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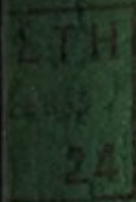
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CITY AND COUNTY  
BOROUGH OF LINCOLN



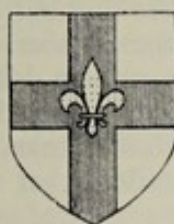
ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
FOR THE  
YEAR ENDING 31st DECEMBER 1961

*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 1961*

---

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 a Report on the health of the City for the year 1961.

In recent years, there has been a constant increase in the number of births in Lincoln and in 1961, the number (1482) was greater than in any previous year. The increase in the number of births each year results in an increasing amount of work for the services dealing with the mother and young child. The Midwifery Service, the Health Visiting Service, the Home Help Service and the Infant Welfare Clinics are all affected and it is in fact quite remarkable when one considers that the domiciliary births in 1961 (618) showed an increase of 48% compared with the number (419) five years ago. It was fortunate that we were able to maintain a full staff of midwives throughout the year, although even with a full staff, the total number of deliveries during the year was such that the midwives were obliged to attend to more confinements than is reasonable.

The total attendances at the Infant Welfare Clinics also showed a substantial increase and this was noticed particularly in the South of the City where, unfortunately, the clinic premises are far from satisfactory. In the North of the City, however, good progress was being made at the end of the year in the building of the City's first purpose-built Infant Welfare Clinic. The plan for building a Clinic adjacent to a Branch Library appears to have many merits, as if there is a population sufficient to justify the one service, there is also a need for the other.

The Ante-Natal Clinics were again very popular and were well attended, in fact, the numbers attending the Clinics held fortnightly, increased to such an extent that it became necessary to hold weekly sessions. There is no doubt that the establishment of additional ante-natal clinics has eased the burden of the midwives, as a considerable number of routine examinations which the midwife has to make are conducted at the clinics, thus obviating many visits to the home some of which are often ineffective.

The increasing number of births accentuates the lack of adequate Hospital Maternity beds and the provision of a new Maternity Hospital for Lincoln is long overdue.

It is regretted that the number of Health Visitors on the staff has not increased proportionately with the increasing number of young children now living in the City and apparently the only way in which the number on the staff can be increased is by the training of Health Visitor Students. The larger number of visits paid by the staff to children under one year of age was inevitably at the expense of the other services and it was fortunate that 1961 was not a particularly heavy year in the vaccination and immunisation field and that the poliomyelitis vaccination programme did not involve the Health Visitors in the same amount of work as in previous years.

A great deal of progress needs to be made in improving liaison with the General Practitioners. In some areas of the Country, this difficulty has been overcome by attaching Health Visitors to a 'group practice' and this appears to have many advantages. However, I feel that one needs to be cautious before generally accepting such an arrangement. No such scheme was introduced in Lincoln in 1961, but at least in some areas of the City it would appear that at some future date satisfactory arrangements could be made.



The number of visits paid by the Home Nurses since 1957 has gradually been decreasing. This has been largely due to the reduction in the number of injections which are now given. However, the decrease in the number of visits in 1961 was very small and it may be that a state of stability has been reached.

The Poliomyelitis Vaccination programme in 1961 largely consisted of the primary vaccination of infants and the only new arrangement made was the giving of fourth injections to children aged 5 to 12 years. The majority of these injections were given before the end of the Summer Term.

There was a change in the Schedule of Immunisations during the year—it was decided to discontinue the giving of booster doses of Triple Antigen to school entrants, owing to the fact that a small number of reactions had been produced in the past. These reactions were not serious, but a number of children had a painful arm. It was decided to offer a fourth injection of Triple Antigen one year after the third and this amended programme was almost identical with the schedule suggested by the Ministry of Health later in the year.

A steady increase in the work of the Ambulance Service continued and despite the withdrawal of the Lindsey County Council from the use of the Lincoln Ambulance Service (apart from emergency calls), the total patients carried in 1961 is the highest on record.

The Chiropody Service was under the control of the Health Committee for a full year for the first time in 1961 and the arrangements consisted of the holding of four sessions per week at the Chiropody Clinic, together with domiciliary visiting of patients who were aged 85 years or over and those who by reason of illness or infirmity were unable to reach the Clinic even if ambulance transport were provided. The total number of attendances during the year was 2219 and 984 visits were made by the Visiting Chiropodist.

1961 was the first full year of operation of the new Mental Health Act and the changes in the methods of admission to Mental Hospital produced few difficulties. Several meetings were held of representatives of the Local Health Authorities in the area and the Psychiatrists at St. John's Hospital to consider any problems arising from the changes brought about by the Act. There is very close co-operation between the Health Department and the Psychiatric Hospital and arrangements were made for the Mental Welfare Officers to attend Case Conferences at the Hospital and to visit patients before discharge.

Although many years will elapse before the full effect of the changes engendered by the climate of opinion which brought about the Mental Health Act will have full effect, it is clear that the public attitude is changing rapidly and mental illness is now no longer felt to be so fundamentally different from organic illness.

Progress by the Local Health Authority in providing the facilities for care in the community must necessarily depend to a large extent on the provision of suitable buildings and although in 1961 no new premises were provided, it was a year of planning and I feel it is a wise policy to be sure one is going in the right direction before striving for speed. It was decided, therefore, to abandon the plan to provide a temporary building in the grounds of the present Training Centre to be used as an Adult Training Centre and, instead, to provide a purpose-built Adult Centre on a separate site. Whilst this will result in some delay, it will ultimately result in the best arrangement, as it is now accepted that the provision of 'Separate Centres' is greatly to be preferred.



No progress was made in establishing Hostels, as required by the Mental Health Act, and it was a great disappointment to learn that the long overdue new Maternity Hospital for Lincoln will not be completed until 1965 or 1966 and therefore the present Maternity Hospital (owned by the Corporation) will not be vacated and released for use as a hostel for adult males in 1963 as was hoped when the proposals for the implementation of the Mental Health Act were submitted to the Ministry in 1960.

The incidence of and mortality from Tuberculosis is the lowest ever recorded in the City. Efforts continue, however, to attempt to eradicate this disease completely within the next decade. The B.C.G. Vaccination programme is, therefore, tackled with enthusiasm as this is possibly the most important single factor in the elimination of Tuberculosis. The willing co-operation of the parents of 13—14 year old children who are skin tested and vaccinated is greatly appreciated for parents have to take a good deal on trust as it is not easy to give them all a complete account of the place of B.C.G. vaccination in the community control of Tuberculosis.

The Health Visitors were again largely responsible for the Health Education programme but the Public Health Inspectors also contributed in their particular fields and one new venture was the start of what will be regular courses in food hygiene for food handlers given at the Technical College.

I must confess that no progress was made in the attempt to reduce smoking, which is a cause of cancer of the lung—a fatal condition for which there is virtually no treatment. The Local Health Authority's Health Education programme on this topic must fail in view of the enormous volume of propaganda and publicity (using all possible media) put out by the tobacco companies.

As I am a life-long non-smoker, I completely fail to understand the minds of smokers who continue the habit despite the evidence which has been presented, which leaves little doubt that there is a causal relationship between smoking and cancer of the lung. The evidence is now available and all smokers should consider this and evaluate the risks. They should then abandon this self-indulgent habit, should attempt to regain their self respect and release themselves from the bondage of nicotine addiction. They should do this, but how should this be done? This is the question that I am unable to answer and each individual must find the ways and means himself.

Health Departments were established in the middle of the Nineteenth Century, due to the ravages caused by epidemics of infectious diseases, but now conditions have changed to such an extent that the control of infectious diseases forms only a relatively small part of the work of the Health Department. The tremendous reduction in the incidence of these diseases is a tribute to the work of Health Departments in the past and if the vaccination and immunisation programmes are vigorously conducted, we may soon see the virtual disappearance of several diseases which have been scourges in the past. However, Chickenpox, Measles, Dysentery and Influenza remain and all four have a mortality rate; in the case of Measles this is not so low as to be negligible and in the case of Influenza it is considerable. The prevention of these diseases, therefore, must now be considered.

The Home Help Service was again fully extended in 1961 and was not able to meet all the demands. It was necessary, therefore, to be somewhat restrictive in the provision of the Service and the reason that in some cases the help provided was occasionally less than was desirable was because



more needy cases had to be given priority. Furthermore, in a number of cases where help was requested and because the Service was fully committed with more needy cases, the applicant was advised to obtain private help and was assisted in doing this.

Mr. F. G. Latchem retired in October, having been Ambulance Officer in the City for 17 years. I wish him well in his retirement.

In conclusion, I should like to express my sincere thanks to the Health Department Staff for their loyal service throughout the year and in particular, I should like to thank the Chairman, Alderman E. J. Richardson whose interest and encouragement have at all times been most helpful.

R. D. HAIGH,

*Medical Officer of Health.*

City Health Department,

Beaumont Fee,

LINCOLN.

*November, 1962.*



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## HEALTH COMMITTEE, 1961

THE RIGHT WORSHIPFUL THE MAYOR, COUNCILLOR W. E. HERBERT

*Chairman:* ALDERMAN E. J. RICHARDSON, J.P.

*Vice-Chairman:* ALDERMAN MRS. G. L. MURFIN

*Council Members:*

Alderman F. W. G. Todd  
Councillor H. B. Adams  
Councillor F. T. Allen  
Councillor W. S. Maclean

Councillor Mrs. M. R. Sookias  
Councillor S. Wilson  
Councillor A. S. Woolhouse

*Other Members:*

Dr. A. H. Ferguson  
Dr. T. M. O'Brien  
Mr. G. W. Whatmough

Mr. D. A. C. Andrews  
Mr. G. H. Kelsey  
Miss M. Witting

### Accounts Sub-Committee

Alderman F. W. G. Todd  
Councillor H. B. Adams

Councillor S. Wilson

### Maternity and Child Welfare Sub-Committee

*Chairman:* ALDERMAN E. J. RICHARDSON, J.P.

*Council Members:*

Alderman F. W. G. Todd  
Councillor H. B. Adams  
Councillor F. T. Allen

Alderman Mrs. G. L. Murfin  
Councillor Mrs. M. R. Sookias  
Councillor S. Wilson

*Other Members:*

Mrs. M. Eagle  
Mrs. G. M. Barnett

Mrs. M. H. Plant

### Mental Health Services Sub-Committee

*Chairman:* ALDERMAN E. J. RICHARDSON, J.P.

*Council Members:*

Alderman Mrs. G. L. Murfin  
Alderman F. W. G. Todd  
Councillor H. B. Adams

Councillor F. T. Allen  
Councillor Mrs. M. R. Sookias

*Other Members:*

Dr. F. A. Bleaden  
Mrs. M. Eagle

Mr. G. H. Kelsey  
Mr. T. C. Smith

### Necessitous Cases Sub-Committee

*Chairman:* ALDERMAN E. J. RICHARDSON, J.P.

Alderman Mrs. G. L. Murfin  
Alderman F. W. G. Todd

Councillor H. B. Adams  
Councillor F. T. Allen

### Prosecutions Sub-Committee

*Chairman:* ALDERMAN E. J. RICHARDSON, J.P.

Alderman Mrs. G. L. Murfin  
Alderman F. W. G. Todd

Councillor H. B. Adams  
Councillor F. T. Allen

# STAFF OF THE CITY HEALTH DEPARTMENT, 1961

## *Medical Officer of Health and Principal School Medical Officer:*

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

## *Deputy Medical Officer of Health:*

J. T. JONES, M.B., B.Ch., D.P.H. (from 19th June, 1961)

## *School Medical Officers and Assistant Medical Officers of Health*

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

PHOEBE H. CHANCE, M.R.C.S., L.R.C.P.

## *Principal School Dental Officer:*

C. K. FENTON EVANS, L.D.S. (from 21st February, 1961)

## *School Dental Officers:*

G. A. VEGA, B.D.S. (from 1st September, 1961)

SHEILA M. EVANS, L.D.S. (part-time)

1 Vacancy

## *Chief Public Health Inspector:*

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

## *Deputy Chief Public Health Inspector:*

R. K. CROW, B.Sc.(ECON.) CERT., R.S.I., MEAT AND FOOD CERT. R.S.I., SMOKE INSPECTOR'S CERT. (R.S.I.), DIPL. IN HOUSING ESTATE MANAGEMENT (I.H.)

## *Public Health Inspectors:*

F. L. G. CHAPMAN, CERT. R.S.I., MEAT AND FOOD CERT., R.S.I.

G. T. W. SHEPHERD, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.I.

D. B. MAY, CERT. P.H.I.E.B.

3 Vacancies

## *Pupil Public Health Inspectors:*

T. R. H. BELL

G. W. KIRK

## *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 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.)

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

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. H.V. (CERT.)

MISS A. E. CHILVERS, S.R.N., S.C.M., H.V. (CERT.) (qualified 22nd July, 1961).

MRS. E. M. COOLING, S.R.N., S.C.M., H.V. (CERT.) (from 4th September, 1961).

MRS. J. L. JONES, S.R.N., S.C.M., H.V. (CERT.) (part-time from 8th May, 1961).

MISS B. M. LEES, S.R.N., S.C.M. (Student from 2nd October, 1961).



*Tuberculosis Visitor:*

MISS C. A. THOMPSON, S.R.N., S.C.M., H.V. (CERT.), C.N.N.

*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. G. M. ENGLISH, S.R.N., S.C.M.  
 MISS J. HATCH, S.R.N., S.C.M.  
 MRS. I. K. JOYCE, S.R.N., S.C.M., Q.I.D.N.  
 MRS. R. M. SHIELDS, S.R.N., S.C.M.  
 MRS. G. P. WILLIAMS, S.C.M.

*District Nurses:*

MRS. M. ATTARD, S.R.N.  
 MISS J. BARSLEY, S.R.N., Q.I.D.N.  
 MRS. M. COLE, S.R.N. (part-time)  
 MRS. M. A. ATKINSON, S.R.N.  
 MISS L. M. DAWSON, S.R.N., S.C.M.  
 MRS. K. DREWERY, S.R.N.  
 MISS J. GRIFFITH, S.R.N., Q.I.D.N.  
 MRS. A. HOWLETT, S.R.N.  
 MRS. N. SMITH, S.R.N., S.C.M.  
 MRS. N. TOYNE, S.R.N.  
 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 Nurses:*

MRS. J. M. SWANN, S.R.F.N., S.C.M.  
 MRS. K. PITCHFORD, S.R.N. (temporary, part-time).

*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 P. M. BOWSER, C.N.N. (to 20th January, 1961) MISS E. M. E. DRIFFILL, C.N.N. MRS. J. H. WHITE, C.N.N.
Nursery Students	<div style="display: flex; align-items: center;"> <div style="flex: 1;">           MISS B. A. MINNS            MISS M. R. WILKINSON            MISS V. A. WILKINSON (to 31st August, 1961)            MISS M. TRACEY (to 10th November, 1961) (from 15th November, 1961)            MISS D. M. GREEN (1st year from 1st September, 1961)            MISS M. A. JARVIS (1st year from 1st September, 1961)         </div> <div style="font-size: 3em; margin: 0 10px;">}</div> <div>           Transferred to a Nursery            School for 2nd year training,            31st August, 1961.         </div> </div>
Nursery Assistant	MISS P. LEACHMAN

*Occupation Centre:*

Supervisor	MRS. B. SEARLE, N.A.M.H. (DIPLOMA)
Deputy Supervisor	MISS J. A. WOODS, N.A.M.H. (DIPLOMA)
Assistants	MRS. A. TONGE
	MRS. E. EITE, S.R.N.
	MRS. M. DOWMAN

*Mental Welfare Officers:*

J. H. PREECE (Senior Mental Welfare Officer)  
 J. WEDGWOOD  
 MISS B. M. WATERS

*Ambulance Service:*

Ambulance Officer	F. G. LACHEM (Retired 8th October, 1961)
	V. R. NORTH (from 8th October, 1961)
Deputy Ambulance Officer	H. LEEMING
Clerk	MISS J. M. WALLS
Clerk/Telephonist	MISS P. R. CHALLANS
Night Telephonist	T. B. G. SAVAGE (to 15th March, 1961)
	L. J. HOPKINS (from 27th March, 1961)

Drivers: 24 Attendants: 1 (at the end of the year)

*Home Help Service:*

Organiser	MISS H. BALDWIN
Clerks	MRS. M. E. CLARKE
	MISS S. E. MOYSES

Helps at the end of the year: Whole-time, 12; Part-time, 68

*Pests Officer:*

A. H. WALKER

*Rodent Operators:*

H. CHEETHAM  
 R. WOOLFITT (from 19th June, 1961)

*Dental Surgery Assistants:*

MRS. M. MILLIGAN  
 MRS. R. A. PROCTOR (from 1st September, 1961)

*Lay Administrative Assistant:*

J. C. MARTIN, A.R.S.H.

*Clerks:*

A. C. TAYLOR  
 R. W. HILL  
 N. F. MCLEOD  
 MISS M. A. BOYNTON  
 MISS S. M. JOHNSON  
 MISS E. KETTLEBORO  
 MRS. E. THORNTON  
 MRS. N. BILLINGS  
 MISS I. M. COOK  
 MISS C. SAYNER (to 14th January, 1961)  
 MISS L. WHITWORTH (from 16th January, 1961  
 to 11th November, 1961)  
 MISS J. GOODWIN (from 14th November, 1961)



## STATISTICAL INFORMATION

### GENERAL STATISTICS

Area of City in acres	.. .. .	7,517
Number of dwelling houses, 1st April, 1961	.. .. .	24,558
Rateable Value, 31st March, 1961	.. .. .	£964,432
Sum represented by a penny rate	.. .. .	£3,910

### VITAL STATISTICS

Population (estimate mid-year, 1961)	.. .. .	77,140
Live Births:—		
Number	.. .. .	1,482
Rate per 1,000 population	.. .. .	18.63
Illegitimate Live Births per cent of total live births	.. .. .	6.54
Still-births:—		
Number	.. .. .	29
Rate per 1,000 total live and still births	.. .. .	19.19
Total Live and Still Births	.. .. .	1,511
Infant Deaths (deaths under 1 year)	.. .. .	29
Infant Mortality Rates:—		
Total infant deaths per 1,000 total live births	.. .. .	19.57
Legitimate infant deaths per 1,000 legitimate live births	.. .. .	20.22
Illegitimate infant deaths per 1,000 illegitimate live births	.. .. .	10.31
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	.. .. .	12.82
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	.. .. .	9.45
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	.. .. .	28.46
Maternal Mortality (including abortion):—		
Number of deaths	.. .. .	1
Rate per 1,000 total live and still births	.. .. .	0.66
Net Deaths	.. .. .	896
Death Rate per 1,000 population	.. .. .	11.73
Tuberculosis Mortality Rate, per 1,000 population	.. .. .	0.04
Cancer Mortality Rate, per 1,000 population	.. .. .	1.98
Area Comparability Factors: Births 0.97 Deaths 1.01		

### COMPARISON OF CERTAIN VITAL STATISTICS WITH RATES FOR ENGLAND AND WALES

	<i>Lincoln</i>	<i>England and Wales</i>
Live Birth Rate	18.63	17.4
Still Birth Rate	19.19	19.1
Maternal Mortality Rate	0.66	0.33
Infant Mortality Rate	19.57	21.6
Neo-natal Mortality Rate	12.82	15.5
Perinatal Mortality Rate	28.46	32.2
Death Rate	11.73	12.0
Tuberculosis Mortality Rate	0.04	0.07
Cancer Mortality Rate	1.98	2.16







<i>Cause of Death</i>	<i>No. of deaths</i>	<i>Males</i>	<i>Fe- males</i>	<i>Under 1yr</i>	<i>1-</i>	<i>5-</i>	<i>15-</i>	<i>Age 25-</i>	<i>45-</i>	<i>65-</i>	<i>75-</i>
Pregnancy, childbirth and abortion ...	1	-	1	-	-	-	-	1	-	-	-
Congenital malformations ...	9	5	4	9	-	-	-	-	-	-	-
Other defined and ill-defined diseases ...	60	25	35	9	-	2	-	2	15	10	22
Motor vehicle accidents ...	7	5	2	-	-	-	3	1	2	-	1
All other accidents ...	14	12	2	1	1	2	1	2	3	1	3
Suicide ...	5	4	1	-	-	-	2	-	3	-	-
Homicide and Operations of War ...	1	1	-	-	-	-	-	1	-	-	-
Totals ...	896	502	394	29	2	5	11	21	206	250	372

## DEATHS IN AGE GROUPS, 1961

	<i>Under 1 year</i>	<i>1-4 yrs.</i>	<i>5-14 yrs.</i>	<i>15-24 yrs.</i>	<i>25-44 yrs.</i>	<i>45-64 yrs.</i>	<i>65-74 yrs.</i>	<i>75 and over</i>	<i>Total</i>
Males ...	15	2	3	7	14	146	147	168	502
Females ...	14	-	2	4	7	60	103	204	394
Totals ...	29	2	5	11	21	206	250	372	896

## DEATHS FROM CANCER

The deaths from Cancer are shown in the following Table and the high proportion of deaths from Cancer of the lung and bronchus is worthy of note. It will be seen that there were six times as many deaths in males as in females (33 : 5). Cancer of the lung and bronchus is undoubtedly a disease of middle age, deaths occurring in the 45-64 age group and although there were fewer deaths in 1961, there are no grounds for complacency, particularly as many of these were preventable.

It is our duty to educate the public in the definite relationship between lung cancer and smoking and this is mentioned elsewhere in the Report—see Health Education, page 43.

## CANCER DEATHS, 1961

<i>Cause of death</i>	<i>No. of deaths</i>	<i>Under 1yr</i>	<i>1-</i>	<i>5-</i>	<i>15-</i>	<i>Age 25-</i>	<i>45-</i>	<i>65-</i>	<i>75-</i>	<i>Totals</i>
Malignant Neoplasm Stomach	15	{ Males	-	-	-	-	4	2	2	8
		{ Females	-	-	-	-	4	-	3	7
Lung and Bronchus	38	{ Males	-	-	-	4	20	7	2	33
		{ Females	-	-	-	-	2	3	-	5
Breast	15	{ Females	-	-	-	2	10	3	-	15
Uterus	4	{ Females	-	-	-	-	3	1	-	4
Other Malignant and lymphatic neoplasms	79	{ Males	-	-	1	-	13	15	15	44
		{ Females	-	-	-	-	11	12	12	35
Leukaemia, aleukaemia	2	{ Males	-	-	-	-	1	1	-	2
		{ Females	-	-	-	-	-	-	-	-
Totals	153	{ Males	-	-	1	4	38	25	19	87
		{ Females	-	-	-	2	30	19	15	66



### Infantile Mortality

There were 29 deaths of infants under 1 year, giving an infant mortality rate of 19.57 per 1,000 live births. This rate is slightly higher than the rate for 1960, which was 18.65, but is still lower than the average rate for England and Wales which for 1961 was 21.6. The slight increase in the rate was due to the increase in the number of deaths in infants over the age of one month.

Cause of death	Under				Total under 4 wks					Total
	1 wk	1-2 wks	2-3 wks	3-4 wks		1-3 mths	3-6 mths	6-9 mths	9-12 mths	
Prematurity ...	6	-	-	-	6	-	-	-	-	6
Congenital Malformations	4	-	1	1	6	2	1	-	-	9
Pneumonia ...	4	-	2	-	6	-	1	2	1	10
Other Causes ...	-	-	1	-	1	1	2	-	-	4

Of the ten infants dying from pneumonia, four were premature births.

### 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.

In 1961, there were 29 still-births and 14 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 28.46. This represents a small decrease compared with the rate for 1960 (32.8).

### Suicide

5 deaths (4 male and 1 female) were due to suicide and the causes of deaths are given in the following table:—

Cause of Death	AGE AND SEX								Total
	15 — 24		25 — 44		45 — 64		65 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	
Coal gas poisoning	—	—	—	—	2	—	—	—	2
Aspirin poisoning	—	1	—	—	1	—	—	—	2
Self inflicted gunshot wounds	1	—	—	—	—	—	—	—	1
TOTAL ...	1	1	—	—	3	—	—	—	5

## LOCAL HEALTH AUTHORITY SERVICES

### CARE OF MOTHERS AND YOUNG CHILDREN

#### Infant Welfare Clinics

The Infant Welfare Clinics continued to be well attended during 1961 and the average attendance at each session increased from 44.5 in 1960 to 52.7.

3,217 children under 5 years of age attended during the year compared with 2,775 in 1960 and the number of children who attended for the first time during the year, and who were under 1 year at first attendance, was 1,047 compared with 989 in the previous year. (Approximately 70% of babies born during the year attended the Clinics at some time).



The total number of attendances during the year was 14,310 under 1 year and 5,869 between 1 and 5 years, the comparable figures for the previous year being 11,820 and 5,044. The following table shows in detail the attendances at the central clinic at 34 Newland and at the various out-lying clinics:—

		<i>No. of Sessions</i>	<i>Total Attendances</i>	<i>Average Attendance per Session</i>	
				1961	1960
M. & C.W. Centre, Newland	Tues.	51	3110	61.0	50.5
„ „ „	Wed.	26	312	12.0	11.8
„ „ „	Fri.	51	2354	46.1	41.9
St. Helen's Hall	Mon.	48	3237	67.4	50.0
St. Giles Hall	Thurs.	52	2335	44.9	37.2
Blenkin Hall	Fri.	51	2499	49.0	44.5
St. John's Hall	Wed.	52	3315	63.7	44.7
St. George's Hall	Tue.	51	3017	59.2	56.7
TOTALS		382	20179	52.8	44.5

Although many of the clinics are held in premises which are by no means ideal, it is pleasing to note that the mothers continue to attend, despite the difficulties which are present in holding sessions in premises which were not designed for the purpose.

