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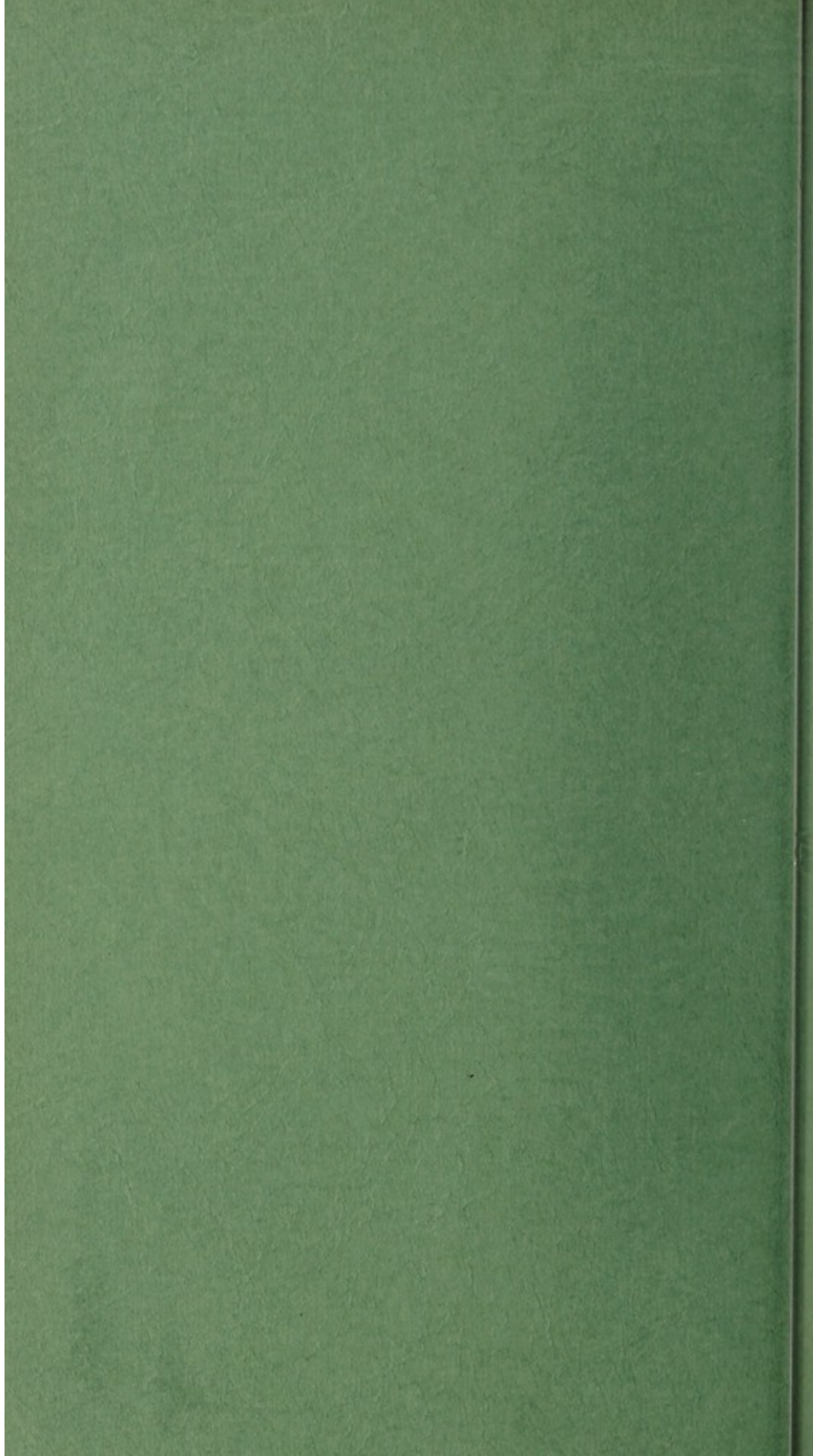
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CITY AND COUNTY
BOROUGH OF LINCOLN

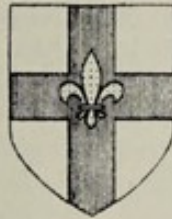


ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDING 31st DECEMBER 1962

*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 1962

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.

I am pleased to present my fourth Annual Report on the health of the City for the year 1962.

