 MRS. B. WILLEY, S.R.N., S.R.F.N. (Retired, 31st July, 1959)

District Midwives:

MRS. H. ROBINSON, S.R.N., S.C.M.
 MISS D. E. BARKER, S.C.M.
 MRS. A. M. CHIVERS, S.C.M.
 MRS. A. M. DESFORGES, S.R.N., S.C.M. (to 31st August, 1959)
 MISS J. HATCH, S.R.N., S.C.M. (from 1st September, 1959)
 MISS I. P. HOLLINSHEAD, S.C.M. (to 14th September, 1959)
 MRS. I. K. JOYCE, S.R.N., S.C.M., Q.I.D.N. (transferred from District Nursing Service, 5th January, 1959)
 MRS. W. M. LATHAM, S.R.N., S.C.M. (to 28th February, 1959)
 MRS. R. M. SHIELDS, S.R.N., S.C.M.

District Nurses:

MRS. D. M. MARTIN, S.R.N., S.C.M., Q.I.D.N.
 MRS. M. ATTARD, S.R.N.
 MISS J. BARSLEY, S.R.N., Q.I.D.N.
 MRS. M. A. ATKINSON, S.R.N. (from 1st March, 1959)
 MRS. G. CHAMBERLAIN, S.R.N., S.C.M. (to 14th February, 1959)
 MISS L. M. DAWSON, S.R.N., S.C.M.
 MRS. K. DREWERY, S.R.N. (Temporary, from 23rd February)
 MISS J. GRIFFITH, S.R.N., Q.I.D.N.
 MRS. A. HOWLETT, S.R.N.
 MRS. I. K. JOYCE, S.R.N., S.C.M., Q.I.D.N. (Transferred to District Midwifery Service, 5th January, 1959)
 MRS. N. SMITH, S.R.N., S.C.M.
 MRS. N. TOYNE, S.R.N. (from 1st March, 1959)
 MRS. F. WALMSLEY, S.R.N.
 MR. F. O. BELL, S.R.N., Q.I.D.N.
 MR. W. BRIGGS, S.R.N., Q.I.D.N.
 MR. J. H. PARKER, S.R.N., Q.I.D.N.

Clinic Nurse:

MRS. J. M. SWANN, S.R.F.N., S.C.M. (from 11th May, 1959).

Day Nursery:

Matron	MISS B. E. TAYLOR, S.R.N., S.R.F.N.
Deputy Matron	MISS R. CAULTON, C.N.N.
Warden	MISS D. F. PARKER, C.N.N.
Nursery Nurses	MISS A. HAW, C.N.N. (to 30th April, 1959)
	MISS K. M. DAY, C.N.N. (from 8th June, 1959)
	MISS P. M. BOWSER, C.N.N. (from 1st October, 1959)
Nursery Assistants	MISS A. M. JOHNSON (to 30th March, 1959)
	MISS S. M. NOBLE (to 31st March, 1959)
	MISS C. JACKSON (to 31st August, 1959)
	MISS R. SHARPE (from 4th May, 1959—student from 19th October, 1959)
	MISS S. MARRIOTT (from 1st June, 1959)
	MISS S. J. KINSLEY (from 14th September, 1959)

Occupation Centre:

Supervisor	MRS. B. SEARLE, N.A.M.H. (DIPLOMA)
Assistants	MRS. A. TONGE
	MRS. E. EITE
	MISS J. A. WOODS (on N.A.M.H. Diploma course from 16th September, 1959)
	MRS. R. B. WARD (Temporary)
	MRS. D. WHITLOCK (Temporary, from 7th September)

Mental Welfare Officers:

A. C. WOOD, D.P.A. (to 18th October, 1959)
J. H. PREECE
J. WEDGWOOD (from 14th December, 1959)
MISS B. M. WATERS (from 1st January, 1959)

Ambulance Service:

Ambulance Officer	F. G. LATCHEM
Deputy Ambulance Officer	H. LEEMING
Clerk/Telephonist	MISS B. M. STEEL
Night Telephonist	T. B. G. SAVAGE
Drivers: 21 Attendants: 2 (at the end of the year)	

Home Help Service:

Organiser	MISS H. BALDWIN
Clerks	MRS. M. E. THORLBY
	MRS. F. M. THOMAS (from 12th October, 1959)
Helps at the end of the year: Whole-time, 10; Part-time, 69	

Pests Officer:

C. HOLDERNESS

Rodent Operators:

A. H. WALKER
J. MEADOWS (to 11th April, 1959)
H. CHEETHAM (from 11th May, 1959)

Dental Attendants:

MRS. M. SOUTHERN (to 8th January, 1959)
MRS. M. MILLIGAN

Lay Administrative Assistant:

J. C. MARTIN

Clerks:

A. C. TAYLOR
R. W. HILL
N. F. MCLEOD
E. G. MASKELL (to 30th September, 1959)
MISS M. A. BOYNTON
MISS S. M. JOHNSON
MISS E. KETTLEBORO
MRS. J. M. DESFORGES (to 31st March, 1959)
MRS. E. THORNTON
MRS. N. BILLINGS (from 23rd February, 1959)
MISS D. C. MAPLESTON (to 28th February, 1959)
MISS I. M. COOK
MISS V. SMITH (transferred to School Health Department 19th October, 1959)
MISS C. SAYNER (from 1st April, 1959)

STATISTICAL INFORMATION

GENERAL STATISTICS

Area of City in acres	7,517
Number of dwelling houses, 1st April, 1959	23,783
Rateable Value, 31st March, 1959	£926,157
Sum represented by a penny rate	£3,800

VITAL STATISTICS

Population (estimate mid-year, 1959)	73,170
Live Births:—	
Number	1,215
Rate per 1,000 population	16.44
Illegitimate Live Births per cent of total live births	4.44
Still-births:—	
Number	22
Rate per 1,000 total live and still births	17.78
Total Live and Still Births	1,237
Infant Deaths (deaths under 1 year)	24
Infant Mortality Rates:—	
Total infant deaths per 1,000 total live births	19.75
Legitimate infant deaths per 1,000 legitimate live births	20.67
Illegitimate infant deaths per 1,000 illegitimate live births	—
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	14.00
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	10.70
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	28.29
Maternal Mortality (including abortion):—	
Number of deaths	2
Rate per 1,000 total live and still births	1.62
Net Deaths	852
Death Rate per 1,000 population	11.29
Tuberculosis Mortality Rate, per 1,000 population	0.11
Cancer Mortality Rate, per 1,000 population	2.01
Area Comparability Factors: Births 0.99 Deaths 0.97	

COMPARISON OF CERTAIN VITAL STATISTICS WITH RATES FOR ENGLAND AND WALES

	<i>Lincoln</i>	<i>England and Wales</i>
Live Birth Rate	16.44	16.5
Still Birth Rate	17.78	21.0
Maternal Mortality Rate	1.62	0.38
Infant Mortality Rate	19.75	22.2
Neo-natal Mortality Rate	14.00	15.8
Perinatal Mortality Rate	28.29	34.2
Death Rate	11.29	11.6
Tuberculosis Mortality Rate	0.11	0.08
Cancer Mortality Rate	2.01	2.14

COMPARATIVE TABLE—LAST FIVE YEARS

	1955	1956	1957	1958	1959
Population	70,640	70,500	71,750	72,220	73,170
Live Birth Rate	14.71	15.79	15.83	17.03	16.44
Still Birth Rate	22.57	27.95	26.56	16.79	17.78
Infant Mortality Rate ...	30.80	24.26	22.88	30.90	19.75
Neo-natal Mortality Rate ...	21.17	17.07	17.61	22.75	14.00
Maternal Mortality Rate ...	0.94	0.87	—	0.80	1.62
Death Rate	11.18	11.91	11.81	12.24	11.29
Tuberculosis Mortality Rate	0.17	0.11	0.15	0.07	0.11
Cancer Mortality Rate ...	2.27	2.14	1.88	2.01	2.01

Births

There were 1,215 live births registered in the year. Of this number 604 were born at home.

Deaths

There were 852 deaths (436 males and 416 females) giving an adjusted death rate of 11.29 per 1,000 population. The causes of death are given in are given in the table on the following page.

DEATHS FROM ALL CAUSES, 1959

<i>Cause of Death</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis, respiratory	6	1	7
Tuberculosis, other	1	—	1
Syphilitic disease	—	2	2
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal infections	—	—	—
Acute poliomyelitis	—	—	—
Measles	—	—	—
Other infective and parasitic diseases	—	1	1
Malignant neoplasm, stomach	13	8	21
Malignant neoplasm, lung, bronchus	30	6	36
Malignant neoplasm, breast	—	16	16
Malignant neoplasm, uterus	—	4	4
Other malignant and lymphatic neoplasms	33	37	70
Leukaemia, aleukaemia	2	—	2
Diabetes	1	7	8
Vascular lesions of nervous system	52	66	118
Coronary disease, angina	91	53	144
Hypertension with heart disease	5	12	17
Other heart disease	47	62	109
Other circulatory disease	11	19	30
Influenza	2	3	5
Pneumonia	38	32	70
Bronchitis	21	10	31
Other diseases of respiratory system	5	2	7
Ulcer of stomach and duodenum	9	5	14
Gastritis, enteritis and diarrhoea	1	2	3
Nephritis and nephrosis	1	7	8
Hyperplasia of prostate	7	—	7
Pregnancy, childbirth, abortion	—	2	2
Congenital malformations	5	3	8
Other defined and ill-defined diseases	37	40	77
Motor vehicle accidents	5	5	10

<i>Cause of Death</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
All other accidents	7	11	18
Suicide	6	-	6
Homicide and operations of war	-	-	-
TOTALS	436	416	852

Infant Mortality

There were 24 deaths of infants under 1 year, giving an infant mortality rate of 19.75 per 1,000 live births. The primary causes of death are given in the following table.

Cause of Death	Under 1 wk.	1-2 wks.	2-3 wks.	3-4 wks.	Total under 4 weeks	1-3 mths	3-6 mths	6-9 mths	9-12 mths	Total
Prematurity	7	-	-	-	7	-	-	-	-	7
Congenital Malformations	3	1	1	1	6	-	1	-	-	7
Bronchitis	-	-	-	-	-	-	-	1	-	1
Pneumonia	1	-	-	-	1	2	2	1	-	6
Other causes	1	1	-	-	2	1	-	-	-	3
Totals	12	2	1	1	16	3	3	2	-	24

The infant mortality rate has reached a level where no considerable reduction can be expected. The two principal causes, prematurity and congenital malformations, are both conditions which will decrease in incidence only very slowly, and in the treatment and management of the two conditions no spectacular progress can be foreseen which might effect a dramatic reduction in the infant mortality rate in the near future.

Perinatal Mortality

The perinatal mortality rate is the number of still-births added to the number of infant deaths during the first week of life expressed as a rate per thousand total births, both live and still.

It therefore gives a measure of the risk to the foetus during pregnancy after the 28th week, and also during parturition, as well as the risk in the early days after birth.

As our knowledge of the causes of still-birth and our ability to treat abnormalities in the first few days after birth are imperfect, it is clear that the perinatal mortality rate will decrease very gradually.

The perinatal mortality rate in Lincoln was 28.29 compared with a rate of 34.2 for England and Wales.

Suicide

6 deaths (all male) were due to suicide. The majority of deaths were due to coal gas poisoning.

Cause of Death	AGE AND SEX								Total
	15 — 24 M.	24 — 44 F.	25 — 44 M.	44 — 64 F.	45 — 64 M.	64 — 65 F.	65 and over M.	65 and over F.	
Coal gas poisoning	-	-	3	-	1	-	-	-	4
Drowning ...	-	-	-	-	1	-	-	-	1
Hanging ...	-	-	-	-	-	-	1	-	1
TOTAL ...	-	-	3	-	2	-	1	-	6

LOCAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Clinics

The Infant Welfare Clinics were well attended in 1959; in fact, there was an increase in attendance of all age groups under 5 years.

2,768 children under 5 years of age attended during the year compared with 2,689 in 1958. The number of children who attended for the first time during the year, and who were under 1 year at first attendance, was 1,028 compared with 985 in the previous year.

The total number of attendances during the year was 12,523 under 1 year and 4,678 between 1 and 5 years, the comparable figures for the previous year being 10,641 and 4,390. The following table shows in detail the attendances at the central clinic at 34 Newland, and at the various outlying clinics:—

		No. of Sessions	Total Attendances	Average Attendance per Session	
				1959	1958
M. & C.W. Centre, Newland	Tues.	52	2303	44.3	40.1
" " "	Wed.	51	889	17.4	17.5
" " "	Fri.	50	1865	37.3	34.4
St. Helen's Hall	Mon.	48	2444	50.9	38.7
St. Giles Hall	Thurs.	53	2009	37.9	33.5
Blenkin Hall	Fri.	50	2138	42.8	40.6
St. John's Hall	Wed.	52	2844	54.7	55.4
St. George's Hall	Tue.	52	2709	52.1	30.7
TOTALS		408	17201	42.2	36.6

At the St. Giles' Clinic the volume of work increased and it was necessary for a Medical Officer to attend weekly instead of every fortnight as had been the case previously.

Poliomyelitis vaccination of infants started at the clinics during 1959, whereas previously all poliomyelitis vaccinations had been carried out at special sessions at the Health Department.

The value of the work done at the clinics is without question and possibly the only two criticisms are that few parents of children over the age of one year attend and that many of the mothers who do attend are conscientious women who would look after their children well in any case, whilst unsatisfactory mothers who might not do this are very often unwilling to attend the clinics. To deal with these possible criticisms, the Health Visitors made an effort to encourage reluctant mothers to attend and special Toddlers' Clinics were held where children in the 3—5 year age group were seen.

As the clinics are organised, whenever possible, on the basis of a Voluntary Worker weighing the babies and the Health Visitor giving advice to the mothers, this would appear to put the staff to the best use.

It is regretted that in spite of the continued and indeed growing popularity of the infant welfare clinics, little progress was made in the establishment of any purpose-built clinic for which there is undoubtedly a very great need.

The services provided in connection with the care of mothers and young children were in conformity with previous years and the clinics provided by the Local Health Authority at the end of the year were as follows:—

<i>Clinic</i>	<i>Place Held</i>	<i>Days</i>	<i>Times</i>
Infant Welfare Clinics	Maternity and Child Welfare Centre, 34 Newland	Tuesdays Wednesdays Fridays	2—4 p.m.
	St. Helen's Hall, Skellingthorpe Road	Monday	2—4 p.m.
	St. Giles' Methodist Church Hall, Addison Drive	Thursdays	2—4 p.m.
	Blenkin Hall, St. John's Road, Newport	Fridays	2—4 p.m.
	St. John's Church Hall, Ermine Estate	Wednesdays	2—4 p.m.
	St. George's Hall, Swallowbeck	Tuesdays	2—4 p.m.
Ante-Natal Clinic	Maternity and Child Welfare Centre, 34 Newland	Tuesdays	9-30—11-30 a.m.
Ante-Natal Instruction Class	" "	Monday Thursday	2—4 p.m.
Light Clinic	" "	Monday Thursday	2—4 p.m.

Particulars of the work undertaken at these clinics are as follows:—

Ante-Natal Clinics	1959	1958
Total number of women who attended during the year	635	463
Number of women who attended for the first time ..	573	443
Total number of attendances	855	631
In addition, 3 women attended as post-natal cases		

Light Clinic

Total number of cases treated during the year ..	77	114
Number of cases treated for the first time during the year	67	107
Total number of attendances	1002	1494

Of the cases treated at this clinic, 54 were school children and 23 were under school age.

Supply of Welfare Foods

Welfare Foods are available to those entitled to this benefit at the main distribution point at the Newland Infant Welfare Centre during office hours and at all out-lying clinics when the weekly session is held.

Issues during the year, compared with those for the previous year, were as follows:—

	1959	1958
National Dried Milk tins	25,640	26,957
Orange Juice bottles	46,661	44,435
Cod Liver Oil bottles	4,999	4,852
Vitamin A and D Tablets packets	4,811	4,432

There has been a further fall in the demand for National Dried Milk but issues of Orange Juice, Cod Liver Oil and Vitamin Tablets show a slight increase.

Care of Unmarried Mothers and Illegitimate Children.

Residential care is arranged by the Lincoln and District Council for Social and Moral Welfare who present each case to the Health Committee for financial assistance as required. During the year, the Committee agreed to grants being made in 6 cases.

The number of illegitimate live births registered during the year was 54, which was 4.4% of total live births registered (1215).

Day Nursery—Matron: MISS B. E. TAYLOR

There was a continued demand for places at the Newland Day Nursery and the number of children on the Register varied between 44 and 56. The average number of children attending during the year was 37 and the greatest number attending at any one time was 54.

Children are admitted up to the age of 5 years and are organised in groups 0 to 1 year, 1 to 2 years, 2 to 3 years and 3 to 5 years.

Payment is assessed on a scale based on the National Assistance Determination of Need Regulations and the charges ranged from 1/6d. to 7/-d. per day.

Absolute priority for admission is given to the children of mothers who are unmarried, widowed, separated or divorced and who are obliged to go out to work. Admission is also arranged where there is a pressing medical or social need in the family. Children under 1 year are admitted only if there is a very urgent need and in particular, if the mother is unmarried and must be self-supporting.

During the year, the Nursery was approved as a Training Nursery and plans were approved for up to 4 Lincoln girls to train as Nursery Nurses each year. The girls will attend for theoretical instruction at the Nottingham Training Centre for 2 years and during this time, will undertake practical work and training in child care at the Newland Nursery (1 year) and in a Nursery School (1 year). Two days each week will be spent at the Nottingham Centre and three days each week at the Nursery or Nursery School.

In October, an additional Nursery Nurse was appointed, making a total nursing staff of 8 which is the number required for an average of 40 children.

The average daily attendance throughout the year was as follows:—

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
24.1	35.0	35.0	36.7	41.2	44.5	39.3	35.6	38.6	38.5	42.4	40.5

Dental Care—Principal Dental Officer: MR. K. H. DAVIS, L.D.S.

Dental care is provided by the Local Health Authority under Section 22 of the National Health Service Act and the table below shows that there was a substantial reduction in the amount of dental treatment provided for expectant mothers and young children. This was entirely due to the fact that throughout 1959, the staff consisted of a Principal School Dental Officer and no assistant Dental Officers, whereas in 1958, for most of the year, there was a Principal and two School Dental Officers employed by the Authority.

Only 53 expectant mothers were examined and this is a very small proportion of the total number of births during the year. Obviously a number of women would attend private dentists but it is most likely that a considerable number of women did not receive examination or treatment. This is particularly unfortunate as during pregnancy depletion of the mother's calcium reserves often takes place in order to supply the developing foetus with calcium and it is therefore a time when dental caries is frequent.

A relatively small number of young children were examined and it can be seen that in this category only emergency treatment was carried out. Although only a fraction of the service required was given, it was found possible to deal with every urgent case where pain was prominent.

NUMBERS PROVIDED WITH DENTAL CARE

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>	<i>Attendances</i>
Expectant and Nursing Mothers ...	53	52	52	23	167
Children under five ...	112	108	108	102	169

FORMS OF DENTAL TREATMENT PROVIDED

	<i>Extrac- tions</i>	<i>Anaesthetics</i>		<i>Fillings</i>	<i>Scalings or Scaling and gum treatment</i>	<i>Silver Nitrate treat- ment</i>	<i>Dress- ings</i>	<i>Radio- graphs</i>	<i>Dentures Provided</i>	
		<i>Local</i>	<i>General</i>						<i>Com- plete</i>	<i>Par- tial</i>
Expectant and Nursing Mothers	124	13	28	63	3	—	21	6	7	8
Children under five	166	9	75	56	—	—	36	1	—	—

MIDWIFERY

Nursing Superintendent: MISS E. M. DAY

Notifications of Intention to Practise

(a) *Midwifery*

41 midwives notified their intention to practise midwifery within the area of the Local Health Authority during the year 1959.

10 practised in the domiciliary field, one of whom works in a private capacity but is frequently employed by the Local Health Authority when our own midwives are on leave or incapacitated due to sickness.

27 practised from institutions under the control of the Hospital Management Committee.

4 practised from the Quarry Maternity Home under the control of the Lincoln and District Council for Social and Moral Welfare.

(b) *Maternity Nursing*

There were no notifications to practise in this capacity during 1959.

Distribution of Confinements

The total number of births (live and still) in the year was 1237. 565 confinements took place at home.

Although the number of total births was virtually unaltered, there was a substantial increase in the number of confinements at home, as can be seen in the table below:—

<i>Cases Attended:</i>					
	<i>As Midwives</i>		<i>As Maternity Nurses</i>		<i>Total</i>
1955	335	.....	34	.....	369
1956	383	.....	36	.....	419
1957	387	.....	44	.....	431
1958	456	.....	38	.....	494
1959	515	.....	50	.....	565

In this work, the midwives paid 14,982 visits as compared with 13,424 during the previous year. Medical aid was summoned in 78 cases in 1959 and in 75 cases during the previous year.

Although there was a considerable increase in the number of domiciliary births, there was unfortunately no increase in the number of District Midwives. The average number employed during the year was 6 and therefore it can be seen that the average number of cases for each midwife was 94. This represents a very difficult year for the midwifery staff and whilst ten years ago, 66 was felt to be a reasonable number of confinements a district midwife should attend in one year, this number has been greatly exceeded. In addition far more ante-natal care is now given than was the case a decade ago.

Analgesia

Inhalation analgesia using Trilene administered by means of a Cyprane Inhaler is now used in the majority of cases. 515 cases were helped by this means and 15 cases received Gas/Air Analgesia. This represents 93.8% of the total number of confinements.

Pethidine was administered in 421 cases during the year, compared with 414 in 1958.

Environmental Reports

The City Maternity Hospital is unable to accept bookings from all the women who wish to be confined there and in order to decide which cases are able to manage at home and which need to be delivered in hospital, an environmental report is prepared by the District Midwives. On the basis of this report, a recommendation is furnished to the City Maternity Hospital as to whether the patient should be booked for hospital confinement due to unsatisfactory home conditions.

During 1959, 238 cases were investigated by the District Midwives and of these, 93 were recommended for hospital confinement due to unsatisfactory home conditions or other sociological grounds.

Early Hospital Discharges

Notifications from Maternity Homes of all discharges of mothers and babies before the 14th day are received by the Medical Officer of Health, in order that visits may be paid to the homes by the District Midwives or Health Visitors. By arrangement, Health Visitors may visit any mother in the City Maternity Hospital prior to discharge.

Chest X-ray of Expectant Mothers

Since the scheme for Chest X-rays for expectant mothers was started in 1954, there has been an increase in the number of women who availed themselves of the facilities during the past two years. The source of referral

was as before—from General Practitioners, Local Authority Ante-Natal Clinic and the City Maternity Hospital Ante-Natal Clinic.