Towards the end of the year, the new purpose-built clinic in Ravendale Drive, designed to serve the two Ermine Estates, was well on the way to completion and the services which will be provided there will, it is hoped, prove to be a great asset to the mothers and children living on those Estates.

The considerable number of mothers and children attending the infant welfare clinics make it obvious that plans will have to be made to increase the clinic provision, particularly as there are some areas of the City which have no clinic within easy reach.

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>Day</i>	<i>Times</i>
Infant Welfare Clinics	Maternity and Child Welfare Centre, 34 Newland	Tuesday Wednesday Friday	2—4 p.m.
	St. Helen's Hall, Skellingthorpe Road	Monday	2—4 p.m.
	St. Giles' Methodist Church Hall, Addison Drive	Thursday	2—4 p.m.
	Blenkin Hall, St. John's Road, Newport	Friday	2—4 p.m.
	St. John's Church Hall, Ermine Estate	Wednesday	2—4 p.m.
	St. George's Hall, Swallowbeck	Tuesday	2—4 p.m.



Ante-Natal Clinics	Maternity and Child Welfare Centre, 34 Newland	Tuesday	9-30—11-30 a.m.
	St. John's Church Hall, Ermine Estate	Monday	2—4 p.m.
	St. Helen's Church Hall, Skellingthorpe Road	Thursday	2—4 p.m.
Ante-Natal Instruction Class	Maternity and Child Welfare Centre, 34 Newland	Monday Thursday	2—4 p.m.
Ultra Violet Light Clinic	„ „	Tuesday Friday	2—4 p.m.

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

<b>Ante-Natal Clinics</b>	1961	1960
Total number of women who attended during the year	877	684
Number of women who attended for the first time ..	708	678
Total number of attendances .. .. .	2380	1658

A Medical Officer and two or more domiciliary midwives are present at each Ante-Natal Clinic and an attempt is made to provide an efficient service for expectant mothers. One advantage which accrues from the holding of clinics is that women have an opportunity of being weighed accurately. This is seldom possible when the midwife examines the patient at home and as an efficient ante-natal service should be a preventive service, the importance of regular and accurate weighing cannot be overemphasised when overweight is undoubtedly a factor in the causation of pre-eclamptic toxæmia. Stress is laid on the importance of carrying out regular haemoglobin estimations and as far as possible each patient has a haemoglobin estimation at the time of booking and again at about the 34th week of pregnancy.

As mentioned in my report for last year, the attendances at the ante-natal clinics had increased to such an extent that it became obvious by the end of 1960 that additional sessions would be necessary. During 1961, therefore, the ante-natal clinics which had been held fortnightly at:

Maternity and Child Welfare Centre, 34 Newland  
St. John's Church Hall, Ermine Estate  
St. Helen's Church Hall, Skellingthorpe Road

were held weekly as from 10th July, 1961. The figures shown above more than justify the facilities made available for a more comprehensive service for ante-natal care.

<b>Ultra Violet Light Clinic</b>	1961	1960
Total number of cases treated during the year ..	65	65
Number of cases treated for the first time during the year .. .. .	57	52
Total number of attendances .. .. .	745	734

Of the cases treated at this clinic, 50 were school children and 15 were children 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:—

		1961	1960
National Dried Milk	.. .. . tins	16,608	22,543
Orange Juice	.. .. . bottles	28,144	46,460
Cod Liver Oil	.. .. . bottles	3,147	5,037
Vitamin A and D Tablets	.. .. . packets	4,042	5,280

The considerable fall in the issues of Orange Juice, Cod Liver Oil and Vitamin Tables is explained by the fact that recipients were obliged to pay the cost price for these products with effect from 1st June, 1961, as a result of instructions contained in Ministry of Health Circular 14/61.

### Care of Unmarried Mothers and Illegitimate Children

The Health Committee's duty for the provision of care for unmarried mothers, when required, is carried out by an arrangement whereby the Lincoln and District Council for Social and Moral Welfare make appropriate enquiries into cases where difficulties are anticipated and submit to the Health Committee each case where financial assistance is needed. During the year, the Committee agreed to grants being made in eleven cases, which was the same number as in the previous year.

The number of illegitimate births during 1961 was 97 which was an increase of 15 on the number in the previous year. This represents a rate of 6.5% of total live births registered, compared with a rate of 6.3% in the previous year.

A subject which has given rise to a considerable amount of concern in recent years has been the increasing number of expectant mothers amongst the girls in the final year at School, or in the first year after leaving School. The increased number of such cases which has been noticed nationally, has also been noticed in Lincoln and is reflected in the figures for 1959, 1960 and 1961. The Health Committee, being concerned about this increase, requested Officers of the Education and Health Departments to consider the matter and in consequence, a meeting was held in July at which Head Teachers, Officers of the Education and Health Departments and Officers of the Lincoln and District Council for Social and Moral Welfare were present. The problem was discussed at length, but it was found impossible to plan any scheme to deal with this matter which would be useful in Schools.

### Day Nursery

The number of children on the register of the Newland Day Nursery varied during the year between 33 and 47 and the average daily attendance was 29.

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

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
21.1	18.8	32.2	24.6	32.5	30.3	28.5	26.0	31.0	33.0	31.6	32.5

All applications for admission to the Nursery are carefully considered and children are now admitted only when there is an urgent medical or social need. There is no evidence that the demand for Nursery places is decreasing and the average number of children attending in 1961 was smaller than in the previous year, due in large measure to the careful selection of children eligible for admission to the Nursery.

Absolute priority for admission is given to children of mothers who are unmarried, widowed, separated or divorced, who are obliged to go out to work and who have no relatives able to care for the children. Admission



is also arranged where there is a pressing medical or social need in the family and from time to time infants are admitted at the request of the Paediatrician and the Consultant Children's Psychiatrist.

The Nursery is approved as a Training Centre and during the year seven girls carried out their practical training at the Lincoln Nursery whilst undertaking the Nursery Nurses' Training Course at Nottingham.

In January there was an outbreak of Sonne Dysentery at the Nursery, the infection being introduced by two children who had spent the Christmas Holiday in London and returned to the Nursery whilst still having diarrhoea. Although these children were excluded from the Nursery as soon as their condition was noticed, widespread infection resulted, 20 children and 2 staff being affected.

It was considered desirable to close the Nursery for five days and children were re-admitted when three consecutive negative faecal specimens had been obtained. This is the first time the Nursery had been closed (except for Bank Holidays) since 1942.

At the beginning of the year the scale of charges was increased to a maximum of 10/- per day. Full details of the scale of charges were given in the Report for 1960.

As it was anticipated that the Education Committee would experience great difficulty in recruiting teachers during 1962, the Council agreed to the admission of young children of women teachers applying for posts in the City to the Day Nursery on payment of the maximum charge providing such admission would not in any way prevent the admission of children who would normally qualify for admission.

#### **Dental Care—Principal Dental Officer: MR. C. K. FENTON EVANS, L.D.S.**

The number of expectant and nursing mothers examined in 1961 (65) was greater than in 1960 (21).

The majority of mothers examined had been referred to the Dental Clinic by Health Visitors, Midwives and Medical Officers, but several mothers sought advice of their own accord. It was noticed that the attendance of this latter group was better than among those who were referred from other sources. In fact, many of those referred failed to attend even for their initial inspection. The total number of broken appointments was 65—22% of all appointments made for expectant and nursing mothers.

Compared with 1960 there was an increase in the number of fillings, local anaesthetics, scaling and gum treatment, dressings and radio-graphs and a decrease in the number of extractions, general anaesthetics and complete dentures.

The number of pre-school children inspected (101) shows little change compared with the number inspected in the previous year (100). There was an increase in all forms of treatment with the exception of extractions and general anaesthetics, which showed a marked decrease.

#### **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 ...	65	63	63	23	234
Children under five ...	101	84	84	58	176



## FORMS OF DENTAL TREATMENT PROVIDED

	Extrac- tions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treat- ment	Dress- ings	Radio- graphs	Dentures Provided	
		Local	General						Com- plete	Par- tial
Expectant and Nursing Mothers	66	38	7	172	35	—	57	27	3	3
Children under five	34	12	9	98	—	21	50	5	—	—

## MIDWIFERY

*Nursing Superintendent: MISS E. M. DAY*

## Notifications of Intention to Practise

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

11 practised in the domiciliary field, 2 of whom work in a private capacity and are occasionally employed by the Local Health Authority when a District Midwife is away sick or on leave.

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

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

## Distribution of Confinements

The total number of births (live and still) in the year was 1,511 (1,311 in 1960). 643 confinements took place at home (593 in 1960). 618 were attended by the District Midwives and 25 were attended by the two midwives in private practice.

The total number of births continued to show an increase and there was again a slight increase in the number of confinements at home, as can be seen in the table below:—

*Cases attended by District Midwives*

1957	.....	431
1958	.....	494
1959	.....	565
1960	.....	580
1961	.....	618

Although there was an increase in the number of confinements during the year, the midwives paid a reduced number of visits, *i.e.* 14,123 compared with 14,403 in the previous year. This decrease was due, in large measure, to the establishment of additional Ante-Natal Clinic sessions during 1961.

It has become obvious that with the changes in population distribution in the City, the number of confinements in each midwife's area is now no longer approximately equal; the number of confinements varied in 1961 from 50 in one area to 129 in another. Towards the end of the year, therefore, it was decided to review the districts in order to achieve a more equitable distribution of confinements and it is hoped that this review will be undertaken in 1962.



## Analgesia

Inhalation analgesia using Trilene, administered by means of a Cyprane Inhaler, was used in 538 cases. Only 4 cases received gas/air analgesia and this method has now almost entirely been replaced by the administration of Trilene. Pethidine was administered in 436 cases during the year (403 in 1960).

## Environmental Reports

The Lincoln Maternity Home 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 Lincoln Maternity Home as to the suitability for hospital confinement, due to unsatisfactory home conditions.

During 1961, 183 cases were investigated by the district midwives and of these, 75 cases 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 10th day are received by the Medical Officer of Health in order that the Domiciliary Midwives may carry out post-natal care and this is followed-up by the Health Visitors. By arrangement Health Visitors may visit any mother in the Lincoln Maternity Home prior to discharge.

## Chest X-ray of Expectant Mothers

Under the scheme for chest X-rays for expectant mothers started in 1954, chest X-ray is offered to all mothers on booking a midwife. Many were found to have availed themselves of the Mobile X-ray Unit prior to pregnancy and consequently it was not thought necessary to refer them again under the scheme.

The source of referral was from General Practitioners, Local Authority Ante-Natal Clinics and the Lincoln Maternity Home and the number of expectant mothers X-rayed during the year was as follows:—

Referred by General Practitioners	..	..	..	..	174
Referred by Local Authority Ante-Natal Clinics	..	..	..	..	118
Referred by Maternity Hospital Ante-Natal Clinics	..	..	..	..	212
					<hr/>
					504
					<hr/>

Of the 504 expectant mothers X-rayed, 90 resided outside the City.

The following table shows the number who attended for Chest X-ray during the past five years:—

1957	1958	1959	1960	1961
317	495	548	530	504

Two cases of Pulmonary Tuberculosis were notified as a result of these examinations. In 29 cases, minor abnormalities were discovered, the majority being cases of healed Primary Tuberculosis.

In view of the possible risks to the foetus of X-rays during the later months of pregnancy, women are not referred for X-ray after the 28th week, but appointments for X-ray are made early in the puerperium. In 1961, 17 women had post-natal X-ray examinations.



### **Staff**

The establishment for the midwifery service is eight and it is gratifying to report that there was a full staff throughout the year.

The Local Health Authority is the Local Supervising Authority for the purposes of the Midwives Act, 1951. The Medical Officer of Health is approved by the Central Midwives Board as the Medical Supervisor of Midwives and in October, 1961, Miss E. Ditchburn, S.R.N., S.C.M., M.T.D. was appointed Non-Medical Supervisor of Midwives to commence duties on 1st January, 1962.

### **Post-Graduate Courses**

One Domiciliary Midwife attended a Refresher Course at Sheffield during the year.

### **Transport**

The recommendations regarding car allowances approved by the City Council have continued to help to alleviate the burden of the midwives and ensure a quicker response to calls from the mothers in labour or in other difficulties. Four midwives now use cars for their work and are granted Essential User's Car Allowances. Four midwives claim allowances for bicycles and scooters and those without cars may call upon the Ambulance Service for transport between the hours of 10 p.m. and 7 a.m. if required to attend a patient living outside their normal district.

### **Training of Pupil Midwives**

The training of Pupil Midwives continues in conjunction with the Lincoln Maternity Home. Three Domiciliary Midwives are approved 'District Teaching Midwives' and four Pupils completed their training on the district in 1961. The Pupils attended lectures in Public Health aspects of Midwifery given by the Medical Officer of Health and his Deputy.

### **Co-operation**

The Co-operation Card, issued either by the General Practitioner or the Midwife, continues to be used at the ante-natal clinics and by most General Practitioners. Each patient is provided with an envelope to hold the Personal Card, the Co-operation Card and the Blood Group Card and she is asked to carry these documents with her at all times. She is asked to show her card to the General Practitioner Obstetrician whenever she visits his surgery and, if possible, to have the card completed by him at each visit. An effort is made to ensure that all relevant information known to the medical staff and midwives, including copies of all laboratory reports, is always passed on to the patient's medical attendant.

There were three meetings of the Lincoln and District Obstetric Advisory Committee held during 1961 and the Medical Officer of Health and the Nursing Superintendent represented the Local Health Authority at these meetings.

### **General Remarks**

There continues to be an increase in the yearly number of births taking place in the City and a further increase in the number of domiciliary confinements, the actual number of domiciliary confinements being given earlier in this report.



Several factors have eased the work of the Domiciliary Midwife allowing her more time for ante-natal care and education, especially education of the mother in preparation for labour.

These factors include the reduction of the lying-in period to 'not less than 10 days and not longer than 28 days', the greater attendance of expectant mothers at the ante-natal clinics and the closer co-operation between the local General Practitioners and the Midwives. It is now common practice for the ante-natal care of the patients to be shared, the patient visiting her own doctor one week/or month as the case may be and the Ante-Natal Clinic the next week/or month, as required.

When one considers the equipment carried by the Domiciliary Midwife, it becomes evident that the need for all midwives to possess a car is very great. This should be borne in mind when housing the midwives of the future, as the call of a patient is often one of urgency—babies just will not wait—and time spent by midwives walking to their garages (which in some cases are quite a distance from the house) is an unnecessary waste of time which could make the difference between the patient being delivered on her own or having the services and comfort which her midwife could give her.

### Care of Premature Infants

The number of infants who weighed 5½ lbs. or less at birth showed a slight decrease. Any premature baby born at home who is felt to be in need of special treatment, either because of the degree of prematurity or slight immaturity, or because of an abnormality is transferred to the Premature Babies' Unit attached to Lincoln Ward of St. George's Hospital. The transfer takes place either in a portable incubator (collected by the Ambulance Service from St. George's Hospital) or in a specially equipped basket. The incubator is electrically heated from the ambulance batteries 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.

A baby requiring oxygen during the journey to hospital may be transferred in the 'Oxycot' which is kept at the Ambulance Station and is available on request.

The Health Visitors give special attention to the premature babies born in the City and follow-up visits are more frequent than those paid to babies of mature development.

The number of premature infants notified was as follows:—

	1961	1960
Born at home .. .. .	27	39
Born in Hospital or Nursing Home ..	50	59
	—	—
Total .. .. .	77	98
	—	—

## HEALTH VISITING

### Staff

The Student Health Visitor at Leeds University successfully passed her examination and became a member of the staff on 22nd July. One further student began the Health Visitor's Course at Leeds in October.

One trained Health Visitor was recruited and she commenced duties on 4th September.



At the end of the year the staff consisted of the Nursing Superintendent, 10 Health Visitors/School Nurses, one part-time Health Visitor, three full-time School Nurses and two Clinic Nurses (one part-time).

### Staff Training

Miss Green attended a course at Cambridge in July organised by the Health Visitors' Association.

### Training of Hospital Personnel in Social Aspects of Disease

Lectures were given during the year by the Nursing Superintendent to entrants of the Hospital Nurses' Training School and third-year students spent one morning with the District Nurses and one morning with the Health Visitors.

## 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
1961	5020	311	399	1456	6562
1960	4206	285	403	1219	5702
1959	4436	342	444	1219	6592
1958	3622	327	446	1217	5700

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
1961	2723	5869	436	3924
1960	2464	4926	726	3401
1959	2674	5674	1045	3589
1958	2428	5340	1217	3092

### Home Visiting

The number of births in Lincoln during 1961 was greater than ever before. This necessitated a greater number of visits by Health Visitors to children under 1 year than at any time in the past and this was achieved. There was no increase in the number of Health Visitors and therefore the increased number of visits to infants was carried out at the expense of visits to the elderly. It is regretted that the visits to this all important group requiring their services were fewer than during the previous year.

The average age of mothers of first-born infants appears to be decreasing and many appear to be immature and scarcely ready for the onerous responsibilities of providing good child care.

A few mothers require a considerable amount of time spending on them by the Health Visitors and re-assurance is of no less importance than the advice which is given. We must constantly remind ourselves that the principles of child care are seldom dealt with in schools and the parents of the young mothers of the present time may not have given adequate instruction either. The Health Visitors, therefore, by means of the education which is given in the home are providing a vital service and one wonders what might be the state of affairs if this advice were not available.



The work of the Health Visitor increases each year, but there is no commensurate increase in staff and as housing development is now largely in the peripheral parts of the City, the proportion of time spent on travelling by the Health Visitors is becoming quite high and alternative means of transport will need to be considered.

The advice on child care and general health education matters given in the home is complementary to the advice given in Infant Welfare Clinics which continued to be very well attended. A large proportion of the Health Visitors' time is occupied by attendance at Infant Welfare Clinics and School work and the heavy vaccination and immunisation programme, together with hygiene inspections, preparation for school medical examinations, vision testing and audiometry all serve to reduce the time available for home visiting.

An attempt was made to test the hearing of all "at risk" babies and two Health Visitors spend one whole day a week carrying out these tests.

### **Mothercraft Classes—The Stork Club**

The Stork Club continues to flourish, although numbers attending have been slightly less.

Number on the register on 1st January, 1961	..	..	..	138
Number on the register on 31st December, 1961	..	..	..	98
Average attendance at each session	..	..	..	29

This attendance is still far too large for group discussion and it is not easy to teach the art of relaxation to so large a group when the whole essence of the teaching is that it should be given in an unhurried and calm atmosphere. However, there is no doubt as to the popularity of the Stork Club and the confidence which it gives to young mothers both before and after confinement.

### **The Mothers' Club**

Number on the register on 1st January, 1961	..	..	..	75
Number on the register on 31st December, 1961	..	..	..	70
Average attendance	..	..	..	28

This Club met fortnightly during the months of September—May. Talks and demonstrations were given and the aim is for 75% of the talks to be on some aspect of Health Education. The members form their own Committee, elect Officers and arrange their own programme with some guidance from the Health Department staff. The Nursing Superintendent or the Health Visitor concerned with the Club attends each meeting. Apart from the educational value of the meetings, the Club gives members a chance of meeting together and discussing their various difficulties; the interchange of ideas, thoughts and plans can do nothing but good.

### **Problem Families**

Health Visitors and Local Authority Welfare Officers spent a considerable amount of time during the year dealing with problem families. In some cases of severe difficulties it was necessary to call in the Inspector of the N.S.P.C.C. and at all times the emphasis was on preventing the break-up of families. In many of the worst cases, the father of the family completely failed to support the mother in her task of caring for their children. Frequent pregnancies with inadequate intervals between them are often the beginning of the downhill trail which ends with a problem family. Many of the



fathers are completely work-shy and, having eight or more children, the National Assistance and Family Allowance payments exceed the amount the father could earn if working as a labourer. Over 75 families were felt to require special attention during the year in order to prevent degeneration and break-up and of this number 62 were considered to be 'problem families' and 13 'potential problem families'.

### **Prevention of break-up of families**

The Social Workers Co-ordinating Committee meets every two months under the chairmanship of the M.O.H. (in accordance with the City Council's recommendation). Officers of the following Corporation Departments attend—Children, Education, Health, Housing and Welfare, together with representatives from the National Assistance Board, Ministry of Labour, the Probation Service, National Society for the Prevention of Cruelty to Children, Lincoln & District Council for Social and Moral Welfare and Women's Voluntary Services.

Six meetings were held during the year and the problems associated with 24 families in the City were discussed at these meetings.

## **HOME NURSING**

### **Staff**

There were no staff changes during 1961 and at the end of the year the Home Nursing Staff consisted of 13 nurses (including 3 male nurses) and 1 part-time nurse.

### **Post-Graduate Courses**

Mrs. Howlett and Mr. Bell attended a Post-Graduate Course at Liverpool and Miss Barsley and Mrs. Atkinson attended a Course in London.

### **General Remarks**

The pattern of District Nursing remains much the same as in 1960. Cases of terminal illness occupy a good deal of nursing time, but this is not reflected in the number of visits paid. This particular service is one which is very satisfying to the Nursing Staff and gives much comfort and assurance to the patients' relatives.

Many elderly people living alone require a good deal of attention and this again is a service which cannot be hurried. An important part of the care given is time and ability to listen; the district nurse is in a very favourable position in this respect and can often discover needs which previously have been unknown.

During the years 1957 to 1960 there was a reduction in the number of visits paid by the District Nurses and this was largely due to the reduced number of injections given—oral treatment having taken the place of treatment by injection in many cases.

This annual decrease in visits now seems to have stopped and a stable state of affairs has been reached. An increasing amount of time is spent with the elderly, particularly the elderly incontinent. The time spent on these visits far exceeds that spent on visits for injections and therefore the Service is as busy, even though fewer visits were paid.

There was a slight increase in the visits paid to children aged under five years and though no special service for the nursing of ill children at home has been established, nevertheless nurses are available for this work when requested by the family doctor.



## 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
1961										
No. of cases attended by the Home Nurse	1017	164	—	27	4	2	1214	638	36	306
No. of visits paid by the Home Nurse	27396	3780	—	1306	42	12	32536	20249	338	21044
1960										
No. of cases attended by the Home Nurse	968	178	—	32	1	2	1181	642	39	351
No. of visits paid by the Home Nurse	27244	4170	—	1286	7	45	32752	19963	312	23296
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



## VACCINATION AND IMMUNISATION

### Vaccination against Smallpox

Facilities for vaccination against Smallpox continued to be available at the Infant Welfare Clinics. The numbers vaccinated were similar to previous years—approximately 50% of babies under 1 year were vaccinated. This proportion compares favourably with the national average, but one would like the percentage to be even greater.

It is pleasing to note the high number of babies being vaccinated by their own General Practitioners.

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	1961 Total	1960 Total
By Local Health Authority's Staff	391	26	5	11	433	364
By General Practitioners ...	320	39	25	72	456	461
TOTALS ...	711	65	30	83	889	825
Re-vaccinations						
By Local Health Authority's Staff	—	4	1	40	45	6
By General Practitioners ...	—	8	8	120	136	136
TOTALS ...	—	12	9	160	181	142

### Combined Immunisation against Diphtheria, Whooping Cough and Tetanus

Immunisation by means of Triple Antigen (Diphtheria, Whooping Cough and Tetanus antigens) introduced in 1956, has now become the accepted method of affording protection against the three diseases of childhood. This is borne out by the figures given in the tables below, where Triple Vaccine has been used almost exclusively by the Local Health Authority and by General Practitioners.

Arrangements were made for immunisation against Diphtheria and Whooping Cough to be given to school children by the School Medical Officers in sessions at schools.

Primary immunisation against Whooping Cough continued to be offered to school entrants who had not been protected in infancy. It is realised that this policy is not favoured by all authorities (in view of the undesirable reactions which are sometimes caused), but it is still felt to be wise to try to avoid the development of whooping cough even after the age of 5 years. Though deaths are very rare over the age of 5 years, the disease has a considerable nuisance value and may produce a long period of debility. No serious reaction occurred from the primary courses given to school children nor from the reinforcing doses given.

It was decided during the year to give a reinforcing dose of Triple Antigen one year after the 3rd dose of the Primary Course. In this way an attempt is made to produce a better state of immunity against Whooping Cough and Diphtheria and also to overcome the objection which has been levelled at the timing of the monthly intervals between the doses of Tetanus antigen when it is given as a course of 3 injections of Triple Antigen at monthly intervals.



The ready co-operation of the Head Teachers and the teaching staff in the arrangements for the carrying out of the immunisation programme at schools is greatly appreciated.

<b>Primary Courses Completed</b>				<i>Under 1</i>	<i>1-4</i>	<i>5-14</i>	<i>1961</i>	<i>1960</i>
				<i>year</i>	<i>years</i>	<i>years</i>	<i>Total</i>	<i>Total</i>
<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...			-	2	104	106	109
Diphtheria-Pertussis	...			-	2	218	220	329
Diphtheria-Tetanus	...			12	7	7	26	3
Diphtheria-Tetanus-Pertussis	...			526	107	10	643	564
<i>By General Practitioners:</i>								
Diphtheria Immunisation only	...			-	3	7	10	2
Diphtheria-Pertussis	...			-	-	1	1	-
Diphtheria-Tetanus	...			-	1	3	4	4
Diphtheria-Tetanus-Pertussis	...			399	114	42	555	520
Totals	...	...	...	937	236	392	1565	1531

### Re-inforcing Injections

<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...			-	2	175	177	282
Diphtheria-Pertussis	...			-	19	584	603	849
Diphtheria-Tetanus	...			-	5	16	21	-
Diphtheria-Tetanus-Pertussis	...			-	158	29	187	37
<i>By General Practitioners:</i>								
Diphtheria Immunisation only	...			-	2	16	18	13
Diphtheria-Pertussis	...			-	-	4	4	11
Diphtheria-Tetanus	...			-	-	2	2	-
Diphtheria-Tetanus-Pertussis	...			-	20	68	88	101
Totals	...	...	...	-	206	894	1100	1293

### Immunisation against Whooping Cough only

<i>Primary Courses Completed:</i>								
By Local Health Authority's Staff				-	-	50	50	231
By General Practitioners	...			-	-	-	-	-
Totals	...	...	...	-	-	50	50	231
<i>Re-inforcing Injections:</i>								
By Local Health Authority's Staff				-	-	22	22	65
By General Practitioners	...			-	-	1	1	-
Totals	...	...	...	-	-	23	23	65

The proportion of children under 1 year who were immunised against Diphtheria during the year was similar to the number in the previous year (63%). This is still below the percentage desirable and further efforts are necessary to increase the numbers so that at least 70% are immunised before the first birthday and to keep up the protected state, adequate booster doses must be given at prescribed intervals during school life.