There were many developments and improvements during the year and most of these were due to the increase in the birth rate in the last two years. Despite the fact that in 1962 the total number of births (1418) was slightly less than in 1961 (1482) both these figures are higher than in any previous year. Even during the time of the 'birth bulge' after the Second World War, the yearly number of births was less than during 1962 — this is a trend which has been noticed nationally, although I think this is particularly marked in Lincoln where, in the last two years, the number of births has been approximately 40% greater than ten years ago. The Preliminary Report on the 1961 Census states that the population of Lincoln was 77,065, which is 9.6% greater than ten years ago. The impact of the rise in total births and of the total increase in the number of young children has affected most sections of the Health Department. In a few years' time, the impact will be felt in the schools and it would be prudent to bear these facts in mind in planning both the health and education facilities in the next decade.

The total number of domiciliary births continued at a high level (658) and we were fortunate in being able to maintain a full staff of midwives. We were also fortunate that the revised arrangements for the District Midwifery Service, which were planned in 1961, were in operation during 1962 to enable the midwives to undertake the increased amount of work. The increased number of births was also reflected in the attendances at the Infant Welfare Clinics — 23,103 attendances being made during 1962. This number is the highest ever recorded in Lincoln and may, of course, be partly due to the fact that two additional Infant Welfare Clinics were opened during the year (in the Monks Road and Bracebridge areas) and two additional weekly sessions were held at existing clinics (at Ravendale Clinic and at St. Helen's Clinic). There now appears to be a uniformity of distribution of clinics throughout the City and with the exception of those living on the Birchwood Estate, few mothers live more than a mile from an Infant Welfare Clinic.

The Council's first purpose-built Clinic was opened in the North of the City in July and it is hoped that a similar building will be provided in the South of the City where the need for modern clinic facilities has now become greater than was the need in the North of the City.

No baby has been born in the City with a deformity due to Thalidomide. There was one child in the City with a congenital absence of the left forearm, whose mother had taken Thalidomide early during pregnancy, but the family moved to Lincoln after the child had been born and the ante-natal care and confinement took place elsewhere.

Ante-Natal Clinics were very popular and well attended throughout the year. Now that weekly clinics are held in the North, Centre and South of the City, I feel that the pattern will not need to be changed for several years.

There was a further reduction during the year in the uptake of orange juice and cod liver oil at the Infant Welfare Clinics and this is of course explained by the fact that recipients have been obliged to pay the cost price for these products since June 1st, 1961. This decrease is regrettable as I feel that during a long winter, adequate vitamin D intake by children is necessary in order to be sure that no child will suffer from rickets.

The deployment of Health Visitors, and to a lesser extent Domiciliary Midwives and Home Nurses, in relation to General Practitioners has been the subject of discussion during recent years and schemes are in existence in some areas in the country whereby Health Visitors work with a particular General Practitioner or groups of Practitioners. These arrangements have some advantages and certainly do improve the degree of co-operation between the Health Visitors and the General Practitioners. However, certain difficulties must arise and these should not be minimised. No final decision has been taken on this matter in Lincoln and it would be prudent if undertaking such arrangements, to start a pilot scheme in the first instance which could be assessed as to the advantages and disadvantages after a suitable interval.

The number of visits paid by the Home Nurses showed a slight increase compared with the previous year and this is the first year since 1957 that there has not been a decrease in the total number of visits. In view of the increased emphasis on care and after-care of patients discharged from hospital, it is likely that the work of the Home Nurses will increase in future.

Sabin Oral vaccine was introduced into the Poliomyelitis Vaccination programme in March, 1962, and this alternative method of immunisation against this disease was readily accepted by parents in view of the avoidance of injections. The freedom from a possibly painful injection was not the main reason for the introduction of this type of vaccine, as there are sound medical reasons for preferring the Oral vaccine and it is fortunate that in addition to the medical reasons, the freedom from injection also commends the vaccine to parents. The use of Sabin vaccine almost completely replaced the use of Salk vaccine in 1962 in the routine vaccination against Poliomyelitis.

When considering the vaccination and immunisation schemes, it is appropriate to mention that no case of Poliomyelitis occurred in the City, this being the second year in succession when no case was notified. The programme of vaccination against Diphtheria, Whooping Cough and Tetanus remained unchanged during the year.