The number of expectant mothers X-rayed was as follows:—

Referred by General Practitioners	..	..	..	..	..	270
Referred from Local Authority Ante-Natal Clinic	..	..	..	..	..	118
Referred from Maternity Hospital Ante-Natal Clinic	..	..	..	..	..	160
Total	..	..	..	..	..	548

Of the 548 expectant mothers X-rayed, 91 resided outside the City.

The increasing use of this provision is shown below:—

	1955	1956	1957	1958	1959
No. of Expectant Mothers X-rayed	325	321	317	495	548

Although there was a considerable increase in the number X-rayed in 1959, the number is still less than half the number of births.

One case of Pulmonary Tuberculosis was notified as a result of these examinations; one case of inactive Pulmonary Tuberculosis was discovered and another case was still under observation at the end of the year.

Post-graduate Courses

One District Midwife attended a Post-graduate Course arranged by the Royal College of Midwives.

Training of Pupil Midwives

The training of Pupil Midwives continues in conjunction with the City Maternity Hospital. Three District Midwives are approved Teaching Midwives and 6 Pupil Midwives completed their training on the district during 1959. The pupils attended lectures in Public Health aspects of Midwifery given by the Medical Officer of Health.

Transport

In view of the very difficult situation the domiciliary midwifery service had reached late in the year due to shortage of midwives and the increase in number of home births, the City Council considered and approved the following three recommendations in order to alleviate the burden on the midwives:—

1. The granting of Essential User Car Allowances;
2. The granting of an allowance to enable midwives to take driving tuition;
3. The establishment of Ante-Natal Clinics in the North and South of the City in order to reduce the amount of domiciliary visiting by the midwives for the purpose of ante-natal examinations.

The implementation of the above recommendations will certainly ease the work of the midwives who have hitherto been overworked and it is felt that the transport difficulties have been lessened. Furthermore, when the midwives have provided themselves with cars, there should be fewer demands on the Ambulance Service for the transport of midwives at night.

Staff Changes

The staff changes during the year are given on page 13 of this report. At the end of the year 6 District Midwives were employed and there were two vacancies.

Other Practising Midwives

The Local Health Authority is the local supervising authority for the purpose of the Midwives Act, 1951 and the Medical Officer of Health is approved by the Central Midwives Board as Medical Supervisor of Midwives.

Statistics relating to maternity cases attended by midwives practising in the area, other than those attended by the District Midwives, are as follows:—

Cases attended:—	1959	1958
(a) By midwives employed in Institutions . .	1028	1051
(b) By domiciliary midwives in private practice	26	26
	<hr/> 1054	<hr/> 1077

Co-operation

In view of the recommendations of the Cranbrook Committee, it appears that the tripartite structure of the maternity services will continue as at present. The "co-operation card," introduced five years ago, continued to be used in an attempt to ensure that all persons dealing with the patient, whether family, hospital or local authority doctor or hospital or domiciliary midwife would have a record card to consult, on which would be recorded information about the woman's present and past medical and obstetric history. The patient should have the card with her at all times and all important findings during pregnancy should be entered on the card.

The report of the Perinatal Mortality Survey has not yet been published but a perusal of the enquiry forms, as they were received during March, 1958, revealed that often separate services were dealing with a patient and the records of one Service were often not available to another at a time when this was necessary. The "co-operation card" is an attempt to remedy this defect and although it is too early to make an appraisal of its usefulness, it does seem to be achieving this purpose.

Meetings of the Lincoln and District Obstetric Advisory Committee were held during the year and the Medical Officer of Health and the Nursing Superintendent represented the Local Health Authority. These meetings will in time lead to closer co-operation and a closer understanding between the three parts of the Maternity Services.

General Remarks

The considerable increase in the number of home confinements in 1959 was quite unexpected and in view of the depleted staff, the midwives had a very arduous year. One wonders whether this increase will continue, as there has been an increase in the number of home confinements nationally. Recent surveys have indicated that an increasing number of women prefer domiciliary confinement and there is certainly every indication that we must endeavour to achieve our full establishment of eight district midwives. If we had had this number of midwives during 1959, the average number of cases would have been 80, which is still a greater number than should be expected of one midwife. The number of pupil midwives undertaking district training with the teaching midwives is less than is desired and if the numbers are considered of those of British Nationality who will remain in this country as practising midwives, it is obvious that the recruitment problem is indeed a serious one.

Relief Arrangements for District Midwives

The arrangements have continued, as in the past, whereby the midwives work in pairs—one midwife relieves her partner when off duty and during holiday periods. Sometimes a retired midwife is employed for holiday relief duties, and it is hoped in future to supply a relief for all holiday periods.

There is no system of a night rota at present. Whilst this is desirable in many ways, it has the disadvantage of a patient being delivered by the "rota midwife" who, in many cases, has no knowledge of the patient's ante-natal history, as is usually the case when no rota system applies.

Care of Premature Infants

There was a slight reduction in the number of infants who weighed $5\frac{1}{2}$ lbs. or less at birth.

Any premature babies born at home who are felt to need special treatment, either because of the degree of prematurity or because of an abnormality, are transferred to the Premature Babies' Unit at St. George's Hospital. The transfer is carried out by an ambulance calling at St. George's Hospital and collecting a specially designed portable incubator, together with a senior nurse experienced in the use of the incubator. The incubator is electrically heated from the ambulance battery and therefore arrives at the house at the requisite temperature. The premature baby may thereby be transferred to hospital without the risk of loss of body heat.

The Health Visitors give special attention to premature infants and follow-up visits are more frequent than with normal babies.

The number of premature infants notified was as follows:—

	1959	1958
Born at home	30	32
Born in Hospital or Nursing Home	45	66
	—	—
	75	98
	—	—

HEALTH VISITING

Staff

At the end of the year there were 8 Health Visitor/School Nurses, 3 full-time School Nurses, one Clinic Nurse and a Nursing Superintendent. There was one vacancy for a Health Visitor/School Nurse. One Student Health Visitor started her training at Leeds University in October.

Staff Training

The policy of periodically sending Health Visitors on Refresher Courses in order to keep them up-to-date with recent developments continued.

Miss Luke attended a Course arranged by the Central Council for Health Education at Bangor from 18th to 28th August.

Miss Crawford and Miss Clarke attended a Course arranged by the Women Public Health Officers' Association at Cambridge from 18th to 31st July.

Training of Hospital Personnel in Social Aspects of Disease

Final Year Student Nurses training in Lincoln Hospitals spend one morning with the Health Visitors. Although this is an inadequate time to spend as part of their training, it does give them some slight insight into

problems in the home which they do not encounter elsewhere in their three years' hospital training. Lectures are given by the Medical Officer of Health and the Nursing Superintendent on the Social Services.

One Doctor studying for the Diploma in Child Health attended for 20 sessions, as required by the D.C.H. Regulations and a varied programme was arranged to enable him to appreciate the work done by the Child Welfare Sections of a Health Department.

Home Visiting

The most important work of the Health Visitor is the home visiting of mothers and young children to give help and advice on all problems affecting their health and to advise mothers of young babies on care and feeding. There is a tendency to give Health Visitors new duties as the Health Department's activities expand, whether by direction of the central authority or by locally initiated schemes. Scarcely a month passes when Health Visitors are not considered for and often given new duties. They have in recent years done a splendid job in carrying the main burden of the poliomyelitis vaccination programme. They have also helped in fields not normally a Health Visitor's, due to shortage of staff in other sections of the Department.

It must be stressed, however, that we should never lose sight of the fact that the Health Visitor's first duty is to visit homes where there are mothers and young children. It has been suggested recently that Health Visitors should spend an increasing amount of time on Mental Welfare. This may have its merits and there is no doubt that the Health Visitor's basic training as a Nurse, together with her training in Social Work during the Health Visitor's Course, give her a suitable background to undertake this exacting work. Nevertheless, if Health Visitors were to do this work at the expense of their child welfare work, this would be a retrograde step as it may well be that good advice given to the mother and young child might be the best way of preventing mental ill-health in later life.

There was an increase in the number of home visits in 1959, as the tables below illustrate:—

HOME VISITING—HEALTH VISITORS

Year	No. of children under 5 years of age visited during year	Expectant Mothers		Children under 1 Year	
		First Visits	Total Visits	First Visits	Total Visits
1959	4436	342	444	1219	6592
1958	3622	327	446	1217	5700
1957	4067	371	520	1150	5851

Year	Visits to Children 1-2 years	Visits to Children 2-5 years	Other Cases	Total No. of families or households visited by Health Visitors
1959	2674	5674	1045	3589
1958	2428	5340	1217	3092
1957	2813	5883	1571	3478

This increase in the number of home visits was achieved without any increase in staff. In general, rehousing of families visited by the Health Visitors tends to be on the periphery of the City and an increasing amount of time is spent on travelling which must inevitably be at the expense of visiting time.

Mothercraft Classes—The Stork Club

The "Stork Club" maintained its popularity and was very well attended throughout the year. Two Classes run concurrently on two separate half-days each week. On the whole the expectant mothers are an attentive and receptive audience and a wide variety of topics are discussed. The programme is carefully planned in advance and in addition to the instruction and advice given, mothers are helped with their layettes and the elements of relaxation are also presented.

Number of expectant mothers on the Register on 1st January, 1959	150
Number of expectant mothers on the Register on 31st December, 1959	128
Average number of attendances per session	35

Mothers' Club

The members are mainly recruited from "graduates" of the Stork Club and its meetings were well attended.

Number on the Register on 1st January, 1959	80
Number on the Register on 31st December, 1959	83
Average attendance per meeting during the year	35

Outbreak of staphylococcal infection of babies

The routine visiting of babies born in hospital as soon as possible after coming home revealed in May that a number of them had a staphylococcal skin infection.

The severity of the infection varied, but several had abscesses and in two cases a septicaemia developed. Investigation revealed that the infection was not in all cases apparent on the day of discharge from hospital and only by means of the observations of the Health Visitors did the true position come to light.

In all, some 37 babies were affected and the outbreak lasted about 20 weeks.

On being informed of the situation, the hospital authority immediately arranged for the Cross Infection Committee to visit the hospital and appropriate recommendations were made with, in consequence, a gradual reduction in the number of new cases.

Problem Families

The Health Visitors are compelled to spend a disproportionate amount of time on problem families. These families are the subject of visits from many social agencies—Local Authority Health, Education, Children's, Welfare and Housing Departments and also from the N.S.P.C.C., National Assistance Board and Probation Service, though to mention these does not give the full list of those who are required to visit problem families.

The Social Workers' Co-ordinating Committee was established with a view to reducing the number of visits and if possible, to reduce the number of different visitors, whilst at the same time making the visits more purpose-

ful. The Co-ordinating Committee met bi-monthly throughout the year under the Chairmanship of the Children's Officer and later, under the Medical Officer of Health. The Committee was recognised by the City Council during the year and is therefore now in a position to make recommendations to Committees of the Council if necessary.

Joint Circular from the Ministry of Housing and Local Government and the Ministry of Health on Homeless Families

This circular to Local Health Authorities recommended that appropriate steps be taken by authorities to make arrangements to avoid eviction of those families who were due for eviction owing to rent arrears or other reasons. It was recommended that social and rehabilitation services be employed to avoid the eviction of families whenever possible.

In order to advise the Council as to what measures should be taken, a meeting was held attended by the Medical Officer of Health, Children's Officer, Assistant Chief Welfare Officer and the Housing Manager and as a result of this meeting, it was recommended:—

1. that the Health Committee should agree to home helps being supplied to problem families who were in serious difficulties;
2. that a number of sub-standard houses be made available to unsatisfactory tenants who were either:
 - (i) being evicted from privately-owned houses and were not considered suitable for conventional Corporation houses;
 - or
 - (ii) being evicted from conventional Corporation houses having been very unsatisfactory tenants.

The Council agreed:

1. to provide up to 4 home helps to be specially selected to work with problem families and although in general the families should be assessed for payment of the service, in certain extreme cases the services should be provided free.
2. to purchase a number of sub-standard houses which, after suitable conversion would provide adequate intermediate accommodation for families who are evicted or are on the point of eviction, even if the eviction is not unforeseen. (This accommodation is therefore in addition to emergency Part III accommodation which may be made available to families suddenly rendered homeless due to circumstances which could not reasonably have been foreseen).

A list of families compiled at the end of the year showed that there were 24 established problem families and a further 30 families who required a disproportionate amount of time spending on them but who were not definitely classifiable as problem families on that date.

HOME NURSING

At the end of the year, there were 13 Nurses on the District Nursing Staff (including 3 Male Nurses) and 1 part-time Nurse.

Staff Changes: Mrs. G. I. Chamberlain left in February and Mrs. M. Atkinson and Mrs. N. Toyne were appointed to the full-time staff in the same month. Mrs. M. Cole commenced part-time duties in March. From time to time during the year, temporary staff had to be employed due to prolonged illness of certain members of the staff.

HOME NURSING

1	2	3	4	5	6	7	8	9	10	11
	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Totals	Patients included in Cols. 2-7 who were 65 years of age at time of first visit	Children included in Cols. 2-7 who were under 5 at time of the first visit	Patients in Cols. 2-7 who have had more than 24 visits during year
1959										
No. of cases attended by the Home Nurse	1155	195	—	27	13	1	1391	702	45	366
No. of visits paid by the Home Nurse	29603	3787	—	977	131	3	34501	21639	296	25452
1958										
No. of cases attended by the Home Nurse	1244	213	1	27	9	—	1494	677	55	361
No. of visits paid by the Home Nurse	35102	3610	17	1291	68	—	40088	23161	453	23875
1957										
No. of cases attended by the Home Nurse	1208	210	—	35	4	5	1462	616	46	460
No. of visits paid by the Home Nurse	34199	3767	—	1353	48	958	40325	11661	518	32539

General Remarks: It will be seen from the Table on the previous page that there was a reduction in the number of cases attended by the District Nurses and also a reduction in the total number of visits paid by the Nurses. There are probably several factors responsible for this reduction—there was a very good summer in 1959 and no doubt this accounted in some measure for the reduced amount of illness in the community requiring the services of a District Nurse. Furthermore, in recent years there has been a fairly substantial reduction in the number of injections given to patients. Until recently, a large proportion of visits by the District Nurses were to give injections of one kind or another—Penicillin and other antibiotics given by injection in the past are now being used much less frequently and are being replaced by antibiotics which may be given by mouth. Similarly, the treatment of oedema by injection of diuretics is being replaced by the giving of diuretics by mouth.

It can be seen from the Table, however, that there has been an increase in the number of patients over the age of 65 years visited by the District Nurses and a good deal of time is spent in caring for these elderly patients, mainly in giving them regular baths. Whilst this is very necessary, it is time consuming work and work which will increase as the number of old people who have no relatives, or who have relatives who are unable or unwilling to assist in the matters of hygiene, also increases. This is a form of care which can be given by a person other than a Trained Nurse and if the number of these cases continues to increase, it might be wise to consider the appointment of State Enrolled Assistant Nurses to be employed for these duties working under the direction of the District Nurse.

The mileage covered by the Male Nurses and the two Female Relief Nurses, who cover the whole of the City, is considerable and attention must be given in the near future to the provision of suitable transport other than motorised cycles for these Nurses.

VACCINATION AND IMMUNISATION

(a) Vaccination against Smallpox

Facilities for vaccination against Smallpox continued to be available at the Infant Welfare Clinics. The numbers vaccinated were similar to those in previous years—approximately 50% of babies under 1 year were vaccinated and although this proportion is higher than the average for the Country as a whole, one would like the numbers to be even greater.

Mothers are encouraged to have their infants vaccinated against Smallpox not later than the third month, so that the immunisation procedures against Diphtheria, Whooping Cough and Tetanus may be commenced between the age of 3 and 4 months.

A summary of the vaccinations carried out during the year is as follows:—

Vaccinations	Under 1 year	1-4 years	5-14 years	15 years or over	1959 Total	1958 Total
By Local Health Authority's Staff	354	11	—	6	371	328
By General Practitioners ...	235	25	17	52	329	333
TOTALS ...	589	36	17	58	700	661
Re-vaccinations						
By Local Health Authority's Staff	—	—	—	3	3	10
By General Practitioners ...	—	3	11	102	116	127
TOTALS ...	—	3	11	105	119	137

(b) **Combined Immunisation against Diphtheria, Whooping Cough and Tetanus**

Since the introduction of the Triple Antigen (Diphtheria, Whooping Cough and Tetanus antigens) in 1956, this method of immunisation against the three diseases of childhood has become the method of choice. Although it is not without certain disadvantages, the administrative convenience of giving a full course of immunisation in three injections, as against a total of eight injections with single antigens, is thought to outweigh any disadvantages inherent in the use of combined prophylactics. However, single antigens are available at all the Clinics and it is always possible for a child to be immunised against one or two of the diseases only, if the parent so desires.

Particulars of the children immunised during the year are as follows:—

Primary Courses Completed

	<i>Under 1 year</i>	<i>1—4 years</i>	<i>5—14 years</i>	<i>1959 Total</i>	<i>1958 Total</i>
<i>By Local Health Authority's Staff:</i>					
Diphtheria Immunisation only ...	—	11	—	11	253
Diphtheria-Tetanus-Pertussis ...	488	67	1	556	410
<i>By General Practitioners:</i>					
Diphtheria Immunisation only ...	5	3	—	8	18
Diphtheria-Pertussis Combined ...	3	—	—	3	15
Diphtheria-Tetanus-Pertussis ...	238	67	3	308	295
Totals ...	734	148	4	886	991

Re-inforcing Injections

<i>By Local Health Authority's Staff:</i>					
Diphtheria Immunisation only ...	—	1	2	3	379
Diphtheria-Tetanus-Pertussis ...	—	—	1	1	—
<i>By General Practitioners:</i>					
Diphtheria Immunisation only ...	—	—	5	5	12
Diphtheria-Pertussis Combined ...	—	1	17	18	3
Diphtheria-Tetanus-Pertussis ...	—	6	29	35	18
Totals ...	—	8	54	62	412

Immunisation against Whooping Cough only

Primary Courses Completed:

By Local Health Authority's Staff	1	13	1	15	17
By General Practitioners ...	2	1	—	3	4
Totals ...	3	14	1	18	21

Re-inforcing Injections:

By Local Health Authority's Staff	—	2	—	2	1
By General Practitioners ...	—	—	—	—	1
Totals ...	—	2	—	2	2

It will be seen from the above Table that the Local Health Authority Staff carried out virtually no reinforcing injections during 1959. It was decided to offer Tetanus immunisation to all children in Primary Schools who had not been immunised in infancy and this work was carried out during the Winter Term, consequently the Diphtheria Reinforcing injections had to be postponed until the Spring Term of 1960.

Immunisation against Tetanus only

As mentioned above, immunisation against Tetanus using the single antigen continued throughout the year. Sessions were held in Schools and a few children were protected at the Infant Welfare Clinics.

	<i>Under 1 year</i>	<i>1—4 years</i>	<i>5—14 years</i>	<i>1959 Total</i>	<i>1958 Total</i>
<i>Primary Courses Completed:</i>					
By Local Health Authority's Staff	—	24	2429	2453	83
By General Practitioners ...	—	3	34	37	32
Totals ...	—	27	2463	2490	115

Re-inforcing Injections:

By General Practitioners ...	—	1	3	4	3
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It is obvious that as the proportion of children immunised against Tetanus increases, it will become imperative that a personal record card is issued to all immunised persons. This record should be readily available in case of injury involving attendance at a Hospital Casualty Department or Doctor's Surgery, as if it were not known if a person had been immunised against Tetanus, Anti-Tetanic Serum might be given which, in a person who had been immunised, would be unnecessary and fraught with the risk of a hypersensitivity reaction.

The Tetanus Immunisation programme appears to have a two-fold purpose, namely, to prevent Tetanus developing and to avoid the risk associated with Anti-Tetanic Serum injections, but only if a comprehensive record card is issued to all persons will this second objective be achieved.

Diphtheria Immunisation Index

The following table shows the number of children in Lincoln who, at the end of the year, had at any time completed a course of diphtheria immunisation, or had within the previous five years received a reinforcing dose of diphtheria antigen:—

<i>Age on 31-12-59: i.e. born in year:</i>	<i>Under 1 1959</i>	<i>1—4 1958-55</i>	<i>5—9 1954-50</i>	<i>10—14 1949-45</i>	<i>Under 15 Total</i>
<i>Last complete course of in- jections (primary or booster)</i>					
A. 1955-1959 ...	343	2558	2844	886	6631
B. 1954 or earlier ...	—	—	1014	4057	5071
C. Estimated mid-year child population ...	1270	4130	11600		17000
Immunity Index ...	27.0%	61.9%	32.1%		39.0%

It should be the aim of every Local Health Authority to ensure that at least 70% of children in any age group have been immunised against Diphtheria and for the children to be considered fully immunised, a "booster" dose should have been given during the previous five years. Our object should be to immunise at least 70% of the infants during their first year of life—in Lincoln, the figure is only 50% and although on reaching school-age a considerable number of children receive primary immunisation at that time, a much more satisfactory situation would be to increase the number of children receiving protection in infancy.

Poliomyelitis Vaccination

After the strenuous efforts made in the preceding three years to achieve a very high proportion of children vaccinated against Poliomyelitis, the stage

had been reached in 1959 when the great majority of children under the age of 15 years had been protected and therefore the number of new vaccinations in this age group was considerably less than in the previous year. We were, in fact, approaching the stage when new vaccinations in this age group consisted in the main of infants born in that year.

In previous years, all Poliomyelitis Vaccinations had been carried out at the Health Department (or at Doctors' Surgeries), but in view of the changing pattern of the programme, it was decided to offer vaccination to children at the peripheral infant welfare clinics. The vaccine, stored in a vacuum flask, was taken from the central store to the clinics each session (this method of storage maintained the requisite temperature conditions). These arrangements proved to be satisfactory and no difficulties regarding record cards were experienced. In this way, it was in fact possible to immunise a few children who would not otherwise have been done, as there are still many mothers who are reluctant to make the journey to the central clinic but who are willing to attend the Infant Welfare Clinic with which they are familiar.

In the 16—25 year group, the progress made in 1958 continued and at the end of 1959, as the following table shows, 6178 persons in this age group had been vaccinated. This figure represents some 60% of the eligible population and whilst this is a satisfactory proportion compared with the average for the country as a whole, nevertheless further efforts need to be made to increase this proportion.