### Immunisation against Tetanus only

Tetanus immunisation was again offered to primary school children who were born before Triple Antigen was introduced in Lincoln in 1956. As will be seen from the following table 1950 primary school children were immunised and 16 children were given reinforcing injections:—

		<i>Under 1 year</i>	<i>1—4 years</i>	<i>5—14 years</i>	<i>1961 Total</i>	<i>1960 Total</i>
<i>Primary Courses Completed:</i>						
By Local Health Authority's Staff		—	4	1894	1898	32
By General Practitioners	...	—	4	48	52	57
		—	—	—	—	—
Totals	...	—	8	1942	1950	89
		—	—	—	—	—
<i>Re-inforcing Injections:</i>						
By Local Authority Staff	...	—	—	11	11	—
By General Practitioners	...	—	—	5	5	3
		—	—	—	—	—
		—	—	16	16	3
		—	—	—	—	—

Discussions were held with the Group Medical Committee as to the best arrangements to be made whereby the Hospital Casualty Department could be informed of a person's immunisation state on admission to the Casualty Department following an injury.

A scheme was introduced whereby the Casualty Department telephones the Health Department to ascertain if a patient has been immunised against Tetanus and if so, the information on the record card is given; the Casualty Officer is then able to decide whether or not adequate immunity exists and the use of Anti-tetanus serum following an injury is often avoided.

This scheme is being used increasingly and is working satisfactorily.

### Poliomyelitis Vaccination

The Local Health Authority's programme of vaccination against Poliomyelitis was extended during the year to include the giving of a fourth injection to children in the 5—12 year age group.

After the strenuous efforts which had been made in previous years to vaccinate approximately 90% of the children under 16 years and 60% of persons up to 40 years, 1961 was a comparatively quiet year, the work largely consisting of primary vaccination of infants, the giving of third injections to other groups and, during the early summer months, arrangements were made to give a fourth injection to children in the 5—12 year group. During the period 1st April to 31st December, 5939 fourth injections were given.

Expectant mothers remain a priority group and during the year 196 were vaccinated, compared with 223 during the previous year. It is obvious that a large proportion of expectant mothers had already been protected under the scheme embracing the 16 to 25 year group.



The following table shows the number of children and adults vaccinated against Poliomyelitis since the scheme was first introduced in April, 1956:—

### POLIOMYELITIS VACCINATION

	<i>Under 5 yrs.</i>	<i>5-15 yrs.</i>	<i>16-25 yrs.</i>	<i>26-40 yrs.</i>	<i>Special Classes, Expectant Mothers, etc.</i>	<i>Total</i>
Number vaccinated from April, 1956 to 31st Dec., 1960 ...	6979	10417	6684	4557	1874	30511
Number vaccinated during 1st Jan. to 31st Dec., 1961:						
By Local Authority Staff ...	894	493	355	819	192	2753
By General Practitioners ...	391	77	167	297	4	936
	<u>8264</u>	<u>10987</u>	<u>7206</u>	<u>5673</u>	<u>2070</u>	<u>34200</u>
Number of 3rd injections given up to 31st Dec., 1960 ...						27133
Number of 3rd injections given during 1961:						
By Local Authority Staff ...						1830
By General Practitioners ...						866
						<u>29829</u>
Number of 4th injections given during period 1st April to 31st December, 1961 ...						
By Local Authority Staff ...						5694
By General Practitioners ...						245
						<u>5939</u>

### AMBULANCE SERVICE

*Ambulance Officer:* MR. V. R. NORTH

#### Introduction

Once again the number of cases carried by the Ambulance Service has shown an overall increase. The total number of patients carried was 40,346, representing an increase of 1,308 on 1960 and was the highest number ever carried by this service. The number of patients transported for out-patient treatment has increased in proportion and represents approximately 80% of the total patients carried. Whilst every endeavour has been made to eliminate undue delay for all types of patients, priority must be given at all times to urgent admissions, particularly accidents, acute admissions and maternity cases. This priority occasionally causes some difficulty in transporting out-patients on time, but with a full establishment, which will be attained early in the new year, this problem will be largely eliminated. Mileage for the year continued to decrease and was no doubt due to the final phase in the transfer of responsibility for the conveyance of non-emergency patients from the Lindsey County Council area, which ended on 30th September, 1960. The number of emergency patients conveyed for Lindsey County Council during 1961 however, continued to rise, and the final total of 251 showed an increase of 67 patients over 1960.



## Staff

At the beginning of the year the Service was operating with two driver/attendants below the establishment of 26 operational staff. During the year one driver attained the retirement age, one driver died and one clerk/telephonist resigned. Three driver/attendants and a clerk/telephonist were recruited during the year, leaving the service one driver/attendant short of establishment, which is as follows:—

Ambulance Officer	..	..	1
Deputy Ambulance Officer	..	..	1
Female Clerk	..	..	1
Female Clerk/Telephonist	..	..	1
Male Clerk Telephonist (Night)			1
Driver/Attendants	..	..	25
Attendants	..	..	1
			—
			31
			—

## Illness

One member of the driving staff returned to duty in January, 1961 after a long and serious illness. During the year a total of 247 days were lost due to illness involving 14 members of the staff.

## Training

Twelve members of the staff were successful in passing the examination after attending a refresher course in First Aid.

Towards the end of the year all staff were given instruction by means of talks and films in the new Oral Resuscitation method of artificial respiration. Advanced training in new methods of ambulance work will be given to operational staff during the coming year.

## Safe Driving Competition

Once again all members of the staff eligible to compete were entered in the National Safe Driving Competition. Awards for 1960 were presented to 19 drivers at the Civil Defence Headquarters in October. There were no serious accidents to service vehicles.

## Vehicles

On the 16th March one 27 h.p. Bedford ambulance was taken out of service, being considered as beyond economical repair and therefore unfit for safe use as an ambulance. This vehicle was replaced by a 21 h.p. Austin Ambulance, bringing the number of B.M.C. vehicles in the fleet to two. The forward control type of Ambulance, as supplied by the British Motor Corporation, is proving very useful in confined spaces and crowded streets and it is proposed to standardise on this type of construction. A word must be said here on the difficulties being experienced by drivers answering calls in the face of the ever increasing volume of traffic in the City.

Flashing warning lights are proving very successful with those authorities who have conducted extensive tests and it is proposed to fit such lights on the vehicles of the service in the near future.



At the 31st December the fleet statistics were as follows:—

Type of Vehicle	Make	Year	Mileage
Ambulance	Bedford	1953	150,000
"	"	1954	150,000
"	"	1958	60,000
"	Austin	1960	16,500
"	"	1961	7,000
Utilicon	Bedford	1959	67,000
Sitting Case Vehicle	"	1956	117,000
"	"	1958	68,000
Car	Austin	1957	174,500
"	"	1957	178,500

(Replacement on Order)

### Conveyance of Babies to Hospital

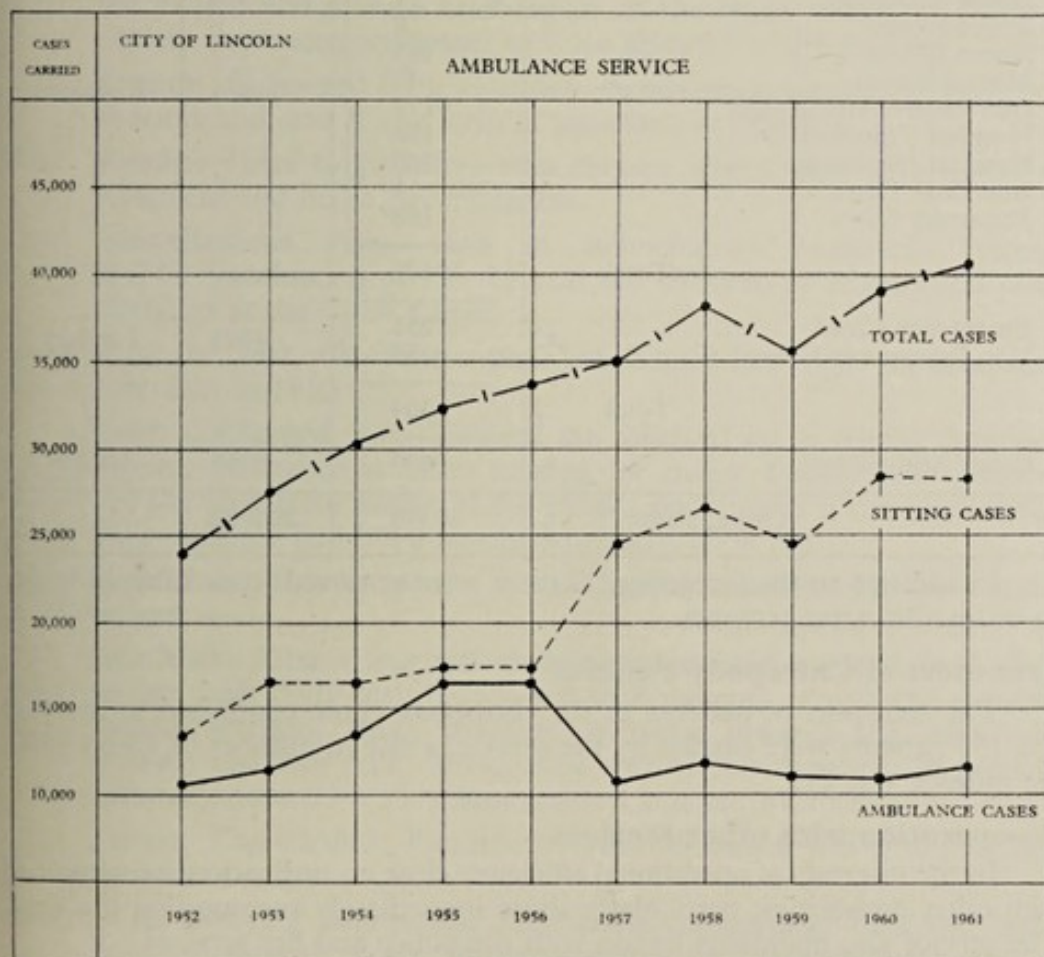
The arrangements for the conveyance of all types of babies requiring special equipment have been entirely successful throughout the year. The Oxygenaire 'Oxycot' which is available at the Ambulance Station for the conveyance of babies up to six months who require oxygen during transport, appears to have been entirely suitable.

### Patients carried by Rail

In accordance with Ministry Circular 7/54 all patients requiring transport over long distances and are medically fit for the journey are sent by rail. During the year 139 patients were sent by this method.

### Statistics

The following graph and tables give some indication of the cases and type of cases dealt with during the year, also a comparison of numbers carried during the past five years:—





**Comparative Table**

	1957	1958	1959	1960	1961
<b>Cases</b>					
Ambulance	10707	12031	10955	10643	11903
Sitting	24323	26179	24551	28395	28443
Total	35030	38210	35506	39038	40346
<b>Mileage</b>					
Ambulance	74256	74933	76395	66102	68417
Sitting	144271	157275	146759	144491	136505
Total	218527	232208	223154	210593	204922

**CASES REMOVED IN 1961**

<i>Type of Case</i>	<i>Number</i>	<i>Mileage</i>	<i>Authority</i>
Street Accidents ... ..	351	106886	Lincoln
Home Accidents ... ..	105		
Street Illness ... ..	202		
Home Illness ... ..	1790		
Mental Illness ... ..	39		
Out-Patient Attendances ... ..	23256		
Hospital Transfers ... ..	1474		
Hospital Discharges ... ..	1081		
Infectious Cases ... ..	36		
Maternity Cases ... ..	580		
Total ...	28914		
Street Accidents ... ..	143	86676	Kesteven
Home Accidents ... ..	17		
Street Illness ... ..	8		
Home Illness ... ..	445		
Mental Illness ... ..	33		
Out-Patient Attendances ... ..	9173		
Hospital Transfers ... ..	158		
Hospital Discharges ... ..	265		
Infectious Cases ... ..	1		
Maternity Cases ... ..	186		
Total ...	10429		
Emergency Cases ... ..	251	4395	Lindsey
Non Emergency Cases ... ..	53		
Total ...	304		
Other Authorities ... ..	699	6965	Others
Grand Total ...	40346	204922	

In addition to the foregoing, 12 cases were removed from Lincoln under co-ordination arrangements.

**Transport of Chiropody Patients**

The transport of patients to the chiropody clinic continued to increase and 183 patients were carried by the service, a rise in number of 94 on 1960, the mileage was 719.

**Co-operation with other services**

In the interests of operational efficiency close co-ordination is maintained with other authorities, particularly those immediately surrounding the City. The service also maintains liaison with the police and fire services.



### Fuel Consumption

During the year 15,350 gallons of petrol were used and the oil consumption was 170 gallons.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Tuberculosis

The Tuberculous patient is under the care of, primarily, the Chest Physician (Regional Hospital Board) and then, working in conjunction with the Chest Physician, the Tuberculosis Health Visitor (Local Health Authority). Centred at the City Health Department, she in turn reports to the Medical Officer of Health, thus acting in a liaison capacity between the Regional Hospital Board and the Local Health Authority Service. Both the Chest Physician and the Tuberculosis Visitor act in close co-operation with the Family Doctors.

The Tuberculosis Visitor undertakes duties at the Chest Clinic by arrangement with the Chest Physician and attends at least two sessions each week. During the year she attended 122 clinic sessions, as compared with 102 sessions in 1960. The majority of the patients at these sessions are from Lincoln and her attendance affords a suitable opportunity for seeing new patients.

Domiciliary visits are carried out by the Tuberculosis Visitor to:—

- (a) Families of all notified cases of Tuberculosis—to trace contacts of the patient and make a brief report on the home conditions; also to explain any necessary details to close relatives of the patient.
- (b) Patients discharged from Hospital—to advise on continued treatment at home and note if any form of assistance is required.
- (c) Routine visits to patients—who require advice and observation *re* treatment and home circumstances.
- (d) Miscellaneous visits—such as following-up Mantoux Testing, B.C.G. Vaccination of 13—14 year old children in schools and non-attenders at the Chest Clinic.

During the year, the Visitor paid 666 domiciliary visits as compared with 1,290 visits in 1960.

Patients discharged from Hospital are followed-up at regular intervals and after-care assistance is often needed for many Tuberculous patients because of the long term nature of the illness, particularly if the head of the household is affected and has a family dependent upon him.

The following is a list of the special facilities available for the Tuberculous patient:—

1. Free Milk: After a financial assessment has been made, 1 or 2 pints of free milk daily may be allowed to a patient. Or, if the circumstances warrant, some payment is made towards the milk. 42 patients had free milk during 1961 and of this number, 26 persons continued to receive assistance granted in a previous year.
2. Dawber Trust Fund: During the year assistance was given to one patient.
3. Home Nursing Equipment: Bedsteads, mattresses, bedpans, bed-rests, mackintosh sheets, etc. are available for loan to patients.



4. Voluntary Services: The W.V.S. and British Red Cross Society also provide assistance. The W.V.S. have a clothing store from which some patients have benefitted and the Red Cross Society have a supply of home nursing equipment.
5. Housing: In some cases where there is overcrowding, or insanitary conditions are present, consideration is given to the problem of rehousing. Recommendations are made by the Health Committee to the Housing Committee. A case receiving priority recommendation is usually re-housed in a matter of months. The position during the year was as follows:—

Awaiting re-housing on 1st January, 1961	..	..	..	1
Recommended for re-housing during the year	..	..	..	1
Re-housed during the year	..	..	..	2
Awaiting re-housing on 31st December, 1961	..	..	..	—

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 are made for members of the family to attend for examination at the Chest Clinic. There was 1 case in this category during 1961.

### 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 and 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 1961 was 97 as compared with 132 during 1960.

#### *School Children Scheme*

Vaccination of school children in the 13—14 years age group under the approved scheme is usually undertaken during the Winter Term.

As explained in last year's report, however, it was necessary to postpone the majority of B.C.G. vaccinations from the Winter Term, 1960, to the Spring Term, 1961. Thus, during the year under review, two separate surveys were undertaken in the schools, details of which are as follows:—

	<i>January Survey</i>	<i>November Survey</i>	<i>Total</i>
Number skin tested	.. .. 1051	998	2049
Number found positive	.. .. 119	192	311
Number found negative	.. .. 919	790	1709
Number vaccinated	.. .. 916	783	1699

Arrangements were made for the children who gave a positive reaction to the skin test to have a chest X-ray, those from the January survey attending the Mass Radiography Unit during its annual visit to the City in February.

The positive reactors discovered in the November survey were graded in accordance with the degree of the reaction. Grades 3 and 4 children were given fairly early appointments to attend for a large film at the Lincoln Chest Clinic, whilst grades 1 and 2 were referred to the Mass Radiography Unit in March, 1962.



Of the grades 3 and 4 reactors examined at the Chest Clinic, two children were found to have a primary tuberculous infection and were subsequently notified.

#### *Students Scheme*

Under the scheme for B.C.G. vaccination of students attending colleges and other establishments of further education, vaccination was offered to students attending the Lincoln Training College, the Lincoln Technical College and the Lincoln School of Art.

Evening sessions were held at Beaumont House in May and June and 89 students were tested. Of these, 24 were found positive, 60 negative and 59 vaccinated.

In addition, 26 students who were known to have had B.C.G. previously were skin tested and of these 24 gave a positive reaction.

#### **Mass Radiography**

The Lincolnshire Mass Radiography Unit paid a brief visit to the City early in the year and public sessions were held on the Thornbridge Car Park from 26th January to 24th February.

The total number of attendances during this survey was 9,969, which was a considerable increase in the number who attended in 1960.

I am indebted to the Medical Director of the Unit for the following figures giving details of the work carried out during the survey:—

			<i>Males</i>	<i>Females</i>	<i>Total</i>
X-rayed on miniature film	..	..	5,805	4,164	9,969
Recalled for large film	..	..	85	81	166
Cases diagnosed:—					
Bronchiectasis	..	..	1	1	2
Neoplasm, malignant	..	..	2	1	3
Neoplasm, non malignant	..	..	—	1	1
Cardiac abnormality	..	..	32	26	58
Pulmonary Tuberculosis, requiring close clinic supervision or treatment	..	..	6	3	9
Pulmonary Tuberculosis, requiring occasional supervision	..	..	2	3	5
Pulmonary Tuberculosis, post primary inactive	..	..	3	—	3

#### *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 teachers, school caretakers, school meals staff, etc., in fact, all Corporation employees who come into contact with children during the course of their work. 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, under Part III of the National Assistance Act, 1948, of partially sighted and blind persons, deaf and partially deaf persons, persons suffering from other handicaps and 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 1961 and the steps taken with regard to treatment. Table 'B' shows that there was no notification 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 ... ..	7	—	—	11
(b) Treatment (Medical, surgical or optical) ...	5	2	—	3
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	4	—	—	2

#### 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 visiting 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 496 patients were assisted and 862 articles of equipment were issued. The comparable figures for 1960 were 391 patients assisted and 887 articles issued.

There was a steady demand throughout the year for most of the items of nursing equipment and almost without exception it was possible to supply every article requested. Additional wheel chairs were purchased during the year, as it had been impossible in previous years to meet the demand, especially during the summer months.



Particulars of the equipment issued are as follows:—

Air Rings	..	..	..	..	53
Bed Pans	..	..	..	..	178
Bed Cages	..	..	..	..	38
Bed Rests	..	..	..	..	115
Bed Tables	..	..	..	..	5
Bedsteads	..	..	..	..	8
Breast Pumps	..	..	..	..	1
Commodes	..	..	..	..	31
Cushions, Dunlopillo	..	..	..	..	13
Cups, Feeding	..	..	..	..	17
Crutches	..	..	..	..	9
Fracture Boards (sets)	..	..	..	..	6
Inhaler	..	..	..	..	1
Mattresses	..	..	..	..	8
Mattresses, Dunlopillo	..	..	..	..	2
Rings, Dunlopillo	..	..	..	..	19
Sheets, Draw	..	..	..	..	12
Sheets, Mackintosh	..	..	..	..	223
Urinals	..	..	..	..	58
Walking Sticks, Tripod	..	..	..	..	21
Wheel Chairs	..	..	..	..	44
Total	..	..	..	..	862

## CHIROPODY SERVICE

The Chiropody Service was under the control of the Health Committee for the whole of 1961 and there was a considerable expansion of the service during the year.

The accommodation provided at 'Beaumont Lodge', whilst not ideal, appears to serve the purpose fairly adequately. The majority of patients manage to reach the Clinic on foot and other patients are transported by the Ambulance Service on the recommendation of the Family Doctor. The number of persons conveyed to the Clinic during 1961 was 183, compared with 94 in the previous year.

An attempt was made to carry out the maximum amount of treatment at the Clinic, but the Visiting Chiropodist continued to be employed to treat those persons who were unable to attend the Clinic due to illness or infirmity and also those over the age of 85 years.

Efforts were made to ensure that all elderly persons were aware of the facilities of the Chiropody Service and general practitioners, district nurses, health visitors, home helps and the Welfare Department staff were encouraged to refer patients who were thought to require treatment.

Apart from one expectant mother, all treatment given during the year was to the elderly and the following table gives details of the attendances and income received from patients during 1961:—

	<i>No. of Clinics</i>	<i>Total Attendances</i>	<i>Average Attendances per Clinic</i>	<i>Total Receipts</i>	<i>Average Receipts per Clinic</i>
Morning Clinics	107	1149	10.7	£122 3s. 0d.	£1 2s. 10d.
Afternoon Clinics	98	1070	10.9	£99 1s. 0d.	£1 0s. 3d.
Visiting Chiropodist		984		£88 13s. 0d.	



## YELLOW FEVER VACCINATION

In accordance with Ministry of Health Circular 19/59 (dated 25th June, 1959), Yellow Fever Vaccination continued to be available, on request, to persons travelling abroad.

Under Section 28(2) of the National Health Service Act, authorities were empowered, with Ministry of Health approval to recover such charges as the authorities considered reasonable. The City Council decided that a reasonable charge (having regard to the cost of the vaccine) would be £1 1s. 0d. per vaccination.

During 1961, 182 vaccinations were carried out and the persons were from the following areas:—

Lincoln .. .. .	67
Lindsey County .. .. .	44
Kesteven County .. .. .	31
Holland County .. .. .	3
Nottinghamshire County .. .. .	5
Grimsby .. .. .	15
Boston .. .. .	4
Grantham .. .. .	9
Other areas .. .. .	4
	<hr/>
	182
	<hr/>

## HEALTH EDUCATION

Health Education is an activity of vital importance to the community and is one of the most important duties of the Health Department. In order to carry out the work efficiently, however, a great deal of time and effort must be devoted to the subject and in the absence of a person appointed specifically for this work, it is quite impossible to undertake all the work which is required. The Health Visitors are of course essential workers in this field and their most important contribution is made in their daily contacts with young mothers. The Health Education activities in Infant Welfare Clinics are, however, somewhat limited due to the very large attendances which take place and apart from visual aids, little time is available for the giving of talks and practical demonstrations at the Clinics.

The Mothercraft Classes conducted at the Infant Welfare Clinics continued to be very well attended and the lively discussions which almost invariably take place at the end of talks or demonstrations are evidence of the keen interest shown.

The increasing trend of early marriages points to the need for an increased amount of Health Education in Schools and it is felt that in many Secondary Modern Schools the subjects of parentcraft are inadequately taught. This is to a certain extent remedied by the programme of lectures/demonstrations which is arranged by one of the Health Visitors at one of the Secondary Modern Girls' Schools.

The Health Visitors arranged displays on Dental Health Education following discussions with the Principal School Dental Officer.



As far as possible, health education posters and display material were presented at a time when it was thought they would have the greatest impact—during the summer months the emphasis was on food hygiene and food poisoning, whilst during the winter, burning accidents and the need for adequate fire guards received attention. In November, during the National Fire Prevention Week, several displays were arranged which emphasised the risks associated with unguarded open fires. As far as possible, mothers were encouraged to provide a fireguard of the British Standards Specification in view of the suitability of this appliance.

The Housing Committee agreed to the recommendation of the Health Committee that the Council should provide a British Standard Fireguard for tenants on a repayment basis for those who were unable to afford the full initial cost.

One of the most important duties was to bring to the notice of the public the dangers associated with the smoking of cigarettes. A certain amount of poster material was displayed and in talking to various groups during the year, mention of this topic was usually made. No effort that was made, of course, was in any way comparable with the enormous volume of advertising of cigarettes presented to the public through all the modern advertising media and it is difficult to see how the Health Department will ever be able to overcome the opposition provided by the Tobacco manufacturers' advertising programme. Most adults have heard of the risks of cigarette smoking, but the majority of smokers appear completely incapable of accepting what appears to be a simple fact, *viz.*, that the risk of developing lung cancer in a smoker has been shown to be so great that the only reasonable course of action is to abandon the habit and thus be released from the bondage of this pernicious addiction.