Again it is worth mentioning that only two cases of Whooping Cough were notified during the year. This is a great improvement on the incidence of this disease as in the ten years before vaccination was introduced, the average number of cases of Whooping Cough notified each year was 160.

There was, however, one important development, which is worthy of note and this was the formation of a Mobile Immunisation Team to visit the homes of those children whose parents, for one reason or another, had neglected to have their children immunised at the appropriate time during infancy and without the visits of the Team would never have had their children immunised.

Advice was received from the Ministry of Health in November to the effect that it was considered advisable to offer routine vaccination against Smallpox during the second year of life, instead of at four to five months, as previously recommended. I feel that although there may be slight evidence supporting this change, inevitably the number of children vaccinated will decrease at precisely the time when we are being encouraged to increase the number of children vaccinated. However, the advice was reluctantly accepted and the new arrangements commenced in 1963.

The work of the Ambulance Service continued to increase and a significant fact to bear in mind, in view of the impending withdrawal of the Kesteven County Council from the use of the Lincoln Ambulance Service, is that over the past few years the proportion and the total number of Lincoln

patients carried has shown a considerable increase. At the end of the year, the new Ambulance Station in South Park Avenue was nearing completion and the move to the new Station will be a great encouragement to the Ambulance Service staff.

One unsatisfactory feature of the year was the increase in the number of notifications of Tuberculosis and this was entirely due to an outbreak of Primary Tuberculosis in a Primary School, which is fully described in my Report as Principal School Medical Officer. This outbreak illustrates that vigilance must still be maintained and that in spite of the reduced incidence of, and mortality from, this infection, Tuberculosis is a disease about which it can be truly said that complacency is dangerous.

There was an increase in the number of cases of Gonorrhoea in 1962 and although the number of cases is not large, a certain disquiet is felt, as there is no easy way of controlling the spread of this infection and contact tracing has always been a very difficult exercise. This increase shows that Lincoln is now following the national trend of the past few years.

The Mental Health Services continue to make steady progress and the changes brought about by the Mental Health Act are now becoming apparent. The change in the pattern of admission to mental hospital is the subject of comment in the body of the report and it is gratifying that a large proportion of patients are now being admitted informally.

The planning of the new Adult Training Centre was started and the need for this additional accommodation becomes more apparent as each month passes, as it is urgently necessary to relieve the overcrowding at the existing Training Centre. The need for hostel accommodation was felt to be only a little less urgent and it is hoped that progress in this direction will be made in 1963.

The demands on the Chiropody Service increased substantially and expansion of the Service became necessary. It was therefore decided to appoint a Chiropodist whole-time to replace the two part-time Chiropodists who had done valuable work in recent years.

As directed by the Minister of Health, the Council prepared and submitted its Ten Year Plan for the Development of the Health and Welfare Services. In preparing this plan, it was assumed that the population of the City would increase by approximately 10% in the next ten years. The plan envisages replacement of rented premises by a purpose-built clinic in the South of the City and a similar clinic on the Birchwood Estate, when the development there warrants such action. The provision of Hostels for the mentally disordered is envisaged early in the plan, together with a moderate expansion of the Midwifery, Health Visiting and Home Nursing Services and a considerable expansion of the Home Help Service. It is then hoped that with the increase in these Services, it will be possible for elderly people to remain at home in comfort and independence for as long as possible, thus postponing admission to a hospital or welfare home until such admission becomes unavoidable.

The Council's first Smoke Control Area (the Birchwood Estate) came into operation on September 1st, 1962 and some months later, a survey of the area was made to ascertain the views of the residents in the area. This survey showed that the great majority of the inhabitants found the heating arrangements, using smokeless fuel, to be satisfactory and very few had any serious objection to the new arrangements.

A pleasing feature in the work of the Chief Public Health Inspector's Department is that for the first time for many years this section had a full

staff and it was therefore possible to provide a more comprehensive service for the people of the City. One of the most important tasks of the year was work associated with the planning of the clearance of unfit houses to be undertaken over the next fifteen years. In this plan an attempt was made to represent areas which could be developed satisfactorily so as to avoid the production of small unsightly and unusable clearance areas which had often been the case hitherto in Lincoln.