	<i>Children up to 15 years</i>	<i>Young Persons 16—25 years</i>	<i>Expectant Mothers, etc</i>	<i>Totals</i>
1956	269	—	—	269
1957	2,347	—	—	2,347
1958	11,135	3,311	707	15,153
1959	2,492	2,867	944	6,303
	<hr/> 16,243 <hr/>	<hr/> 6,178 <hr/>	<hr/> 1,651 <hr/>	<hr/> 24,072 <hr/>
Number of 3rd injections given up to 31st December, 1958 ..				1,212
„ „ „ during 1959				16,999
Total 3rd injections				<hr/> 18,211 <hr/>

Expectant Mothers remained a priority group and it is gratifying to report that a high proportion of this group were vaccinated against Poliomyelitis. During the year, 944 expectant mothers were protected compared with 707 during 1958. This represents 78% of the group. This comparatively high figure is very largely due to the efforts made at the Ante-Natal Clinics conducted by the Local Health and Hospital Authorities, as well as the efforts made by General Practitioners and the work done at the Mothercraft Classes. It must be mentioned, however, that the figure quoted may not give an accurate picture of the situation as it is obvious that a number of expectant mothers were not vaccinated during the year as they had already been protected under the scheme embracing the 15—25 year old group.

AMBULANCE SERVICE

Ambulance Officer: MR. F. G. LATCHEM

Introduction

As a result of discussions which took place during 1958 and the early part of 1959, it was agreed that the Lindsey County Council should be responsible for the conveyance of non-emergency patients in those areas within approximately 12 miles from the City centre which had previously been the responsibility, by agreement, of the City Ambulance Service. Emergency calls within these areas would continue to be dealt with by the City Ambulance Service.

The transfer of responsibility is to be operated in three phases, the first commenced on 1st October, 1959, the next will be from 1st April, 1960 and the final phase from 1st October, 1960.

Staff

The year commenced with an operational staff of 24, which was one below the authorised establishment. One driver/attendant resigned on 22nd August, 1959, and the year ended with two short of the establishment, that is, 23 instead of 25.

The administrative staff consists of the Ambulance Officer, Deputy Ambulance Officer, a Clerk/Telephonist and a Night Telephonist.

Illness

The Service suffered greatly from staff illness during 1959; one driver/attendant was taken ill on 17th July and did not work again throughout the rest of the year. Twenty weeks were lost through illness among the other operational members of the staff.

Training

All operational staff hold a First Aid Certificate and they attend further refresher courses as and when required. They have also attended the Civil Defence Headquarters on several occasions when films relating to their work have been shown.

Safe Driving Awards

All eligible employees were entered for the National Safe Driving Competition and the distribution of awards took place in the Civil Defence Headquarters in October.

Availability of Operational Staff

The following table shows the availability of employees during a normal working day at the end of 1959:—

<i>Period of Day</i>	<i>11 p.m. to 7 a.m.</i>	<i>7 a.m. to 9 a.m.</i>	<i>9 a.m. to 3 p.m.</i>	<i>3 p.m. to 5 p.m.</i>	<i>5 p.m. to 11 p.m.</i>
Number of employees on duty	3 and 1 telephonist	6	8	6	5

Vehicles

In September, 1959, one ambulance was considered by the maintenance engineers as unfit for further use as an ambulance and the year ended with 4 ambulances, 2 sitting-case cars, 1 convertible seating eight people and 2 convertibles seating 12 people.

It was decided to replace the unfit 27 H.P. ambulance with a smaller 21 H.P. vehicle which would be more manoeuvrable in confined spaces and would be just as efficient as the more powerful vehicle over long journeys as Lincolnshire is a flat county.

At 31st December, 1959, the ages of the vehicles were as follows:—

		Age in Years									
		Under one Year	One to Two	Two to Three	Three to Four	Four to Five	Five to Six	Six to Seven	Seven to Eight	Eight to Nine	
Ambulances	-	1	-	-	-	1	1	-	1
Sitting Cars	-	-	2	-	-	-	-	-	-
Convertibles	1	1	-	1	-	-	-	-	-

The ambulances are fitted with Novox Resuscitation Apparatus and are also fitted with adapters to permit the portable incubator for premature babies to be operated during the transport of the infant to hospital.

Arrangements were made during the year for the supply of portable oxygen equipment for use in the home when needed urgently by patients at times when the shops of chemists, who normally supply the oxygen, are closed. The oxygen equipment is taken to the home by the Ambulance Service at the request of the family doctor.

Co-operation with Other Services

The Service has endeavoured to maintain a maximum efficiency by co-operation with the City Police and the City Fire Brigade, and co-ordination is maintained with other Authorities so that economy in the use of ambulances can be planned and mutual assistance available in any major accident.

Transport of Chiropody Patients

The chiropody treatment of elderly and infirm persons is now being developed and sitting-case cars were used for the conveyance to the Chiropody Clinic of 54 old persons who were not able to use public transport but whose disability was not so severe that the domiciliary chiropody service was necessary.

Statistics.

A summary of the work undertaken during the year, compared with the corresponding figures for the previous four years, is as follows:—

	1955	1956	1957	1958	1959
No. of patients carried	32,631	33,952	35,030	38,210	35,506
No. of journeys undertaken	9,310	8,636	8,383	8,490	8,071
No. of miles covered	234,610	235,976	218,527	232,208	223,154

The number of journeys undertaken during the year includes the following non-patient carrying journeys:—

Transport of analgesia apparatus	..	..	62
Abortive journeys ..	..	..	79
Service journeys ..	..	..	155

The following classification of the patients carried during 1959 gives some indication of the type of calls dealt with:—

Street Accidents	820
Home Accidents	136
Street Illness	174
Home Illness	2,605
Mental Illness	86
Out-patient Attendances	27,903
Inter-hospital Transfers	1,258
Hospital Discharges	1,733
Infectious Disease Cases	42
Maternity cases	749
Total	35,506

The number of cases sent by rail during the year was 102.

Petrol consumption for the year was 15,963 gallons and oil consumption was 176 gallons.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The Tuberculosis Service for the City is the responsibility of the Regional Hospital Board, and the City forms part of the area covered by the Central Lincolnshire Chest Clinic, Mint Lane, Lincoln.

In the past, two Tuberculosis Visitors have carried out the duties in connection with the Prevention of Illness (T.B.), Care and After-Care Service.

One of the Visitors, however, having been off duty since February, 1959, resigned owing to ill-health on 31st July. As it was considered that the remaining Visitor, granted essential user car allowance, could adequately carry out the work for the whole of the City, it was agreed that the vacancy should not be filled.

The Tuberculosis Visitor undertakes duties at the Chest Clinic by arrangement with the Chest Physician.

So far as is possible, the Tuberculosis Visitor maintains contact with the patient, whether at home or in hospital, consults with the Chest Physician or family doctor as necessary and follows the patient's progress through the various administrative barriers created by the National Health Service Act.

The Tuberculosis Visitor paid 937 domiciliary visits and attended 76 clinic sessions during 1959, as compared with 1,615 visits and 48 sessions in 1958.

280 Lincoln persons were examined at the Central Lincolnshire Chest Clinic during 1959 on account of their having been in contact with tuberculous patients. The comparable figure for 1958 was 227.

Contacts of cases coming to the notice of the Health Department of persons dying from tuberculosis whose disease was not notified during life, are followed up by the Department. Visits are paid by the Tuberculosis Visitor and arrangements made for members of the family to attend for examination at the Chest Clinic. There were 3 cases in this category during 1959.

The careful follow-up of contacts and the tracing of those contacts who fail to attend for chest X-ray remains one of the vital tasks of the tuberculosis visitor.

The Health Committee continued to give special consideration to cases of pulmonary tuberculosis living in overcrowded or unsuitable housing conditions and referred particular cases to the Housing Committee for priority consideration. A case receiving priority recommendation is usually re-housed in a matter of months.

The position was as follows:—

Awaiting re-housing on 1st January, 1959	..	..	..	1
Recommended for re-housing during the year	..	..	..	5
Re-housed during the year	..	..	..	2
Cases removed from Priority List	..	..	..	1
Awaiting re-housing on 31st December, 1959	..	..	..	3

Where necessary, home nursing equipment, invalid chairs, beds, bedding, clothing, etc., have been provided or loaned during the year to tuberculous patients.

B.C.G. Vaccination.

Contact Scheme.

Under the scheme for the protection of contacts, B.C.G. vaccination against Tuberculosis is carried out by the Chest Physician on behalf of the Local Health Authority. All child contacts of known tuberculous patients who on testing are found to be "Mantoux Negative" are offered vaccination at the Lincoln Chest Clinic.

The number vaccinated under these arrangements during 1959 was 118 as compared with 98 during 1958.

School Children Scheme

Vaccination of school children in the 13—14 years age group was continued in 1959 under the approved scheme.

The senior schools in the City were visited during November by an assistant medical officer accompanied by a nurse and clerical assistant. All children in the 13—14 years age group whose parents had given consent were tested and, if found necessary, vaccinated with B.C.G.

Ministry of Health Circular 7/59, received in May, recommended the extension of B.C.G. Vaccination to include children of 14 years of age and upwards who are still at school and also students attending universities, teacher training colleges, technical colleges or other establishments of further education.

Formal approval was obtained from the Ministry of Health in October for the extension of the scheme to include these categories.

Particulars of the work undertaken during 1959 are as follows:—

<i>School Children</i>					<i>Total</i>
	<i>Under 14</i>	<i>14 years and</i>			
	<i>years</i>	<i>upwards</i>			
Number skin tested	974	17	991
Number found positive	98	2	100
Number found negative	855	15	870
Number vaccinated	851	15	866

Arrangements were made for the children who gave a positive reaction to the skin test to have a chest X-ray on large film at the Mass Radiography Unit during its annual visit to the City.

In December, arrangements were being put in hand for students attending the Lincoln Training College, the Lincoln Technical College and the Lincoln School of Art to be offered B.C.G. Vaccination under the extended scheme.

Mass Radiography

As mentioned in the 1958 report, the Lincolnshire Mass Radiography Unit commenced to operate in the City in December of that year and continued to conduct a full-scale survey until April, 1959.

On this occasion, for the convenience of the general public, the Unit paid short visits in January and February to various outlying parts of the City, including the Council's housing estates in the north and south of the City.

At the end of February, the Unit moved to the Thornbridge Car Park and remained on this central site for the whole of March.

The total number of attendances during this survey was 16,912.

I am indebted to Dr. J. Bauer, Medical Director of the Unit for the following figures giving details of the work carried out during the whole period.

			<i>Males</i>	<i>Females</i>	<i>Total</i>
X-rayed on miniature film	..	..	9,893	7,019	16,912
Recalled for large film	..	..	172	96	268
Cases diagnosed:—					
Bronchiectasis	..	..	5	3	8
Pneumoconiosis	..	..	1	—	1
Neoplasm, malignant	..	..	2	1	3
Neoplasm, non-malignant	..	..	1	—	1
Cardiac abnormality	..	..	35	30	65
Sarcoidosis	..	..	3	1	4
Pulmonary Tuberculosis, requiring close clinic supervision or treatment	..	..	8	6	14
Pulmonary Tuberculosis, requiring occasional supervision	..	..	1	—	1

As in previous years, special sessions were arranged for school leaver groups, though this practice will be discontinued in future years because of the undesirability of using mass miniature radiography for children (Ministry of Health Circular 13/59).

X-ray Examination of Staff

Arrangements are made for the X-ray examination, prior to appointment, of new staff of the Council's Day Nursery, Children's Homes, and also employees of the Education Authority such as school caretakers, school meals staff, etc. In addition, the staffs mentioned are invited to undergo an annual chest X-ray when the Mass Radiography Unit is available in Lincoln.

X-ray examinations are also carried out of entrants to courses of training for teaching and entrants to the teaching profession.

Other Illnesses.

The Council's Welfare Department undertakes the care and after-care of the following, under Part III of the National Assistance Act, 1948:—

Blind Persons
Cancer patients
Epileptics
The hard of hearing
The aged and infirm

Close co-operation was maintained during the year between the Health Department and the Welfare Department.

In connection with blind persons, table "A" below gives information regarding the incidence of blindness during 1959 and the steps taken with regard to treatment. Table "B" shows that there were no notifications of ophthalmia neonatorum during the year.

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

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

B. OPHTHALMIA NEONATORUM

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

After-Care of Patients Following Discharge from Hospitals

From time to time, mainly in connection with aged persons, a request is made from the Hospital Almoner for after-care, help and supervision. This usually takes the form of arranging in advance for the services of a Home Help and visitation by the Health Visitor.

Occasionally the request is in connection with an aged person living alone who has left hospital against medical advice, and the District Nurse and Home Help co-ordinate care in association with the General Practitioner.

Provision of Nursing Equipment and Apparatus

The City Health Department maintains a store of standard articles of nursing equipment.

During the year 388 patients were assisted and 757 articles of equipment were issued. The comparable figures for 1958 were 417 patients assisted and 779 articles issued.

Particulars of the equipment issued are as follows:—

Air Rings	..	..	..	..	79
Bath Seats	..	..	..	..	3
Bed Pans	..	..	..	..	172
Bed Cages	..	..	..	..	18
Bed Rests	..	..	..	..	97
Bed Tables	..	..	..	..	2
Bedsteads	..	..	..	..	7
Breast Pumps	..	..	..	..	1
Blankets	..	..	..	..	6
Commodes	..	..	..	..	19
Cushions, Dunlopillo	..	..	..	..	8
Cups, Feeding	..	..	..	..	17
Crutches	..	..	..	..	4
Fracture Boards (sets)	..	..	..	..	3
Mattresses	..	..	..	..	9
Mugs, Sputum	..	..	..	..	3
Pillows and Pillowcases	..	..	..	..	10
Rings, Dunlopillo	..	..	..	..	2
Sheets	..	..	..	..	2
Sheets, Draw	..	..	..	..	7
Sheets, Mackintosh	..	..	..	..	201
Urinals	..	..	..	..	43
Walking Sticks	..	..	..	..	5
Walking Sticks, Tripod	..	..	..	..	5
Wheel Chairs	..	..	..	..	34
Total					757

HEALTH EDUCATION

In recording Health Education activities in Annual Reports, it is customary to mention each activity carried out and reference is made to visual aids, display material, lectures, etc., designed to further the aims of Health Education. It must be realised, however, that under this heading, work is being carried out continually. Health Visitors are giving advice throughout the year to mothers and young children who, it is felt, need this advice most and in many cases, are the most receptive group.

The Mothercraft Classes conducted at the Maternity and Child Welfare Centre, Newland, continue to be very well attended and a great deal of useful information is given to expectant mothers who attend in two groups each week.

An effort was made during the year to widen the scope of Health Education activities, and by arrangement with the Headmistress of a Secondary Modern Girls' School, two Health Visitors gave a series of talks and lecture/demonstrations which proved to be very successful. The following is a brief report by one of the Health Visitors who undertook these lectures:—

“The Health Education Programme in St. Giles' Secondary Modern School for Girls has now completed its first and started its second year. The syllabus contains elementary anatomy, personal and home hygiene, child welfare and prevention of accidents in the home. Discussions on topical health subjects, the budgeting of household expenditure and diets, together

with practical work consisting of blanket bathing, bathing baby and simple first aid. Visits were made to hospital and films have been shown. Examination results and the fact that the girls have discussed freely their own personal adolescent problems have proved gratifying." Miss Britt and Miss Williamson, Health Visitors, conducted these lessons on alternate weeks.

As far as possible, Health Education display and poster materials were presented at a time when it was felt it would have the greatest impact. During the winter months, particular attention was paid to bringing to the notice of householders the dangers of unguarded fires, as a continuation of the "Guard that Fire Campaign" held during the winter of 1958 and information about measures to prevent respiratory illnesses was also made available at that time.

A considerable amount of poster material was displayed to encourage persons to attend for a Chest X-ray when the Mass Radiography Unit visited the City, and during the Summer the emphasis was on Food Hygiene, in view of the possible increase in the incidence of food poisoning at that time of the year and the harmful effects of houseflies.

Throughout the year, continuous efforts were made to encourage vaccination and immunisation against those diseases for which prophylactic measures are at present available. It is increasingly necessary to urge mothers to allow their children to be immunised against Diphtheria and it is obvious that without a constant effort on the part of Health Visitors and other Health Department staff, the proportion of immunised children would decline considerably.

Several posters were displayed giving information on "The Care of the Teeth" mentioning the beneficial effects resultant from eating fruit instead of sweets; information about the harmful effects of eating sweets containing refined carbohydrates was brought to the notice of those attending Parent/Teacher Association Meetings, Young Mothers' Clubs, etc. In view of the serious shortage of Dental Officers in the School Dental Service and the inadequate number of dentists in practice under the National Health Service, it is all the more necessary to make the public aware of the need for a serious attempt to reduce the eating of sweets. Posters advertising "Welfare Foods" were frequently displayed in an effort to increase the uptake of these valuable foods.

The Public Health Inspectors spent much time in advising and instructing food handlers in food preparing premises and shops on hygienic methods of food preparation and distribution. A meeting was arranged and attended by the majority of the employees of a large concern in the City, the principal products of which are pre-cooked meats and meat dishes, and talks were given by the Medical Officer of Health and a Public Health Inspector on the medical aspects of food poisoning and the correct methods of cooking, handling and distributing meat products.

The free distribution of the monthly issue of the magazine "Better Health" was continued and health education material from the Central Council for Health Education was displayed at all clinics and on the Public Notice Boards. A Film-Strip Library is kept at the Health Department and is available when giving instruction to expectant mothers, young mothers, nursing cadets and other organisations who request lectures and talks on health topics.

HOME HELP SERVICE

Organiser: MISS H. BALDWIN

Requests for the services of Home Helps during 1959 increased and the demand remained constant throughout the year. In previous years, the applications received between April and September were much smaller in number than at other times in the year, but during that period in 1959, the number of requests hardly differed from those received during the winter months. Quite a number of these applicants could not be granted immediate help.

The Table below gives the number of Home Helps employed, the hours worked and the number of cases assisted during the year:—

	1957	1958	1959	
Home Helps employed at the end of the year:—				
Whole-time	8	10	10	} *
Part-time including Night Attendants	50	63	69	
Hours worked	60,458	69,521	71,266	

* Equivalent to 33 whole-time helps.

Cases attended:—

Maternity	43	52	65
General Sickness	83	75	96
Tuberculous	4	5	5
Aged and Infirm	350	364	422
Totals	480	496	588

The Maternity and Emergency cases continued to be given priority and this has meant that occasionally help has had to be withdrawn temporarily from long-term cases. A considerable amount of help was given during the year to three families where the mother had recently died. In one family there were 10 children, in another 4 children and in the third family 5 children. It was necessary to provide a Home Help at least for a part of each day of the week and although the School Meals Service materially assisted in the provision of mid-day meals, it was necessary for the Help to cook meals during school holidays and for children under school-age. It is clear that in cases such as these, the Home Help Service will have to give assistance for many years, but at least it has been possible so far, to keep each family together as a Unit.

During the year help was given to 325 new cases, including 65 maternity cases. 495 applications for help were received and although 136 of these materialised, the majority had to be investigated at home or the applicant interviewed in the Office. The remainder of the 495 applications consisted in the main, of requests for additional help for elderly persons already receiving assistance once or twice a week, but who had become acutely ill. It will be seen from the Table that there has been a considerable increase in the aged and infirm cases on the register. There has not, however, been a commensurate increase in the number of hours worked and there has, unfortunately, been some slight reduction in the amount of help given to some long-term cases.

The serious shortage of geriatric beds in Hospital and the shortage of Part III accommodation for the elderly and infirm reflects on the Home Help Service. Several cases were assisted who should clearly have been dealt with by the Hospital or Welfare Services. This is not a criticism of either of these Services as it is well known that the number of beds available is inadequate at certain times of the year especially when respiratory infections are prevalent.

Each year it becomes more obvious that there is an increase in the number of elderly and infirm persons who live alone and who are almost entirely dependent on the Home Help Service for help with shopping and domestic duties. On 1st January, 1959, there were 235 elderly persons receiving help—a large proportion of these cases had been on the register for many years. Many of them require daily help each morning for about one hour—to light the fire, tidy the living room and prepare a meal. With this help, they can remain independent and mobile but without the stimulus provided by the morning visits, deterioration frequently occurs in their general condition and in their ability to continue to live alone. Everyone accepts the fact that elderly people are much happier in their own homes, in the surroundings to which they are accustomed and enjoying the friendly contact with their neighbours.

The continued expansion of the Home Help Service was considerably helped by the appointment of an additional full-time clerk in October, and the administrative staff now consists of:—

Home Help Organiser.

2 Clerks.

It must be appreciated that any increase in the number of Home Helps employed must be accompanied by a proportionate increase in the administrative staff. There will always be a considerable amount of reallocation of help necessary in order to enable immediate assistance to be given to maternity and emergency cases. This, together with the fact that many of the Home Helps are part-time, makes it imperative that an adequate number of administrative staff are available to run the Service.

The importance of field work cannot be overstressed and it is desirable not only to visit each case before help is sent, but also to follow-up each case to ensure that adequate help is being received. Re-visits were made during the year to 172 households and these visits were usually to short-term cases.

The Night Attendant Service, introduced in 1957, has continued to be a very useful service and it has been necessary to increase the number of Attendants available from 7 in 1958 to 8 in 1959. Only on rare occasions has it been impossible to supply a Night Attendant for an urgent case and they were on duty 48 weeks of the year, assisting 50 cases.

No arrangements have been made for the establishment of formal training schemes for Home Helps. However, 12 Helps took the test for the Diploma of the National Institute of Houseworkers with the following results:—

Credit	..	..	2
1st	..	..	7
2nd	..	..	3

MENTAL HEALTH SERVICE

Administration

The duties of the Local Health Authority under the provisions of the Lunacy, Mental Treatment and Mental Deficiency Acts, are directed and administered by the Mental Health Services Sub-Committee which consists of 7 elected members of the Council and 4 co-opted members. The co-opted members include the Headmaster of the E.S.N. School and a Consultant Psychiatrist from Bracebridge Heath Hospital.

Meetings are held one week prior to the Health Committee and additional meetings are held at other times if necessary.

All the Local Health Authority Medical Officers are authorised to issue medical certificates under the various sections of the Acts, and the Medical Officer of Health is in direct control of the day-to-day working of the Service.

Miss B. M. Waters was appointed to the staff as a Mental Welfare Officer and commenced her duties on 1st January, 1959, and Mr. J. Wedgwood was appointed to replace Mr. A. C. Wood who resigned, to join another Authority in October, 1959. Both these new members of the staff have held similar appointments with other Authorities and have attended the Leeds University Course for Mental Health Workers. The full staff now consists of 3 Mental Welfare Officers (2 male and 1 female) who are all designated "Duly Authorised Officers" to act on behalf of the Authority in the performance of its duties under the various sections of the Acts.

Car allowances granted to the Mental Welfare Officers with effect from 1st April, 1959, have greatly increased the volume and variety of work performed, hours of waiting time have been eliminated, and demands for ambulance transport were made only when such a vehicle was essential.

A 24-hour service is maintained and all general practitioners, hospitals, police and other appropriate services are provided with a monthly rota of the officers on duty.