The Medical Officer of Health and Nursing Superintendent addressed various groups at evening meetings during the year on topics concerning health matters in general. 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.

The monthly publication 'Better Health' continued to be available for free distribution at 'The Stork Club', for mothers attending the Infant Welfare Clinics and to other members of the general public at the Health Department and Central Library.

## HOME HELP SERVICE

*Organiser:* MISS H. BALDWIN

The administrative staff of the Home Help Service consists of the Home Help Organiser and two Clerks.

The pattern of the Service continued as in previous years; there was, however, a reduced demand for domestic help in cases of general illness and the fact that the total increase in the number of cases attended during the year was less than expected was entirely due to the fact that fewer general illness cases were helped. There was an increase in the number of maternity cases assisted, coinciding with the increase in the number of domiciliary confinements which took place during the year and there was a 7% increase in the number of aged and infirm persons who were helped.



The following table gives a summary of the cases being assisted at the commencement of the year and at the end of the year:—

	1st January, 1961	31st December, 1961
Maternity .. ..	4	4
General Illness ..	13	22
Tuberculous ..	4	5
Aged and Infirm ..	319	375
	<hr/> 340 <hr/>	<hr/> 406 <hr/>

The number of hours worked (84,579) is very slightly less than last year's figure (84,723) and the following table shows the growth of the Service during the past three years:—

	1959	1960	1961
Maternity .. .. .	65	64	74
General sickness ..	96	112	71
Tuberculous .. ..	5	5	8
Aged and infirm ..	422	471	503
	<hr/> 588 <hr/>	<hr/> 652 <hr/>	<hr/> 656 <hr/>
Hours worked	68,327	84,723	84,579
Hours worked by Night Attendants	2,939	2,156	1,863
Home Helps at the end of the year:			
Whole-time .. .. .	10 } +	11 } +	12 } +
Part-time .. .. .	69 } +	67 } +	68 } +
+ Whole-time Equivalent	33	42	44

The part-time home helps in 1959 included 8 Night Attendants, 7 in 1960 and 5 in 1961.

During the year approximately 180 persons were scarcely ever without help—these were elderly sick persons. The majority of the other elderly persons do manage at times without help, when an urgent case necessitates temporary withdrawal of assistance. Twelve persons having help are over 90 years of age; one is aged 102 years. Ninety-two persons are over 80 years of age and eleven of these have had help for more than 9 years. Seven have had help for 7 years, twelve for 6 years and fourteen for at least 5 years.

These persons are very much older than they were when they first requested assistance and they are likely to require more help in the future than is given at present. It is appreciated that emergency and maternity cases must be given priority and this means that help has to be withdrawn at times from the long-term cases, usually the elderly and not the bedfast or chronic sick.



In order that help may be allocated to the majority of elderly persons who live alone, help of a temporary nature is given to the elderly persons who have a single son or daughter living in the house and earning; these earning members of the family are usually over 30 years of age and hold responsible posts. It is often difficult to give help even once a week to these persons for an indefinite period and help is allocated according to the need. The period varies from a few weeks to a few months, according to the type of illness. The majority do eventually find a domestic help of their own when the situation is explained to them.

Of the 71 general sickness cases attended, 12 were persons suffering from cancer and required daily help for a number of weeks.

Many requests for help are received from the National Assistance Board Officers, the General Practitioners and our own Welfare Department. Many relatives living in other parts of the Country call and request help after visiting their aged parents or sick relations.

The importance of field work cannot be over emphasised and it is desirable to visit each case before help is sent and to follow-up the case to ensure adequate help is being received and also that help is not continuing when it is no longer necessary. 748 interviews took place in the homes of applicants during 1961 (an increase of 280) and these visits were possible due to the fact that the Organiser used her own car as from 1st October. It is hoped that this number will be increased in the future. 359 re-visits to households are included in the total visits of 748 and these were mainly to short-term cases. Regular visiting of the long-term cases is still not possible. It is not advisable for the Organiser to be out of the Office for more than five half days each week, due to the amount of redirection of helps to cases in order to cover the maternity and emergency cases. Approximately 63% of the recipients of help are granted free service which could lead to abuse by both householder and home help.

The Home Help Service has an important part to play in the care of sick persons in their own homes and it is becoming much more widely known. There is a limit, however, as to the help that can be given, especially if the person is in need of care and attention 24 hours of the day. The elderly person being discharged from hospital presents a particular problem. The home may have been left unattended for months and for help to be supplied, there must be a sick person in the house and home helps are not sent to empty houses for cleaning before a person returns from hospital, as the National Health Service Act does not allow this provision. Many elderly persons are often surrounded by other elderly persons who cannot do a great deal for others, but one would think it possible for someone to visit empty homes, put hot water bottles in the bed and light an occasional fire.

Approximately £1,639 was paid to the Department for Home Help Services in 1961.

### **Night Attendant Service**

Night Attendants were on duty 45 weeks of the year. This service was supplied in the majority of cases as a relief for relatives or friends of the sick person, or nightly help to persons awaiting admission to hospital within a few days and having no relatives, or to persons who are too ill to be moved to hospital.

Thirty-one cases were assisted during the year, 4 were persons suffering from Cancer.



## **Training**

On the 1st and 2nd November six Home Helps had a test for proficiency and were examined by the National Institute of Houseworkers Training Officer. Two were awarded Credits, two Grade I and two Grade II. These results were quite satisfactory. In most instances, home helps are recruited one at a time and seldom are several appointed simultaneously—it is therefore difficult to arrange training programmes, but this is always in mind and it is hoped that this will soon be possible, even if only on a limited scale.

## **MENTAL HEALTH SERVICE**

### **The Mental Health Act, 1959**

The administration of all matters relating to the mental health of the community is delegated by the Health Committee to the Mental Health Services Sub-Committee. This Sub-Committee consists of 7 elected members of the Council and 4 co-opted members. The co-opted members include the Head Master of St. Catherine's Special School and a Consultant Psychiatrist from St. John's Hospital, Lincoln.

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

During this, the first complete year of operation under the Mental Health Act, 1959, the trend towards informal admission to hospital steadily continued. Compulsory admission however was necessary in 63 cases, but approximately half these patients later elected to remain in hospital informally.

The proposal to erect a temporary building to serve as an Adult Training Centre in the grounds of the City Health Department was not implemented as the project did not receive the approval of the Ministry of Health on the grounds that a permanent purpose built centre was desirable.

There were no changes in the staff of the department during the year. The 24 hour service was maintained without incident throughout the year.

In 1961 regular Case Conferences were held at St. John's Hospital each Friday afternoon. A Consultant Psychiatrist presented a case (often with the patient present) and the mental welfare officers, social workers and nursing staff attending were invited to ask questions or comment on the various aspects of the case. The ensuing discussions and exchange of views made these conferences both interesting and informative and also helped tremendously in furthering good relationships between the hospital and local authority staffs.

### **Admission to Psychiatric Hospitals—Mental Health Act, 1959**

Approximately half the number of patients admitted to Psychiatric Hospitals were informal admissions and of the compulsory admissions, half of them elected to remain in hospital on an informal basis.

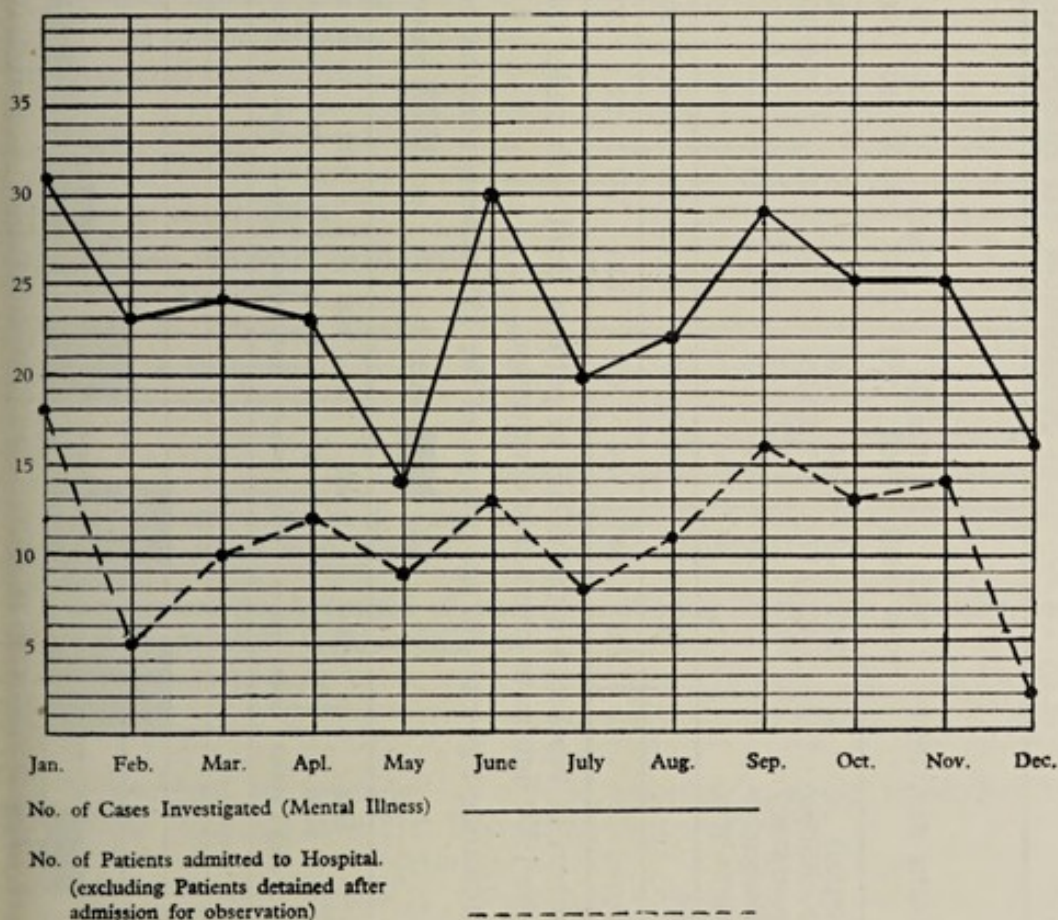


The trend away from compulsory admissions continued the pattern of previous years (assuming that informal admissions are similar to admissions under the Mental Treatment Act), but the increase in the informal admissions was less than was expected. It is however inappropriate to compare admissions in 1961 with admissions during previous years, as the new legislation renders comparisons with admissions under the old Acts invalid.

It is more satisfactory to consider 1961 as the base-line and watch the trend in future. The ratio of the numbers of patients admitted under the various Sections (5, 25, 26, 29 and 60) was as expected with the number of emergency admissions (with only one medical recommendation) forming only some 8% of total admissions. The great majority of patients admitted compulsorily are therefore examined by a Psychiatrist before admission, whereas under the old legislation this was seldom the case.

The following graphs and tables show the number of patients admitted to Psychiatric Hospitals during the year:—

#### MENTAL ILLNESS CASES INVESTIGATED AND ADMISSIONS PER MONTH

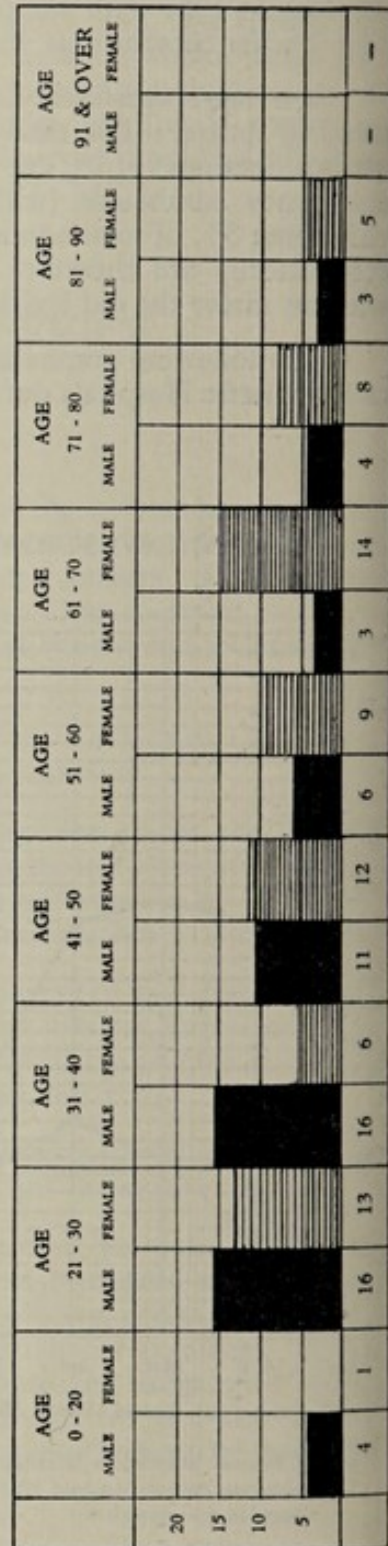
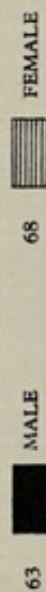




MENTAL HEALTH ACT, 1959	Male		Female		Totals		Over 70		Died prior to further Action		Discharged prior to further Action		Detained Section 26		Regraded Informal	
	1960	1961	1960	1961	1960	1961	1960	1961	1960	1961	1960	1961	1960	1961	1960	1961
Section 5 (Informal) ...	24(1)	29	34	36	58(1)	65	2	8	-	4	-	37	-	3	-	-
Section 25 (Observation) ...	4(22)	17	3(30)	25	7(52)	42	3(16)	12	-(3)	4	4(4)	7	-(4)	6	3(4)	24
Section 26 (Treatment) ...	1(4)	7	1(5)	3	2(9)	10	-(1)	-	-	1	-	5	-	-	-	1
Section 29 (Emergency) ...	-	8	1	3	1	11	-	-	-	-	1	1	-	1	-	8
Section 60 (Court Order) ...	-	3	-	-	-	3	-	-	-	-	-	-	-	-	-	-
	29(27)	64	39(35)	67	68(62)	131	5(17)	20	-(3)	9	5(4)	50	-(4)	10	3(4)	33
<b>TOTAL ...</b>	<b>56</b>	<b>64</b>	<b>74</b>	<b>67</b>	<b>130</b>	<b>131</b>	<b>22</b>	<b>20</b>	<b>3</b>	<b>9</b>	<b>9</b>	<b>50</b>	<b>4</b>	<b>10</b>	<b>7</b>	<b>33</b>

The numbers in brackets are the details of patients dealt with under the old Lunacy and Mental Treatment Acts and should be added to the 1960 figures to give a true comparison.

Graph indicating the sexes, in age groups, of the 131 patients admitted to Psychiatric Hospitals during 1961.





### Mental Health, Care and After Care (Sec. 28, National Health Service Act, 1946).

Regular visits have been made throughout the year to patients in the community with a view to preventing the onset of severe forms of mental illness, to assist people to re-adjust themselves to community life after hospital treatment and to encourage and support those people suffering from chronic types of mental disorder.

Visits made in respect of patients in the Community amounted to 3822. In addition 631 interviews took place in the office, making a grand total of 4453. This figure shows an increase of 389 over the previous year.

At the end of the year 347 persons were being visited under the provisions of Section 28, National Health Service Act, 1946, including 129 persons suffering from mental illness and 218 persons suffering from sub-normality or severe sub-normality.

The number of persons suffering from sub-normality and severe sub-normality referred showed an increase during the year, 45 as against 30 during 1960. Details are given below of their ages and disposal:—

	<i>Under 16 years</i>		<i>Over 16 years</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
At school or liable to attend ..	3	3	—	—	6
On leaving special schools ..	—	—	3	2	5
Other sources .. .. .	3	—	15	16	34
	6	3	18	18	45

Disposal of above cases:

Placed under Supervision at home	2	—	1	4	7
Placed in employment ..	—	—	13	8	21
Admitted to Training Centre	3	3	1	4	11
Admitted to Hospitals ..	1	—	3	2	6
	6	3	18	18	45

Short-Term Care in hospital was arranged in 5 cases in order to assist parents or relations who were ill or in need of a holiday.

Admissions to hospitals of persons suffering from sub-normality or severe sub-normality were as follows:—

<i>Under 16 years</i>		<i>Over 16 years</i>	
<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
1	—	3	2

Sub-normal or severely sub-normal patients awaiting admission to Psychiatric Hospitals as at 31st December, 1961 were:—

	<i>URGENT</i>				<i>NON-URGENT</i>				<i>Total</i>
	<i>Under 16</i>	<i>16 and Over</i>	<i>Under 16</i>	<i>16 and Over</i>	<i>Under 16</i>	<i>16 and Over</i>	<i>Under 16</i>	<i>16 and Over</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Severely Subnormal ...	—	—	—	—	—	—	—	—	—
"Cot and Chair" ...	2	—	—	—	—	—	—	—	2
Ambulant ...	—	—	—	—	1	1	1	1	4
Subnormal ...	—	—	—	—	—	—	—	—	—
	2	—	—	—	1	1	1	1	6



### Training Centre

On 31/12/61 the number on the register of the Junior Training Centre was 67 and details of admission and discharge during the year are as follows:—

		<i>Lincoln</i>	<i>Kesteven</i>	<i>Total</i>
Number on Register on 1-1-61	..	58	1	59
Admissions during the year	.. ..	8	5	13
Discharges during the year	.. ..	5	—	5
Number on Register on 31-12-61	..	61	6	67

### Reasons for admissions and discharges:

#### *Admissions*

Found unsuitable for education at school	..	..	..	5
Lack of suitable care at home during daytime		..	..	5
Removal into Lincoln from another area	..	..	..	1
After losing his employment	..	..	..	2
				—
				13
				—

#### *Discharges*

Admitted to hospitals	..	..	..	..	..	..	1
Died	..	..	..	..	..	..	1
Left Lincoln	..	..	..	..	..	..	1
To assist parents at home	..	..	..	..	..	..	2
							—
							5
							—

The classification, age groups and sex of the 61 Lincoln cases receiving training or occupation at the Training Centre at the end of the year is shown in the following table:—

<i>Severely Subnormal</i>				<i>Sub Normal</i>				<i>Total</i>
<i>Males</i>		<i>Females</i>		<i>Males</i>		<i>Females</i>		
<i>Under</i>	<i>Over</i>	<i>Under</i>	<i>Over</i>	<i>Under</i>	<i>Over</i>	<i>Under</i>	<i>Over</i>	
16	16	16	16	16	16	16	16	
11	16	6	11	—	4	4	9	61

### Transport

Adult trainees are encouraged to make their own way to and from the Centre and for others, including all children, transport continued to be provided by the Lincoln Corporation Transport Department.

It became apparent during the year that with the increasing number of trainees who attend the Centre and require transport, the time taken for the journey was becoming excessive resulting in the trainees arriving late in the morning and necessitating an early departure in the afternoon. It was decided, therefore, to use two buses (instead of one), one for the North of the City and one for the South and by this means it is possible to ensure attendance at the Centre from 9-30 a.m. to 4 p.m., instead of from 9-45 a.m. to 3-30 p.m., as was the case previously.



## 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>	1957	1958	1959	1960	1961
Diphtheria .. ..	—	—	—	—	—
Scarlet Fever .. ..	48	29	60	75	18
Erysipelas .. ..	—	3	5	4	4
Puerperal Pyrexia ..	1	3	2	—	1
Ophthalmia Neonatorum	—	1	—	3	—
Chickenpox .. ..	78	1138	166	688	159
Measles .. ..	1846	377	1117	51	1361
Whooping Cough ..	111	47	15	57	48
Typhoid Fever .. ..	—	—	—	—	—
Para-Typhoid Fever ..	2	—	—	—	1
Dysentery .. ..	21	10	64	4	80
Food Poisoning .. ..	33	2	24	8	9
Pneumonia .. ..	32	33	16	11	15
Meningococcal Infection	3	2	1	—	1
Acute Poliomyelitis:					
Paralytic .. ..	48	—	3	1	—
Non-Paralytic ..	53	3	—	10	—
Acute Encephalitis ..	—	—	1	—	1
Malaria .. ..	—	—	1	—	—
Smallpox .. ..	—	—	—	—	—
Anthrax .. ..	—	—	—	—	1

### 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. The stage has now been reached when a large proportion of expectant young mothers have not experienced a Diphtheria Epidemic, in fact many of them have no knowledge of the seriousness of this disease. It is, therefore, all the more necessary to continue propaganda with the object of encouraging early immunisation against Diphtheria.

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 1961, 937 infants under one year were given a full course of triple immunisation, compared with 818 in 1960.



### Scarlet Fever

Eighteen cases of Scarlet Fever occurred during the year, mainly in the 4 to 9 year group and the disease continues to be mild and complications seldom arise.

The disease has now reached a stage where it is merely a nuisance and no longer a serious infectious disease.

### Erysipelas

Two males and two females were notified as suffering from Erysipelas during 1961.

### Puerperal Pyrexia

One case of Puerperal Pyrexia was notified during the year—a girl of 17 years of age.

### Chickenpox

159 cases of Chickenpox were notified compared with 688 in the previous year.

In recent years Chickenpox has occurred in epidemic form in alternate years, occurring in the year when Measles is not epidemic.

### Measles

Measles occurred again in epidemic form in 1961 and 1,361 cases were notified, compared with 51 during 1960. The majority of cases occurred in pre-school children and a number were quite ill with the disease.

Measles is not a trivial illness and with the disappearance of many of the infectious diseases which commonly affected children, has now assumed a role of increasing importance. Although serious complications are uncommon, it is a disease of considerable nuisance value and is followed in the case of many children with a period of disability. Measles is also one of the diseases which may produce changes in the lungs leading to Bronchiectasis.

### Whooping Cough

The number of notifications of Whooping Cough in 1961 (48) was less than in the previous year and no marked epidemic occurred. The incidence of the disease was only slightly greater amongst the girls and it will also be noted that a relatively small number of vaccinated children contracted the disease (11) although there were in fact four times as many vaccinated children in the community as unvaccinated. This clearly demonstrates the value of vaccination against the disease, but it also shows that vaccination does not afford complete protection. In general, however, the illness amongst the vaccinated children was mild.

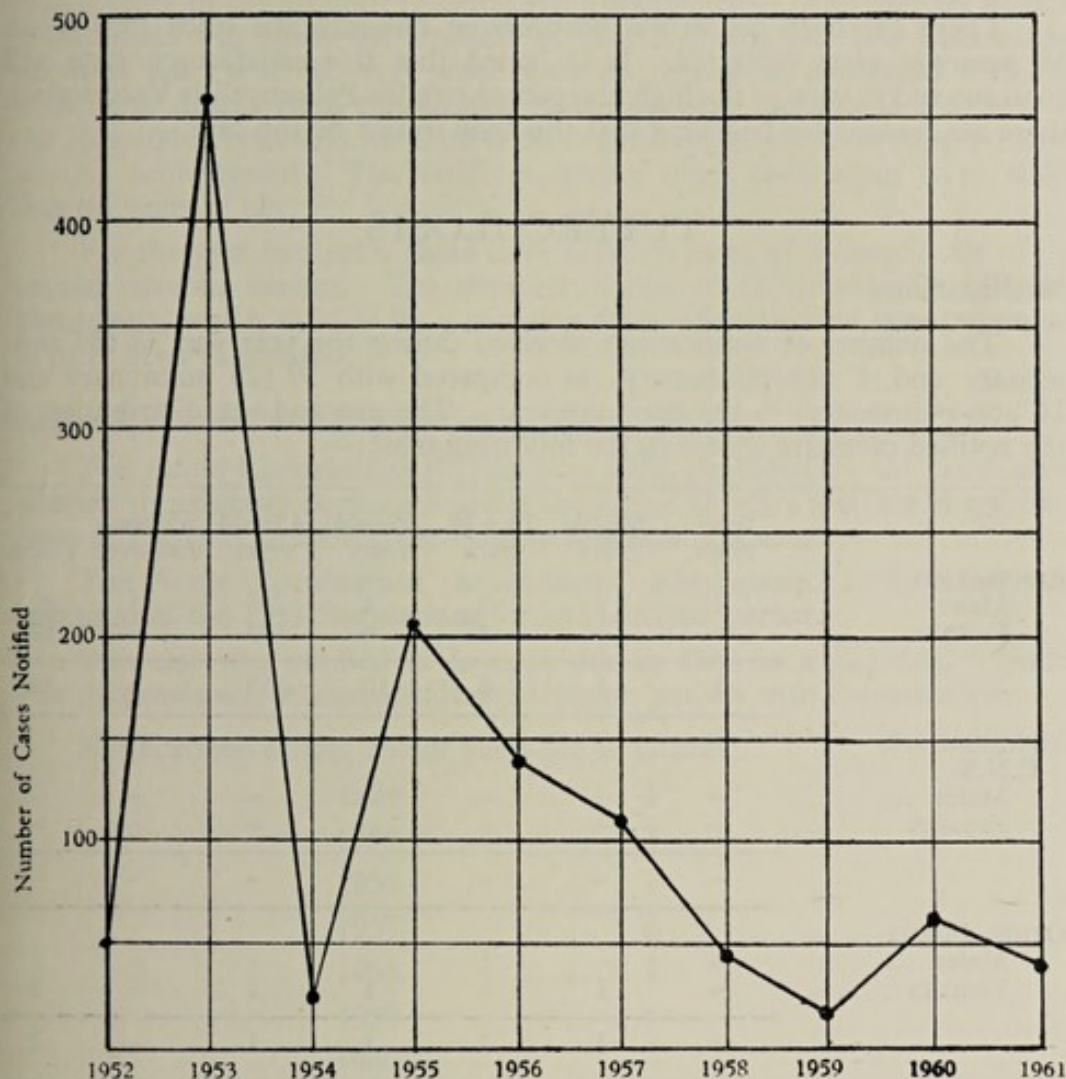
The following table shows the age and sex distribution of the cases notified:—

Age	Males	Females	Total
Under 1 .. .. .	5	1	6
1 year .. .. .	1	7 (3)	8 (3)
2 years .. .. .	4 (1)	3 (1)	7 (2)
3 years .. .. .	1	4 (1)	5 (1)
4 years .. .. .	2	1 (1)	3 (1)
5—9 years .. .. .	9 (4)	5	14 (4)
10—14 years .. .. .	—	4	4
25—35 years .. .. .	1	—	1
Totals .. .. .	23 (5)	25 (6)	48 (11)

( ) The figures in brackets denote those immunised



### INCIDENCE OF WHOOPING COUGH IN LINCOLN DURING THE PAST 10 YEARS



#### Dysentery

Eighty cases of Dysentery were notified during the year, the majority of the cases occurred sporadically during the summer months in the South of the City, although there was an outbreak of Dysentery at the Newland Day Nursery in January and early February.