In February, 1962, Mr. H. Shimeld retired from his post as Chief Public Health Inspector. Although he had served in this capacity for a relatively short time, he had held the appointment of Deputy Chief Public Health Inspector for 33 years, having joined the staff of the Department in 1927. I cannot praise too highly Mr. Shimeld's work which, for long periods, he had to carry out with a greatly depleted staff. I wish him well in his retirement. Mr. J. Jones was appointed as Chief Public Health Inspector and commenced duties on February 14th. I am sure the Council will find him to be a worthy successor to Mr. Shimeld.

Dr. J. T. Jones, Deputy Medical Officer of Health, left in September and I welcome Dr. N. I. Condon to the Department as his successor.

In conclusion, I should like to express my sincere thanks to the Health Department staff for their loyal service throughout the year and I should also like to express my thanks to the Chairman, Alderman E. J. Richardson, J.P., for his continued interest and support.

R. D. HAIGH,

Medical Officer of Health.

City Health Department,
Beaumont Fee,
LINCOLN.

October, 1963.

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HEALTH COMMITTEE, 1962

THE RIGHT WORSHIPFUL THE MAYOR, COUNCILLOR MRS. H. M. KERRY

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

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

Council Members:

Alderman F. W. G. Todd	Councillor S. Wilson
Councillor H. B. Adams	Councillor A. S. Woolhouse
Councillor F. T. Allen	(up to 11th December, 1962)
Councillor W. S. Maclean	Councillor R. N. Baker
Councillor Dr. M. Morgan	(from 11th December, 1962)
Councillor Mrs. M. R. Sookias	

Other Members:

Dr. C. M. Bridges	Mr. D. A. C. Andrews
Dr. T. M. O'Brien	Mr. G. H. Kelsey
Mr. G. W. Whatmough	Miss M. Witting

Maternity and Child Welfare Sub-Committee

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

Council Members:

Alderman F. W. G. Todd	Alderman Mrs. G. L. Murfin
Councillor H. B. Adams	Councillor Mrs. M. R. Sookias
Councillor F. T. Allen	Councillor S. Wilson
Councillor Dr. M. Morgan	

Other Members:

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

Mental Health Services Sub-Committee

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

Council Members:

Alderman Mrs. G. L. Murfin	Councillor Mrs. M. R. Sookias
Alderman F. W. G. Todd	Councillor Dr. M. Morgan
Councillor H. B. Adams	Councillor S. Wilson
Councillor F. T. Allen	

Other Members:

Dr. M. S-M. Rayner	Mr. G. H. Kelsey
Mrs. M. Eagle	Mr. T. C. Smith

Necessitous Cases Sub-Committee

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

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

Prosecutions Sub-Committee

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

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

STAFF OF THE CITY HEALTH DEPARTMENT, 1962

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. (to 26th September, 1962)

N. I. CONDON, M.B., B.Ch., B.A.O., L.M., D.P.H. (from 1st November, 1962)

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.

School Dental Officers:

G. A. VEGA, B.D.S.

SHEELAH 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. (retired, 19th Feb., 1962)

J. JONES, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H., SANITARY SCIENCE CERT. R.S.H., SMOKE INSPECTOR'S CERT. R.S.H. (from 14th February, 1962)

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.) (to 23rd September, 1962)

G. T. W. SHEPHERD, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.I. (from 24th September, 1962)

Public Health Inspectors:

F. L. G. CHAPMAN, CERT. R.S.I., MEAT AND FOOD CERT., R.S.I. (Retired 20th April, 1962)

D. B. MAY, CERT. P.H.I.E.B. (to 15th July, 1962)

T. R. H. BELL, CERT. P.H.I.E.B. (Qualified 19th July, 1962)

J. D. BULLIMORE, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H. (from 21st May, 1962)

D. CARRUTHERS, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H. (from 1st September, 1962)

I. FLEMING, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE INSPECTOR'S CERT. R.S.H. (from 16th April, 1962)

B. OVERSBY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE INSPECTOR'S CERT. R.S.H. (from 1st October, 1962)

J. M. TODD, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H. (from 12th November, 1962)

Pupil Public Health Inspectors:

T. R. H. BELL, (to 18th July, 1962 when qualified)

G. W. KIRK

N. PANTLING (from 24th September, 1962)

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.) (to 3rd October, 1962)

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.)