On 6th October, 1959, Sections 1 and 149 of the Mental Health Act, 1959, came into operation and since that date patients have been able to enter Mental Hospitals on an Informal basis, no signature being required to signify a wish to enter hospital for treatment, and no written notice of their intention to leave is required. Seven Lincoln patients were admitted to hospitals in this way between 6th October and 31st December, 1959.

Admissions to Mental Hospitals Pursuant to the Lunacy, Mental Treatment and Mental Health Acts

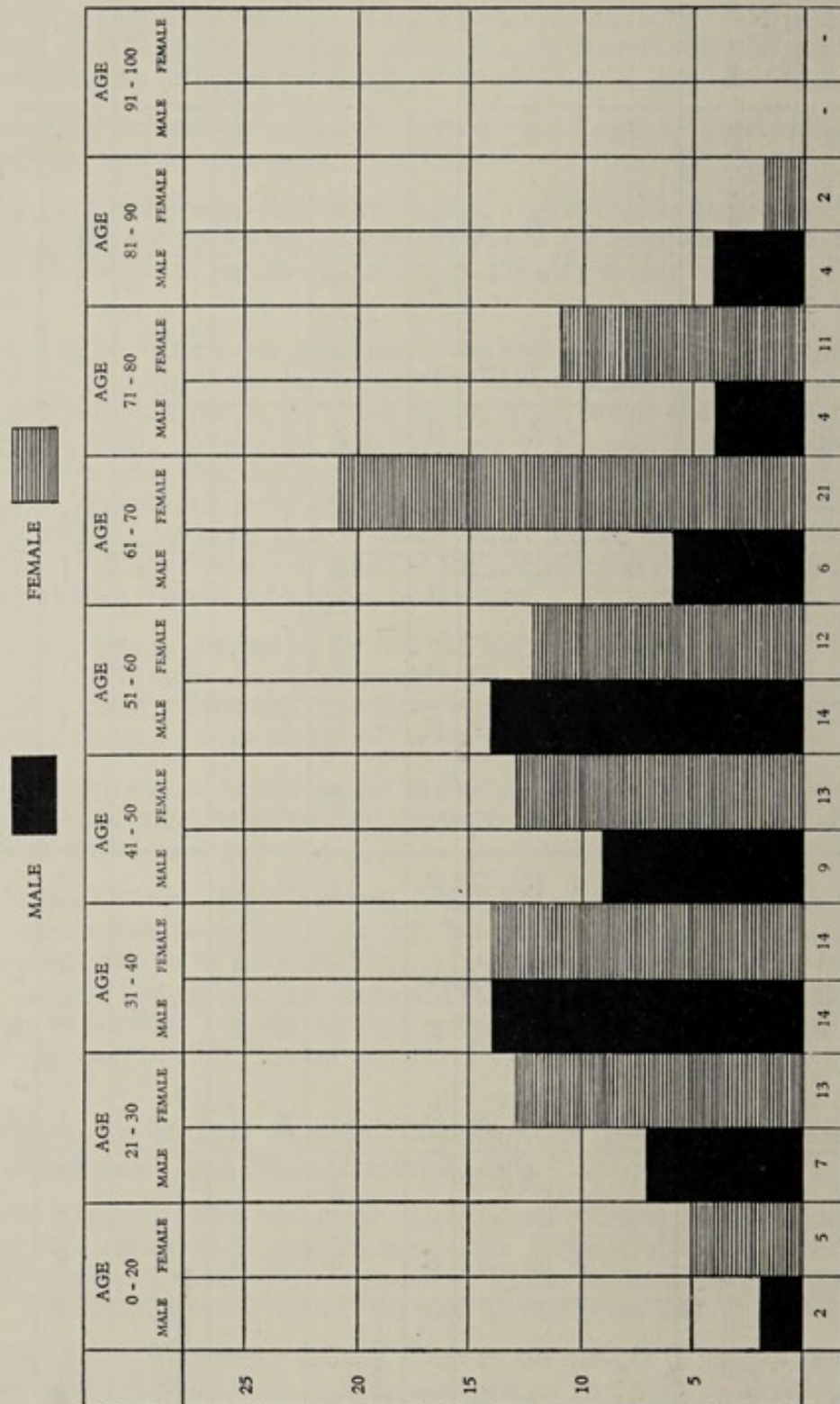
The following tables and graphs give a detailed report of the numbers of patients admitted to Mental Hospitals, the Sections of the various Acts used to secure such admissions, comparative figures for admissions according to sex, and admissions to hospitals for each month of the year.

The greatly increased publicity given to the subject of mental illness, and the interest aroused by the introduction of the Mental Health Act, 1959, is gradually showing its effect on the general public and on the type and amount of work being performed by the Officers in the Mental Health Service.

1959

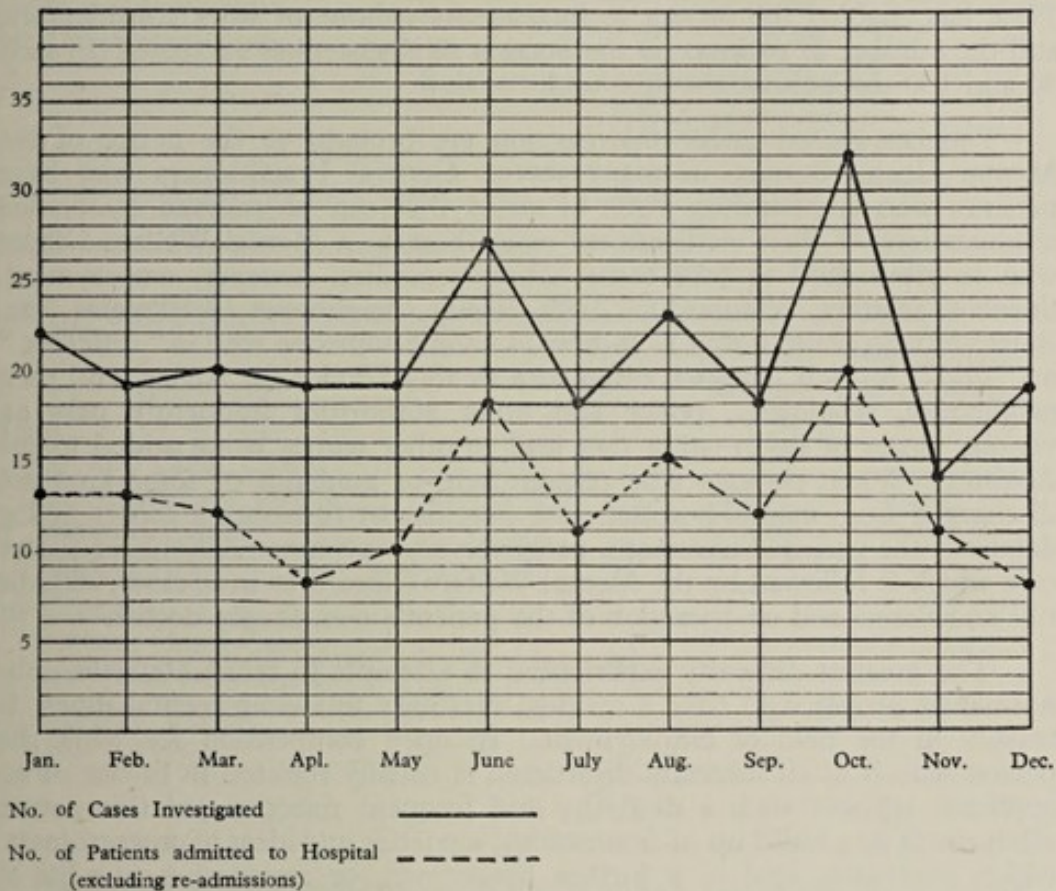
LUNACY ACT, 1890	Males 1958 1959	Females 1958 1959	Total 1958 1959	Over 70 1958 1959	Died prior to further Action 1958 1959	Discharged prior to further Action 1958 1959	Certified Sec. 16L. Act, 1890 1958 1959	Voluntary Sec. 1, M. T. Act, 1930 1958 1959	Temporary Sec. 5, M. T. Act, 1930 1958 1959	Informal Admission Mental Health Act, 1959, from 6/10/59
Section 11	-	1	1	-	-	-	-	1	-	-
Section 16	5	23	28	3	-	-	-	-	-	-
Section 20	16	22	38	5	1	8	4	25	-	8
Section 21	9	16	25	4	1	-	4	20	-	10
TOTAL ...	30	62	92	12	2	8	8	46	-	18
MENTAL TREAT- MENT ACT, 1930	1958 1959	1958 1959	1958 1959	1958 1959	1958 1959	1958 1959	1958 1959	1958 1959	1958 1959	1958 1959
Section 1	11	26	37	3	-	-	-	-	-	-
Section 5	-	-	-	-	-	-	-	-	-	-
MENTAL HEALTH ACT, 1959 from 6/10/59										
Informal Admissions	-	4	3	-	-	-	-	-	-	-
TOTAL	11	26	37	3	-	-	-	-	-	-
GRAND TOTAL	41	88	129	15	2	8	8	46	-	18

Graph indicating the sexes, in age groups, of the 151 patients admitted to Mental Hospitals during the year 1959



MENTAL ILLNESS

CASES INVESTIGATED AND ADMISSIONS PER MONTH



The following figures for the last 3 years indicate quite clearly that the public are becoming more willing to seek skilled and understanding advice when signs of mental illness or difficult and anti-social behaviour are noticed, thereby often avoiding the need for hospital admission.

	1957	1958	1959
Total Notifications to Mental Health Service	198	220	250
Total Visits of Investigation	817	1126	1729
Total Prevention, Care and After Care Visits	224	555	1076

The trend away from admissions to hospitals as certified patients has continued in the right direction, the numbers falling as follows:—

1956	1957	1958	1959
58	45	28	17

Early notification of persons showing signs of mental illness has increased the numbers of admissions to hospitals for observation or as Voluntary or Informal patients, but the number of patients admitted in these ways who were eventually certified and detained has fallen in proportion:—

	1956	1957	1958	1959
Admitted for Observation or as Voluntary or Informal patients	58	59	100	134
Certified and detained	7	7	8	10

Mental Health, Prevention, Care and After-care (Sec. 28 N.H.S. Act, 1946)

The appointment of a third Mental Welfare Officer, female, in January, 1959, has enabled the service to increase its volume of work considerably, and the number of patients on the Section 28 Register has fluctuated between 90 and 100 throughout the year under review.

Patients visited under this Section are brought to the notice of the Mental Health Service in many ways. General Practitioners who have patients who are showing signs of stress that can be relieved by certain modifications of their environment refer them to a Mental Welfare Officer who is often able to take some action regarding housing, employment, financial matters, relationships with family, neighbours, workmates, etc. Relatives who are in doubt as to how to handle someone who is "different" or "odd" in their conduct, often turn to this Service for advice, and then neighbours, employers, police and other authorities frequently pass on various pieces of information that lead to other names being added to the Register. When patients who require help or guidance of some kind are discharged from mental hospitals, the psychiatrist furnishes a report giving details of the patients' treatment, prognosis and recommendations for future care which is followed by the Mental Welfare Officers, as in all cases, with the full knowledge and co-operation of the patient's own family doctor.

The greatest difficulty experienced in attempts to rehabilitate the sub-normal or people who have a residual disability following mental illness is usually in the field of employment. In open competition for work the person who is at all mentally disordered is usually rejected in favour of an applicant without such a disability and frequent rejections of this nature often result in a build up of frustrations, anxieties and ideas of unworthiness, which eventually lead to a further breakdown, or resignation to a life of uselessness and boredom. Employers, foremen, supervisors and workmates need to be enlightened about the part they can play in promoting good mental health, happiness and a service to the community in general, by a tolerant and understanding attitude towards people handicapped in this way.

Mental Deficiency Acts, 1913-1938

Particulars of Cases reported during 1959.

				<i>Under 16 years</i>		<i>Over 16 years</i>	
				<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
At school or liable to attend	..	..		2	1	-	-
On leaving special schools	..	..		-	-	1	4
Other sources	..	..	..	-	-	2	5
				2	1	3	9
Disposal of above cases:							
Placed under Supervision at home	..			-	-	-	1
Placed in employment	..	..	..	-	-	2	3
Attendance at Occupation Centre arranged				2	1	1	5
				2	1	3	9

Details of Defectives under Supervision on 31-12-59

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Guardianship	1	—	1
Statutory Supervision	62	45	107
Voluntary Supervision	43	38	81
	106	83	189

<i>Defectives in Hospital on 31-12-59</i> ..	48	39	87
Admissions to Hospital during the year	2	—	2

Defectives awaiting admission to hospital on 31-12-59

	<i>Under 16 years</i>		<i>Over 16 years</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Urgent:				
Cot and Chair Cases	—	—	—	—
Ambulant Low Grade	1	1	—	—
Medium Grade	—	—	—	—
High Grade	—	—	—	—
Non-Urgent:				
Cot and Chair Cases	1	—	—	—
Ambulant Low Grade	1	1	—	—
Medium Grade	—	—	1	—
High Grade	—	—	1	—
TOTAL	3	2	2	—

Defectives afforded temporary care in hospitals, under the provisions of Ministry of Health Circular 5/52, to enable parents to overcome temporary difficulties or to allow them to take a holiday free from the strain of caring for the defective were as follows:

<i>Male</i>	<i>Female</i>	<i>Total</i>
4	4	8

During the year, 985 visits were paid by Mental Welfare Officers to the 189 defectives who were under some form of supervision, the number of visits to each being determined according to need.

Occupation Centre

The new Occupation Centre at "Beaumont House," situated in the Health Department grounds is continuing to show very encouraging results. Although some parents are often reluctant to agree to their children attending, a trial period invariably results in the child demanding to attend and the parents agreeing that they find him much easier to handle at home because of the interests he has developed, his greater self-control, and his increased social sense resulting from his work and play with others.

Transport to and from the Centre was provided throughout the year by a special 'bus of the Lincoln Corporation Transport Department and was used by all trainees who were unable to travel by any other means.

The mid-day meal is prepared and served on the premises and many of the higher-grade girls have enjoyed and benefitted from helping in the kitchen. The daily charge for dinner has remained at 1/-d. throughout the year.

Defectives attending Lincoln Occupation Centre on 31-12-59.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Lincoln residents ..	37	26	63
Kesteven C.C. residents ..	2	—	2

Miss J. Woods, Assistant at the Occupation Centre, was accepted for the Diploma Course of the National Association for Mental Health and commenced on 16th September. Temporary assistance was engaged during her training period which occupied three terms (approximately nine months).

CONTROL OF INFECTIOUS DISEASES

Notifiable Infectious Diseases

Notification to the Local Health Authority of certain of the infectious diseases is an important statutory duty required of all doctors practising within the Authority's area.

It is the first step in the control of the various infectious diseases and makes possible the compilation of local and national statistics.

The following table shows the incidence of the Notifiable Infectious Diseases during the last 5 years in Lincoln:

<i>Disease</i>	1955	1956	1957	1958	1959
Diphtheria	—	—	—	—	—
Scarlet Fever	59	78	48	29	60
Erysipelas	10	5	—	3	5
Puerperal Pyrexia ..	4	3	1	3	2
Ophthalmia Neonatorum	—	—	—	1	—
Chickenpox	641	551	78	1138	166
Measles	1211	36	1846	377	1117
Whooping Cough ..	205	140	111	47	15
Typhoid Fever	—	—	—	—	—
Para-Typhoid Fever ..	—	1	2	—	—
Dysentery	32	40	21	10	64
Food Poisoning	6	26	33	2	24
Pneumonia	26	28	32	33	16
Meningococcal Infection	—	1	3	2	1
Acute Poliomyelitis:					
Paralytic	5	1	48	—	3
Non-Paralytic ..	3	2	53	3	—
Acute Encephalitis ..	—	—	—	—	1
Malaria	—	—	—	—	1
Smallpox	—	—	—	—	—

Diphtheria

Once again no case of Diphtheria occurred in the City, the last notification being in 1950. The high degree of protection afforded by immunisation and the large number of persons immunised must be the main factor in the virtual disappearance of this disease. This satisfactory state can, however, be maintained only by the continuation of protective immunisation and every effort is made at the Welfare Clinics to persuade all mothers to have their infants protected.

Immunisation against Diphtheria alone is now seldom performed in infancy; triple immunisation which protects the individual against Diphtheria, Whooping Cough and Tetanus is widely used and in Lincoln, 734 infants were given a full course of triple immunisation in 1959, either at the Welfare Clinics or by General Practitioners.

Scarlet Fever

Sixty cases of Scarlet Fever occurred during the year, mainly affecting children of the 4—9 year age group. There were no serious complications and no case was admitted to hospital.

Erysipelas

Five cases of Erysipelas occurred in 1959.

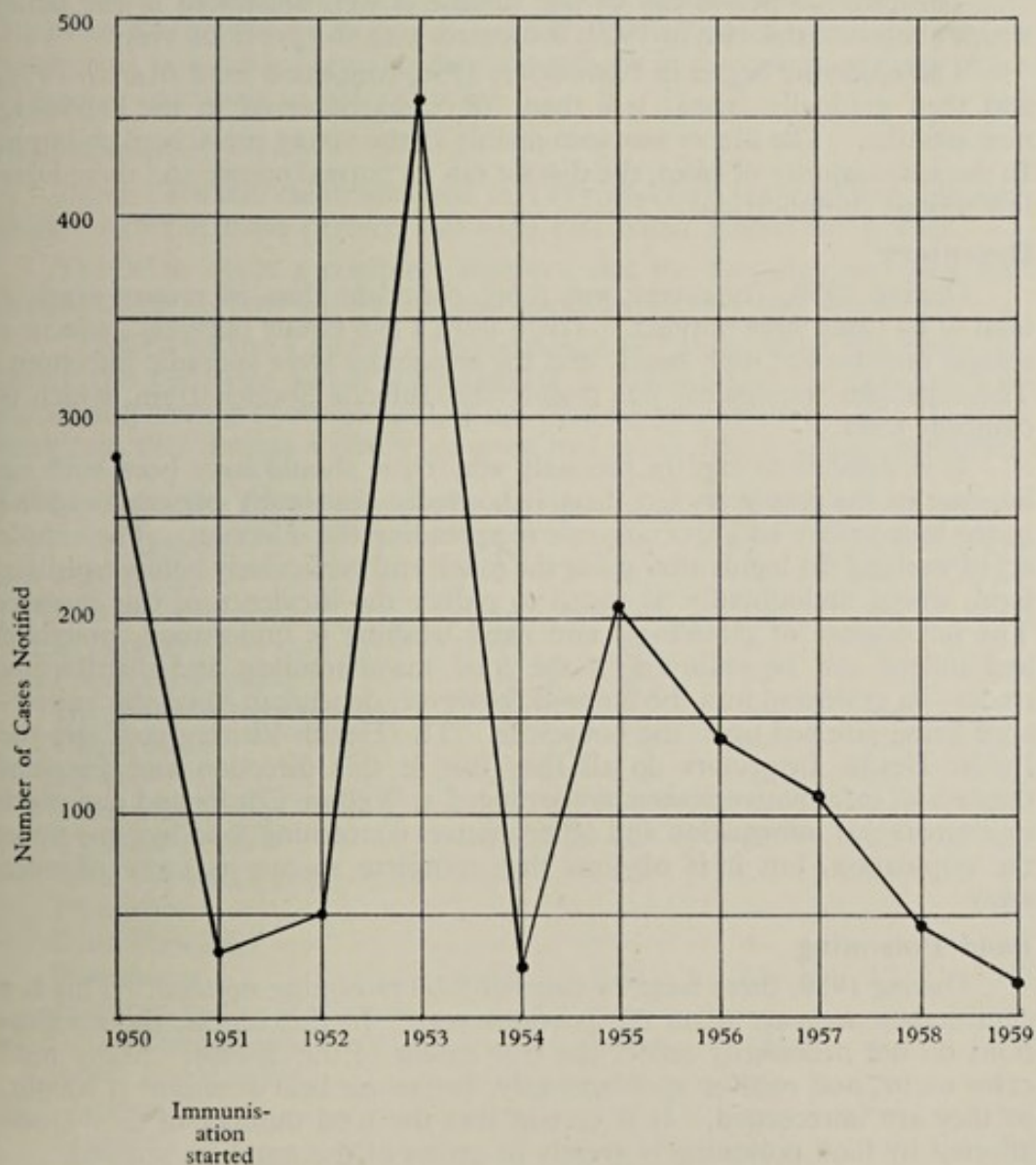
Puerperal Pyrexia

Two cases of Puerperal Pyrexia occurred during 1959, one of which affected a woman not normally resident in the City.

Whooping Cough

The remarkable decline in the numbers affected by this disease is well demonstrated in the following graph. Only 15 notifications were received during the year.

INCIDENCE OF WHOOPING COUGH IN LINCOLN
DURING THE PAST 10 YEARS



As in the disappearance of Diphtheria, the now widespread immunisation of infants against Whooping Cough is responsible for this most gratifying decline.

Immunisation against Whooping Cough first started in Lincoln in 1951. At first it was given alone, then in 1956 the use of triple antigen was commenced. It will be seen from the graph that there was no immediate decline in the number of cases of Whooping Cough following the commencement of protective immunisation. This was to be expected as in the initial years, the number of injections given was small. For some time, less than 10% of the susceptible child population were protected. However, by 1955, the numbers had greatly increased and during this last year, over 80% of infants were immunised. If this percentage can be further increased, a consequent reduction in whooping cough can be expected.

Chicken Pox

Epidemics of this illness, which predominantly affects young children, tend to occur in cycles. During 1959, 166 cases were notified compared with 1,138 in the previous year.

Measles

The biennial periodicity of this disease is well illustrated in the table, which shows a brisk rise in 1959, compared with the previous year.

The epidemic began in November, 1958, continued until March, 1959, and then gradually faded; less than 100 cases occurred in the following nine months. The illness was seen mainly in the young pre-school children. In the vast majority of cases, the disease ran its normal course and there were few serious complications.

Dysentery

During 1959, Dysentery was more prevalent than in recent years; a total of 64 cases were notified. There were a few family outbreaks affecting several members of each family and the remainder were sporadic infections. The organism responsible was mainly the *Shigella Sonnei* strain, which is clinically mild.

It is difficult to explain precisely why there should have been such an increase in the past year, but there is no doubt that faulty personal hygiene in the home plays an important role in spreading the infection. The simple act of washing the hands after using the toilet, and particularly before handling food, would undoubtedly do much to reduce the incidence of this disease. The importance of cleanliness and hand washing is understood, practised and indeed can be enforced in the food manufacturing and distributing trades; its extension into the home is, however, dependent upon the importance being stressed upon the housewife. The Health Visiting staff and the Public Health Inspectors do all they can in this direction and frequent displays of informative posters are arranged at Welfare Clinics and elsewhere to impress this information and other matters concerning food hygiene upon the population, but it is obvious that complete success is some distance away.