#### Food Poisoning

Nine cases of Food Poisoning were notified during the year, compared with eight cases during 1960.

The cases were unrelated and in 2 instances the responsible organism was *Salmonella Typhi-murium*, in 4 cases *Salmonella Wangata* and 2 cases were thought to be due to staphylococcal infection.

#### Pneumonia

During 1961 fifteen cases of Pneumonia were notified, three of these were children aged 5—7 years and the remainder were adults.

In the absence of an epidemic of Influenza, cases of Primary Pneumonia now occur infrequently and no longer appear to present a problem.



## Poliomyelitis

No case of Poliomyelitis was notified during the year.

There has been no serious outbreak of Poliomyelitis since 1957 when 48 paralytic cases occurred. It is hoped that this satisfactory state will continue and in view of the high acceptance rate for Poliomyelitis Vaccination, there are reasons for believing that this may in fact be the case.

## TUBERCULOSIS

### Notifications

The number of notifications received during the year was 38 (34 pulmonary and 4 non-pulmonary) as compared with 39 (25 pulmonary and 14 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	1	2	4	10	3	21
Females	...	—	—	4	6	3	—	13
		1	1	6	10	13	3	34
MENINGES AND C.N.S.								
Males ...	...	—	—	—	—	—	—	—
Females	...	—	—	—	—	—	—	—
		—	—	—	—	—	—	—
OTHER FORMS								
Males ...	...	—	—	1	—	—	—	1
Females	...	—	1	—	1	1	—	3
		—	1	1	1	1	—	4

### 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 ...	...	—	—	—	—	—	2	2
Females	...	—	—	—	—	—	—	—
		—	—	—	—	—	2	2
MENINGES AND C.N.S.	...	—	—	—	—	—	—	—
OTHER FORMS								
Females	...	—	—	—	—	—	1	1

### Summary of Notifications and Deaths over last 10 years

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Notifications ...	66	77	66	47	44	63	53	52	39	38
Deaths ...	19	14	22	12	8	11	5	8	3	3



### General Comments

The above tables show the very great progress that has been made in recent years in the attempt to eliminate Tuberculosis. The number of new notifications was again the smallest on record (being one less than in the previous year) and the very small number of deaths, compared with the number of deaths from this disease in the previous decade, is a tribute to the Hospital Service and Medical Officers and Nurses are to be congratulated on this achievement. The fatal respiratory cases once again were males over 45 years of age.

For the past two years there have been no cases of Tuberculosis of the central nervous system. The dreaded disease of childhood, Tuberculous Meningitis, which used to be a common fatal infection now appears almost to have been eliminated.

### 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.

One case was notified in Lincoln during 1961 in a girl aged 8 years. The diagnosis was Rheumatic Heart Disease (active) with Polyarthrititis.

Notifications during recent years are as follows:

1954	..	..	4
1955	..	..	3
1956	..	..	1
1957	..	..	8
1958	..	..	2
1959	..	..	1
1960	..	..	—
1961	..	..	1

## VENEREAL DISEASES

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

During 1961, 80 Lincoln patients attended for the first time. Of these 17 proved to be suffering from Venereal Disease and 63 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>
1957	..	..	..	8	17	25
1958	..	..	..	5	19	24
1959	..	..	..	4	24	28
1960	..	..	..	5	13	18
1961	..	..	..	4	13	17



It will be seen that there was no increase in the number of cases of Venereal Disease occurring in Lincoln during 1961. This is a satisfactory situation, particularly when it is remembered that the incidence of Venereal Disease, especially that of Gonorrhoea, has shown a uniform and steady increase in most parts of the Country in recent years.

## WATER

I am indebted to Mr. D. Whiteley, Engineer and Manager, Lincoln and District Water Board 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.

So far as Lincoln is concerned the domestic consumption continues to increase and it has been found necessary to continue the ban on the use of hose-pipes for private garden watering and car washing.

25,081 houses were supplied from the public water mains covering a population of 77,140 within the City.

There are now very 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 the provisions of Section 47 of the National Assistance Act, 1948. However, cases did come to light during the year when action was contemplated but in every case it was possible to make satisfactory arrangements for the care of these elderly people without the use of a Magistrates Compulsory Removal Order.

In several cases compulsory removal would not have been avoided had it not been for the ready assistance of the Home Help Service. In some instances, the Home Helps were obliged to tackle houses which had not been cleaned for many years and the accumulation of dirt and rubbish was indescribable. Other cases were dealt with by admission to Part III accommodation after long and difficult attempts at persuasion had been successful.

### HOUSING

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

	1961	1960
(a) By the Local Authority ..	182	308
(b) By private enterprise ..	173	195
	<hr/>	<hr/>
Total .. .. .	355	503
	<hr/>	<hr/>



# REPORT OF THE NATIONAL ASSOCIATION

1891

The National Association of Manufacturers has the honor to acknowledge the receipt of the report of the Committee on the subject of the proposed amendment to the Constitution of the United States, which was presented to the Association at its annual meeting in New York City, on the 10th of December, 1890.

The report of the Committee is a most able and comprehensive one, and it is a pleasure to find that the Association has been able to secure the services of so high a class of men to prepare it. The Committee has shown that the proposed amendment is not only unnecessary, but also that it would be a serious and unnecessary burden upon the people of the United States.

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CITY AND COUNTY  
BOROUGH OF LINCOLN



# ANNUAL REPORT

FOR THE YEAR

1961

BY

J. JONES, M.R.S.H., 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, 1962.*

Mr. Mayor, Aldermen and Councillors,

I have the honour to present the report on the work of the Public Health Inspector's section of the Health Department during the year 1961.

Although I am presenting this report my predecessor, Mr. H. Shimeld was your Chief Public Health Inspector during the whole period to which it refers and the pages which follow deal entirely with work done by him and his staff.

As in previous years, the public health inspectors had to try and cope with their many and varied duties under the handicap of acute staff shortages. Out of an establishment of six district inspectors, there were never more than three, and repeated advertisements brought no response. In consequence many important duties received inadequate attention, but it is a tribute to the hard work of a depleted staff that so much was achieved in spite of the difficulties caused by this shortage. Almost one hundred per cent meat inspection was maintained, only six animals not being inspected out of a total of 49,808 slaughtered. The number of Food and Drugs samples procured was 3.6 per 1,000 population, which under the circumstances was a very good rate of sampling. In addition to maintaining the ordinary day to day work of the department, time was found to give some attention to atmospheric pollution, health education and slum clearance, even though to do all this involved a considerable amount of work out of normal hours.

In July the Chief Public Health Inspector submitted a report on slum clearance, which showed that out of 470 houses in the first five year programme 384 or 81% had been dealt with. He estimated that there were still approximately 2,000 houses in the City remaining unfit for human habitation and listed 529 houses which he considered should be demolished within the next five years. These proposals were accepted by the Council and during the latter half of the year six small clearance areas comprising a total of thirty houses were represented.

There was some activity during the year in the field of atmospheric pollution. The selection of Lincoln as one of the 100 towns chosen to take part in the National Survey resulted in the setting up of five volumetric air sampling machines in various parts of the City. The Lincoln No. 1 Smoke Control Order was made by the Council and submitted to the Minister for confirmation and should come into force in September, 1962.

In 1963 the temporary exemptions which were given to industrial plant under the Clean Air Act, 1956 expire and this is likely to throw increased work on to the Public Health Inspectorate in their duties in securing compliance with the Act. In consequence of both this and the extra work which is entailed in the administration of the Smoke Control Area and other



duties in connection with Clean Air, it was decided towards the end of the year to appoint a district inspector with special responsibilities for these matters. This appointment is to be made early in 1962.

I think that in presenting this report of his last full year's work as your Chief Public Health Inspector some appropriate tribute should be paid to Mr. Harold Shimeld. He came from Sheffield to Lincoln in 1927 as your Deputy Chief Public Health Inspector and served in that capacity until January, 1960 when he succeeded the late Mr. McGill as Chief Public Health Inspector, his total service with you thus being about 35 years. He has left behind a high reputation with the members of his staff, his brother officers, and I gather, with members of the Council, and one must be very impressed by the amount and quality of the work done under his direction in most difficult circumstances.

I am, Your obedient servant,

J. JONES,

*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  
 Caravan Sites and Control of Development Act, 1960.  
 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						<i>Re- Inspections</i>
						<i>Inspections</i>
Re Complaints	..	..	..	..	615	630
Dirty	..	..	..	..	19	8
Housing Act, 1936—Inspections	..	..	..	..	673	773
Overcrowding Provisions	..	..	..	..	6	3
Housing Removal—Enquiries	..	..	..	..	24	—
Re Notifiable Diseases	..	..	..	..	48	37
Re Other Diseases	..	..	..	..	20	1
Verminous	..	..	..	..	23	13
Water Supply	..	..	..	..	83	163
DRAINS						
Inspected	..	..	..	..	257	183
Tested	{ Colour	..	..	..	38	9
	{ Grenade	..	..	..	—	—
	{ Smoke	..	..	..	54	9
	{ Water	..	..	..	10	9
MISCELLANEOUS						
Factories	{ Mechanical	..	..	..	40	20
	{ Non-Mechanical	..	..	..	4	5
Interviews	..	..	..	..	645	—
Moveable Dwellings and Sites	..	..	..	..	40	—
Nursing Homes	..	..	..	..	1	—
Offensive Trades	..	..	..	..	11	—
Workplaces	..	..	..	..	8	—
Pet Animal Shops	..	..	..	..	6	—
Plots of Waste Land	..	..	..	..	23	13
Rag Flock and Other Filling Materials	..	..	..	..	1	—
Rodent and other pests	..	..	..	..	101	37
Schools	..	..	..	..	61	—



	<i>Inspections</i>	<i>Re- Inspections</i>
Sewers, Ventilators, Street Gullies etc. ..	67	44
Smoke Observations .. .. .	128	—
Swimming Baths .. .. .	106	—
Swine, Fowls and other animals .. .. .	7	2
Theatres and Cinemas .. .. .	6	3
Atmospheric Pollution Stations .. .. .	37	116
Unclassified Visits .. .. .	702	235

### **Housing Act, 1957.**

#### **INFORMAL AND STATUTORY NOTICES SERVED.**

Informal Notices outstanding December, 1960 .. .. .	138
"    "    served 1961 .. .. .	169
"    "    complied with 1961 .. .. .	210
"    "    outstanding December, 1961 .. .. .	97
Statutory Notices outstanding December, 1960 .. .. .	101
"    "    served 1961 .. .. .	45
"    "    complied with 1961 .. .. .	106
"    "    outstanding December, 1961 .. .. .	40
No. of complaints received and recorded at the Health Department .. .. .	492

The owners of 31 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 £142 9s. 3d. Formal demands were served upon the owners for payment of the various amounts.

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

### **Local Land Charges.**

1,185 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 .. .. .	11
No. of houses demolished in pursuance of demolition orders ..	5
No. of buildings closed .. .. .	9
No. of Council owned houses dealt with by unfitness orders ..	1
No. of houses included in Clearance Areas demolished ..	47
No. of houses demolished in pursuance of undertakings given by the owners .. .. .	—
No. of houses demolished in anticipation of formal action ..	—

### **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 .. .. .	2
Chimneys repaired .. .. .	12
Damp proof courses provided .. .. .	1
Doors and locks repaired or renewed .. .. .	5
Eavesgutters cleansed .. .. .	13
"    repaired or renewed .. .. .	13
Fallpipes cleansed .. .. .	6
"    repaired or renewed .. .. .	6



Fallpipes disconnected from drains	..	..	..	..	1
Fireplaces repaired or renewed	..	..	..	..	7
Floors repaired or renewed	..	..	..	..	20
Handrails repaired or renewed	..	..	..	..	—
Paving of yards or passages repaired or renewed	..	..	..	..	16
Roofs repaired or renewed	..	..	..	..	45
Stairs repaired	..	..	..	..	2
Wall or ceiling plaster repaired	..	..	..	..	33
Walls pointed, rendered, or treated with petrifying solution	..	..	..	..	23
Walls taken down and rebuilt	..	..	..	..	—
Water supply provided	..	..	..	..	24
Windows and frames repaired or renewed	..	..	..	..	21

#### VERMINOUS HOUSES:

Disinfested and rooms fumigated	..	..	..	..	18
---------------------------------	----	----	----	----	----

#### DRAINAGE:

Cesspools repaired	..	..	..	..	..	1
Drains cleansed	..	..	..	..	..	33
„ disconnected from the sewer or intercepted	..	..	..	..	..	3
„ examined	..	..	..	..	..	125
„ repaired	..	..	..	..	..	8
„ reconstructed	..	..	..	..	..	5
„ tested—colour	..	..	..	..	..	28
„ grenade	..	..	..	..	..	3
„ smoke	..	..	..	..	..	39
„ water	..	..	..	..	..	5
„ ventilated	..	..	..	..	..	1
Gullies additional provided	..	..	..	..	..	9
„ cleansed	..	..	..	..	..	17
„ renewed	..	..	..	..	..	1
Inspection Chambers built	..	..	..	..	..	3
Public Sewers cleansed. Section 20 (a) P.H.A. 1936	..	..	..	..	..	41
Sinks provided	..	..	..	..	..	26
„ repaired	..	..	..	..	..	1
„ waste pipes renewed	..	..	..	..	..	1

#### WATER CLOSETS:

Cisterns repaired or renewed	..	..	..	..	11
Flush pipes repaired or renewed	..	..	..	..	5
Pedestal washdown basin renewed	..	..	..	..	3
Pedestal washdown basin provided in lieu of old pan apparatus	..	..	..	..	4
Repaired	..	..	..	..	3
Ventpipes repaired or renewed	..	..	..	..	2
Water supply provided or renewed	..	..	..	..	1

#### 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 1961 sixty-nine dustbins were provided and eleven were renewed.



In all 2,301 premises have now been provided with dustbins by the Council.

In certain cases bins provided by the Council are collected and returned to stock principally where properties change hands and the new owners wish to provide their own bins.

### **Eradication of Bed Bugs**

No. of Council houses found to be infested	..	..	..	5
No. of Council houses disinfested	..	..	..	5
No. of other houses found to be infested	..	..	..	1
No of other houses disinfested	..	..	..	1

All the houses were successfully disinfested, a liquid insecticide, containing Malathion 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 10 applications for certificates of disrepair, certificates were either issued or undertakings from the owners accepted.

6 applications for the cancellation of certificates were considered, 5 granted and 1 refused.

### **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. 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 other 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 continuous 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.

Routine sampling of the water was carried out for bacteriological examination. 123 samples were taken and all of these were satisfactory.



## Clean Air Act, 1956

### *Measurement of Atmospheric Pollution*

Smoke and sulphur dioxide measurements by means of volumetric instruments were made throughout the year. The apparatus filters air continuously, night and day and is read daily.

As will be seen from the accompanying tables and graphs, the single instrument at the Health Department was reinforced by four others from June/July onwards. These were stationed in different parts of the City as part of the National Survey.

### *The National Survey of Atmospheric Pollution*

During the year Lincoln was one of the towns chosen to take part in the National Survey of Atmospheric Pollution and the air is now being sampled by continuous filter methods at five points in the City selected by type of area as follows:—

- No. 5 City Health Department, Beaumont Fee—Commercial Area.
- No. 10 Lincoln School, Wragby Road—Area of low population density.
- No. 11 Bishop King School, Scorer Street—Area of high population density.
- No. 12 Ruston & Hornsby Ltd., Firth Road—Industrial Area.
- No. 13 Hartsholme Park—Smoke Control Area.

A great deal of work fell on the shoulders of a depleted staff in setting up the stations, but daily maintenance is not a heavy burden, as the daily tests are carried out by the scholars where the instruments are stationed in schools. The ready co-operation of the teaching staff and the enthusiasm of the children for this work is greatly appreciated by this Department.

The results from these instruments are sent to the Department of Scientific and Industrial Research monthly, where they are evaluated. The data obtained from the measurements made in the statistically selected representative towns (of which there are about 100, including Lincoln), will be used to provide a yardstick for each class of town and for the country as a whole, against which data from individual towns will be examined.

### *Smoke Control Area*

Lincoln No. 1 Smoke Control Order was made by the Council during the year and submitted for confirmation by the Minister. The Order provided for the whole of the Birchwood area to become subject to smoke control with effect from the 1st September, 1962. After that date it would be an offence to emit smoke from any dwelling in the area. Grants will be given for the conversion of fireplaces in houses built before 1956.

### *Legal Proceedings*

**Section 16.** Smoke was emitted from a copper chimney at a private slaughterhouse so as to be a nuisance to the inhabitants of the neighbourhood. The court made a nuisance order and awarded costs of 16/6 against the defendant.

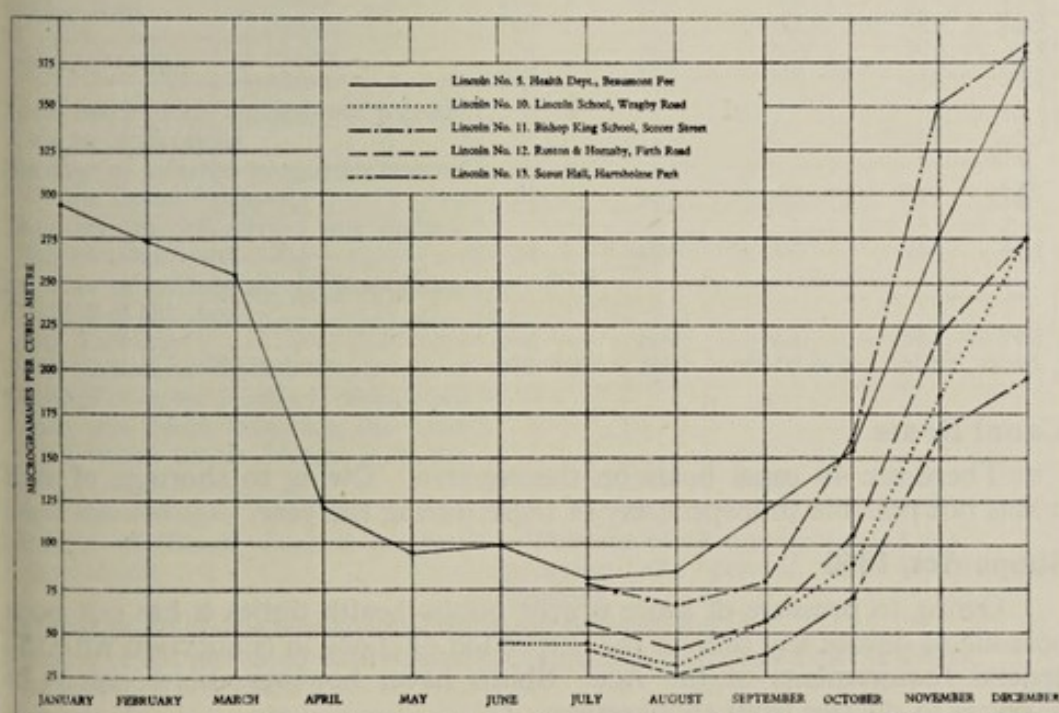


## MONTHLY AVERAGE VALUES

*Microgrammes per cubic metre*

## Smoke concentration 1961

Station No.	5	10	11	12	13
January .. .. .	294				
February .. .. .	274				
March .. .. .	255				
April .. .. .	122				
May .. .. .	96				
June .. .. .	99	45			
July .. .. .	81	44	79	55	41
August .. .. .	85	33	66	41	26
September .. .. .	120	57	79	57	38
October .. .. .	154	90	160	107	71
November .. .. .	275	187	351	220	165
December .. .. .	382	275	385	275	195

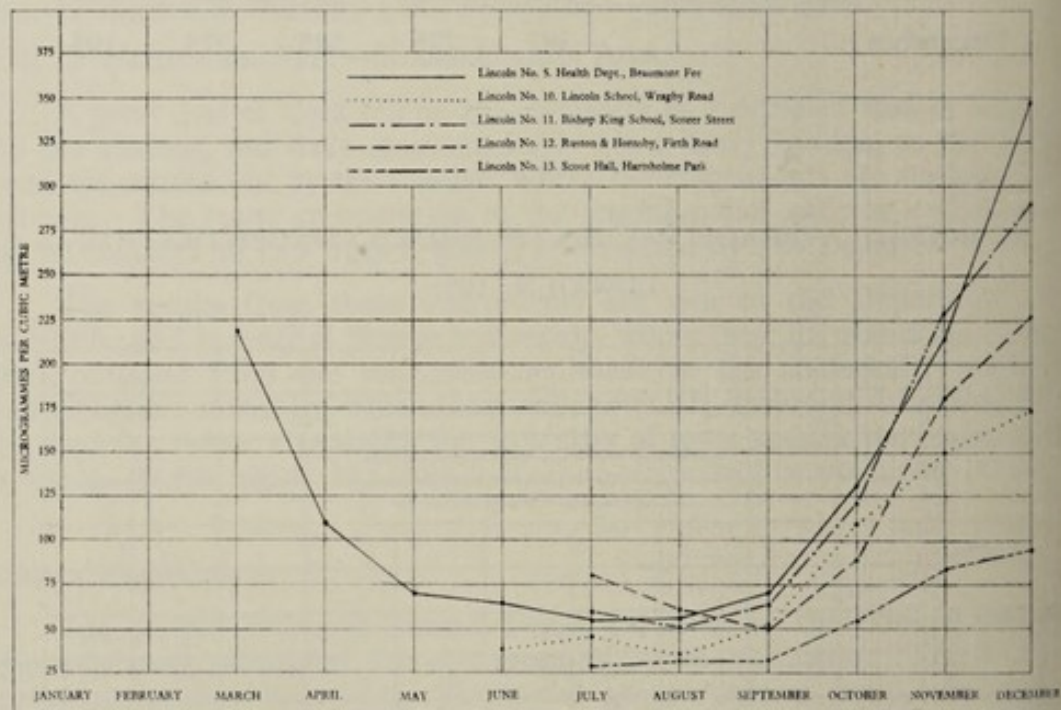
MONTHLY AVERAGE VALUES OF SMOKE CONCENTRATION—  
LINCOLN, 1961



## MONTHLY AVERAGE VALUES

*Microgrammes per cubic metre***SO<sub>2</sub> Concentration 1961**

Station No.	5	10	11	12	13
January .. .. .					
February .. .. .					
March .. .. .	220				
April .. .. .	110				
May .. .. .	70				
June .. .. .	65	39			
July .. .. .	55	46	61	81	30
August .. .. .	57	37	51	59	33
September .. .. .	70	52	64	50	33
October .. .. .	131	109	121	90	55
November .. .. .	215	150	229	177	85
December .. .. .	347	174	291	227	95

MONTHLY AVERAGE VALUES OF SO<sub>2</sub> CONCENTRATION  
LINCOLN, 1961**Canal Boats**

There are 49 canal boats on the register. Owing to shortage of staff it was not possible to inspect any of these during the year.

**Shops Act, 1950**

Owing to 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. Shops have, however, been visited in response to queries from shopkeepers.