MRS. E. M. COOLING, S.R.N., S.C.M., H.V., (CERT.) (to 30th September, 1962).

MRS. J. L. JONES, S.R.N., S.C.M., H.V. (CERT.) (part-time).

MISS B. M. LEES, S.R.N., S.C.M., H.V. (CERT.) (qualified 23rd July, 1962)

MISS G. J. SCOTT, S.R.N., S.C.M. (Student from 1st October, 1962)

Tuberculosis Visitor:

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

Non-Medical Supervisor of Midwives:

MISS E. DITCHBURN, S.R.N., S.C.M., M.T.D.

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. (to 5th November, 1962)

MISS J. H. HENSON, S.R.N., S.C.M. (from 2nd July, 1962)

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. (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 E. M. E. DRIFFILL, C.N.N.
	MRS. J. H. WHITE, C.N.N.

Chiropodist:

MISS S. M. MALT, M.Ch.S. (from 31st December, 1962)

Junior and Adult Training Centre:

Supervisor (Adult Training Centre): MR. W. ZIELONKA, R.M.N.
 Supervisor (Junior Training Centre): MRS. B. SEARLE, N.A.M.H. (DIPLOMA)
 Deputy Supervisor (Junior Training Centre): MISS J. A. WOODS, N.A.M.H. (DIPLOMA)
 Assistants MRS. A. TONGE (to 30th November, 1962)
 MRS. E. EITE, S.R.N.
 MRS. M. DOWMAN
 MRS. D. M. WHITLOCK (temporary from 5th November, 1962)

Mental Welfare Officers:

J. H. PREECE (Senior Mental Welfare Officer) (to 31st May, 1962)
 J. B. GRACEY, R.M.N. (Senior Mental Welfare Officer) (from 1st Sept., 1962)
 J. WEDGWOOD
 MISS B. M. WATERS

Ambulance Service:

Ambulance Officer	V. R. NORTH
Deputy Ambulance Officer	H. LEEMING
Clerk	MISS J. M. WALLS
Clerk/Telephonist	MISS P. R. CHALLANS
Night Telephonist	L. J. HOPKINS

Driver/Attendants: 26 (at the end of the year)

Home Help Service:

Organiser MISS H. BALDWIN
 Clerks MRS. M. E. CLARKE (retired 20th August, 1962)
 MISS S. E. MOYSES
 MISS M. E. TREVIS (from 19th November, 1962)
 Helps at the end of the year: Whole-time, 12; Part-time, 76

Pests Officer:

A. H. WALKER

Rodent Operators:

H. CHEETHAM
 R. WOOLFITT

Dental Surgery Assistants:

MRS. M. MILLIGAN, S.E.A.N.
 MRS. R. A. PROCTOR (to 30th June, 1962)
 MRS. J. ALDRIDGE (from 27th June to 9th November, 1962)
 MRS. J. ABELL (from 3rd December, 1962)
 MRS. B. FRANCIS (sessional)

Lay Administrative Assistant:

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

Clerks:

A. C. TAYLOR
R. W. HILL (transferred to School Health section, 1st Feb., 1962)
N. F. MCLEOD
P. A. COBBETT (from 7th March, 1962)
MISS M. A. BOYNTON
MISS S. M. JOHNSON
MISS E. KETTLEBORO
MRS. E. THORNTON (to 29th November, 1962)
MRS. N. BILLINGS (to 9th July, 1962)
MISS I. M. COOK
MISS J. GOODWIN
MRS. E. S. CROFT (from 25th June, 1962)
MRS. E. GROCOCK (part-time clinic clerk from 9th May, 1962)
MRS. A. M. DEAN (part-time clinic clerk from 25th June, 1962)
MRS. M. MILLER (from 10th September, 1962)
MRS. E. A. AKRILL (Dental Clerk from 12th November, 1962)
MISS P. E. PATTINSON (from 27th December, 1962)

STATISTICAL INFORMATION

GENERAL STATISTICS

Area of City in acres	7,517
Number of dwelling houses, 1st April, 1962	24,888
Rateable Value, 31st March, 1962	£989,173
Sum represented by a penny rate	£4,015