Food Poisoning

During 1959, there were 24 cases of food poisoning notified. This is a considerable increase upon the previous year. In this illness, the notifications do not necessarily reflect the true extent of the disease. Many mild cases occur, and recover spontaneously, before medical attention is sought, so they are unrecorded. It is certain that the total number of individuals affected by food poisoning is greatly in excess of the numbers notified.

Of the 24 cases reported, there were three small family outbreaks affecting 2 or more members of a family. The remainder were isolated sporadic infections.

That the extent of the problem is not shown by the actual number of notifications is well demonstrated in the Report of the Chief Public Health Inspector. The numerous clinical specimens, collected and submitted for bacteriological examination, give a more accurate estimate of the extent of the disease. In many cases, the causative organism is present for only a transitory period and is not demonstrated on subsequent examination.

I would stress the importance of early notification by telephone by doctors who suspect food poisoning in their patients—before awaiting laboratory confirmation of the diagnosis. Only in this way can effective action be taken and further spread of the illness prevented.

Previous remarks about food handling and personal hygiene in relation to the spread of Dysentery are of equal importance in reducing the incidence of food poisoning.

Pneumonia

During 1959, 16 cases were reported. 70 persons died from this illness in the course of the year. The reason for this apparent discrepancy is that deaths are taken from the Registrar General's Returns and a terminal bronchopneumonia frequently occurs as the fatal episode in the course of many other illnesses, particularly in older people.

Poliomyelitis

Three paralytic cases occurred in 1959 affecting two children and one adult. None of these persons had been vaccinated against the disease.

The adult made a complete recovery and the two children were discharged from hospital with a minimal paralysis and are still improving.

Throughout the Country, the incidence of Poliomyelitis has been low during the past year and it is reasonable to assume that the high level of vaccination amongst younger people has been responsible for this and it seems significant that the cases which occurred in Lincoln had not been protected.

Table of deaths from infectious diseases during the last five years:

<i>Disease</i>	1955	1956	1957	1958	1959
Diphtheria	—	—	—	—	—
Scarlet Fever	—	—	—	—	—
Erysipelas	—	—	—	—	—
Puerperal Pyrexia ..	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—
Chickenpox	—	—	—	—	—
Measles	—	—	—	—	—
Whooping Cough ..	—	1	—	—	—
Typhoid Fever	—	—	—	—	—
Para-Typhoid Fever ..	—	—	—	—	—
Dysentery	—	—	—	—	—
Food Poisoning	—	—	—	—	—
Pneumonia	16	30	47	62	70
Meningococcal Infection	—	—	—	—	—
Acute Poliomyelitis ..	—	—	2	—	—
Acute Encephalitis ..	—	—	—	—	—
Malaria	—	—	—	—	—
Smallpox	—	—	—	—	—

TUBERCULOSIS

Notifications

The number of primary notifications received during the year was 52 (42 pulmonary and 10 non-pulmonary) as compared with 53 (48 pulmonary and 5 non-pulmonary) in the previous year. The age and sex distribution of the notified cases are shown in the following table:—

		0—5 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
RESPIRATORY								
Males ...	...	—	—	1	11	8	3	23
Females	...	1	6	3	8	—	1	19
		1	6	4	19	8	4	42
MENINGES AND C.N.S.								
Males ...	...	—	1	—	—	—	—	1
Females	...	—	—	—	—	—	—	—
		—	1	—	—	—	—	1
OTHER FORMS								
Males ...	...	—	—	—	2	1	1	4
Females	...	—	—	3	1	1	—	5
		—	—	3	3	2	1	9

Deaths from Tuberculosis

		Under 5 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
RESPIRATORY								
Males	—	—	—	—	4	2	6
Females	...	—	—	—	—	1	—	1
		—	—	—	—	5	2	7
MENINGES AND C.N.S.	...	—	—	—	—	—	—	—
OTHER FORMS								
Females	...	—	—	—	—	1	—	1

Summary of Notifications and Deaths over last 10 years

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Notifications ...	59	62	66	77	66	47	44	63	53	52
Deaths ...	34	23	19	14	22	12	8	11	5	8

General Comments

It is pleasing to report that no child died from tuberculosis during the year. The fatal cases were predominantly males who were middle-aged or elderly and this age group of males constitutes the hard core of tuberculosis at the present time. It is also the reservoir of infection in many new cases.

It appears that the number of new cases is becoming fairly static whilst the number of deaths is showing a gradual fall. This fall, however, is showing signs of reaching a constant level much below that obtaining several years ago. Methods of treatment, therefore, appear to be more successful than efforts at case finding.

There is close liaison with the Chest Clinic and in 1959, the Tuberculosis Health Visitor spent three sessions each week in the Clinic and was thereby enabled to keep in touch with patients attending and could discuss problems with the Chest Physician. Both the Health Department and the Chest Clinic benefit by this arrangement. The contact tracing of all new patients attending is carried out by the Tuberculosis Health Visitor. In general, contacts called for examination are limited to members of the family of the case but in certain instances, persons other than family contacts are examined if circumstances warrant this action. In contact tracing, difficulty is often experienced in persuading elderly persons to submit themselves for examination and X-ray. Some elderly persons are particularly stubborn and no amount of encouragement will induce them to attend at the Chest Clinic. This situation is unsatisfactory as it is often the elderly male in the family group who is the source of infection.

Acute Rheumatism Regulations, 1953 to 1958

The Acute Rheumatism Regulations, 1953, provided for the notification of acute rheumatism in persons under the age of 16 years residing in specified parts of England including the County Borough of Lincoln.

The Acute Rheumatism (Amendment) Regulations, 1958, extend the operation of the 1953 Regulations for an indefinite period.

1 case was notified in Lincoln during 1959.

The clinical classification is as follows :—

						<i>Male</i>	<i>Female</i>	<i>Total</i>
1.	Rheumatic Pains and/or Arthritis without heart disease	..	..	..	..	—	—	—
2.	Rheumatic Heart Disease (active):—							
	(a) with polyarthritis	..	..	..	..	—	—	—
	(b) with chorea	..	..	..	..	—	—	—
3.	Rheumatic Heart Disease (Quiescent)	..			..	—	1	1
4.	Rheumatic Chorea (alone)	..	..	..	..	—	—	—
	Total Rheumatic Cases	..	..	..	..	—	1	1
5.	Congenital Heart Disease	..	..	..	..	—	—	—
6.	Other non-rheumatic Heart Disease or Disorder	..	..	..	..	—	—	—
7.	Not rheumatic or cardiac disease	..	..	..	..	—	—	—
	Total Non-Rheumatic Cases	..	..	..	..	—	—	—

Notifications during recent years are as follows:

1952	..	..	1
1953	..	..	—
1954	..	..	4
1955	..	..	3
1956	..	..	1
1957	..	..	8
1958	..	..	2
1959	..	..	1

VENEREAL DISEASES

The Venereal Diseases clinic has been held at the County Hospital, Lincoln, since 1st January, 1953.

During 1959, 62 Lincoln patients attended for the first time. Of these 28 proved to be suffering from Venereal Disease and 34 from Non-Venereal conditions.

The number of new cases of Venereal Disease amongst patients domiciled in the City who came under treatment for the first time during the last five years was:—

				<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Total</i>
1955	..	..	..	8	13	21
1956	..	..	..	8	16	24
1957	..	..	..	8	17	25
1958	..	..	..	5	19	24
1959	..	..	..	4	24	28

It will be seen that there has been a gradual but significant increase in the number of cases of Gonorrhoea. This is in line with the increase which has occurred generally in the country as a whole. In Circular 6/59, the Ministry of Health encouraged Local Health Authorities to make an immediate review of their arrangements for contact tracing in consultation with hospital authorities and to effect any improvement possible. Consequently, a meeting was held of the Medical Officers of Health of all the Local Health Authorities in Lincolnshire together with the Consultant Venereologist and the local position was reviewed. It was considered that although there was a small increase in the incidence of Gonorrhoea, the increase was smaller than in the Country as a whole and it was not felt to be a particular problem. In view of this and of the serious difficulties experienced in the tracing of contacts, it was decided not to make any special arrangements at the moment but the position would be kept under review.

WATER

I am indebted to Mr. D. Whiteley, the City Water Engineer and Manager, for the following brief report on the City's water supply:—

The quality and quantity of the water supplied in the Corporation's area both continue to be of a satisfactory nature.

Routine bacteriological examinations are made weekly of the raw water and also of the water passing through the mains. Quarterly chemical examinations of the water are also carried out. Copies of all reports are forwarded to the Health Department, thus maintaining a liaison between both departments.

The water supplied is not plumbo-solvent and is chlorinated as a prophylactic measure.

24,750 houses were supplied from public water mains covering a population of 73,170 within the City.

There are only a few houses remaining in the City which are supplied from outside taps.

REGISTRATION OF NURSING HOMES

Homes first registered during the year	..	..	..	-
Homes whose registrations were withdrawn	..	..	..	-
Homes on the register at end of year	..	..	..	3
Number of beds provided:				
Maternity	..	..	..	7
Others	..	..	..	33

One of the Homes included in the table above is a Maternity Home for Unmarried Mothers, and is registered for 7 maternity beds, with total accommodation providing for upwards of 20 girls at any one time.

There is one Nursing Home exempt from registration. This Home was taken over by the Regional Hospital Board from July, 1948, and has since been recognised as a Hospital for Consultant beds. 39 beds are provided (Maternity 14; Others 25).

SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948

No formal action was taken during the year under Section 47 of the National Assistance Act. However, cases did come to light during the year where action was contemplated but in most instances, it was not necessary to take action immediately and it was possible by means of visits by the Medical Officer of Health, Health Visitors and Welfare Department staff to persuade the patients to agree to admission to residential or hospital accommodation. Magistrates Orders were therefore not necessary. The cases visited which gave rise to particular difficulties were all elderly females.

One female, aged 76 years, who had been refusing for many years to be admitted to Hospital, reached a stage of complete exhaustion due to a badly neglected rodent ulcer of the face which she had had for several years. The extensive erosion of the face had made normal eating impossible and her general condition was complicated by scurvy. Although she had been unwilling to receive treatment for many years, she finally agreed after several visits to be admitted to hospital but, as was known, her condition was so advanced that it was too late for any treatment to be effective.

HOUSING

The total number of houses erected in the City was:—

	1959	1958
(a) By the Local Authority ..	290	310
(b) By private enterprise ..	134	110
	—	—
Total	424	420
	—	—

THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and change. It begins with the first settlers, who came to the Americas in search of a new life. They found a land of opportunity, but also a land of challenge. The early years were marked by conflict and struggle, as the settlers fought to establish their communities and defend their rights. Over time, the United States grew from a small collection of colonies into a powerful nation. It was a process of constant evolution, shaped by the dreams and aspirations of its people. The story of the United States is a testament to the power of the human spirit and the ability of a nation to overcome adversity and build a better future.

THE FOUNDING OF THE NATION

The founding of the United States is a story of vision and leadership. It was a time when a group of men, known as the Founding Fathers, came together to create a new nation. They were men of great courage and conviction, who believed in the principles of liberty and justice for all. They fought for their beliefs, and their sacrifices laid the foundation for the United States as we know it today. The Founding Fathers were not perfect, but they were men of great integrity and vision. They understood the importance of a strong government, and they worked to create a system that would protect the rights of its citizens and ensure the future of the nation. Their legacy lives on in the words of the Constitution and the values that guide us today.

THE GROWTH OF THE NATION

The growth of the United States is a story of expansion and discovery. It was a time when the nation grew from a small coastal strip to a vast continental power. The westward expansion was a process of exploration and settlement, as Americans sought to build a better life in the new lands. The growth of the nation was not without challenges, but it was a process of constant progress. The United States became a land of opportunity, where people from all over the world came to seek their fortune. The growth of the nation was a testament to the American dream, a dream of a better life for all. The United States grew into a powerful nation, capable of shaping the course of world history.

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT

FOR THE YEAR

1959

BY

HAROLD SHIMELD, M.A.P.H.I.

Chief Public Health Inspector

The Right Worshipful the Mayor,
Aldermen and Councillors of the
City and County Borough of Lincoln.

City Health Department,
Beaumont Fee,
Lincoln.

September, 1960.

Mr. Mayor, Aldermen and Councillors,

I have the honour to present my report on the work of the Public Health Inspectors section of the Health Department during the year 1959.

1959 proved a difficult year for the public health section. We commenced the year with one inspector short of establishment, another retired on superannuation in January and the Chief Public Health Inspector was taken ill in February and did not again return to duty. For most of the year only half the staff of Inspectors was available for duty. Repeated advertisements met with no response. The Council's five year slum clearance programme suffered accordingly. During the first three years of the programme 1956 to 1958, 288 houses were dealt with in one way or another, an average of 96 houses per annum. During 1959 it was found possible to deal with only a further 49 houses, 41 of these were in 6 clearance areas and 8 were represented individually. At the end of the year there remained in the five year programme 133 houses.

Generally the work of the department suffered in much the same way as Housing. The number of food and drug samples taken fell from 3.9 per 1,000 to 2.6. Meat inspection however, was maintained at 100%, but in order to achieve this result it was found necessary to employ an inspector possessing only the statutory qualification, for meat inspection at a bacon factory and at a small private slaughterhouse slaughtering pigs only. There was no falling off in the number of complaints received of foreign bodies and extraneous matter in food. Twenty-four such incidents were investigated and appropriate action taken.

In the early part of the year during investigations into cases of suspected or notified food poisoning it was decided as a necessary precaution to obtain faecal specimens from over 200 employees of a food manufacturing firm. Several proved positive to salmonella typhi-murium and the employees thus affected were sent home and advised to see their own doctor. They did not again return to work until three negative specimens had been obtained. These investigations lasted over a period of five weeks.

On the 1st April the City Boundary was extended to incorporate an area of land at Skellingthorpe to be used for housing purposes and the Council later decided to declare this proposed new estate a smoke control area. The dwellings and other premises in the area have been inspected and the necessary information forwarded to the Minister of Housing and Local Government for provisional approval.

As from 6th April, Lincoln became a "Specified Area" as a result of the Milk (Special Designations) (Specified Areas) Order, 1959, made by the Minister of Agriculture, Fisheries and Food. This means that only specially designated milks may be sold by retail.

I report with profound regret that Mr. D. G. McGill the Chief Public Health Inspector died on the 27th December after a long illness borne with courage and patience. He had served the Council for 35 years most of the time as Chief. Tributes were paid by members to his exceptional ability, his devotion to duty and the outstanding integrity he displayed during his long association with the City Council.

I am indebted to the members of the Public Health Inspectors section for the manner in which they have carried out the extra duties imposed on them by reason of staff shortage and I acknowledge the assistance I have received from the staffs of other Corporation Departments.

I am grateful to the Medical Officer of Health and to the members of the Health and Housing Committees for their support and for the interest they have shewn in the work of the Public Health Inspectors.

I am, Your obedient Servant,

HAROLD SHIMELD,

Chief Public Health Inspector.

SANITARY INSPECTION OF THE AREA

The public health inspectors section of the Health Department is responsible for the administration of certain parts of the various Public Health and Housing Acts and the following other Acts and Regulations made thereunder:—

Agricultural Produce (Grading and Marking) Act, 1928.
 Agriculture (Safety, Health and Welfare Provisions) Act, 1956
 Clean Air Act, 1956.
 Factories Acts, 1937 and 1948.
 Fertilisers and Feeding Stuffs Act, 1926.
 Food and Drugs Act, 1955.
 Merchandise Marks Acts, 1887 to 1953.
 Pet Animals Act, 1951.
 Prevention of Damage by Pests Act, 1949.
 Rag Flock and Other Filling Materials Act, 1951.
 Rent Act, 1957.
 Shops Act, 1950.
 Slaughterhouses Act, 1954—1958.
 Slaughter of Animals Acts, 1954—1958.

General Inspections

DWELLINGHOUSES							Re- Inspections
						<i>Inspections</i>	
Re Complaints	..	..	..	..	..	900	1329
Dirty	..	..	..	..	..	8	3
Housing Act, 1936—Inspections	..	..	..	..	..	450	637
Overcrowding Provisions	..	..	..	..	..	8	—
Housing Removal—Enquiries	..	..	..	..	..	53	24
Supervision of Removal	..	..	..	..	..	1	1
Re Notifiable Diseases	..	..	..	..	..	41	153
Re Contacts	..	..	..	..	..	3	2
Re Other Diseases	..	..	..	..	..	4	7
Verminous	..	..	..	..	..	8	6
Water Supply	..	..	..	..	..	14	6
DRAINS							
Inspected	..	..	..	..	..	367	197
Tested	{ Colour	..	..	..	..	46	10
	{ Grenade	..	..	..	..	1	—
	{ Smoke	..	..	..	..	30	2
	{ Water	..	..	..	..	10	—
MISCELLANEOUS							
Canal Boats	..	..	..	..	..	11	—
Factories	{ Mechanical	..	..	..	..	24	3
	{ Non-Mechanical	..	..	..	..	—	—
Houseboats	..	..	..	..	..	2	3
Interviews	..	..	..	..	..	542	7
Moveable Dwellings and Sites	..	..	..	..	..	35	1
Offensive Trades	..	..	..	..	..	18	27
Pet Animal Shops	..	..	..	..	..	10	6
Plots of Waste Land	..	..	..	..	..	43	25
Rag Flock and Other Filling Materials	..	..	..	..	..	3	2
Rodent and other pests	..	..	..	..	..	76	35
Schools	..	..	..	..	..	4	3

	<i>Inspections</i>	<i>Re- Inspections</i>
Sewers, Ventilators, Street Gullies etc. ..	69	60
Smoke Observations	18	10
Swimming Baths	26	—
Swine, Fowls and other animals ..	9	6
Theatres and Cinemas	11	—
Unclassified Visits	468	—

Housing Act, 1957.

INFORMAL AND STATUTORY NOTICES SERVED.

Informal Notices outstanding December 31st, 1958	75
" " served 1959	190
" " complied with 1959	183
" " outstanding December 31st, 1959	82
Statutory Notices outstanding December 31st, 1958	6
" " served 1959	30
" " complied with 1959	27
" " outstanding December 31st, 1959	9
No. of complaints received and recorded at the Health Department	532

The owners of 9 houses failed to comply with statutory notices requiring works of repair and the works were carried out by the Council on default at a cost of £57 2s. 5d. Formal demands were served upon the owners for the payment of the various amounts.

The various charges are registered in the Local Land Charges Register.

Local Land Charges.

1458 enquiries were received from the Town Clerk's Department in connection with requisition for a search under the Land Charges Act, 1925.

Clearance Areas, Demolition and/or Closing Orders.

No. of demolition orders made	7
No. of houses demolished in pursuance of demolition orders ..	2
No. of buildings closed	5
No. of Council owned houses dealt with by unfitness orders ..	—
No. of houses included in Clearance Areas demolished	101
No. of houses demolished in pursuance of undertakings given by the owners	—
No. of houses demolished in anticipation of formal action	2

Works Done.

The following works were carried out by the service of statutory notice, informal notice or other informal action.

HOUSES:

Accumulation of manure or refuse removed	6
Bins cleansed	3
Chimneys repaired	8
Damp proof courses provided	3
Doors and locks repaired or renewed	27
Eavesgutters cleansed	19
" repaired or renewed	31
Fallpipes cleansed	5
" repaired or renewed	11

Fireplaces repaired or renewed	..	..	..	..	..	11
Floors repaired or renewed	..	..	..	..	..	20
Handrails repaired or renewed	..	..	..	..	..	1
Paving of yards or passages repaired or renewed	..	..	..	..	..	19
Roofs repaired or renewed	..	..	..	..	..	42
Stairs repaired	..	..	..	..	..	1
Ventilation improved	..	..	..	..	..	3
Wall or ceiling plaster repaired	..	..	..	..	..	50
Walls pointed, rendered, or treated with petrifying solution	..	..	..	..	..	20
Walls taken down and rebuilt	..	..	..	..	..	1
Water supply provided	..	..	..	..	..	3
Windows and frames repaired or renewed	..	..	..	..	..	28

VERMINOUS HOUSES:

Disinfested and rooms fumigated	8
---------------------------------	----	----	----	----	----	---

DRAINAGE:

Drains cleansed	..	..	..	..	..	40
„ disconnected from the sewer or intercepted	..	..	..	..	..	5
„ examined	..	..	..	..	..	343
„ repaired	..	..	..	..	..	34
„ reconstructed	..	..	..	..	..	13
„ tested—colour	..	..	..	..	..	40
„ grenade	..	..	..	..	..	1
„ smoke	..	..	..	..	..	26
„ water	..	..	..	..	..	13
Gullies additional provided	..	..	..	..	..	1
„ cleansed	..	..	..	..	..	10
„ renewed	..	..	..	..	..	1
Inspection Chambers built	..	..	..	..	..	5
„ „ covers or frames provided	..	..	..	..	..	2
Public Sewers cleansed. Section 20 (a) P.H.A. 1936	..	..	..	..	..	67
„ „ repaired	..	..	..	..	..	12
Sinks provided	..	..	..	..	..	7
„ renewed	..	..	..	..	..	1
„ waste pipes renewed	..	..	..	..	..	5

WATER CLOSETS:

Cleansed or limewashed	..	..	..	..	..	4
Cisterns repaired or renewed	..	..	..	..	..	23
Flush pipes repaired or renewed	..	..	..	..	..	10
Light and ventilation provided or improved	..	..	..	..	..	1
Pedestal washdown basin renewed	..	..	..	..	..	3
Pedestal washdown basin provided in lieu of old pan apparatus	..	..	..	..	..	9
Provided	..	..	..	..	..	2
Reconstructed	..	..	..	..	..	1
Repaired	..	..	..	..	..	10
Soilpipes repaired or renewed	..	..	..	..	..	2
Ventpipes repaired or renewed	..	..	..	..	..	4
Water supply provided or renewed	..	..	..	..	..	17

Provision of Dustbins to Private Dwellinghouses.

Since 1953 the Council have operated Section 75 (3) of the Public Health Act, 1936 whereby they undertake to provide and maintain dustbins for the reception of house refuse at an annual charge not exceeding 7/6 in

respect of each dustbin provided and recovered as part of the general rate in respect of the premises for which the dustbin has been provided. The charge becomes due on the first day of April each year.

During the year 1959 two hundred and six dustbins were provided and eight were renewed.

In all 2,134 premises have now been provided with dustbins by the Council.

Eradication of Bed Bugs

No. of Council houses found to be infested	..	..	..	2
No. of Council houses disinfested	..	..	..	2
No. of other houses found to be infested	..	..	..	4
No. of other houses disinfested	..	..	..	4

All the houses were successfully disinfested, a liquid insecticide, Zaldecide with D.D.T. being employed.