## Prevention of Damage by Pests Act, 1949.

## TYPE OF PROPERTY

	Non-Agricultural				
	(1)	(2)	(3)	(4)	(5)
	<i>Local Authority</i>	<i>Dwelling Houses (inc. Council Houses)</i>	<i>All other (including business premises)</i>	<i>Total of Cols. (1), (2) and (3)</i>	<i>Agricultural.</i>
Number of properties in Local Authority's District ... ..	108	24,513	3,170	27,791	45
Total number of properties inspected as a result of notification ... ..	25	320	74	419	Nil
Number of such properties found to be infested by:—					
Common Rat { Major ... ..	5	Nil	4	9	Nil
{ Minor ... ..	17	191	53	261	Nil
Ship Rat { Major ... ..	Nil	Nil	Nil	Nil	Nil
{ Minor ... ..	Nil	Nil	Nil	Nil	Nil
House Mouse { Major ... ..	Nil	Nil	2	2	Nil
{ Minor ... ..	1	12	10	23	Nil
Total number of properties inspected in the course of survey under the Act ... ..	5	421	35	461	5
Number of such properties found to be infested by:—					
Common Rat { Major ... ..	Nil	Nil	Nil	Nil	Nil
{ Minor ... ..	Nil	17	3	20	Nil
Ship Rat { Major ... ..	Nil	Nil	Nil	Nil	Nil
{ Minor ... ..	Nil	Nil	Nil	Nil	Nil
House Mouse { Major ... ..	Nil	Nil	Nil	Nil	Nil
{ Minor ... ..	Nil	1	Nil	1	Nil
Total number of properties otherwise inspected ... ..				3,976	Nil
Number of such properties found to be infested by:—					
Common Rat { Major ... ..	Nil	Nil	Nil	Nil	Nil
{ Minor ... ..	Nil	Nil	Nil	Nil	Nil
Ship Rat { Major ... ..	Nil	Nil	Nil	Nil	Nil
{ Minor ... ..	Nil	Nil	Nil	Nil	Nil
House Mouse { Major ... ..	Nil	Nil	Nil	Nil	Nil
{ Minor ... ..	Nil	Nil	Nil	Nil	Nil
Total inspections carried out including re-inspections				7,511	
Number of infested properties treated by the Local Authority ... ..	23	163	63	249	Nil
Total treatments carried out including re-treatments ... ..	34	171	95	300	Nil
Number of notices served under section 4 of the Act					
(a) Treatment ... ..	Nil	Nil	Nil	Nil	Nil
(b) Structural Work ... ..	Nil	Nil	Nil	Nil	Nil
Number of cases in which default action was taken following the issue of a notice under Section 4 of the Act ... ..	Nil	Nil	Nil	Nil	Nil
Legal Proceedings ... ..	Nil	Nil	Nil	Nil	Nil
Number of 'Block' Control schemes carried out ... ..	Thirteen block surveys carried out involving 334 private and 16 business premises.				
Number of rat bodies recovered as the result of poisoning ... ..					211
Number of rats estimated to be poisoned, the estimate being based on the weight of poisoned bait taken ... ..					223
Number of mice caught by traps ... ..					124



# FACTORIES ACTS 1937 TO 1959

## Part I of the Act

### INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH:

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	10	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	359	183	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	34	—	—	—
TOTAL ... ..	303	186	1	—

### CASES IN WHICH DEFECTS WERE FOUND:

<i>Particulars</i>	<i>Found</i>	<i>Number of cases in which defects were found</i>			<i>Number of cases in which prosecutions were instituted</i>
		<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	<i>by H.M. Inspector</i>	
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 ... ..	1	—	—	1	—
Unsuitable or defective ... ..	1	2	—	1	—
Not separate for sexes ... ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ... ..	—	—	—	—	—
TOTAL ... ..	2	2	—	2	—

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

#### OUTWORK:

<i>Nature of Work</i>	<i>No. of out-workers in August list required by Section 110 (1) (c)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>	<i>No. of instances of work in unwholesome premises</i>	<i>Notices served</i>	<i>Prosecutions</i>
Wearing Apparel Making, etc. ... ..	10	—	—	—	—	—



### Fertilisers and Feeding Stuff Acts, 1926

Eight formal samples of Feeding Stuffs were procured. Two samples were found on analysis to contain respectively oil and fibre in excess of the guarantee and six conformed. Letters in respect of the samples not conforming to the guarantee were sent to the manufacturers concerned and an investigation was carried out of the methods of manufacture.

Ten informal samples of Fertilisers were procured all of which conformed to the guarantee.

### 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 .. .. .	41
Dairies .. .. .	136
Food Inspections other than meat .. .. .	4,373
Hotels and other catering establishments .. .. .	149
Markets .. .. .	29
Markets (Auction) .. .. .	6
Shops, English and Foreign Meat .. .. .	49
„ Fish .. .. .	11
„ Fried fish and chip .. .. .	18
„ Fruit and vegetable .. .. .	32
„ General provisions .. .. .	112
„ Horseflesh .. .. .	19
„ Ice Cream .. .. .	5
„ Milk .. .. .	16
„ Tripe .. .. .	2
„ Other .. .. .	18
Slaughterhouses .. .. .	1,406
Warehouses .. .. .	39
Vehicles carrying food .. .. .	290
School Kitchens .. .. .	3

### Food Poisoning.

Food poisoning and suspected food poisoning investigations ..	15
Clinical specimens submitted for bacteriological examination ..	37
Food samples submitted for bacteriological examination .. ..	7

Nine cases of food poisoning were notified during the year.

In two cases the organism isolated was salmonella typhi-murium, four cases wangata and two cases staphylococci (phage type 77W).



### 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	..	..	..	..	..	..	28
Butchers	..	..	..	..	..	..	75
Cafes and Snack Bars	..	..	..	..	..	..	28
Chemists	..	..	..	..	..	..	25
Clubs	..	..	..	..	..	..	15
Confectioners	..	..	..	..	..	..	50
Fish, Rabbits and Poultry	..	..	..	..	..	..	16
Fried Fish Shops	..	..	..	..	..	..	41
Fruiterers and Greengrocers	..	..	..	..	..	..	66
General Grocers	..	..	..	..	..	..	98
Grocers	..	..	..	..	..	..	135
Hospitals, Maternity Homes, Old People's Homes and Children's Homes	..	..	..	..	..	..	18
Hotels (Unlicensed)	..	..	..	..	..	..	7
Public Houses and Licensed Hotels	..	..	..	..	..	..	98
School Canteens	..	..	..	..	..	..	20
Wine and Spirit Merchants	..	..	..	..	..	..	13
Works Canteens	..	..	..	..	..	..	20
Miscellaneous—mixed	..	..	..	..	..	..	20
Total							773

The occupiers of food premises have continued to co-operate with the Department in carrying out many improvements.

Legal proceedings were instituted in the following cases:—

#### *F.H. Reg. 6(1)*

A baker's tray used for containing cakes was not kept clean, being contaminated with bird droppings. The defendant was convicted and fined £15.

#### *F.H. Reg. 6(2)*

Alleged that containers intended for containing food in the course of a food business were not, so far as reasonably practicable, protected and kept free from contamination. Case dismissed.

Returnable biscuit tins were being stored in the watercloset. The defendant was convicted and fined £7.

#### *F.H. Reg. 16*

A wash hand-basin with hot and cold water was not provided in a position conveniently accessible to the persons engaged in handling open food. The defendant was convicted and fined £5.

#### *F.H. Reg. 18*

Staff not provided with accommodation to hang their clothes not worn during working hours. The defendant was convicted and given an absolute discharge with 4/- costs.

### Food Samples

278 samples of food and drugs were procured and submitted to the Public Analyst who certified 246 samples genuine and 31 samples adulterated



or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 3.6.

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

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulter- ated</i>	<i>Total</i>
Milk .. .. .	37	162	169	30	199
Milk with foreign bodies ..	—	1	—	1	1
Butter .. .. .	—	2	2	—	2
Margarine with 10% Butter ..	—	1	1	—	1
Pure Lard .. .. .	—	1	1	—	1
Table Cream, raspberry Flavour ..	—	1	1	—	1
Dairy Cream .. .. .	—	2	2	—	2
Double Dairy Cream .. .. .	—	1	1	—	1
Tin of Cream .. .. .	—	1	1	—	1
Tin of Evaporated Milk .. .. .	—	1	1	—	1
Ice Cream .. .. .	—	1	1	—	1
Dairy Ice Cream .. .. .	—	1	1	—	1
Milk Shakes with Fruit Centres ..	—	1	1	—	1
Seed Pearl Tapioca .. .. .	—	1	1	—	1
Tin Creamed Rice Milk Pudding ..	—	1	1	—	1
Packet Flaked Rice .. .. .	—	1	1	—	1
Ground Rice .. .. .	—	1	1	—	1
Frig-Ice Raspberry Flavour .. ..	—	1	1	—	1
Rice Pudding with Glucose .. ..	—	1	1	—	1
Packet Caramel Dessert .. .. .	—	1	1	—	1
Dessert Sweet with Caramel Topping .. .. .	—	1	1	—	1
Tin Marmalade Sweet Pudding ..	—	1	1	—	1
Gatinaises Au Choclat .. .. .	—	1	1	—	1
Packet Cake Mix .. .. .	—	1	1	—	1
Christmas Pudding .. .. .	—	1	1	—	1
Custard Powder .. .. .	—	1	1	—	1
Ginger Marmalade .. .. .	—	1	1	—	1
Mincemeat .. .. .	—	1	1	—	1
Damson Jam .. .. .	—	1	1	—	1
Ground Almonds .. .. .	—	1	1	—	1
Self Raising Flour .. .. .	—	1	1	—	1
Plain White Flour .. .. .	—	1	1	—	1
Currants .. .. .	—	1	1	—	1
Sultanas .. .. .	—	1	1	—	1
Dried Apricots .. .. .	—	1	1	—	1
Dried Peaches .. .. .	—	1	1	—	1
Table Salt .. .. .	—	1	1	—	1
Baking Powder .. .. .	—	1	1	—	1
Tea .. .. .	—	1	1	—	1
Sunny Spread .. .. .	—	1	1	—	1
Jar Minced Chicken .. .. .	—	1	1	—	1
Jar Potted Salmon .. .. .	—	1	1	—	1
Tin Hamburgers .. .. .	—	1	1	—	1
Pork Sausages .. .. .	—	4	4	—	4
Beef Suet .. .. .	—	1	1	—	1
Packet Ox Tail Soup .. .. .	—	1	1	—	1
Packet Kidney Soup .. .. .	—	1	1	—	1



<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulter- ated</i>	<i>Total</i>
Chinese Vermicelli Chicken Soup	-	1	1	-	1
Tomato Catsup .. ..	-	1	1	-	1
Packet Instant Bread Sauce	-	1	1	-	1
Pickled Walnuts .. ..	-	1	1	-	1
Pickling Spice .. ..	-	1	1	-	1
White Sauce .. ..	-	1	1	-	1
Indian Mutton Curry .. ..	-	1	1	-	1
Strawberry Jelly .. ..	-	1	1	-	1
Lemon Meringue Tarts	-	1	1	-	1
Butter Eccles Cakes .. ..	-	1	1	-	1
Coconut Cakes .. ..	-	1	1	-	1
Custard Tarts .. ..	-	1	1	-	1
Jam Tarts .. ..	-	1	1	-	1
Pineapple Tarts .. ..	-	1	1	-	1
Chocolate Tea Cakes .. ..	-	1	1	-	1
Coltsfoot Rock ... ..	-	1	1	-	1
Sherbert Fountain .. ..	-	1	1	-	1
Marzipan .. ..	-	1	1	-	1
Chocolate Coconut Ice .. ..	-	1	1	-	1
Milk Chocolate Egg .. ..	-	1	1	-	1
Bubble Gum .. ..	-	2	2	-	2
Empress Mixture Sweets .. ..	-	1	1	-	1
Lemonade Powder .. ..	-	1	1	-	1
Lemon Barley Water with Glucose .. ..	-	1	1	-	1
Glycerine, Lemon and Honey .. ..	-	1	1	-	1
Tin Tomatoes .. ..	-	1	1	-	1
'Glenco' Influenza Mixture .. ..	-	1	1	-	1
	37	241	247	31	278

### **Samples adulterated or otherwise giving rise to Irregularity**

#### *(a) Administrative Action Taken.*

Of the 31 samples adulterated or otherwise giving rise to irregularity 26 were taken formally and 5 informally.

#### *(b) Legal Proceedings.*

No legal proceedings were taken.

#### *(c) Informal Action.*

1. Milk. Producer sold milk slightly deficient in milk-solids other than milk-fat and a trace of added water. Two formal samples were taken. One was deficient in milk-solids other than milk-fat to the extent of 6.7% and contained 2.6% added water. The other was deficient in milk-solids other than milk-fat to the extent of 4.0% and contained 1.8% added water. Two 'Appeal to Cow' samples were taken, one of which was genuine whilst the other proved to be deficient in solids other than milk-fat to the extent of 3.8% and contained no added water.

A letter was sent by the Town Clerk to the producer warning him to exercise more care in his method of cooling milk by means of an in-churn cooler.



2. Milk. Producer sold milk deficient in milk-solids other than milk-fat and containing added water. Two formal samples were taken. Both were slightly deficient in milk-solids other than milk-fat, one contained a trace and the other 4.5% added water. Two 'Appeal to Cow' samples were taken and one was genuine and the other was deficient in milk-solids other than milk-fat to the extent of 5.0%.

A letter of warning was sent by the Town Clerk to the producer.

3. Milk. Producer sold milk slightly deficient in milk-fat. Five informal samples were taken, three of which proved genuine. The remaining two were deficient in milk-fat to the extent of 18.3% and 5.6% respectively.

A letter was sent by the Town Clerk to the producer drawing attention to the deficiency.

4. Milk. Producer sold milk deficient in milk-fat. (This was an informal sample). Eight formal samples were taken. Three of these were genuine and five were deficient in milk-fat in amounts varying from 6.3% to 20.3%.

Five 'Appeal to Cow' samples were taken and one of these was genuine, the remainder being deficient in milk-fat in amounts varying from 7.3% to 30.3%. Because one sample contained a small amount of added water, ten further 'Appeal to Cow' samples were taken, five 'morning' and five 'evening'. Only one sample was genuine in each batch of five samples.

The Town Clerk was requested to write to the Milk Marketing Board and the Ministry of Agriculture, Fisheries and Food drawing their attention to the deficiencies in this producers milk and asking them to consider giving the producer advice as to how the quality of the milk can be improved.

### **Offences other than those indicated by Sampling**

#### *Legal Proceedings.*

1. Sold a loaf of bread containing a piece of wire. The defendant was convicted and fined £10.
2. Alleged sale of a mouldy bread roll. Case not proved.
3. Sold beef sausages containing a piece of wire. The defendant was convicted and fined £20.
4. Sold a mouldy pork pie. The defendant was convicted and fined £10 with £35 costs.
5. Sold a packet of Mock Turtle Soup containing beetles. The defendant was convicted and fined £10.
6. Sold a packet of Oxtail Soup containing beetles. The defendant was convicted and fined £5.
7. Sold a blackcurrant tart containing a piece of wire. The defendant was convicted and fined £10.
8. Sold two mouldy steak pies. The defendants were convicted and fined £4 10s. 0d. with £2 5s. 0d. costs.
9. Sold a tin of peas containing a bolt and washer. The defendant was convicted and fined £10 with £10 costs.



*Informal Action*

1. Sold a tin of Mandarin Oranges containing a nail. These oranges had been canned in Japan. The canners in Tokyo expressed regret at the incident, explaining that nails securing a metal trough to a wooden frame in the process must have worked loose. In future they intend to fix the trough by wire or an iron band to avoid a recurrence.
2. Sold a consignment of tea containing bits of string. Similar string found near bench at which tea was packed in wholesalers premises. Warning given and string removed.
3. Sold sugar containing foreign matter. These were examined microscopically and found to consist of paper fibres. No further action taken.
4. Sold a Majorca slice containing a small stone the size and colour of a sultana. This had escaped detection in the bakery from which it came owing to its resemblance to a sultana.
5. Alleged sale of a jar of marmalade containing a piece of glass. As there was doubt after a full investigation as to the circumstances in which the glass got into the marmalade, no further action was taken.
6. Sold a rancid fancy cake. Verbal notice given to shopkeeper.
7. Sugar contained grubs. Investigation revealed that these were the grubs of the Codling moth which had probably gained access to sugar in complainant's larder.
8. Alleged sale of unfit ham sandwiches. Ham found to be of poor quality, but not unfit.
9. Alleged sale of bridge rolls containing mouse droppings. Examination revealed that the 'mouse droppings' were in fact dried fruit.
10. Alleged sale of Christmas cakes containing pins. Probably due to carelessness of shopkeeper to whom a warning was given.

**Milk Supply**

Lincoln is a Specified Area in which only specially designated milk may be sold by retail.

*Milk and Dairies (General) Regulations, 1959.*

No. of milk distributors on the Register .. .. .	140
No. of dairies on the Register .. .. .	6

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

No. of dealers licences to use the designation "Tuberculin Tested" .. .. .	24
--	----

*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" ..	47
No. of dealers licences to use the designation "Sterilised" ..	130

404 samples of designated milk were submitted for examination and of these 15 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 Phosphatase Test	Failed Meth. Blue Test	Failed Phosphatase Test	Passed Turbidity	Failed Turbidity	Unsatisfactory Samples No.	%
Pasteurised	126	120	126	4	—	—	—	4	3.17
Pasteurised (School)	111	109	111	1	—	—	—	1	0.9
Tuberculin Tested (Pasteurised)	54	51	53	3	1	—	—	4	7.4
Tuberculin Tested (Pasteurised) (Channel Island)	17	17	17	—	—	—	—	—	—
Sterilised	24	—	—	—	—	24	—	—	—
	332	297	307	8	1	24	—	9	2.71

All the samples of Pasteurised milk were not submitted to the Methylene Blue Test. On certain occasions the overnight atmospheric shade temperature exceeded 70°F and the test was thus rendered void. No sample failed to pass both Methylene Blue and Phosphatase tests.

#### RAW MILK:

Designation	No. of samples	Methylene Blue Passed	Methylene Blue Failed	Unsatisfactory Samples No.	%
Tuberculin Tested (Farm Bottled)	68	61	6	6	8.82
*Tuberculin Tested	4	4	—	—	—
	72	65	6	6	8.33

On one occasion the overnight shade temperature exceeded 70°F and the test was thus rendered void.

\*Sold in cartons from vending machines.

#### Examination for Tubercle Bacilli and Brucella Abortus

8 samples of Tuberculin Tested (Farm Bottled) milk were submitted for biological examination. All the samples were negative for Tubercle Bacilli and Brucella Abortus.

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

#### Milk and Dairies General Regulations, 1959

##### Legal Proceedings

The proprietor of a dairy bottling milk, failed to ensure that a milk bottle immediately before use was in a state of thorough cleanliness. Convicted and fined £5.

##### Ice Cream

No of premises registered for sale .. .. . 297

Owing to shortage of staff it was not possible to do any routine ice cream sampling during the year.

##### Preserved Food

81 premises are registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food. 31 of these have ceased to function for the purpose for which they were registered.



### Inspection of Meat

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 145 hours of overtime by meat inspectors on duty at the slaughterhouses.

The number of food animals slaughtered at the four slaughterhouses was 49,808 as compared with 44,052 in 1960, an increase of 5,756.

It is a matter of grave concern that despite every effort of a depleted staff, 6 of these animals were not inspected with the consequent risk that diseased meat may have reached the unsuspecting public.

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 .. ..	5,965	122	214	20,740	22,767	
Number inspected .. ..	5,965	122	214	20,734	22,767	
<i>All Diseases except</i>						
<i>Tuberculosis:</i>						
Whole carcasses condemned	5	10	15	24	30	
Carcasses of which some part or organ was condemned	1,222	8	5	411	2,331	
Percentage of the number inspected affected with disease other than tu- berculosis .. ..	20.59%	14.75%	9.34%	2.09%	10.37%	
<i>Tuberculosis only:</i>						
Whole carcasses condemned	3	—	—	—	2	
Carcasses of which some part or organ was condemned	9	4	—	—	861	
Percentage of the number inspected affected with tuberculosis .. ..	0.20%	3.27%	—	—	3.79%	
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	28	—	—	—	—	
Carcasses submitted to treat- ment by refrigeration	28	—	—	—	—	

During the year no animals were sent into the Abattoir under the Tuberculosis Order, 1938.

#### *Cysticercus Bovis.*

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

Viable cysts were found in 28 animals. The following table shows the incidence of infection of all bovines inspected to be 0.46%. This is a welcome decrease on the 1960 figure of 48 animals representing 0.83% of bovines.



<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>	
122	5,965	Nil	28	—	—	0.46%

The cysts were located in the animals as follows:—

Head	..	..	20
Heart	..	..	4
Head and heart	..	..	4

The carcasses and the remainder of the offal of the 28 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	..	..	..	..	14	11	4	3 $\frac{3}{4}$
Offals	..	..	..	..	12	10	0	4 $\frac{1}{2}$
Fish	..	..	..	..	1	6	7	0
Fruit, Vegetables and other food	..	..	..	..	—	18	4	13 $\frac{1}{2}$
					29	7	0	7 $\frac{3}{4}$

The amount of foodstuffs condemned in 1960 was 38 tons 19 cwt. 5 sts. 4 $\frac{3}{4}$  lbs.

### **Slaughter of Animals Act, 1958.**

Fifty-three applications for licences to slaughter or stun animals in a slaughterhouse were granted.

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.



The first of these is the fact that the  
the second is the fact that the

the third is the fact that the

the fourth is the fact that the

the fifth is the fact that the

the sixth is the fact that the

the seventh is the fact that the

the eighth is the fact that the

the ninth is the fact that the

the tenth is the fact that the

the eleventh is the fact that the

the twelfth is the fact that the

the thirteenth is the fact that the

the fourteenth is the fact that the

the fifteenth is the fact that the



CITY OF LINCOLN  
EDUCATION COMMITTEE

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ANNUAL REPORT  
ON THE  
SCHOOL HEALTH SERVICE  
FOR THE  
YEAR ENDED 31st DECEMBER, 1961

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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, 1961

*Chairman of the Education Committee:*  
Councillor K. RAWDING

*Members of the Education Committee:*

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

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

\* Alderman J. W. Rayment, Councillor S. J. Potter and Councillor Mrs. M. R. Sookias ceased to be members of the Education Committee in May, 1961.

Councillor H. B. Adams, Councillor L. H. Priestley and Councillor A. S. Woolhouse were appointed to the Education Committee in May, 1961.

## SPECIAL SERVICES COMMITTEE

*Chairman:*

Alderman E. J. RICHARDSON, J.P.

Councillor H. B. ADAMS	Councillor R. WADSWORTH
Councillor T. BROWN	Councillor S. WILSON
Councillor G. G. ELSEY J.P.	The Rev. Canon E. H. ATKINSON
Councillor Mrs. H. M. KERRY	Miss E. L. BUTCHER, M.A.
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

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The general pattern of the functions of the School Health Service continued without major modification during 1961. The important developments in the Service consisted of extension of the services for the ascertainment of deaf children, the first full year of operation of the Child Guidance Clinic and an improvement in the Dental Services provided for school children by the Local Education Authority.

The child population in the City schools was substantially the same as in the previous year, however there was a fairly large increase in the number of children medically examined, mainly due to the employment of an additional School Medical Officer during the latter half of the year. This appointment was necessary owing to the increase in the school population from 9700 in 1951 to 12,890 in 1961, together with an increased amount of work done in the schools, particularly with regard to the vaccination and immunisation programme and also to the increased amount of work carried out in the ascertainment of children who require special educational treatment.

No change was made during the year in the pattern of routine medical inspections and whilst many authorities have now developed the idea of selective medical examinations in place of the systematic routine examinations, it is felt that the former method still has much to commend it, although the policy will be reviewed each year.

The amount of verminous infestation was similar to that of the previous year, 2.3% of children examined being found to be infested. There was a sharp increase in the amount of Scabies infestation, 39 children being found with this condition compared with 7 in 1960. The cases, however, were largely confined to one area of the City.

The Child Guidance Clinic was fully staffed throughout the year. More suitable premises were found in November and it is hoped that the additional accommodation which is now available will enable the clinic to operate with less inconvenience than was the case hitherto.

Ministry of Education Circular 14/61 requested Local Education Authorities to review their methods of ascertaining cases of impaired hearing amongst school children. On reviewing our arrangements, it was felt that the facilities were adequate. These arrangements consist of testing all known babies 'at risk' and pre-school children when necessary. Sweep testing of school children is carried out at appropriate intervals using the pure tone audiometer. Children are also tested if there is a suspicion of impaired hearing at any time during school life.

All children who produce an unsatisfactory audiogram are referred by a School Medical Officer to the Audiology Unit at the County Hospital and are examined by Mr. M. Spencer Harrison and his audiology team. The arrangements are working well and it is thought that no modification is necessary at present.

An increasing proportion of time is being spent in schools in connection with the immunisation and vaccination programme and in 1961, in addition to the normal programme, it was necessary to arrange for all school children between the age of 5 and 12 years to be offered a fourth polio injection. By



the end of the year 5964 children had been given a fourth dose. It was also necessary to carry out two programmes of B.C.G. vaccination of 13 year old children, as the whole of the 1960 programme had to be postponed to the Spring Term in 1961, due to staff difficulties. The 1961 B.C.G. programme, however, was carried out at the usual time, viz. during the Winter Term.

It would be an exaggeration to state that the Health Education programme in schools is as fully developed as it should be, as there is little doubt that the programme must be substantially increased before it can be regarded with equanimity.

A subject which has given rise to a considerable amount of concern in recent years has been the increasing number of expectant mothers amongst the girls in the final year at School, or in the first year after leaving School. The increased number of such cases which has been noticed nationally, has also been noticed in Lincoln and it is reflected in the figures for 1959, 1960 and 1961. The Health Committee became concerned about the increase and requested Officers of the Education and Health Departments to consider the matter. In consequence a meeting was held in July at which Head Teachers, Officers of the Education and Health Departments and Officers of the Lincoln Diocesan Association for Moral Welfare were present. The problem was discussed at length but it was found impossible to plan any scheme to deal with this matter which would be useful in Schools.

It is considered that the Health Education Talks which a Health Visitor/School Nurse gives at one of the Secondary Modern Girls' School are very useful and relevant to this problem, and it is hoped that it will be possible to extend this provision in the near future to other Schools in the City.

The most pleasing feature of the year's work was in the improvement in the Dental Service which the Authority were able to provide. Since September, 1961, two Dental Officers have been employed for the first time for two years and the tables in the report illustrate the greatly increased amount of work which was undertaken. The overall ratio of teeth filled to teeth extracted—4.7:1—showed a great improvement on previous years; however, in the case of deciduous teeth the ratio of 2:1 is still rather low; the permanent teeth ratio was 12:1 which again is an improvement on the ratio in past years.

It is necessary to inculcate in the minds of parents and school children the desirability of preserving teeth, if at all possible. A large proportion of parents seem to believe that if deciduous teeth give rise to symptoms, extraction is the only treatment available and they do not realise that premature extraction may lead to orthodontic deformities in later life which may take months of careful treatment to remedy.

Towards the end of the year, the School Health Service suffered a grievous loss by the death of Miss G. M. Chappell, who had been Clerk-in-Charge of the School Health Service for 36 years and had been on the staff of the Education Department for over 40 years. She will be sadly missed.

The post of Deputy Principal School Medical Officer remained vacant for seven months and was not filled until 19th June when Dr. J. T. Jones joined the staff. During this period, Dr. P. H. Chance acted as Locum Tenens and was appointed whole-time School Medical Officer on the termination of this temporary appointment.

I should like to thank the Chief Education Officer and the staff of the Education Department for their helpfulness and co-operation during the



year. My thanks are also due to the members of the Special Services Subcommittee and in particular to Councillor E. J. Richardson, who continued as Chairman of this Committee.

The Consultant Staff at the County Hospital have, at all times, been extremely helpful and without their valuable advice and assistance many difficult problems would have remained unsolved. I am very grateful for the willing help which has been given.

R. D. HAIGH,

*Principal School Medical Officer.*

City Health Department,  
Beaumont Fee,  
Lincoln.

*July, 1962.*



STAFF OF SCHOOL HEALTH DEPARTMENT  
1961

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*Principal School Medical Officer:*

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

*Deputy Principal School Medical Officer:*

J. T. Jones, B.Sc., M.B., B.Ch., D.P.H. (Commenced 19-6-61)

*School Medical Officers and Assistant Medical Officers of Health:*

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

Phoebe H. Chance, M.R.C.S., L.R.C.P. (Commenced 19-6-61)

*Principal Dental Officer:*

C. K. Fenton Evans, L.D.S. (Commenced 21-2-61)

*Dental Officers:*

G. A. Vega, B.D.S. (Commenced 1-9-61)

1 vacancy

*Consultant Children's Psychiatrist:*

C. J. Wardle, M.D., B.S., M.R.C.S., L.R.C.P., D.P.M.

*Educational Psychologist:*

G. C. Robb, M.A., Ed.B., A.B.P.S.

*Social Worker:*

Mrs. P. A. Whybrow, R.S.C.N., S.R.N. (Resigned 10-11-61)

Mrs. R. Fanner, Dip. Pol. Ec. Soc. Studies (Commenced 4-12-61)

*Clerk Receptionist:*

Miss D. Coutts (Resigned 30-4-61)

Miss J. Dunderdale (Commenced 1-6-61)

*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 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 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 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.)

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

Mrs. E. M. Cooling, S.R.N., H.V. (Cert.). (Commenced 4-9-61)



Miss A. E. Chilvers, S.R.N., S.C.M., H.V. (Cert.)  
(Commenced 22-7-61)  
Mrs. J. L. Jones, S.R.N., S.C.M., H.V. (Cert.) (Part Time)  
(Commenced 8-5-61)

*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, A.R.S.H.

*Clerk-in-Charge:*

Miss G. M. Chappell (Deceased 18-11-61)

*Clerks:*

Miss J. Woulds  
Miss V. Smith (Resigned 5-3-61)  
Miss A. Clodd (Commenced 4-4-61)



## LIST OF SCHOOLS

School	No on Register January, 1962	Head Teacher
<b>Nursery</b>		
St. Cuthbert's	46	Miss H. J. Moore
St. Giles	45	Miss H. Church
<b>Primary</b>		
Boultham Junior	402	Mr. A. E. Briggs
Boultham Infant	123	Mrs. K. M. Pearson
Bracebridge Junior	346	Mr. D. J. Logan
Bracebridge Infant	217	Miss T. H. Bewley
Monks Road Junior	383	Mr. W. J. B. Varlow, J.P.
Monks Road Infant	226	Miss M. Smith
Mount Street Infant and Junior Girls'	479	Miss B. M. Jubb
St. Botolph's Infant	48	Mrs. M. Young
St. Giles Junior	523	Mr. F. Pickering
St. Giles Infant	300	Miss A. M. Hard
Skellingthorpe Road Junior	413	Miss N. Gibson
Skellingthorpe Road Infant	347	Miss S. M. Neale
Westgate Junior Boys'	280	Mr. L. J. Meldrum
Hartsholme Infant and Junior	258	Miss D. J. Neale
Ermine Infant	335	Miss J. M. Sowerby
Ermine Junior	589	Mr. J. Harrod, B.A.
Eastgate Infant and Junior Girls'	173	Miss M. B. Cullen
St. Andrew's Infant and Junior Girls' and Boys'	210	Miss M. Oliver
St. Faith's Junior	201	Mr. E. S. Wilson
St. Faith's Infant	119	Mrs. M. E. Bradley
St. Martin's Infant and Junior Girls'	83	Mrs. D. M. Southeard
St. Peter's Boys'	166	Mr. R. E. Wiles
St. Peter's Girls'	137	Mrs. K. West
St. Peter's Infant	191	Mrs. K. West
St. Hugh's R.C.	499	Mr. J. Molyneux
<b>Secondary Modern</b>		
Rosemary	403	Mr. H. K. Lister, B.Sc.
St. Giles Boys'	289	Mr. A. F. Humble, M.A.
St. Giles Girls'	259	Miss J. K. Gentry
Sincil Boys'	596	Mr. F. Bell, B.Sc.
Spring Hill	440	Miss M. M. Fenton, M.A.
Boultham Moor Girls'	603	Miss L. M. Powell
St. Peter and St. Paul	270	Mr. T. P. Groome, B.A.
Bishop King	306	Mr. L. R. W. Thake
<b>Secondary Grammar</b>		
The City	601	Mr. L. R. Middleton, M.A., B.Sc.
South Park High	525	Miss M. J. Widdowson, B.A.
Lincoln	548	Mr. P. W. Martin, M.A.
Christ's Hospital Girls' High	534	Miss I. V. Cleave, M.A.



**Special Schools**

St. Catherine's  
Open Air

84 Mr. T. C. Smith, M.A.  
77 Miss D. E. Willcock, J.P.

**Establishment of Further Education**

Technical College  
(Full-time day students)

216 Mr. G. A. Church, B.Sc.,  
A.C.G.I., M.I.Mech.E.

**STATISTICS**

Population of City	77,140 (mid-year estimate)
* School Population	12,890
Number of Schools	41

**Maintained Schools in Lincoln.**

Schools	No. of † Departments	No of children on roll.		Total
		Boys	Girls	
Nursery .. ..	2	53	38	91
Infant .. ..	15	1479	1362	2841
Junior .. ..	17	2132	2075	4207
Special (E.S.N.) ..	1	45	39	84
Special (Open Air) ..	1	40	37	77
Secondary Modern ..	8	1649	1517	3166
Secondary Grammar ..	4	1149	1059	2208
Technical College ..	1	98	118	216
	49	6645	6245	12890

\* 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.

**ROUTINE MEDICAL INSPECTION OF SCHOOL CHILDREN**

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

Although many Local Authorities are experimenting with variations in the number of routine medical inspections during the child's school life, the system has not, as yet, been altered in Lincoln. Although much criticism has been levelled at the efficiency of the routine medical inspection, there is no doubt that parents, head teachers and class teachers appreciate this service. The success of the service as a whole depends upon co-operation and discussion between all agencies concerned in making sure that the child is fit mentally and physically to benefit fully from the education provided.

Undoubtedly the most important examination is that of the school entrant. This is the examination at which most mothers attend and if the school entrant is examined during the second or third term of the school career, the child has had sufficient time to settle down. The class teacher has been able to estimate the child's potential and any emotional disturbances will have revealed themselves.

Another requirement for the success of the service is the co-operation between the School Doctor, the child's General Practitioner and the Specialist hospital service. Here in Lincoln we are fortunate in that there exists excellent harmony between all branches of medical practice concerned with the health of the school child.

A more fruitful first examination can be obtained by reducing the number of children examined or seen to the minimum, i.e., 16 to 18 per session.



With a smaller number of children examined per session it is possible to orientate the type of examination which takes place. More time can be spent on allaying the parent's fears, on giving advice and on Health Education Subjects.

The principal objects of the school medical examination should be:

- 1 The ascertainment of any defects present which have or could have an adverse effect upon the child's educational progress.
- 2 Using the medical examination as an opportunity for Health Education purposes.

The total number of children examined during 1961 was 4,055, this being a greater number than in the two previous years. This was made possible by an increase in staff of one medical officer, and explains why a greater number of defects were found than in the previous year. It will be seen from the table below that 1,194 defects were discovered which required treatment. The majority of these defects were ophthalmic, orthopaedic or involved the ear, nose or throat. These three categories affect the educational progress of the child in different directions. Visual defects hinder formal education, nose and throat defects cause frequent absences in the initial school years, orthopaedic defects affecting the physical education.

As the general physical development of the child has improved, the number of defects has dropped, and the discovery of defects affecting the special senses assumes greater importance.

### RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 1194 compared with 891 in 1960.

	Entrants		Leavers		Others		Total	
	*T	*O	*T	*O	*T	*O	*T	*O
Skin ...	14	5	40	4	21	3	75	12
Eyes—Vision ...	35	28	313	13	151	64	499	105
Squint ...	73	8	23	—	30	2	126	10
Other ...	12	1	12	—	6	—	30	1
Ears—Hearing ...	8	32	11	4	3	10	22	46
Otitis media ...	—	12	—	4	1	9	1	25
Other ...	1	4	2	1	3	1	6	6
Nose and Throat ...	59	61	10	8	13	12	82	81
Speech ...	33	15	6	2	3	1	42	18
Lymphatic glands ...	—	11	—	1	—	5	—	17
Heart ...	5	9	8	4	3	6	16	19
Lungs ...	28	19	5	7	10	13	43	39
Development								
Hernia ...	1	1	—	1	1	2	2	4
Other ...	4	17	—	1	5	5	9	23
Orthopaedic								
Posture ...	1	1	6	8	4	4	11	13
Feet ...	8	9	47	3	18	7	73	19
Other ...	64	18	42	1	24	3	130	22
Nervous system								
Epilepsy ...	2	4	3	1	3	3	8	8
Other ...	4	9	1	2	3	5	8	16
Psychological								
Development ...	—	3	—	—	1	1	1	4
Stability ...	1	3	1	4	4	3	6	10
Abdomen ...	—	2	—	—	—	1	—	3
Other ...	—	—	3	—	1	—	4	—
	353	272	533	69	308	160	1194	501

\*T—Children requiring treatment

\*O—Children requiring to be kept under observation



## GENERAL CONDITION OF CHILDREN

The general condition of children attending maintained schools in the City continued to be satisfactory. Only 0.5% of the children examined at routine medical inspection were classified as being medically unsatisfactory, representing 18 children out of a total number of 4,055 who were examined.

## SPECIAL INSPECTIONS

Defect or Disease	Pupils requiring treatment	Pupils requiring observation
Skin ... ..	21	1
Eyes—vision ... ..	38	5
squint ... ..	2	1
other ... ..	—	—
Ears—hearing ... ..	30	2
Otitis media ... ..	1	—
other ... ..	2	—
Nose and Throat ... ..	12	—
Speech ... ..	8	1
Lymphatic glands ... ..	—	1
Heart ... ..	—	4
Lungs ... ..	21	16
Development—		
Hernia ... ..	—	—
Other ... ..	—	—
Orthopaedic—		
Posture ... ..	2	—
Feet ... ..	6	1
Other ... ..	19	4
Nervous system—		
Epilepsy ... ..	2	—
Other ... ..	7	1
Psychological—		
Development ... ..	—	—
Stability ... ..	7	3
Abdomen ... ..	—	2
Other ... ..	59	37
Totals ... ..	237	79

## NOTES ON SPECIFIC DEFECTS

### SKIN DISEASES

Although skin diseases of school children are not a serious problem, the increasing number of verrucae found does give rise to concern. It is now almost certain that verrucae are the result of a virus infection and case to case transmission does occur. Although the condition does not cause severe incapacity, it interferes with the physical education of the school child, especially swimming, is very resistant to treatment, and can cause inconvenience for some time. There is no doubt that this condition is best treated by a chiropodist and it is hoped in the future to employ a chiropodist to deal with this skin condition. Various methods have been suggested for the prevention of verrucae and some of these are:

- 1 Good foot hygiene.
- 2 Regular foot inspection by physical education teachers and especially before and after swimming instruction; important here is the adequate drying of the feet.



- 3 Any child who has a verruca should be excluded from swimming, and when taking a communal shower bath after physical education should wear rubber shoes.

No case of ringworm of the scalp occurred in the City in the year 1961. School children in Lincoln have been free from this serious infection for the past 11 years.

### VISUAL DEFECTS

The detection of visual defects still remains one of the most important aspects of the routine medical inspection. So much so that during 1961 the number of children found to have eye defects at routine medical inspections was 771. Of these 771, 499 defects of vision were found to require treatment, 126 had a squint requiring treatment, 30 other defects required treatment. If there is to be a change in the frequency and timing of medical inspection it is obvious that this important aspect of detecting visual defects will have to continue, if not increase. It has been noticed in many annual reports that the number of visual defects discovered is greatest at the school leavers examination and perhaps it would be advisable to introduce annual routine vision testing for all senior school children. It is accepted that deterioration of vision occurs more rapidly in this age group.

It is clear that this is a most important duty, for routine testing of vision is carried out by no other branch of the National Health Service and very many cases of defective vision would be overlooked were it not for the careful testing carried out by the School Health Service. Although it is a rather laborious procedure, the testing of vision of school entrants has proved its worth and the time spent on it is fully justified. In the first instance, the children's vision is tested by a School Nurse and any child found to have vision in one eye which is 6/12 or less is referred to a School Medical Officer who then examines the child and decides whether to refer the child for examination by a Consultant Ophthalmologist.

All children who have a squint or where a squint is strongly suspected are referred to the Ophthalmologist. It is desirable, however, that the condition should be discovered before school entry, as at that age it is often too late to expect a good result from the occlusion of the squinting eye.

The arrangements which have existed for several years whereby children are referred to the Children's Ophthalmic Clinic at the County Hospital conducted by Mr. A. H. Briggs continued during 1961 and I am grateful to him for the following report on his work:

"I am now in a position to send you statistics for the Children's Ophthalmic Clinics in respect of Lincoln cases for the year 1961

#### Children's Eye Clinic

				1961	1960
New attendances sent for	..	..	..	338	297
New cases attended	..	..	..	298	240
Old cases sent for	..	..	..	1356	1149
Old cases attended	..	..	..	1058	902
New failures	..	..	..	40	57
Old failures	..	..	..	298	247
Glasses prescribed	..	..	..	809	869
No. of repairs	..	..	..	352	442
No. of clinics held	..	..	..	144	148



**Orthoptic Department**

New cases .. .. .	97	123
Old cases .. .. .	926	1153
Awaiting admission for surgery .. .. .	2	6
New cases out-standing who have not received appointments .. .. .	8	10
Old cases out-standing who have already received one appointment but had failed to attend .. .. .	4	31

As you will see, there has been a substantial increase in the number of new cases sent for and those who attended, and a marked rise also in the old cases reviewed during the year, and this has increased substantially the work of the Clinic throughout the year. Every effort has been made to preserve the priority for new cases and I think it has been noticeable during 1961 that the proportion of appointments which has been kept has shown a decided tendency to increase and a further welcome feature has been the proportion of children attending who have been accompanied by a parent who has taken an interest in the findings and progress of the child's case.

Fortunately, the Orthoptic department has been more fully staffed during the year than was one time thought possible and the regular co-operation of the Orthoptists in the treatment of suspected or actual cases of squint has been of great value. Surgical treatment for list cases had to be suspended for a period of almost three months in the autumn while extensive building reconstruction was carried out in the operating suite. This is now back in almost full commission and despite this handicap, only two children from Lincoln were waiting squint surgery at the end of 1961.

I am grateful, as always, for the co-operation of the Health Department in many ways in the carrying out of this Ophthalmic Service for children during the year."

The statistics in the above report relate not solely to school children but also include a number of pre-school children referred from the Infant Welfare Clinics.

It can be stated quite confidently that the facilities for the ascertainment of defective vision, for treatment and for the provision of spectacles are excellent. Although spectacles supplied by this scheme are becoming more and more attractive and even though parents are prepared to buy these new types of frames, many senior school boys do not wear their glasses; this is a cause for concern to the School Nurses and Teachers. Although many ways have been tried to persuade these boys to wear their glasses they still refuse to do so.

The Ishihara Colour Vision Test is used for boys at the age of 10 years and any boys who are not tested at this age, are tested at the School Leavers' Inspection. The result of this test is occasionally of value in advising boys as to suitability for future employment.

**EAR NOSE AND THROAT DEFECTS**

The table on page 11 shows that in 1961, 163 children were found to have defects in the nose and throat which were felt to require treatment or



observation; in 1960, the number was 199. Most of these are children who have enlarged tonsils with a history of sore throat.

In 1960 of the total number (199), 96 children were referred for treatment and 103 for observation, whereas in 1961, of the total number (163) 82 children were referred for treatment and 81 were placed under observation.

The decline as in previous years continued during 1961. It is now well recognised that school entrants are prone to upper respiratory tract infection, the probable explanation being that the entrant encounters infecting organisms to which he or she is not immune. This is reflected in the figures in the table on page 11 where it will be seen that 75% of the defects affecting ear, nose and throat are noted at the initial routine medical inspection. Although more children were examined during the year, it is pleasing to note that fewer children have been referred because of ear, nose and throat defects and more have been placed under observation to be examined periodically.

With the increase in the Audiometric service defects of the ear, nose and throat, as they affect hearing, are assuming greater importance. Infected adenoids are also assuming greater importance because of this association with hearing loss. Here again is demonstrated the increased interest in discovering defects affecting the special senses not because of the general effect upon the child but because of their indirect effect on educational progress. The amount of time missed by the school entrant decreases as the months go by. Most absences are caused by upper respiratory tract infection during the first 6-12 months; the child then becomes immune and can settle down to the regular routine of the communal existence at school.

## AUDIOMETRY SERVICE

The Audiometry Service, which was established in 1959, underwent further development during 1961 and it is now felt that the Service is efficient and requires little modification.

Ministry of Education Circular 14/61—"Young Children Handicapped by Impaired Hearing"—asked Local Authorities to review the adequacy of methods of ascertaining cases of impaired hearing through their Child Welfare and School Health Services. This Circular implied that the scheme for the ascertainment of impaired hearing should embrace both the Maternity & Child Welfare and the School Health Services.

Two Health Visitors are trained for the ascertainment of hearing defects in babies and school children and a Health Visitor also underwent the course of training in audiometry arranged by the Department of Education for the Deaf, University of Manchester. Our scheme for ascertainment consists of the testing of all "at risk" groups in the first year of life, with follow-up in subsequent years and sweep testing of hearing using a pure-tone audiometer at appropriate intervals during the child's school-life.

When a defect is found, the child is referred to the Audiology Unit at the County Hospital directed by Mr. M. Spencer-Harrison, F.R.C.S. The suspected defect is fully investigated at this unit and the co-operation and help of Mr. Spencer-Harrison is greatly appreciated for without such a unit, it would be impossible to provide maximum assistance for a child handicapped by impaired hearing.



### Audiometric Tests, 1961

The following table summarises the work carried out during the year:

#### Sweep testing in Schools

			<i>Number tested</i>	<i>Number failed</i>
Infant Schools	..	..	855	22
Junior Schools	..	..	928	4
Senior Schools	..	..	1195	20
			<hr/>	<hr/>
Totals	..		2978	46
			<hr/>	<hr/>
				=1.54%

#### Pure Tone Audiograms

The children who failed sweep tests were referred for a pure tone audiogram with the following results:

Number offered appointments for P.T.A.	..	..	46
Number who failed to attend	..	..	2
Number of children examined by P.T.A.	..	..	44

#### Result of pure tone audiograms:

Satisfactory	..	..	9
Unsatisfactory	..	..	35

#### Disposal and treatment of unsatisfactory cases:

Permanent hearing defect	..	..	1
Hearing aid	..	..	1
Operative treatment	..	..	9
For review at Hospital	..	..	2
Treatment by own doctor	..	..	2
Treatment for otorrhoea	..	..	2
Wax in ears—synged	..	..	5
For observation	..	..	13
			<hr/>
Total	..		35
			<hr/>

Of the children who failed the P.T.A. it is interesting to note that 20 required some form of treatment. The number of children who require treatment is small when compared with the total population tested, but it is, nevertheless, a most important service because hearing loss can be so incapacitating.

### SPEECH DEFECTS

Children with speech defects of a degree sufficient to require special treatment are referred to the Speech Therapist at the Lincoln County Hospital, Miss E. M. Parham, who reports as follows:

"In 1961, 68 new cases were referred for Speech Therapy. Of these cases, 43 were seen and 14 are on the waiting list. Of the 43 cases seen, 26 were boys and 17 were girls. 92 children remained on the list from the previous year, making a total of 135 children seen. Of the children seen the following defects were presented:



Delayed speech and language	..	..	..	7
Cleft palate	..	..	..	1
Stammer	..	..	..	28
Dyslalia	..	..	..	91
Stammer and dyslalia	..	..	..	3
Cerebral palsy	..	..	..	1
Sigmatism	..	..	..	4
				—
				135
				—

All articulatory defects involving varying degrees of apraxia, isolated dysarthria and dyslalias of simple and multiple degree have been grouped under the general heading of dyslalia.

The total number of attendances made by Lincoln children during 1961 was 935."

### ORTHOPAEDIC AND POSTURAL DEFECTS

Children who are found to have or are suspected of having orthopaedic defects are referred to Mr. D. F. Thomas, F.R.C.S., who holds a clinic at the School Clinic, Beaumont Lodge, each fortnight.

The following is a summary of the work carried out:

	1961	1960
Number of sessions held by the Orthopaedic Surgeon	.. 21	22
Number of cases seen by the Orthopaedic Surgeon	.. 631	179
Number of new cases seen by the Orthopaedic Surgeon	.. 176	97
Number of cases admitted to the County Hospital	.. —	—
Number of cases admitted to Harlow Wood Hospital	.. —	—

I am indebted to Mr. Thomas for the following report:

"I had formed the impression before accumulating these figures that the patients very often failed to keep their appointments. The figures reveal that the state of affairs was not quite as bad as I had thought. I have been impressed with the manner in which parents endeavour to co-operate with the treatment both in regard to seeing that their children carry out the exercises prescribed and in regard to the provision of suitable footwear. There are, of course, some exceptions."

### HEART DISEASE AND RHEUMATISM

Lincoln is one of a number of areas in the Country where Acute Rheumatism occurring in children up to the age of 16 years is notifiable to the Local Authority. One case was notified in 1961 (as against 1960—nil) and was in a girl in the 5—9 age group. The diagnosis was Rheumatic Heart Disease (active) with polyarthritis.

In the course of school medical inspections, 35 children were detected with abnormal heart murmurs. Most of these were benign and required no treatment or reduction in activities; however, where it was suspected that the murmur was not innocent, the child was referred to the Consultant Paediatrician.

### SCHOOL CARDIAC REGISTER

One case was added to the School Cardiac Register during 1961 and now a total of 5 children have been discovered on routine school-entry medical



examination, since the enquiry started in 1957, to be suffering from an organic heart condition. The diagnoses of these cases is as follows:

(a)	Ventricular septal defect	..	..	..	..	2
(b)	Pulmonary Stenosis	..	..	..	..	1
(c)	Patent Ductus Arteriosus	..	..	..	..	1
(d)	? Patent Ductus ? Arterial Septal Defect	..	..	..	..	1

Of these five cases four are placed in ordinary schools and one in the Open Air School.

One child, with Patent Ductus Arteriosus was operated upon successfully in August, 1960, and the result is highly beneficial.

### Pre-School Cardiac Register

In order to minimise the risk of overlooking a child with a heart lesion, a pre-school cardiac register has been compiled from information supplied by the Consultant Paediatrician and these cases have been diagnosed as follows:

Ventricular septal defect	..	..	..	..	8
Co-artation of the aorta	..	..	..	..	1
Pulmonary stenosis	..	..	..	..	1
Heart Lesion, diagnosis not yet confirmed	..	..	..	..	1

A copy of the Pre-School and School Cardiac Register is sent to the Principal School Dental Officer to ensure that he is informed of children who may be 'at risk' during dental anaesthesia and also that no child with an established heart lesion shall have dental extraction without antibiotic cover.

### 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.
Emergency cases	Daily at 2 p.m. (without appointment).

Other clinics:

St. Giles Infant School	Minor ailment clinic each morning 9 a.m.
Skellingthorpe Road	
Infant School	„ „ „
Sincil Secondary	
Modern Boys'	Wednesday and Friday mornings 9 a.m.

The attendances at the various clinics are summarised in the following table:

			New Cases	Revisits	1961 Totals	1960 Totals
<b>Minor Ailment Clinics</b>						
Central Clinic	...	...	192	774	966	828
St. Giles	...	...	396	3704	4100	2951
Skellingthorpe Road	...	...	846	4475	5321	5983
Sincil Boys	...	...	305	1164	1469	1068
			1739	10,117	11,856	10,830
<b>Medical Clinics</b>			214	102	316	278
<b>Orthopaedic Clinics</b>			176	455	631	303
<b>Dental Clinics</b>			1612	2783	4395	3914



## ENURESIS

One additional enuresis alarm was purchased during the year and this brought the total number of alarms available for issue up to five. An alarm is supplied, on loan, only on the recommendation of a School Medical Officer and in general, an alarm is not supplied to an enuretic child under the age of 8 years.

Twelve children were treated during the year and of these, three children were reported as being cured, four children had improved and in five cases there was no improvement.