The Public Health Inspectors take the opportunity as occasion may arise to advise as to methods to be adopted to prevent re-infestation after cleansing.

Rent Act, 1957.

The Housing Committee considered 32 applications for certificates of disrepair, 2 applications were refused and in the remaining cases certificates were either issued or undertakings from the owners accepted.

22 applications for the cancellation of certificates were considered, 20 granted and 2 refused.

15 applications by tenants and/or landlords for certificates that defects specified in undertakings had or had not been remedied before the expiration of six months from the date of the undertaking were considered, all were granted.

Offensive Trades

The following offensive trades were carried on in the City with the Consent of the Council.

Rag and Bone Dealers	..	..	..	3
Tripe Boiler	..	..	..	1

The trades were carried on in conformity with the byelaws.

Swimming Baths.

There is one public swimming bath in the City and two swimming baths attached to schools. One of the latter was completed and brought into operation at the end of the year. All the baths are supplied with mains water.

The public swimming bath is a large open air pool. Water purification is by a continuous process using strainers, pressure filters, an aerating fountain and chlorination by chlorine gas plant. Break point chlorination is in operation. The purpose of this method of chlorination is to ensure a free chlorine residual which is much more rapidly bactericidal thus dealing promptly with bacterial pollution introduced into the water by bathers.

One of the school baths is a heated indoor pool. Water purification is by a continuous process using strainers, pressure filters and chlorination by chlorine gas plant.

The new school bath is an open air pool with provision for heating the water by means of an oil fired boiler. Water purification is by a con-

tinuous process using strainers, pressure filters and chlorination by the chemical solution method.

These swimming baths have been visited regularly when in use and tests applied to determine the amount of free chlorine in the water.

Owing to the shortage of staff it was not found possible to take any bacteriological samples.

Clean Air Act, 1956

On the 1st April the City Boundary was extended to incorporate an area of land at Skellingthorpe to be used for housing purposes and the Council later decided to declare this proposed new estate a smoke control area. There are 69 dwellings, 3 commercial premises and 4 other premises in the area. These have been inspected and the necessary information forwarded to the Minister of Housing and Local Government for provisional approval.

If the order is confirmed by the Minister and brought into operation it will be an offence to burn ordinary coal and it will be necessary for the solid fuel appliances in the houses to burn smokeless fuel efficiently. 23 of the above dwellings will qualify for a grant but in the case of the remainder no grant will be payable as they were built since the Act came into force.

Wherever more than a few hundred dwellings are in close proximity a problem of atmospheric pollution arises and Lincoln is no exception. The three sites where instruments are stationed for the determination of sulphur compounds in the air continued to give results which indicate that there is significant atmospheric pollution in Lincoln.

Canal Boats.

Number of boats on the register	..	..	..	..	..	49
„ „ inspections made	..	..	..	..	..	12
„ „ men on board	..	..	..	..	..	21
„ „ women on board	..	..	..	..	..	—
„ „ children on board	..	..	..	..	..	—
Certificate of registration not produced	..	..	..	..	..	—
Cases of Infectious Diseases	..	..	..	..	..	—
Legal proceedings taken	..	..	..	..	..	—
Number of boats believed to be available	..	..	..	..	..	49
„ „ motor propelled boats registered	..	..	..	..	..	2

Shops Act, 1950

In the week preceding Christmas 1958 seven shops were open after one o'clock in the afternoon on the day of the weekly half holiday for the serving of customers contrary to Section 1(1)(2) and (5) of the Shops Act, 1950 and the Weekly Half Holiday Order. Legal proceedings were taken against the occupiers of the shops concerned. In one case the occupier was fined £1, two other cases were adjourned sine die and the remaining four cases were dismissed and costs awarded against the Council.

During the year 1959 the City Council appealed to the High Court against the decision of the Magistrates in one of the last mentioned cases. The High Court sent the case back to the Magistrates with an intimation that the offence charged was proved. The Magistrates reversed their previous decision and imposed a fine of £1.

It is again necessary to report that owing to the pressure of more urgent public health duties it has not been possible to devote any time to the inspection of shops in connection with the general requirements of the Act.

Prevention of Damage by Pests Act, 1949.

	TYPE OF PROPERTY				
	Non-Agricultural				(5) <i>Agri- cultur- al.</i>
	(1) <i>Local Auth- ority</i>	(2) <i>Dwelling Houses (inc. Council Houses)</i>	(3) <i>All other (including business premises)</i>	(4) <i>Total of Cols. (1), (2) and (3)</i>	
I. Number of properties ... in Local Authority's District	104	23,783	3,009	26,896	65
II. Number of properties inspect- ed as a result of:					
(a) Notification ...	17	136	48	201	—
(b) Survey under the Act	6	83	12	101	5
(c) Otherwise (<i>e.g.</i> , when visited primarily for some other purpose) ...	18	45	90	153	12
III. Total inspections carried out including re-inspections ...	46	270	169	485	17
IV. Number of properties inspect- ed (in Sec. II) which were found to be infested by:					
(a) Rats { Major ...	1	—	4	5	—
{ Minor ...	12	82	25	119	1
(b) Mice { Major ...	—	—	—	—	—
{ Minor ...	1	5	7	13	—
V. Number of infested properties (in Sec. IV) treated by the L.A.	14	11	36	61	—
VI. Total treatments carried out— including re-treatments ...	17	11	49	77	—
VII. Number of notices served under Section 4 of the Act:					
(a) Treatment ...	Nil	Nil	Nil	Nil	Nil
(b) Structural Work (<i>i.e.</i> , Proofing) ...	Nil	Nil	Nil	Nil	Nil
VIII. Number of cases in which de- fault action was taken follow- ing the issue of a notice under Section 4 of the Act ...	Nil	Nil	Nil	Nil	Nil
IX. Legal Proceedings ...	Nil	Nil	Nil	Nil	Nil
X. Number of "Block" control schemes carried out ...	Nil	Nil	Nil	Nil	Nil
Number of rat bodies recovered as the result of poisoning ...					843
Number of rats estimated to be poisoned, the estimate being based on the weight of poisoned bait taken ...					2,251
Number of mice caught by traps ...					165

FACTORIES ACTS 1937 AND 1948

Part I of the Act

INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH:

Premises	Number on Register	Number of		
		Inspec- tions	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	18	Nil	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	286	183	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	10	Nil	—	—
TOTAL	314	183	—	—

CASES IN WHICH DEFECTS WERE FOUND:

Particulars	Number of cases in which defects were found					Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector		
Want of Cleanliness (S.1) ...	—	—	—	—	—	
Overcrowding (S.2) ...	—	—	—	—	—	
Unreasonable temperature (S.3)	—	—	—	—	—	
Inadequate ventilation (S.4) ...	—	—	—	—	—	
Ineffective drainage of floors (S.6)	—	—	—	—	—	
Sanitary Conveniences (S.7)						
Insufficient ...	—	—	—	—	—	
Unsuitable or defective ...	—	—	—	1	—	
Not separate for sexes ...	—	—	—	—	—	
Other offences against the Act (not including offences relating to Outwork) ...	1	1	—	—	—	
TOTAL ...	1	1	—	1	—	

Part VIII of the Act—(Sections 110 and 111)

OUTWORK:

Nature of Work	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing Apparel Making, etc.	17	—	—	—	—	—

Fertilisers and Feeding Stuffs Act, 1926.

Four formal samples of feeding stuffs were taken during the year all of which conformed to the guarantee.

No samples of fertilisers were taken during the year.

Agricultural Produce (Grading and Marking) Act, 1928.

Appropriate steps were taken to acquaint shopkeepers and traders with the requirements of these Acts.

Rag Flock and other Filling Materials Act, 1951.

Five premises are registered under the above Act.

No samples were taken during the year.

Pet Animals Act, 1951.

The above Act regulates the sale of pet animals and requires all persons keeping a pet animal shop to hold a licence. During the year six pet animal shops were licensed on payment of an annual fee of 10/- in each case and in accordance with certain conditions attached to the licence.

Agriculture (Safety, Health and Welfare Provisions) Act, 1956.

No action was found necessary during the year.

FOOD AND DRUGS ACT, 1955**Inspections of Food Premises.**

Bakehouses	56
Dairies	141
Food Inspections other than meat	5,329
Hotels and other catering establishments	23
Markets	29
Markets (Auction)	9
Shops, English and Foreign Meat	61
" Fish	9
" Fried fish and chip	23
" Fruit and vegetable	51
" General provisions	165
" Horseflesh	43
" Ice Cream	34
" Milk	100
" Other	1
Slaughterhouses	1,429
Warehouses	34
Vehicles carrying food	769

Food Poisoning.

Food poisoning and suspected food poisoning investigations ..	47
Clinical specimens submitted for bacteriological examination ..	404
Food samples submitted for bacteriological examination	8

Twenty-four cases of food poisoning were notified during the year. In twenty cases the organism isolated was salmonella typhi-murium, in three cases Cl.welchii and in one case salmonella thompson.

Two samples of suspected food were available with one positive and one negative result.

Two further cases of food poisoning were notified but were not subsequently confirmed.

Food Hygiene Regulations, 1955.

It has been ascertained that the number of food premises in the city, by type of business, is as under:—

Bakers and Confectioners	..	..	..	..	..	..	31
Butchers	..	..	..	..	..	..	80
Cafes and Snack Bars	..	..	..	..	..	..	32
Chemists	..	..	..	..	..	..	27
Clubs	..	..	..	..	..	..	15
Confectioners	..	..	..	..	..	..	60
Fish, Rabbits and Poultry	..	..	..	..	..	..	21
Fried Fish Shops	..	..	..	..	..	..	45
Fruiterers and Greengrocers	..	..	..	..	..	..	76
General Grocers	..	..	..	..	..	..	104
Grocers	..	..	..	..	..	..	167
Hospitals, Maternity Homes, Old People's Homes and Children's Homes	..	..	..	..	..	..	17
Hotels (Unlicenced)	..	..	..	..	..	..	6
Public Houses and Licenced Hotels	..	..	..	..	..	..	98
School Canteens	..	..	..	..	..	..	19
Wine and Spirit Merchants	..	..	..	..	..	..	13
Works Canteens	..	..	..	..	..	..	21
Miscellaneous—mixed	..	..	..	..	..	..	38
Total	..	..	..	..	..	..	870

The occupiers of food premises have continued to co-operate with the Department in carrying out many improvements. It was not necessary to institute any prosecutions under the Regulations.

Food Samples.

193 samples of food and drugs were procured and submitted to the Public Analyst who certified 167 samples genuine and 26 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 2.6.

The details of the samples procured, the number adulterated or otherwise giving rise to irregularity and the administrative action taken are given below:—

Nature of Sample	Formal	Informal	Genuine	Adulterated	Total
Milk	35	97	108	24	132
Tin of Tomatoes	—	2	2	—	2
Packet of Teabreak	—	1	1	—	1
Ground Rice	—	1	1	—	1
Tin of Processed Peas	—	1	1	—	1
Tin of Baked Beans	—	1	1	—	1
Drum of White Pepper	—	1	1	—	1
Flaked Tapioca	—	1	1	—	1
Chocolate Cake Mix	—	1	1	—	1
Tin Pork and Chicken Luncheon Meat	—	1	1	—	1
Tin Keidon Beef Steak with Gravy	—	2	—	2	2
Bottle of Sauce	—	1	1	—	1
Packet of Frizets	—	1	1	—	1

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulter- ated</i>	<i>Total</i>
Cookeen	-	1	1	-	1
Sunset Trifle Raspberry flavour ..	-	1	1	-	1
Bryst Yeast tablets	-	1	1	-	1
Starch reduced Self Raising Flour	-	1	1	-	1
Bakewell Tarts mixture	-	1	1	-	1
Jar Crunchy Peanut butter ..	-	1	1	-	1
Tea	-	1	1	-	1
Chicken Noodle Soup	-	1	1	-	1
Buttered Brazils	-	1	1	-	1
Noddy's Dew Drops	-	1	1	-	1
Bottle of Syrup of Glycerine, Lemon and Honey	-	1	1	-	1
Gees Linctus B.P.C.	-	1	1	-	1
Buttered mints with soft centres	-	1	1	-	1
Packet sage and onion stuffing ..	-	1	1	-	1
Blackcurrant jam	-	1	1	-	1
Currants	-	1	1	-	1
Dairy Cream Sponge Cake	-	1	1	-	1
Packet Stoned Raisins	-	1	1	-	1
Beef Suet	-	1	1	-	1
Evaporated Milk	-	1	1	-	1
Bottle of Cydella	-	1	1	-	1
Sweet Cigarettes	-	1	1	-	1
Love Hearts Sweets	-	1	1	-	1
Swizzels Lolly	-	1	1	-	1
Lard	-	1	1	-	1
Grape Fruit Squash	-	1	1	-	1
Orange Squash	-	1	1	-	1
Ingredients for Home Brewed Stout	-	1	1	-	1
Strength Tablets	-	1	1	-	1
Madeira Cake	-	1	1	-	1
Coffee and Chicory Essence ..	-	1	1	-	1
Almond Tarts	-	1	1	-	1
Bisks	-	1	1	-	1
Bottle of Fruit Sauce	-	1	1	-	1
Bottle of Tomato Ketchup ..	-	1	1	-	1
Battenberg Cake	-	1	1	-	1
Yeast	-	1	1	-	1
Lushus Jelly—Raspberry ..	-	1	1	-	1
Jar potted Salmon with butter ..	-	1	1	-	1
Tube of Smoked Salmon Mayon- naise	-	1	1	-	1
Packet of Apricots	-	1	1	-	1
Packet of Rice	-	1	1	-	1
Packet of VM Tablets	-	1	1	-	1
Sleep Inducing Tablets	-	1	1	-	1
Self Raising 100% Wholemeal Flour	-	1	1	-	1
Margarine	-	1	1	-	1
Tin of Pork Sausages	-	1	1	-	1
					<hr/>
					35 158 167 26 193

Samples adulterated or otherwise giving rise to Irregularity

(a) Administrative action taken

Of the 26 samples adulterated or otherwise giving rise to irregularity 18 were taken formally and 8 informally.

(b) Legal Proceedings

No legal proceedings were taken during the year.

(c) Informal Action

1. Milk. Producer sold milk slightly deficient in milk-fat. This was an informal sample and two formal samples were taken which proved to be genuine.
2. Milk. Producer sold milk deficient in milk-fat to the extent of 6.6%. A formal sample was taken which proved to be deficient to the extent of 15.3%. An "Appeal to the Cow" sample was requested and the milk proved to be deficient in milk-fat to the extent of 20%. This milk was referred to the Milk Marketing Board.
3. Milk. Producer sold milk slightly deficient in milk-fat. This sample was from the bulked milk of eight churns. Eight formal samples were taken. Five of these were deficient in milk-fat to the extent of 6%, 10.6%, 11.6%, 14.3% and 5.6% respectively. "Appeal to the Cow" samples were requested. The results of these seven samples were as follows: 11%, 15.6%, 21%, 18.3%, 18.6%, 12.6% and 9.07% deficient in milk-fat. This milk was referred to the Milk Marketing Board.
4. Milk. Producer sold milk containing a small amount of added water. This sample was taken from the bulked milk of three churns. Four formal samples were taken and these showed the presence of added water as follows: "small amount," "at least 3½%," "a trace" and "at least 3½%." "Appeal to the Cow" samples were requested and these proved to be genuine. The Town Clerk sent a letter of warning to the producer.
5. Milk. Producer sold milk slightly deficient in milk-solids other than milk-fat and containing a small amount of added water. A formal sample was taken and proved genuine.
6. Milk. Producer sold milk slightly deficient in milk-solids other than milk-fat and containing a small amount of added water. This sample was from the bulked milk contained in two churns. Formal samples were taken and proved genuine.
7. Canned Beef steak with gravy. Contained 57.8% meat. Should contain not less than 70% meat. There are no statutory standards for the meat content of canned meat and as the price charged for this imported meat product seemed reasonable having regard to the analysis no further action was taken.
8. Canned Beef steak with gravy. Contained 55.6% meat. Should contain not less than 70% meat. There are no statutory standards for the meat content of canned meat and as the price charged for this imported meat product seemed reasonable having regard to the analysis no further action was taken.

Offences other than those indicated by Sampling

Legal Proceedings

1. Sold a small wholemeal loaf containing a cigarette end. The defendant was convicted and fined £8.
2. Sold a sliced loaf which was mouldy. The defendant was convicted and fined £20 with 6/2d. costs.
3. Sold three sausage rolls which were mouldy. The case was dismissed.
4. Sold a teacake which contained a screw. The defendant was convicted and fined £3.

Informal Action

1. Sold a pork pie which had a green mould growth in it. A letter of warning was sent by the Town Clerk to the vendor.
2. Sold a lb. bag of brown sugar which contained some cocoa beans. As cocoa beans are not a product of Barbados where the sugar came from and the sugar importers did not deal in cocoa beans it was concluded that the beans had inadvertently got into the sugar bag from some other cargo. No further action taken.
3. Sold white sliced wrapped bread containing small dark objects. Found upon investigation at automatic bakery to be "frictional core" that is small pieces of dough which had become hard and discoloured by being caught up in the mechanical manipulating devices. No further action taken.
4. Sold a loaf containing a piece of uncooked dough. No action taken.
5. Sold a bottle of lemonade tasting of carbolic. Other bottles in the shop were found to be satisfactory and the manufacturers were notified. No further action taken.
6. Alleged sale of sliced roast pork contaminated by the larvae of the blow fly. A warning was given to the firm concerned.
7. Sold bread to the crust of which was firmly attached the desiccated remains of a moth. Investigated by local authority in whose district the bakery was situated. Found that moth must have flown in from outside. Gauze screens fitted over ventilators to prevent this means of ingress.
8. Sold pork pie to crust of which the body of a fly was attached. Investigated by local authority in whose district pie factory was situated. Found that all reasonable precautions were being taken to prevent such occurrences.
9. Sold jar of piccalilli containing the body of a bee. Investigation revealed that bee may have been imported from Holland in the vegetable content, the liquor only being made here. No further action taken.

The following foods were brought to the notice of the Health Department but either the circumstances or the available evidence did not warrant any further action.

Dark coloured marks on tripe, which had been cooked by complainant.
Dark coloured rasher of bacon.

Cooked mutton chops containing dead maggots.

Smoked bacon containing maggots.
 Cooked cauliflower containing green fly.
 Chocolate peppermint creams containing maggots.
 Mouldy sausage rolls.
 Tinned milk leaving distinct flavour in the mouth.
 Cake containing beetle.
 Malt loaf containing pin.
 Mouldy loaf.

Milk Supply.

Milk and Dairies Regulations, 1949/1954.

No. of milk distributors on the Register	128
No. of dairies on the Register	5

The Milk (Special Designation) (Raw Milk) Regulations, 1949/1954.

No. of dealers licences to use the designation "Tuberculin Tested"	18
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The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949/1954.

No. of dealers (Pasteuriser's) licences	2
No. of dealers licences to use the designation "Pasteurised" ..	44
No. of dealers licences to use the designation "Sterilised" ..	122

368 samples of designated milk were submitted for examination and of these 2 samples failed to pass the test prescribed by the appropriate Regulations.

All the samples were examined at the Public Health Laboratory, Lincoln.

The following tables give the information in more detail:—

HEAT TREATED MILK:

Designation	No. of samples	Passed Meth. Blue Test	Passed Phos-phat-ase	Failed Meth. Blue Test	Failed Phos-phat-ase	Passed Turbidity	Failed Turbidity	Unsatisfactory Samples No.	%
Pasteurised	158	152	158	—	—	—	—	—	—
Pasteurised (School)	137	128	137	1	—	—	—	1	0.72
Tuberculin Tested (Pasteurised)	31	28	31	—	—	—	—	—	—
Sterilised	19	—	—	—	—	19	—	—	—
	345	308	326	1	—	19	—	1	0.29

All the samples of Pasteurised milk were not submitted to the Methylene Blue Test, on certain occasions the overnight atmospheric shade temperature exceeded 65°F. and the test was thus rendered void.

RAW MILK:

Designation	No. of samples	Methylene Blue Passed	Methylene Blue Failed	Unsatisfactory Samples No.	%
Tuberculin Tested (Farm Bottled)	23	22	1	1	4.34

As early as 1953, only designated milks were sold retail in the City and at that time representations were made to the Minister of Food with a view to declaring Lincoln a "specified area." The Minister of Agriculture, Fisheries and Food has now made The Milk (Special Designations) (Specified Areas) Order, 1959 which came into operation on the 6th April. This has the effect of making Lincoln a Specified Area in which only specially designated milks may be sold by retail.

Examination for Tubercle Bacilli and Brucella Abortus

The following 20 samples of milk were submitted for biological examination:—

Tuberculin Tested (Raw milk)	..	..	7
Tuberculin Tested (Farm Bottled)	..	..	1
Pasteurised (School)	..	..	2
Undesignated	..	..	10

All the samples were negative for tubercle bacilli and all except two undesignated milks were negative for brucella abortus. With the exception of the Tuberculin Tested (Farm Bottled) all the milks were subsequently pasteurised.

All the samples were examined at the Public Health Laboratory, Lincoln.

Ice Cream.

No. of premises registered for manufacture	..	..	..	1
No. of premises registered for sale	..	..	..	288

The manufacturer used a complete cold mix and the ice cream was made in accordance with the provisions of the Ice Cream (Heat Treatment, Etc.), Regulations, 1947.

The bulk of ice cream sold in the City was pre-packed, wrapped and heat treated; only a small quantity was sold loose.

Six samples were examined at the Public Health Laboratory, Lincoln.

<i>Provisional Grade</i>	<i>Time taken to reduce Methylene Blue</i>	<i>No. of samples</i>	<i>Percentage</i>
1	4½ hours or more	6	100
2	2½ to 4 hours	—	—
3	½ to 2 hours	—	—
4	0	—	—

In Ministry of Health Circular 69/47 dated 10-4-47 it is suggested that if, out of the four grades recommended, ice cream consistently fails to reach grades 1 and 2 it would be reasonable to regard this as indicating defects of manufacture or handling which call for further investigation.

Preserved Food

80 premises are registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food. 24 of these have ceased to function for the purpose for which they were registered.

Inspection of Meat

The Markets Committee make arrangements for the disposal of condemned meat and offal at the abattoir to a local firm who have the necessary facilities and equipment for dealing with it in an economic manner and with certain conditions attached to secure safe disposal. Similar arrangements are made by the occupiers of the private slaughterhouses. Other condemned foods are destroyed at the Council's refuse destructor works.

In addition to the City abattoir there are three licensed private slaughterhouses in the City. Two of the licensed slaughterhouses are also bacon factories.

The amount of slaughtering in the evenings and at weekends involved 352 hours of overtime by the meat inspectors on duty at the slaughterhouses.

The number of food animals slaughtered and inspected at the four slaughterhouses was 46,823 as compared with 45,692 in 1958, an increase of 1,131 animals.

The following table shows the incidence of tuberculosis and other diseases in the various classes of animals.

		<i>Cattle</i>				
		<i>excl. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Number killed ..	..	4,868	508	239	19,996	21,212
Number inspected ..	..	4,868	508	239	19,996	21,212
<i>All Diseases except Tuberculosis:</i>						
Whole carcasses condemned		18	10	20	65	26
Carcasses of which some part or organ was condemned		1,691	151	19	327	2,602
Percentage of the number inspected affected with disease other than tuberculosis .. ..	.. ..	35.1	31.69	16.32	1.96	12.39
<i>Tuberculosis only:</i>						
Whole carcasses condemned		14	6	1	—	9
Carcasses of which some part or organ was condemned		405	127	5	—	1,080
Percentage of the number inspected affected with tuberculosis .. ..	.. ..	8.54	26.18	2.55	—	5.1
<i>Cysticercus</i>						
Carcasses of which some part or organ was condemned		34	—	—	—	—
Carcasses submitted to treatment by refrigeration		34	—	—	—	—
Generalised and totally condemned .. ..	.. ..	—	—	—	—	—

During the year the Veterinary Officers of the Ministry of Agriculture, Fisheries and Food sent into the abattoir seven cows under the Tuberculosis Order, 1938. The carcase and offals of one cow and part of the offals of the other six cows were condemned for tuberculosis.

Nineteen cows, two heifers and three calves were sent in under the Tuberculosis (Slaughter of Reactors) Order, 1950. In the case of nine cows, one heifer and one calf no tuberculosis was found, but the carcase and offal of one of the cows was condemned for oedema.

The carcase and all the offals of one cow were condemned for tuberculosis and various offals affected with tuberculosis in the remaining twelve animals were condemned.

There was a decrease in the incidence of bovine tuberculosis.

Cysticercus Bovis.

This is the eleventh year in which routine inspection has been carried out for the detection of cysticercus bovis.

Cysts were found in 34 animals. The following table shows the incidence of infection of all bovines inspected to be 0.63%. This is a welcome decrease from 1958 figures of 68 animals representing 1.03% of bovines slaughtered.

<i>Bovines Slaughtered</i>		<i>No. infected with C. Bovis</i>		<i>No. of Generalised Cases</i>		<i>Percentage infection of all Bovines.</i>
<i>Cows</i>	<i>Others</i>	<i>Cows</i>	<i>Others</i>	<i>Cows</i>	<i>Others</i>	
508	4,868	Nil	34 (0.69%)	—	—	0.63%

The cysts were located in the animals as follows:—

Head	..	..	31
Heart	..	..	1
Head and heart	..	..	2

The carcasses and the remainder of the offal of the 34 animals were put into cold storage at a temperature not exceeding 20°F. for a period of not less than 3 weeks, or at a temperature not exceeding 14°F. for a period of not less than 2 weeks and afterwards released for human consumption. This is in accordance with the practice recommended by the Ministry of Agriculture, Fisheries and Food.

Foods Condemned.

The amount of foodstuffs condemned as unfit for human consumption was:—

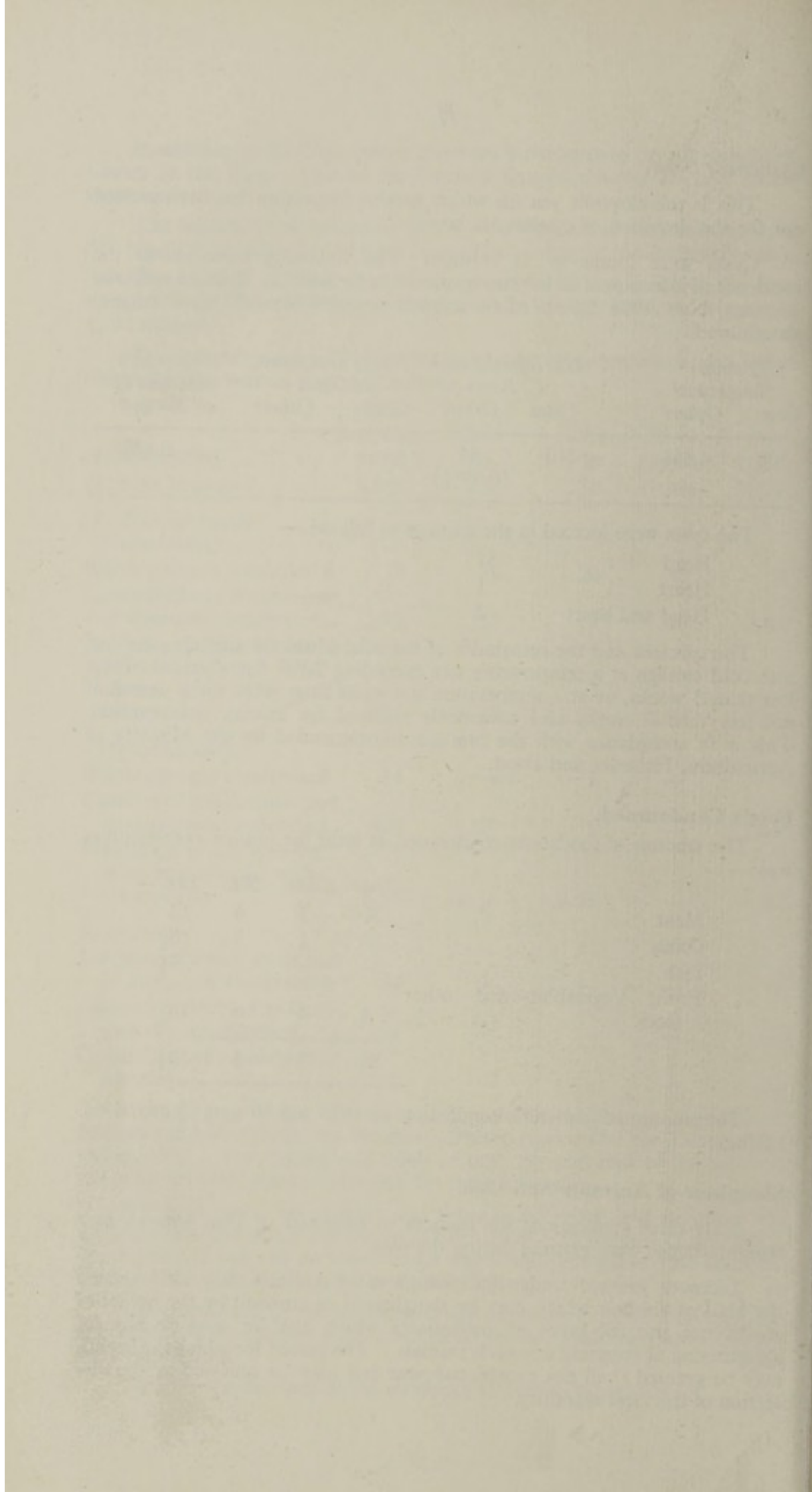
					<i>Tons</i>	<i>Cwts.</i>	<i>Sts.</i>	<i>Lbs.</i>
Meat	..	..	..	..	27	7	4	13
Offals	..	..	..	..	27	1	5	10½
Fish	..	..	..	..	—	—	—	7½
Fruit, Vegetables and other food	..	..	..	..	4	4	0	10½
					58	13	3	13¾

The amount of foodstuffs condemned in 1958 was 66 tons 13 cwt. 4 sts. 12½ lbs.

Slaughter of Animals Act, 1958.

Sixty-three applications for licences to slaughter or stun animals in a slaughterhouse were granted during the year.

Licences granted under the Slaughter of Animals Act, 1958 specify the kind of animals which may be slaughtered or stunned by the holder of the licence and the types of instruments which may be used by him for slaughtering or stunning any such animals. The period for which the licence may be granted shall not exceed one year but may be renewed at the discretion of the local authority.



CITY OF LINCOLN
EDUCATION COMMITTEE

ANNUAL REPORT
ON THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR ENDED 31st DECEMBER, 1959

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
*Medical Officer of Health and Principal School
Medical Officer for the City of Lincoln*

CITY OF LINCOLN EDUCATION COMMITTEE

YEAR ENDED 31ST AUGUST, 1959

Chairman of the Education Committee:
Councillor K. RAWDING

Members of the Education Committee:

Alderman C. H. DOUGHTY, J.P.	Councillor K. RAWDING
Alderman SIR FRANCIS HILL, C.B.E. Litt.D., LL.M.	Councillor E. J. RICHARDSON, J.P.
Alderman H. W. MARTIN, M.P.S.	Councillor J. T. WARD
Alderman J. W. RAYMENT, J.P.	Councillor S. WILSON
Alderman C. E. SNOOK, J.P.	Councillor G. E. WRIGHT*
Councillor W. J. BELL	Mr. C. V. ARMITAGE, M.I.MECH.E., J.P.
Councillor Dr. A. H. BRIGGS, M.Sc., M.B., Ch.B., D.O.M.S.	The Very Rev. Canon E. H. ATKINSON
Councillor T. BROWN*	Miss E. L. BUTCHER, M.A.
Councillor G. G. ELSEY	The Rev. Canon A. M. COOK, M.A.
Councillor W. E. HERBERT*	Mr. C. E. EMPRINGHAM, B.Sc.*
Councillor Mrs. H. M. KERRY	Mr. D. J. LOGAN*
Councillor R. S. PILKINGTON*	The Very Rev. T. RUSSELL, B.A.
Councillor S. J. POTTER	Mrs. T. F. TAYLOR
	Mrs. M. A. TOOMER

Chief Education Officer: Mr. A. SUTCLIFFE, M.A., B.Sc., J.P.

* Councillor R. S. Pilkington and Councillor G. E. Wright ceased to be members of the Education Committee in May, 1959.

Councillor T. Brown and Councillor W. E. Herbert were appointed to the Education Committee in May, 1959.

Mr. C. E. Empringham resigned from the Education Committee in May, 1959, and Mr. D. J. Logan was appointed to the Education Committee in June, 1959.

SPECIAL SERVICES COMMITTEE

Chairman:

Councillor E. J. RICHARDSON, J.P.

Alderman H. W. MARTIN, M.P.S.	Councillor J. T. WARD
Councillor T. BROWN	Councillor S. WILSON
Councillor G. G. ELSEY	Miss E. L. BUTCHER, M.A.
Councillor Mrs. H. M. KERRY	The Rev. Canon E. H. ATKINSON
Councillor S. J. POTTER	Mr. D. J. LOGAN
Councillor E. J. RICHARDSON, J.P.	Mrs. M. A. TOOMER

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

The most important functions of the School Health Service are to carry out routine medical inspections of school children and to examine children for the purpose of ascertaining which of them require special educational treatment. The results of routine and special medical inspections are tabulated in this report and it is hoped that this table will give an indication of the valuable work being done. Our objective is to go out and find defects and not to wait for the children with defects to come to us. In this way, early treatment may be offered which might obviate ill-health during school years. The pattern of medical inspections followed that of previous years and no fundamental change in that pattern is contemplated despite the tendency in recent years to criticise the intermediate routine medical examinations carried out in the final year at the junior school.

It is necessary to mention a few unsatisfactory features of the work during the year. Firstly, the serious shortage of school dental officers throughout the Country was reflected in Lincoln where there was only one dental officer (the Principal School Dental Officer) for the whole year. With a school population of 12,000, four dentists would be needed to do the work efficiently. At the same time as our dental staff is depleted, the amount of dental caries in children continues to increase. There is no doubt that the most important factor in the production of dental caries is the eating of sweets and other confectionery and it is particularly unfortunate that this increase in caries will continue as long as the consumption of sugar continues to increase. The only solution is to pursue a vigorous campaign to reduce the sweet eating habit amongst children and without delay to ensure that all water contains the optimum amount of fluoride which will considerably reduce the incidence of dental caries. There is little prospect of a significant increase in the number of Dental Officers to deal with this increase in the amount of dental caries and the position appears to be one where a complete breakdown of the dental service for children is a distinct possibility. There is no doubt that in the dental services of this Country, adults have been given priority over children and this is a situation which must give rise to grave concern. Whilst every one would be glad to see more dentists available, this is not the answer—prevention is of paramount importance whilst treatment is an ancillary factor.

There was a slight increase in the number of children found to have verminous heads. This occurred after a gradual decrease in the numbers successively over the past 13 years. There is a small but significant number of "hard core" families in Lincoln where it is impossible to ensure permanent eradication of pediculosis infestation. The difficulty lies in our inability to deal with older members of the family, including the mother, if they are unwilling to accept the treatment we offer. We are able to insist on the cleansing of the school children but they quickly become re-infested from other members of the family who are outside our control and are not responsive to persuasion.

An important duty of the School Health Service is to carry out protective immunisations against diphtheria and whooping cough, either by giving a "booster dose" to those immunised in infancy or to carry out primary immunisation for those children who were missed at that time. It is regretted that no immunisations were carried out in schools in 1959 as this work was suspended due to the pressure of work involved in the poliomyelitis vaccin-

ation programme. However, the situation has by the time of writing very largely been remedied and it is considered that we are now up to date with the immunisations.

The B.C.G. scheme continued along the lines of previous years but following the recommendations of the Minister of Health in April, 1959, the scheme was extended to students attending establishments for further education, teacher training colleges and all children in the 13 year old class, even though some of these may be under that age. This is a welcome extension of the service and evidence is accumulating that B.C.G. vaccination produces a substantial degree of protection against tuberculosis. The new groups of students eligible for vaccination include the very vulnerable teenage female and therefore protection is offered where it is most needed.

Children requiring the facilities of a Child Guidance Clinic continued to attend at Grantham by arrangement with the Kesteven Education and Health Authorities. However, real progress was made in the establishment of a Child Guidance Clinic in Lincoln to be run jointly by the Lincoln and Lindsey Education Authorities with a Psychiatrist provided by the Sheffield Regional Hospital Board.

A tribute must be paid to the School Meals Service in recording that no outbreak of food poisoning occurred in any Lincoln School during the year. At a time when the incidence of food poisoning has been steadily increasing for many years and when dealing with a communal meals service which, as is well known, is liable to produce such an outbreak, it is a pleasure to record that in spite of the very large number of meals supplied, no outbreak was attributable to the Service.

Dr. L. F. McWilliams resigned in April having obtained an appointment as Medical Officer of Health of Rochester, Gillingham and Chatham. He was Principal School Medical Officer in Lincoln for over five years and during that time considerable progress was made. Dr. J. L. Patterson, the Deputy Principal School Medical Officer, left in March consequent on his appointment as Medical Officer of Health of a Cheshire Division. We wish them well in their new posts.

I should like to thank the Chief Education Officer for his help during the year, as well as members of his department. My warm thanks are due to the members of the Special Services Sub-Committee and in particular to the Chairman, Mr. Councillor E. J. Richardson, for his constant help and encouragement. The help that has been received at all times from the Consultant Paediatrician, Dr. T. Wright, has been most gratifying; he has always been most willing to assist in any difficulty of a clinical nature.

R. D. HAIGH,

Principal School Medical Officer.

City Health Department,
Beaumont Fee,
Lincoln.

August, 1960.

STAFF OF SCHOOL HEALTH DEPARTMENT 1959

Principal School Medical Officer:

DR. L. F. MCWILLIAMS, M.C., M.B., B.Ch., D.P.H. Resigned 30-4-59

DR. R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
Commenced duties 11-5-59

Deputy Principal School Medical Officer:

Dr. J. L. Patterson, M.B., Ch.B., D.P.H. Resigned 31-3-59

Dr. J. McCormack, M.B., B.S., D.P.H. Commenced duties 1-5-59

School Medical Officer:

Dr. E. G. M. Cummings, M.R.C.S., L.R.C.P., D.P.H.

Principal Dental Officer:

Mr. K. H. Davis, L.D.S. Commenced duties 1-2-59

Dental Officer:

Mrs. J. Lodge, B.D.S. Resigned 10-1-59

Nursing Superintendent:

Miss E. M. Day, S.R.N., S.C.M., Q.I.D.N., H.V. (Cert.)

Senior Health Visitor/School Nurse

Miss K. Luke, S.R.N., S.C.M., R.S.C.N., Q.I.D.N., H.V. (Cert.)

Health Visitors/School Nurses:

Miss E. N. Britt, S.R.N., S.C.M., R.S.C.N., H.V. (Cert.)

Miss M. Clarke, S.R.N., R.S.C.N., H.V. (Cert.)

Miss R. M. Crawford, S.R.N., S.C.M., R.S.C.N., H.V. (Cert.)

Miss A. Mills, S.R.N., S.C.M., Q.I.D.N., H.V. (Cert.)

Resigned 31-10-59

Miss M. T. Kuhn-Regnier, S.R.N., S.R.F.N., H.V. (Cert.)

Miss J. Williamson, S.R.N., S.C.M., H.V. (Cert.)

Miss E. M. Forney, S.R.N., S.C.M., H.V. (Cert.)

Resigned 28-2-59

Miss J. E. Green, S.R.N., S.C.M., Q.I.D.N., H.V. (Cert.)

Mrs. M. L. Dimbleby, S.R.N., S.C.M., H.V. (Cert.)

Commenced duties 11-5-59

Miss A. H. Taylor, S.R.N., S.C.M., R.S.C.N.

Student from 5-10-59

School Nurses:

Miss D. A. Oliver, S.R.N., S.C.M.

Miss F. M. Shearman, S.R.F.N., S.R.N., S.C.M.

Miss P. M. E. Taylor, S.R.N., S.C.M., Q.I.D.N.

Lay Administrative Assistant:

J. C. Martin

Organising Clerk:

Miss G. M. Chappell

Junior Clerks:

Mrs. P. Carr. Resigned 17-10-59. Miss J. Woulds

Miss V. Smith. Commenced duties 19-10-59

LIST OF SCHOOLS

School	No on Register January, 1960	Head Teacher
Nursery		
St. Cuthbert's	42	Miss H. J. Moore
St. Giles	43	Miss H. Church
Primary		
Boultham Junior	404	Mr. A. E. Briggs
Boultham Infant	137	Miss F. M. Hodson
Bracebridge Junior	365	Mr. D. J. Logan
Bracebridge Infant	239	Miss T. H. Bewley
Monks Road Junior	355	Mr. W. J. B. Varlow, J.P.
Monks Road Infant	240	Miss M. Smith
Mount Street Infant and Junior Girls'	497	Miss B. M. Jubb
St. Botolph's Infant	50	Miss K. M. Lee
St. Giles Junior	572	Mr. F. Pickering
St. Giles Infant	320	Miss A. M. Hard
Skellingthorpe Road Junior	411	Miss N. Gibson
Skellingthorpe Road Infant	346	Miss S. M. Neale
Westgate Junior Boys'	243	Mr. L. J. Meldrum
Hartsholme Infant and Junior	220	Miss D. J. Neale
Ermine Infant	373	Miss J. M. Sowerby
Ermine Junior	585	Mr. J. Harrod, B.A.
Eastgate Infant and Junior Girls'	197	Miss M. B. Cullen
St. Andrew's Infant and Junior Girls' and Boys'	234	Miss M. Oliver
St. Faith's Junior	210	Mr. E. S. Wilson
St. Faith's Infant	114	Mrs. M. E. Bradley
St. Martin's Infant and Junior Girls'	98	Mrs. D. M. Southeard
St. Peter's Boys'	170	Mr. R. E. Wiles
St. Peter's Girls'	139	Mrs. K. West
St. Peter's Infant	161	Mrs. K. West
St. Hugh's R.C.	460	Mr. J. Molyneux
Secondary Modern		
Rosemary	422	Mr. H. K. Lister, B.Sc.
St. Giles Boys'	328	Mr. A. F. Humble, M.A.
St. Giles Girls'	280	Miss J. K. Gentry
Sincil Boys'	642	Mr. F. Bell, B.Sc.
Spring Hill	452	Miss M. M. Fenton, M.A.
Boultham Moor Girls'	602	Miss L. M. Powell
St. Peter and St. Paul	228	Mr. T. P. Groome
Bishop King	304	Mr. L. R. W. Thake
Secondary Grammar		
The City	560	Mr. L. R. Middleton, M.A.
South Park High	454	Miss M. J. Widdowson, B.A.
Lincoln	513	Mr. P. W. Martin, M.A., B.Sc.
Christ's Hospital Girls' High	531	Miss I. V. Cleave, M.A.

Special Schools

St. Catherine's
Open Air

56 Mr. T. C. Smith, M.A.
81 Miss D. E. Willcock, J.P.

Establishment of Further Education

Technical College

327 Dr. E. R. Walter, Ph.D., M.Sc.

STATISTICS

Population of City	73,170 (mid-year estimate)
*School Population	13,005
Number of Schools	40

Maintained Schools in Lincoln.

Schools	No. of †Departments	No of children on roll.		
		Boys	Girls	Total
Nursery	2	47	38	85
Infant	15	1438	1368	2806
Junior	16	2208	2126	4334
Special (E.S.N.) ..	1	34	22	56
Special (Open Air) ..	1	41	40	81
Secondary Modern ..	8	1708	1550	3258
Secondary Grammar ..	4	1073	985	2058
Technical College ..	2	183	144	327
	49	6732	6273	13005

* Includes children attending City Schools who reside outside the City Boundary.

† Where the same school contains more than one section these are counted as separate departments.

MEDICAL INSPECTION OF SCHOOL CHILDREN

The programme of the routine medical inspection of school children continued as in previous years.

Three inspections are carried out during the school life of each child—one on entry to school, one in the last year at a primary school and one in the last year of attendance at a secondary school.

The keystone of the School Health Service still remains the routine medical inspection.

Despite the changes in medical staff, which have occurred during the year, and the consequent loss of time available to carry out the inspections, their numbers have remained fairly constant.

In recent years, there have been criticisms of the value of routine medical inspections and certainly when the number of defects found today is compared with that of 50 years ago, there would seem to be some substance in these criticisms. However, the value of routine medical inspections should never be assessed merely by the number of positive findings of physical defects in school children. Indeed the occurrence of fewer defects in older children indicates in part, successful treatment of abnormalities discovered at earlier routine examinations.

The continuing rising standard of living and the consequent rise in the level of child care and nutrition is reflected in the diminishing number of defects found at medical examinations.

The routine examination affords an opportunity for the Medical Officer to assess the overall standards of health of the children in his area. It also gives him the chance to meet the parents of the children and to discuss individual problems with them, together with the school nurses and teachers concerned.

There is no doubt that parents appreciate and value the opportunity of such discussions with a school medical officer, and the high proportion who attend the examinations with their children is evidence of this. At infant and junior inspections, nearly 100% of parents attend.

The number of routine examinations performed during the year represents approximately 25% of the total number of school children; this is a satisfactory level, bearing in mind that children should be examined three times during their school careers.