The following table shows the results of treatment and the ages of the children treated:

<i>Age</i>				<i>Cured</i>	<i>Improved</i>	<i>No Improvement</i>	<i>Totals</i>
7	..	..	..			1	1
8	..	..	..	1	1	1	3
9	..	..	..	1		1	2
10	..	..	..	1			1
11	..	..	..		2	1	3
13	..	..	..		1		1
14	..	..	..			1	1
				3	4	5	12
<i>Severity of Enuresis</i>							
Each night	..	..	..	3	3	4	10
3/4 times each week	..	..	..		1	1	2
				3	4	5	12

The above results indicate that the alarms in some cases serve a useful purpose and although in an individual case no promise of 'cure' can be given, enuretics over 8 years of age (if no organic cause for the enuresis is present) should be given a trial of at least one month with an alarm. Several different alarms have been tried and as yet no completely suitable type seems to have been developed. However, this method of treatment certainly deserves further study as hitherto, the treatment of this condition has been most unsatisfactory.

## CLEANLINESS OF SCHOOL CHILDREN

### PEDICULOSIS

The following table shows the incidence of pediculosis in school children in Lincoln during the last five years:

1957	1958	1959	1960	1961
1.02%	0.7%	1.2%	2.3%	2.3%

Inspection for the presence of pediculi:

Number of visits to schools	..	..	..	..	288
Number of inspections of children	..	..	..	..	39820
Number of children found to be verminous, however slight					299
Notices issued to parents under Sect. 54 (2) of the Education Act, 1944	..	..	..	..	—
Cleansing Orders under Section 54 (3)	..	..	..	..	—



The above tables show that the number of children found to be infested with head lice during 1961 (299) was greater than in the previous year (200). This is largely due to an increase in the number of head examinations and the proportion found to be verminous 2.3% is the same as last year. Nevertheless, the situation is disappointing as this infestation should no longer exist in the community.

The persistence of this infestation is not due to any lack of vigilance on the part of the school nurses but reflects the attitude of certain families who constitute the source of infection for children in school. If it were possible to deal effectively with these families who are the reservoir of infestation, it would be possible to eradicate completely this nuisance in a relatively short time.

### SCABIES

The number of cases of scabies during the year increased to 39, as against 7 in 1960, and this increase gives cause for concern. A number of cases occurred in the same families and were associated with other conditions, e.g. impetigo and a low standard of cleanliness.

It is important to be ruthless in the treatment of this condition and all members of the household should be treated at the same time, if the condition is to be eradicated.

The increase in the number of cases is largely explained by the refusal of the parents of a large family to undergo treatment and consequently the children were re-infested on a number of occasions after having been successfully treated by the school nurses.

### INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following table shows the number of school children who were notified during the year as suffering from notifiable infectious diseases:

	1961	1960
Scarlet Fever .. .. .	11	52
Dysentery .. .. .	26	0
Measles .. .. .	622	30
Whooping Cough .. .. .	18	18
Poliomyelitis (Non-paralytic) .. .. .	-	4
Pneumonia .. .. .	2	2
Chickenpox .. .. .	100	448
	<hr/>	<hr/>
	779	554
	<hr/>	<hr/>

The number of cases of whooping cough notified during 1961 is the same as 1960. Of the 18 cases notified only 4 had been vaccinated against the disease.

The number of cases of measles notified showed a sharp increase over the last year due to an epidemic which began in March, reached its peak in May and gradually died out by the end of September. This epidemic was expected as measles is a disease which tends to occur in epidemic form every second year. The last epidemic occurred in 1959, when 544 cases were notified.

There were two small outbreaks of Dysentery during 1961. One at the Ermine Infants School and the other at Skellingthorpe Road Junior and Infants School. Four cases were notified from the Ermine School, and 15



from the Skellingthorpe Road School where the outbreak began on the 16th June and the last case was notified on the 28th June. In two families more than one child was infected and the last case was free from infection by the 16th September.

## VACCINATION AND IMMUNISATION

### Immunisation against Diphtheria, Whooping Cough and Tetanus

Each year the School Health Service facilities for school entrants include offering primary immunisation against diphtheria, whooping cough and tetanus, with 'booster' doses against these diseases for children who had primary immunisation in infancy. The difficulties which have been experienced in the past few years with regard to booster injections are tending to diminish due to the programme of triple injections in infancy which was started in 1956. There is still some complexity in the arrangements to give booster injections, but the continued use of triple vaccine will eventually result in a simpler programme.

I would like to thank Head Teachers for their co-operation in the immunisation of children at schools, for the visits by the medical and nursing staffs to schools undoubtedly cause interruptions in the school programmes.

The table below gives a summary of the work carried out during the year:

#### Primary courses completed:

Diphtheria only	..	..	..	..	104
Diphtheria and Pertussis	..	..	..	..	218
Diphtheria and Tetanus	..	..	..	..	7
Diphtheria, Pertussis and Tetanus	..	..	..	..	10
Whooping Cough only	..	..	..	..	50
Tetanus only	..	..	..	..	1894

#### Reinforcing injections:

Diphtheria only	..	..	..	..	175
Diphtheria and Pertussis	..	..	..	..	584
Diphtheria and Tetanus	..	..	..	..	16
Diphtheria, Pertussis and Tetanus	..	..	..	..	29
Whooping Cough only	..	..	..	..	22
Tetanus only	..	..	..	..	11

### Poliomyelitis Vaccination

The proportion of school children vaccinated against poliomyelitis is 94.1%, a very satisfactory figure indeed. Since this type of protection was first offered in 1956, there has been a great deal of publicity in the City to encourage parents to have their children vaccinated against poliomyelitis, but there is no doubt that the outbreak of poliomyelitis in Lincoln in 1957 was more effective than any publicity in persuading parents to register their children for vaccination.

In April, the Ministry of Health, on the recommendation of the Medical Research Council, authorised Local Authorities to offer a fourth polio injection to all children between the ages of five and twelve years. The programme of booster injections was put in hand immediately and by the end of June, 3993 children had had fourth injections. By the end of the year the figure had been increased to 5694.



## TUBERCULOSIS AND B.C.G. VACCINATION

During the year two children were notified as suffering from Pulmonary Tuberculosis. From the following table it will be seen that the number of cases has declined during the previous 5 years. This is very pleasing and reflects the continued decline in Tuberculosis throughout the community as a whole.

	1957	1958	1959	1960	1961
Pulmonary tuberculosis ..	3	7	5	2	1
Tuberculosis meningitis ..	1	1	1	—	—
Other forms .. ..	—	1	—	—	1
	4	9	6	2	2

Although the incidence of tuberculosis throughout the community is decreasing there is no room for complacency. The further eradication of this disease is more than ever dependent upon the early discovery of new cases throughout the population at large, utilising the efficient diagnostic procedures available such as attendance at the Mass Radiography Unit on its annual visit to the City and the attendance at the Chest Clinic of persons and children having a continuous chest complaint.

Furthermore the B.C.G. vaccination scheme assumes a greater importance for two reasons. Firstly by the discovery of positive reactors following the initial skin test; the X-ray and if necessary the examination of these positive reactors and the follow-up of the immediate contacts is a method of discovery, and secondly by vaccinating the unprotected school children at 12 or 13 years, the young adolescents are given a good measure of protection against Tuberculosis when they become most susceptible to this disease in late adolescence.

A further way of protecting the school child against Tuberculosis is a careful physical examination including a chest X-ray of all teachers, students entering college and of other personnel employed by the Local Authority who will come into contact with young children. An indication of the awareness of the teaching staff and parents of the importance of the B.C.G. vaccination is apparent in the fact that of the children eligible for B.C.G. vaccination 72.9% accepted it. This is a good acceptance rate but our efforts will have to be increased by all means available to increase this percentage. We are thankful to the Head Teachers for their help in furthering this scheme.

During the year, two groups of children were offered B.C.G. vaccination. This was necessary because of staffing difficulties during 1960. The children eligible during 1960 were not vaccinated until January, 1961.

Following the initial tuberculosis skin test using the Heaf multiple puncture method, all positive reactors are divided in the usual way into grades 1—4. By arrangement with the Chest Physician, grades 3 and 4, since these show a high tuberculin sensitivity and are more likely to have suffered from a recent infection of the Tuberculosis Bacillus, are examined by the Physician at the Chest Clinic who also arranges the necessary follow-up with the Tuberculosis Health Visitor. Grades 1 and 2 are offered a chest X-ray at the Mass Radiography Unit on its annual visit to the City. It is debatable whether grades 1 and 2 should, in fact, be X-rayed and in future years these grades could possibly do without this examination and thus our efforts can be concentrated upon grades 3 and 4 in our search for 'hidden' cases of tuberculosis in the population at large.



The following table shows the figures relating to the two separate surveys carried out during 1961:

	<i>January Survey</i>	<i>November Survey</i>
Number of children offered skin test	1538	1290
Number of children skin tested ..	1051	998
% Acceptance .. ..	72.9	77.3
Positive .. ..	119	192
Negative .. ..	919	790
Vaccinated .. ..	916	783
% Positive .. ..	11.3	19.6

The increased proportion of Heaf positive children is due to the fact that the results of the tests were recorded using Heaf's classification of four grades and grade 1 results were regarded as positive and not offered B.C.G. vaccination.

It was subsequently discovered that two of the reactors in the November survey had pulmonary tuberculosis and these two cases were admitted to Hospital. The cases were not notified before the end of the year and are therefore not shown in the table of cases notified in 1961.

For some years, no post-vaccinal Heaf test has been carried out in Lincoln. In an attempt to measure the efficacy of vaccinations, in November 1961 a skin test was performed on the children who had been vaccinated during January, 1961. It is pleasing to report that 100% showed Tuberculin sensitivity indicating a good technique and high conversion rate.

### PROVISION OF SCHOOL MEALS

The number of children taking school meals increases each year and it is very gratifying to record that no case of food poisoning throughout the year was found to be due to any meal provided by the School Meals Service. This record in itself, without any further comment, is a tribute to the efficiency of, and extreme care taken by, this organisation.

The number of meals provided during the year ended 31st December, 1961 was as follows:

	1961
To Nursery, Primary and Secondary Schools etc. ..	1,139,077
To Staff and Helpers .. .. .	104,632
	<hr/>
	1,243,709

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

Breakfasts .. .. .	14,543
Dinners .. .. .	14,327
Teas .. .. .	14,227

On a selected day in 1961, the number of children taking milk under the "Milk-in-Schools Scheme" was 10,267, 82% of those present.

### HANDICAPPED PUPILS

It has already been stated previously in this report that the physical well-being of pupils is improving. The ascertainment of defects of the special senses and other handicaps which affect the education of the pupils is assuming greater importance. As it is the responsibility of the Local Educa-



tion Authority to ascertain which pupils over the age of two require special educational treatment it is essential that all handicapped pupils are discovered as early as possible, our efforts are concentrated to this end.

The School Health Department learns of these handicapped pupils from various sources:

1. The Principal School Medical Officer receives a report on every child seen by the Paediatrician. Thus a handicapped infant, e.g. who has a spastic paralysis, is notified to the School Health Section very early; these children are visited very frequently by the Health Visitor and examined at 6 monthly intervals by the School Medical Officer. During this pre-school period the opportunity is taken to educate the parents in the care of the child within the community, and also to accustom them to the idea that their child might require special educational treatment, whether it be in ordinary Day or Residential Special School. For the success of this scheme co-operation is essential between all medical and social agencies dealing with the handicapped child, and in Lincoln we are fortunate because a very cordial relationship exists between the Paediatrician, General Practitioners and the School Medical Officer.
2. A further source is the routine medical inspection, and in the future it is hoped more time will be spent at this inspection to discuss with the Head Teacher and the parents the progress of handicapped pupils who are receiving their education in a normal school.

Although the policy of the Local Education Authority is to educate as many of the handicapped pupils as possible in a normal school environment, nevertheless it is still necessary to place a number of handicapped pupils in either day or residential special schools.

Various categories of handicapped pupils will seem to be declining; these are the blind and partially sighted, and delicate. The facilities for the ascertainment of the deaf, partially deaf and educationally subnormal child are improving in Lincoln, and therefore the numbers of pupils within these categories are increasing.

The following handicapped pupils were ascertained during the year:

Deaf .. .. .	2
Educationally subnormal .. .. .	36
Maladjusted .. .. .	2
Physically handicapped .. .. .	1
Delicate .. .. .	15

The following table represents the number of children ascertained as in need of special educational treatment in Lincoln:

#### **Blind**

2 children are in special schools:

Birmingham Royal Institution .. .. .	2
--------------------------------------	---

#### **Partially sighted**

3 children are in special schools:

Birmingham Royal Institution .. .. .	1
East Anglian School .. .. .	1
Exhall Grange .. .. .	1



**Deaf**

4 children are in special schools:

Royal School for the Deaf, Derby	..	..	..	2
Maud Maxfield School, Sheffield	..	..	..	2

**Partially deaf**

4 children are in special schools:

Needwood School	..	..	..	1
Maud Maxfield School, Sheffield	..	..	..	2
St. John's School, Boston Spa	..	..	..	1

**Educationally subnormal**

118 children are in special schools or classes:

St. Catherine's, Lincoln	..	..	..	85
Special classes (Junior)	..	..	..	32
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

Bourne House Hostel	..	..	..	2
Shotton Hall School	..	..	..	1

**Physically handicapped**

15 children are in special schools:

Ian Tetley Memorial Home	..	..	..	1
Lincoln Open Air	..	..	..	10
Thieves Wood	..	..	..	1
Bradstock Lockett	..	..	..	1
Delarue School	..	..	..	1
Hesley Hall	..	..	..	1

**Speech Defect**

Nil.

**Delicate**

63 children are in special schools:

Lincoln Open Air	..	..	..	59
St. John's Open Air	..	..	..	1
Palingswick House	..	..	..	1
Pilgrim School	..	..	..	1
Gap House School	..	..	..	1

The following handicapped pupils were awaiting admission to special schools in January, 1961:

Educationally subnormal	..	..	..	26
Delicate	..	..	..	1

The 26 educationally subnormal children awaiting admission are children who have been ascertained as educationally subnormal before the age at which the children are normally admitted to St. Catherine's School (i.e. over 11 years) and they are children who at present are receiving special education in special classes in ordinary schools.



## WORK OF THE CHILD GUIDANCE CLINIC

In 1961, the Child Guidance Clinic was in operation for the full year and in November, the Unit moved from 'Beaumont Lodge' to newly acquired premises in Beaumont Fee, viz. a terrace-type house with seven rooms which, with suitable modification, may prove to be suitable headquarters for the Service. The Clinic is easy of access for most of the children who will attend and the arrangements continued, as in the previous year, whereby the premises are used jointly for the Child Guidance Services for the southern area of the Lindsey County Education Authority and for the Lincoln City Education Authority.

The Consultant Children's Psychiatrist, Dr. C. J. Wardle is employed by the Sheffield Regional Hospital Board and the Educational Psychologist, the Social Workers and Clerical Staff are employed by the Lindsey and Lincoln Education Authorities.

I am indebted to Dr. Wardle for the following information regarding the work of the Clinic for the year ending 31st December, 1961:

### Referrals

From Lincoln City, 72 cases have been referred to the Child Guidance Unit: of these all had been offered appointments at the end of 1961. 68 cases had been investigated, 1 case had not attended and 3 cases had appointments to attend during the first weeks of January, 1962.

In addition to these cases referred to the Children's Psychiatrist, the Psychologist has seen a number of children in the schools who presented purely educational problems.

It is the policy of the Psychiatric Service to avoid developing a waiting list and to offer an appointment within three weeks of referral. If there is urgency, cases will be seen as an emergency. The initial investigation of a case usually takes 1½—2 hours, so that obviously all cases must be seen by appointment.

It is essential that the agreement of the parents be sought before referral since without their co-operation nothing can be achieved. In the few cases that failed it has been found that the parents were not co-operative—in a few cases they might have been so with preparation; much clinic time can be wasted by giving appointments to parents who are not prepared to attend. It is hoped that referring agencies will ensure that the parents are willing before referring a case. In fact, reference to Table 1 shows that the proportion of referrals failing to attend is remarkably low compared with that at other centres known to the writer. This is believed to be because appointments are given very soon after referral, and because cases which fail to come for their first appointment are followed up energetically by the Social Worker. Even so, there are a number of cases who were not prepared for referral.

Table 1

New cases referred in 1961	..	..	..	72
Cases failing to attend	..	..	..	1
Cases with appointments at January 1st, 1962	..	..	..	3
Total new cases investigated in 1961	..	..	..	68
Cases continuing treatment from 1960	..	..	..	28
Total cases investigated and treated in 1961	..	..	..	96



Table 2

**Source of Referral in Cases seen by Psychiatrist**

Educational Psychologist	..	..	..	..	14
School Medical Officers	..	..	..	..	14
Courts and Probation Officers	..	..	..	..	5
General Practitioners	..	..	..	..	25
Consultants	..	..	..	..	7
Others	..	..	..	..	3

Table 3

**Reason for Referral**

	<i>Percentage (of 68)</i>			
Delinquency and other antisocial conduct	..	..	..	28
Nervous symptoms (anxiety, etc.)	..	..	..	29
Enuresis or Encopresis	..	..	..	12
Difficulties in relationships	..	..	..	21
Difficulty at school	..	..	..	19
Somatic psychic problems (including epilepsy, asthma, tics, speech disorder)	..	..	..	19

Table 4

**Age and Sex Distribution***Age at Referral*

0—4 years	..	..	..	..	..	7
5—7 years	..	..	..	..	..	12
8—11 years	..	..	..	..	..	23
12—14 years	..	..	..	..	..	18
15 years and over	..	..	..	..	..	8

Boys .. 44; Girls .. 24.

As is usual in this work more boys were referred than girls. This is mainly due to excess of boys with disturbed conduct. The proportion of nervous boys and girls, and of boys and girls with psychosomatic disorders, are more equal.

Table 5

**Distribution of Intelligence***I.Q.*

Above average (110+)	..	..	..	..	23
Average (90/109)	..	..	..	..	17
Dull (70/89)	..	..	..	..	14
Subnormal (50/69)	..	..	..	..	3
Severely Subnormal (49 or less)	..	..	..	..	3
Not tested	..	..	..	..	8
					—
					68
					—

It should be noted that more than half of the children referred to the Service are of average or above average intelligence. Although we can provide diagnostic help for the subnormal and severely subnormal, and for the retarded child, our main work is with emotional disturbance and behavioural disorder, and these can affect children of all degrees of intelligence and ability. The most important thing for the dull and subnormal child is to



provide a school setting which is geared to the child's limited ability, because excessive educational demands on a dull child can result in emotional and behavioural breakdown.

Many talks and lectures have been given during the year to Health Visitors, Mental Welfare Officers, Probation Officers, Child Care Officers and School Medical Officers, as well as to a number of Parent Teacher Associations.

Tape recordings have been made on a number of topics for use by Health Visitors in promoting discussions in their young mother groups; the topics include what happens in Child Guidance Clinics, shy children, aggressive children, telling children the facts of life. These recordings enable these simple matters to be presented to a wider audience than the Consultant in Child Psychiatry could hope to get to personally.

The Social Workers continue to keep close contact with other social agencies and attend the Social Workers' Co-ordinating Committees for their respective areas.

### **CHILDREN ASCERTAINED AS UNSUITABLE FOR EDUCATION AT SCHOOL**

Four children were ascertained during 1961 as unsuitable for education at school.

Reports in respect of these children were sent to the Local Health Authority (Mental Welfare Section).

### **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, 1961	..	..	80
Number of children admitted during 1961	..	..	19
Number of children discharged during 1961	..	..	14

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

General Debility	..	..	..	..	..	41
Bronchitis	..	..	..	..	..	6
Asthma	..	..	..	..	..	12
Sequelae of Poliomyelitis	..	..	..	..	..	4
Congenital Heart	..	..	..	..	..	2
Cerebral Palsy	..	..	..	..	..	2
Orthopaedic defect	..	..	..	..	..	6
Miscellaneous	..	..	..	..	..	7

A number of the children in the above categories are admitted to the Open Air School partly because of their specific disability and also because in some cases the family background is unsatisfactory and contributes to or exacerbates the disability which is present.

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.

	<i>Boys</i>	<i>Girls</i>
Number on roll in December, 1961 ..	45	41
Number admitted during 1961 ..	8	19
Number discharged during 1961 ..	5	7

It will be seen that there was a substantial increase in the number of children on the roll of the E.S.N. School compared with the previous year and the need for a new building is now most urgent not only on account of the number of children to be accommodated but also by reason of the unsuitability of the existing premises.

### NURSERY SCHOOLS

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

	<i>Average Attendance</i>	<i>Total Attendance</i>
St. Cuthbert's Nursery School ..	37.22	14,631
St. Giles Nursery School ..	38.3	15,490

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

253 children were examined for Employment outside School hours as compared with 252 in the previous year, mainly for the purpose of licensing for newspaper delivery. Of this number only two children were found to be unfit for employment.

### HOME TEACHING

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

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

Orthopaedic defects .. .. .	8
Muscular Dystrophy .. .. .	1
Tuberculosis .. .. .	1
Jaundice .. .. .	2
Miscellaneous .. .. .	4

### MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

46 teachers appointed to the Authority's staff were medically examined during the year.

33 students were also examined in connection with their entry to Training Colleges.

### DEATHS OCCURRING IN CHILDREN OF SCHOOL AGE

It is sad to record the death of 5 children during the year. The following is a list of the causes:

Drowning, due to accident .. .. .	2
Hand-Schüller Christian Disease .. .. .	1
Broncho pneumonia and Mental deficiency .. .. .	1
Status Epilepticus .. .. .	1



## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Three months elapsed between my predecessor leaving and my commencing duty, and during this period the School Dental Service was unable to provide any form of dental treatment. It was not until 22nd February, 1961 that the Service again became operative.

In June, at the time of the Final Examinations, copies of an advertisement for Assistant Dental Officers were sent to the Deans of every Dental School in Great Britain together with a request that they should be displayed on student and staff notice-boards. Acknowledgement was received from several Schools promising prominent display, and it was hoped that this method of advertising at the source of young, newly-qualified Dental Surgeons would produce some applications for the vacant posts. It was disappointing when only one enquiry for part-time sessional work was received.

It is apparent from this lack of response, and the fact that few Authorities are recruiting young Dental Surgeons, that the present salary, conditions and terms of service in the School Dental Service as a whole do not compare favourably with those of the National Health Service, and are insufficiently attractive to draw recruits from the younger age groups.

In response to further advertising in July, we were fortunate in appointing a full-time School Dental Officer who commenced duty on 1st September, and a sessional Dental Officer, for two evenings per week, who commenced duty on 31st October. The staffing position at the close of the year, therefore, is better than it has been for some considerable time, but is still only half that required to provide a fully comprehensive service for the present school population.

In the coming year, the new Dental Suite in the Ravendale Clinic will be equipped and ready for use, and it is anticipated that this will commence operating initially on a part-time basis, but every endeavour will be made to appoint a further full-time Assistant Dental Officer.

Approximately 43% of the school population was inspected during the year, and of those inspected, 71% required urgent or immediate treatment. This high percentage, and the inadequate dental services available within the City, presents a very serious problem.

A marked lack of interest in oral health and dental care has been encountered among both children and parents: cases of families numbering five or six sharing one toothbrush; poor oral hygiene and dietary habits; apathetic attitude to dental treatment other than the relief of pain and the failure to appreciate the importance of conserving deciduous, and even permanent teeth have been commonly experienced. To counter this lethargic and disinterested approach to dental care and treatment, greater efforts must be made by Dental, Health and Education Departments' staff in the field of dental health propaganda. The prohibition of the sale of biscuits and other cariogenic foodstuffs, in all but two of the schools, in the City is an important step in an attempt to reduce the ravages of dental caries, and the Education Committee are to be commended for their action. Serious consideration must be given, in the very near future, to the organisation of a full scale Oral Health Campaign—directed particularly at the improvement of oral hygiene and dietary habits, in an effort to decrease the need for treatment the demand for which cannot be met by the present number of Dental Surgeons available.



At the only Grammar School inspected during the year, a higher awareness of the importance of oral hygiene and health, and a greater degree of dental care, was reflected in the lowest percentage referred of all schools inspected.

The overall ratio of teeth filled to teeth extracted (4.7:1) shows an improvement, but in the case of deciduous teeth, the ratio of 2:1 is still low. The permanent teeth ratio is 12:1.

I should like to thank the Chairman and members of the Committee, the Chief Education Officer and his staff and the Medical Officer of Health and his staff for their assistance and understanding during the year.

C. K. F. EVANS,  
*Principal Dental Officer.*

### Summary of Dental Inspections and Treatment carried out during 1961

	1961	1960
No. inspected at routine school inspections ..	5639	2971
No. referred for treatment .. ..	4010	2191
No. actually treated after school inspection ..	1284	
No. treated as specials .. .. .	477	
Total No. actually treated .. .. .	1761	1612
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Half days devoted to (i) School Inspection ..	39	23
(ii) Treatment .. ..	532	403
No. Permanent Teeth filled .. ..	2346	
No. of fillings in Permanent Teeth .. ..	2645	
No. Deciduous Teeth filled .. ..	1150	
No. of fillings in Deciduous Teeth .. ..	1212	
Total No. of fillings .. .. .	3857	1761
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Extractions (i) Permanent .. .. .	190	
(ii) Deciduous .. .. .	556	
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Total No. of extractions .. .. .	746	2168
General Anaesthetics .. .. .	59	765
Other Operations (i) Permanent .. ..	969	
(ii) Deciduous .. .. .	390	
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Total No. of other operations .. .. .	1359	505
X-rays .. .. .	174	
Dentures .. .. .	8	

### Orthodontic Treatment

Cases continued from 1960 .. .. .	24
Cases commenced in 1961 .. .. .	14
<hr/>	
Cases receiving active treatment (1961) ..	38
Cases completed .. .. .	4
Cases discontinued .. .. .	2
<hr/>	
	6



Cases to be continued in 1962 .. .. .	32
Number of cases treated by means of appliances during the year .. .. .	38
Number of removable appliances fitted during the year .. .. .	30
Number of fixed appliances fitted during the year .. .. .	1



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