Special examinations were carried out whenever defects found at routine inspections were felt to require review at an earlier date than the next routine inspection.

Periodic Medical Examinations

Number of children examined in the three age groups:

Entrants	..	..	..	..	1189
Primary school leavers	..	..	..	..	1359
Senior leavers	..	..	..	..	980
Total	..	..	..	..	3528

Special Examinations:

Special examinations	..	..	..	..	583
Re-inspections	..	..	..	..	1238
Total	..	..	..	..	1821

GENERAL CONDITION OF CHILDREN

At all routine inspections, children are now classed as either satisfactory or unsatisfactory. It will be seen that there is a slight drop in the number of children with an unsatisfactory general condition. However, as the numbers are small no special significance can be attached to this. Children belonging to this group, form in the main, the hard core of chronic neglect, and poor physical conditions, that is still within the community.

The following table gives the results of the general condition of school children for the last five years.

	1955	1956	1957	1958	1959
Satisfactory	98.9	98.5	98.4	98.3	98.6
Unsatisfactory	1.1	1.5	1.6	1.7	1.4

RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic examinations was 1025 compared with 999 in 1958.

	Entrants		Leavers		Others		Total	
	*T.	*O.	T.	O.	T.	O.	T.	O.
Skin	10	3	21	3	28	6	59	12
Eyes—vision	15	8	146	4	145	11	306	23
squint	85	13	12	—	44	2	141	15
other	4	1	2	1	15	6	21	8
Ears—hearing	8	31	1	3	3	9	12	43
Otitis media	3	8	2	7	2	7	7	22
Other	1	1	1	—	3	2	5	3
Nose and Throat	108	71	5	7	28	19	141	97
Speech	57	19	1	—	6	1	64	20
Lymphatic glands	—	60	—	—	—	1	—	61
Heart	3	1	1	2	3	6	7	9
Lungs	18	34	7	6	12	9	37	49
Development								
Hernia	2	2	—	—	—	—	2	2
Other	1	8	1	2	3	12	5	22
Orthopaedic								
Posture	1	—	10	3	3	2	14	5
Feet	4	4	56	5	28	29	88	38
Other	58	9	23	9	12	10	93	28
Nervous system								
Epilepsy	1	1	4	—	2	—	7	1
Other	5	4	3	—	4	3	12	7
Psychological								
Development	—	3	—	—	1	—	1	3
Abdomen	—	2	—	2	2	4	2	8
Other	—	3	—	1	—	1	—	5
Other	—	1	1	3	—	12	1	16
	384	287	297	58	344	152	1025	497

*T=Children requiring treatment

*O=Children requiring to be kept under observation

SPECIAL INSPECTIONS

Defect or Disease	Pupils requiring treatment	Pupils requiring observation
Skin	24	—
Eyes—vision	14	—
squint	—	—
other	5	1
Ears—hearing	5	2
Otitis media	3	—
other	4	—
Nose and Throat	8	1
Speech	11	—
Lymphatic glands	—	—
Heart	—	3
Lungs	17	2
Development—		
Hernia	—	—
Other	—	1
Orthopaedic—		
Posture	—	—
Feet	1	—
Other	23	1
Nervous system—		
Epilepsy	1	—
Other	—	—
Psychological—		
Development	4	—
Stability	14	2
Abdomen	2	—
Other	61	5
Totals	197	18

NOTES ON SPECIFIC DEFECTS

SKIN DISEASES

Minor skin disorders continue to take up a considerable amount of the nurses' time at minor ailment clinics.

Impetigo and other septic skin conditions occurred sporadically throughout the year but no epidemic or obvious case to case transfer occurred. Undoubtedly the most troublesome skin condition found in schools at present is the plantar wart. Throughout the year new cases occurred particularly amongst girls over the age of nine. There is little doubt that this is an infective condition and it is difficult to avoid the conclusion that the transmission of verrucae is related to bare foot activities. The amount of work at the minor ailment clinics would be markedly reduced if it was found possible to eliminate this condition.

No case of ringworm of the scalp occurred and schools in Lincoln have been completely free from this serious infection for nine years.

VISUAL DEFECTS

The number of school children who were found to have some visual defect at routine inspections was 321, compared with 475 in the previous year.

Vision testing is now an established part of the routine of Infant medical as well as junior and Senior medical inspections. The procedure at the infant stage is time consuming, but of great importance, and more than justifies the time spent upon it.

The children have their vision tested by a nurse, usually some days prior to the medical inspection. Any obvious defects of vision are referred to the Ophthalmic Surgeon and his prescription is dispensed by an optician of the parents' choice. In cases of doubt a retest is performed later and the question of referral is decided by the School Medical Officer.

Vision testing is also carried out by the school nurses at any time during their visits to schools, when requested by the teachers.

All children seen by the Ophthalmic Surgeon are reported upon to the Health Department, with details of the defect found and the treatment required. It is thus possible for the school nurse to ensure that the necessary treatment is being carried out and that the spectacles ordered, are in fact, worn at school.

The number of cases seen by the Ophthalmic Surgeon at these clinics during 1959 was 976 as compared with 1009 in the previous year.

The number of spectacles prescribed was 845 as compared with 879 in 1959.

In addition to the School Ophthalmic Service, children may also be tested and fitted with glasses under the provisions of the Supplementary Services administered by the Executive Council.

It is not known how many children in Lincoln have been tested in this way.

The Ophthalmic Surgeon reports that once again the Orthoptic Department has experienced serious difficulties from lack of staff, but it has never been necessary to close the Department completely, and a service has been maintained throughout the year and by the end of 1959, the establishment of Orthoptists was once again fully filled so that the service should continue operating fully during 1960.

The position regarding the Hospital Waiting List for operative cases shows a great improvement and at the end of the year, all the outstanding cases had been admitted and the list completely cleared.

COLOUR VISION

The colour vision of school children is tested using the Ishihara tests at the intermediate medical inspection, when children are aged 10 years. As defective colour vision is rare amongst girls, only the boys are tested. If any boys are not tested at the age of 10, they are tested at the 14 year old inspection.

It is important to test at the age of 10 years as difficulties may arise with grammar school boys who are red-green colour blind and who have to determine titration end points in practical chemistry. We should, therefore discover this defect before the child goes to a secondary school, so that appropriate help may be given if any defect of colour vision is present.

EAR, NOSE AND THROAT DEFECTS

During the year it was considered worthy of comment upon individual school medical records that 235 children had abnormally large and sometimes chronically infected tonsils and adenoids. Many of these children were referred to the E.N.T. Consultants at the Hospital, and 79 had their tonsils and adenoids removed, compared with 65 in the previous year.

It is well known now, that the removal of tonsils and adenoids on the large scale of a few years ago, is not necessary. A definite indication for early operation however, is catarrhal deafness due to enlarged and infected adenoids.

Defective hearing was discovered in 62 children; however, the majority of these cases were found to be merely transitory and only 17 were referred to the E.N.T. Consultant.

Middle ear disease as manifested by chronic otorrhoea or merely by a dry perforated ear drum was detected in 32 children and 10 were referred for Consultant advice.

The remainder were kept under observation by the School Health Service or were attending their own Doctors for treatment.

(The figures for 1958 were 27 children of whom 14 were referred).

The total number of children seen for all Ear, Nose and Throat defects by the Consultants was 157; a slight increase upon the previous year.

ORTHOPAEDIC AND POSTURAL DEFECTS

Mr. E. J. Bilcliffe retired from his post as Consultant Orthopaedic Surgeon in 1959 and a warm tribute must be paid to him for the valuable work he has done in the Orthopaedic Clinic over the years.

His successor, Mr. D. F. Thomas, F.R.C.S., continued the work and the children are seen each fortnight at the School Clinic.

The following is a summary of the work carried out:

	1959	1958
Number of sessions held by the Orthopaedic Surgeon ..	24	12
Number of cases seen by the Orthopaedic Surgeon ..	152	101
Number of new cases seen by the Orthopaedic Surgeon	94	38
Number of cases admitted to the County Hospital ..	-	-
Number of cases admitted to Harlow Wood Hospital ∴	-	-

HEART DISEASE AND RHEUMATISM

Lincoln is one of a number of areas in the Country where acute rheumatism occurring under 16 years of age is notifiable to the Local Authority.

Rheumatic Fever is a disease which is to some extent dependent upon social conditions, and it is gratifying to record that no cases occurred in Lincoln during the year.

In the course of school medical inspections, 16 children were detected with abnormal heart murmurs. Most of these were benign and needed no treatment or restriction of activities.

SCHOOL CARDIAC REGISTER

Only one child was diagnosed as having an organic heart lesion, and thus qualifying for entry upon the school cardiac register.

ENURESIS

Two Chiron enuresis alarms were purchased by the School Health Service some time ago, to be used by persistent bedwetters. The alarm is kept by the child for about 2 months; hence it is not possible to treat large numbers of enuretic children.

A follow up of children who had used the alarm was rather disappointing. 19 Children were issued with the apparatus. Of these, 3 were reported as completely cured, 5 were improved, and 11 showed no improvement.

In spite of this rather disappointing result the use of the alarms will continue in the hope that further experience will give better results, as has happened in other series of cases.

PROVISION OF SCHOOL CLINICS

At the School Clinic, Beaumont Fee:

Medical Clinics	Monday afternoons.
Minor Ailments	Every morning at 9 a.m.
Orthopaedic Clinic	By appointment.

At Maternity and Child Welfare Centre:

Dental Clinic	By appointment.
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Other clinics:

St. Giles Infant School	Minor ailment clinic each morning 9 a.m.		
Skellingthorpe Road			
Infant School	”	”	”
Sincil Secondary Modern			
Boys'	”	”	”

The Attendances at the various Clinics are summarised in the following table:

WORK OF SCHOOL CLINICS

Minor Ailment Clinics:				New Cases	Revisits	1959 Totals	1958 Totals
Central Clinic	...	...	...	197	1205	1402	1280
St. Giles	...	...	...	671	2972	3643	2791
Skellingthorpe Road	...	...	...	715	4869	5584	4973
Sincil Boys	...	...	...	480	2961	3441	2330
Total	...	...	...	2063	12007	14070	11374

Medical Clinics	...	...	234	114	348	342
Orthopaedic Clinics	...	...	152	408	560	159
Dental Clinics	...	...	1614	1955	3569	9416
TOTALS	...	...	4063	14484	18547	21291

The minor ailment clinics held in schools, located in different centres of school population, provide a most useful service in reducing loss of school time by children suffering from minor defects, which need attention by a school nurse.

The type of ailments treated have been varied, and include a wide range of skin disorders, minor injuries and illnesses, and accidents occurring at school.

CLEANLINESS OF SCHOOL CHILDREN

PEDICULOSIS

This condition undoubtedly depends upon poor hygiene for its propagation. The following table shows the incidence in primary school children in Lincoln during the last five years:

1955	1956	1957	1958	1959
2.1%	1.6%	1.02%	0.7%	1.2%

Inspections for the presence of Pediculi:

Number of visits to schools	..	..	..	..	358
Number of inspections of children	..	..	..	..	35719
Number of children found to be verminous, however slight	..	..	..	..	122
Notices issued to parents under Section 54 (2) of the Education Act, 1944	..	..	..	..	14
Cleansing orders under Section 54 (3)	..	..	..	..	-

There has been a steady decline in the incidence of pediculosis infestation in schools but regrettably the decline has temporarily ceased and indeed shows an increase from 0.7% to 1.2%. In relation to the numbers of children examined however, the actual number of children infested is small, and no special significance can be attached to what appears to be a doubling of last year's extremely small total of infested children.

INFECTIOUS DISEASES

The number of school children who suffered from one of the notifiable diseases during the year was 742, compared with 1032 in 1958.

The number of cases occurring in the various diseases are listed thus:

	1959	1958
Scarlet Fever	45	20
Diphtheria	-	-
Chickenpox	126	755
Dysentery	20	3
Measles	544	234
Whooping Cough	5	19
Poliomyelitis	-	1
Acute Encephalitis	1	-
Pneumonia	1	-
Total	742	1032

It will be seen that there was a considerable decrease in the number of cases of chickenpox, but a large increase of measles. The latter is a disease which tends to occur in epidemic form in 2 yearly cycles, and the table shows that this in fact occurred in 1959.

It is a source of satisfaction to observe the decrease in whooping cough and the absence of poliomyelitis in school children.

Both these facts must be dependent in some measure upon the current extensive vaccination and immunisation programmes, although further experience is necessary before making a dogmatic statement to this effect.

DIPHTHERIA IMMUNISATION

In previous years, it has been the practice to immunise school children, either fully or with a booster dose, during the Christmas term. Staff changes, and a re-organisation of the work entailed by concentrating upon poliomyelitis vaccination have led to a postponement of this work for a term. Consequently no child was immunised against diphtheria in school during 1959.

VACCINAL CONDITION OF SCHOOL CHILDREN

27.8% of the school population were known to have been vaccinated against smallpox. The vaccinal state has thus remained constant for several years. Ideally this figure should be much higher and every effort is made at Infant Welfare Clinics to persuade parents to have their children vaccinated against smallpox, as well as the other infectious diseases.

TUBERCULOSIS AND B.C.G. VACCINATION

It is well known that the incidence of tuberculosis, in children particularly, has declined in recent years.

Continually rising standards of housing, nutrition and general health, together with the specific measures directed against tuberculosis, of prevention, treatment and vaccination with B.C.G., are all responsible for the decline in this most serious illness. That the disease still lingers on, affecting a few children each year, is shown by the following table:

	1955	1956	1957	1958	1959
Pulmonary T.B. ..	6	5	3	7	5
T. B. Meningitis ..	—	—	1	1	1
Other forms	—	3	—	1	—
	6	8	4	9	6

The big reduction in tuberculosis has already occurred; the problem facing us now, is the eradication of the remnants of the disease, particularly in the chronic adult carriers who are responsible for its perpetuation.

To combat the effects of these carriers, B.C.G. vaccination is now widely practised, and is an established part of the routine work of the School Health staff. In previous years, it has been limited to the 13—14 year age group, but following the advice of the Ministry of Health, the City Council extended vaccination to persons over this age; thus young persons attending any establishments of further education became eligible for tuberculin testing and B.C.G. vaccination if necessary.

The preliminary tuberculin test is performed by the Heaf multiple puncture syringe and the result read in 5—7 days time. Those who show a negative response are then given B.C.G. Arrangements are made to X-ray any child found with a positive Tuberculin reaction, unless there is some obvious known reason for it, such as previous immunisation with B.C.G.

The following table shows the number of persons tested during 1959. The numbers in the 14+ age group are small as the scheme for vaccinating this group did not get under way until late in the year, and a number of these young persons had been dealt with in the normal programme of vaccination at 13 years.

	Under 14 years	Over 14 years
Skin tested	974	17
Found Positive	98	2
Negative	855	15
Vaccinated	851	15

As a result of the recommendations of the Adrian Committee on "Radiological Hazards to Patients" the positive reactors to the Tuberculin test had a full size X-ray of chest and not a 35 mm film taken as previously by the Mass Miniature Radiography Service. However, as before, the radiography was carried out by that service, using their large film apparatus.

REPORT OF NOTIFICATION OF TUBERCULOSIS IN A SCHOOL TEACHER

A teacher at a girls' secondary modern school was diagnosed by the chest clinic to be suffering from pulmonary tuberculosis at an early stage. It was not possible to localise her contacts to a small number of children; consequently all pupils at the school were Heaf tested after obtaining parental consent.

382 children were tested. 38 were found to be positive, but of these 14 were already known to be so from previous testing prior to B.C.G. vaccination. The remaining 24 were X-rayed and 1 child was subsequently notified as suffering from early pulmonary tuberculosis.

PROVISION OF SCHOOL MEALS

The percentage of children taking milk in 1959 was 82.9.

The number of meals provided during the year ended 31st December, 1959 was as follows:

	1959	1958
To Nursery, Primary, Secondary Modern Schools etc.	800,820	754,623
To Staff and Helpers	63,698	57,991
To Secondary Grammar Schools	245,961	210,968
To Staff and Helpers	10,473	9,628
	<hr/> 1,120,952	<hr/> 1,033,210

Meals provided at the Open Air School (included in the figures for Nursery, Primary and Secondary Modern Schools), were:

	1959	1958
Breakfasts	14,309	14,409
Dinners	14,447	14,581
Teas	14,226	14,261

HANDICAPPED PUPILS

The ascertainment of handicapped pupils is an important part of the School Medical Officer's work. It involves co-operation between the School Teachers, School Medical Officers, General Practitioners and Consultants, with one view—the correct placement of a handicapped child in an appropriate school.

The following numbers represent children ascertained as in need of special educational treatment in 1959:

Partially sighted

2 children are in special schools:

Birmingham Royal Institution	2
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Deaf

7 children are in special schools:

Royal School for the Deaf, Derby	3
Maud Maxfield School, Sheffield	3
Yorkshire School for the Deaf	..	..	..	1

Educationally subnormal

77 children are in special schools or classes:

St. Catherine's, Lincoln	..	..	..	..	53
Special Classes (Junior)	..	..	..	..	22
Seacroft School	..	..	..	..	1
Rudolph Steiner	..	..	..	..	1

Epileptic

There are a number of children suffering from this defect in the City, but none required special residential schooling solely on account of the disease.

Maladjusted

3 children are in special schools:

St. Peter's Residential	..	..	..	..	1
Bourne House Hostel	..	..	..	..	2

Physically Handicapped

15 children are in special schools:

Hawksworth Hall	..	..	..	..	2
St. Margaret's	..	..	..	..	1
Ian Tetley Memorial Home	..	..	..	..	1
Lincoln Open Air	..	..	..	..	10
Thieves Wood	..	..	..	..	1

Delicate

77 children are in special schools:

Lincoln Open Air School	..	..	..	..	72
St. John's Open Air School	..	..	..	..	1
Palingswick House	..	..	..	..	1
Port Regis School	..	..	..	..	1
Pilgrim School	..	..	..	..	1
St. George's Hostel	..	..	..	..	1

The following handicapped pupils were awaiting admission to special schools in January, 1960:

Educationally subnormal	..	..	..	..	24
Blind	..	..	..	..	1
Partially deaf	..	..	..	..	1

DEFECTIVE SPEECH

197 children with speech defective enough to warrant treatment were referred to the Speech Therapist at the County Hospital.

CHILDREN ASCERTAINED AS INEDUCABLE

3 children were ascertained as ineducable and a report was issued to the Local Health Authority under Section 57 (3) of the Education Act, 1944.

CHILD GUIDANCE

During 1959, 15 children were referred for consultation with the Children's Psychiatrist at Grantham by arrangement with the Kesteven Education and Health Authorities.

This arrangement, although the best that could be made in the absence of local facilities, has been far from satisfactory. The distance involved makes attendance difficult, and the number of children seen has been very small, and limited to the most serious behaviour disorders. There have been many children who would have benefitted from expert psychiatric guidance, but it has not been possible for them to be seen.

The development of a Child Guidance Clinic in the City in the coming year is now certain, and will remedy this gap in the School Health Service.

SPECIAL SCHOOLS IN LINCOLN

Open Air School

This school provides accommodation for about 90 children.

The numbers of children on the roll and those admitted and discharged during the year were as follows:

Number on the roll December, 1959	..	..	82
Number of children admitted during 1959	..	23	
Number of children discharged during 1959	..	20	

The medical condition of the children for which this type of education was necessary was as follows:

General Debility	..	..	..	..	40
Bronchitis	..	..	..	..	7
Asthma	..	..	..	..	14
Sequelae of Poliomyelitis	..	..	..	4	
Congenital Heart	..	..	..	..	3
Cerebral Palsy	..	..	..	..	3
Orthopaedic defect	..	..	..	..	3
Miscellaneous	..	..	..	..	8

A medical officer visits the school on four occasions each term and a school nurse visits from time to time as the need arises.

St. Catherine's E.S.N. School

The school provides accommodation for about 60 boys and girls aged 11 years and upwards.

	Boys	Girls
Number on roll in December, 1959 ..	32	21
Number admitted during 1959	6	3
Number discharged during 1959	3	5

Of the 3 boys and 5 girls who left school during the year, 1 boy and 4 girls were reported to the Local Health Authority under the provisions of Section 57 (5) of the Education Act, 1944.

NURSERY SCHOOLS

The average and total attendances during the year were as follows:

	Average Attendance	Total Attendance
St. Cuthbert's Nursery School ..	34.80	13,802
St. Giles Nursery School ..	37.92	15,008

All children are medically examined on entry and a medical officer visits once each month to see new entrants and to examine other children when required.

THE CHILDREN AND YOUNG PERSONS' ACT, 1933

245 children were examined for Employment outside of School hours as compared with 247 in the previous year, mainly for the purpose of licensing for newspaper delivery. All the children examined were found to be fit to carry out their employment.

HOME TEACHING

Teaching in the home continues as a very small, but useful part of the education service.

10 children were taught at home during the year; the majority of these were suffering from severe orthopaedic defects.

Orthopaedic defects	8
Maladjusted	1
T.B. Meningitis	1

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES

21 students were examined during the year, in connection with their entry to Training Colleges.

20 teachers appointed to the Authority's staff were also medically examined.

DEATHS IN SCHOOL CHILDREN

It is sad to record the death of 5 children, during the year, the same number as in the previous year. One death was due to a road accident and the others were from natural causes.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, 1959

During the course of the year, Mr. K. H. Davis was appointed as Principal School Dental Officer with effect from 1st February, 1959 and Mrs. J. Lodge resigned as School Dental Officer with effect from 10th January, 1959. The dental staff is therefore, one whole time Dental Officer for an approximate school population of 13,000, the establishment being 1 Principal and 2 Dental Officers.

This staffing situation is reflected in the return of the majority of County Boroughs and in view of the inducements offered by this Authority, the further solution of this problem will have to be on a National basis. Some progress has been made to implement the Dental Act of 1958 in respect of the training of Dental Auxilliaries but some time will elapse before the effects of this scheme are felt.

In the light of the McNair Report of 1956, the staffing situation is not liable to be alleviated for some years yet, increased emphasis must be placed on preventive dentistry with the question of fluoridation of the water supply to be raised as soon as circumstances permit. The addition of 1—2 parts per million of fluorine to the drinking water shows a reduction of 60—65% in the incidence of dental caries with no hazard to general health. A process both beneficial and requiring no self discipline.

During the course of the year the orthodontic services of the Authority have been restricted to those patients applying for such treatment, the time available for this treatment has been curtailed due to the number of increasing emergency toothache cases which naturally follow a reduction of 66% in the authorised establishment of the Authority.

I should like to thank Dr. Fraser and Dr. Cheshire, the Consultant Anaesthetists, for their continued help during anaesthetic sessions and also the staff of the Public Health Department and Education Office.

K. H. DAVIS,

Principal School Dental Officer.