VITAL STATISTICS

Population (estimate mid-year, 1962)	76,930
Live Births:—	
Number	1,418
Rate per 1,000 population	17.88
Illegitimate Live Births	95
Illegitimate Live Births—per cent of total live births	6.7
Still-births:—	
Number	25
Rate per 1,000 total live and still births	17.32
Total Live and Still Births	1,443
Infant Deaths (deaths under 1 year)	34
Infant Mortality Rates:—	
Total infant deaths per 1,000 total live births	23.98
Legitimate infant deaths per 1,000 legitimate live births	24.94
Illegitimate infant deaths per 1,000 illegitimate live births	10.53
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	14.81
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	10.58
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	27.72
Maternal Mortality (including abortion):—	
Number of deaths	—
Rate per 1,000 total live and still births	—
Net Deaths	935
Death Rate per 1,000 population	12.15
Tuberculosis Mortality Rate, per 1,000 population	0.08
Cancer Mortality Rate, per 1,000 population	2.26
Area Comparability Factors: Births 0.97 Deaths 1.00	

COMPARISON OF CERTAIN VITAL STATISTICS WITH RATES FOR ENGLAND AND WALES

	<i>Lincoln</i>	<i>England and Wales</i>
Live Birth Rate	17.88	18.0
Still Birth Rate	17.32	18.1
Maternal Mortality Rate	—	0.35
Infant Mortality Rate	23.98	21.6
Neo-natal Mortality Rate	14.81	15.1
Perinatal Mortality Rate	27.72	30.8
Death Rate	12.15	11.9
Tuberculosis Mortality Rate	0.08	0.06
Cancer Mortality Rate	2.26	2.17

COMPARATIVE TABLE—LAST FIVE YEARS

	1958	1959	1960	1961	1962
Population ...	72,220	73,170	73,730	77,140	76,930
Net Live Births ...	1,230	1,215	1,287	1,482	1,418
Still Births ...	21	22	24	29	25
Net Deaths ...	921	852	807	896	935
Live Birth Rate ...	17.03	16.44	17.28	18.63	17.88
Still Birth Rate ...	16.79	17.78	18.31	19.19	17.32
Infant Mortality Rate ...	30.90	19.75	18.65	19.57	23.98
Neo-natal Mortality Rate ...	22.75	14.00	15.54	12.82	14.81
Maternal Mortality Rate ...	0.80	1.62	1.53	0.66	—
Death Rate ...	12.24	11.29	10.62	11.73	12.15
Tuberculosis Mortality Rate	0.07	0.11	0.04	0.04	0.08
Cancer Mortality Rate ...	2.01	2.01	2.17	1.98	2.26

Births

There were 1,418 live births registered in the year and 25 still births.

Deaths

There were 935 deaths (489 males and 446 females) giving an adjusted death rate of 12.15 per 1,000 population. The ages and causes of death are given in the following tables:

DEATHS IN AGE GROUPS, 1962

	<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 ...	25	4	4	4	17	111	136	188	489
Females ...	9	—	3	5	13	60	102	254	446
Totals ...	34	4	7	9	30	171	238	442	935

SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1962

<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>
Tuberculosis:											
Respiratory ...	6	4	2	-	-	-	-	3	1	-	2
Other ...	-	-	-	-	-	-	-	-	-	-	-
Syphilitic disease ...	-	-	-	-	-	-	-	-	-	-	-
Diphtheria ...	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough ...	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infections ...	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis ...	-	-	-	-	-	-	-	-	-	-	-
Measles ...	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases ...	1	1	-	-	-	1	-	-	-	-	-
Malignant Neoplasm:											
Stomach ...	21	11	10	-	-	-	-	-	4	9	8
Lung and Bronchus ...	48	41	7	-	-	-	-	1	22	18	7
Breast ...	9	-	9	-	-	-	-	1	5	1	2
Uterus ...	1	-	1	-	-	-	-	-	1	-	-
Other malignant and lymphatic neoplasms ...	89	43	46	-	-	1	-	3	24	30	31
Leukaemia and Aleukaemia ...	6	4	2	-	-	-	4	-	1	-	1
Diabetes ...	8	5	3	-	-	1	-	-	3	-	4
Vascular lesions of nervous system ...	138	47	91	-	-	1	1	-	20	34	82
Coronary disease, angina ...	182	106	76	-	-	-	-	3	35	52	92
Hypertension with heart disease ...	20	8	12	-	-	-	-	1	3	5	11
Other heart disease ...	108	48	60	-	-	1	-	3	9	22	73
Other circulatory disease ...	38	19	19	-	-	-	-	2	7	14	15
Influenza ...	-	-	-	-	-	-	-	-	-	-	-
Pneumonia ...	54	32	22	5	-	-	1	-	4	12	32
Bronchitis ...	59	44	15	-	1	-	-	1	12	22	23
Other diseases of res- piratory system ...	6	4	2	-	-	-	-	1	-	2	3
Ulcer of stomach and duodenum ...	4	2	2	-	-	-	-	-	2	-	2
Gastritis, enteritis and diarrhoea ...	3	1	2	1	-	-	-	-	-	1	1
Nephritis and Nephrosis ...	7	3	4	-	-	-	-	2	-	1	4
Hyperplasia of Prostate ...	11	11	-	-	-	-	-	-	-	3	8
Pregnancy, childbirth and abortion ...	-	-	-	-	-	-	-	-	-	-	-
Congenital malform- ations ...	9	6	3	5	2	-	-	2	-	-	-
Other defined and ill- defined diseases ...	72	31	41	19	1	-	1	3	9	6	33
Motor vehicle accidents ...	11	8	3	-	-	2	1	2	1	1	4
All other accidents ...	13	5	8	4	-	-	-	1	3	2	3
Suicide ...	11	5	6	-	-	-	1	1	5	3	1
Homicide and Oper- ations of War ...	-	-	-	-	-	-	-	-	-	-	-
Totals ...	935	489	446	34	4	7	9	30	171	238	442

DEATHS FROM CANCER

The deaths from Cancer during the year are shown in the Table below. It will be noted that there were 48 deaths from Cancer of the lung, which represents 5% of the total deaths and is a considerable increase on the number of such deaths in 1961 (38). Of these 48 deaths, 41 were males and 7 were females.

Cancer of the lung mainly affects those in the age group 45 to 75 years and the figures show that it is six times more common in males than in females and that 27% of the total Cancer deaths were due to Cancer of the lung during 1962.

CANCER DEATHS, 1962

Cause of death	No. of deaths		Under				Age				Total
			1 yr	1-	5-	15-	25-	45-	65-	75-	
Malignant Neoplasm	21	Males	-	-	-	-	-	2	3	6	11
Stomach		Females	-	-	-	-	-	2	6	2	10
Lung and Bronchus	48	Males	-	-	-	-	1	19	15	6	41
		Females	-	-	-	-	-	3	3	1	7
Breast	9	Females	-	-	-	-	1	5	1	2	9
Uterus	1	Females	-	-	-	-	-	1	-	-	1
Other Malignant and lymphatic neoplasms	89	Males	-	-	1	-	1	8	16	17	43
		Females	-	-	-	-	2	16	14	14	46
Leukaemia, aleukaemia	6	Males	-	-	-	3	-	1	-	-	4
		Females	-	-	-	1	-	-	-	1	2
Totals	174	Males	-	-	1	3	2	30	34	29	99
		Females	-	-	-	1	3	27	24	20	75

Infant Mortality

There were 34 deaths under 1 year, giving an infant mortality rate of 23.98 per 1,000 live births. This rate is slightly higher than the rate for 1961 which was 19.57 and is higher than the average rate for England and Wales which for 1962 was 21.6. The slight increase in the rate was due to the increase in the number of deaths of premature infants during the first week of life.

The following table shows the ages and cause of death:

Cause of death	Under			Total under					Total
	1 wk	1-2 wks	3-4 wks	4 wks	1-3 mths	4-6 mths	7-9 mths	10-12 mths	
Prematurity ...	11	1	-	12	-	-	-	-	12
Congenital Malformations	2	2	-	4	2	1	-	-	7
Pneumonia ...	-	-	1	1	2	-	2	-	5
Other Causes ...	3	-	1	4	4	-	1	1	10

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 1962, there were 25 still-births and 15 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 27.72. This represents a small decrease compared with the rate for 1961 (28.46).

Suicide

11 deaths (5 male and 6 female) were due to suicide and the causes of death are given in the table below. This is the highest number since 1956 when there were 14 deaths from suicide. The number of suicides in 1961 was 5 (4 male and 1 female).

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	—	—	1	—	1	2	—	1	5
Poisoning by drugs	—	1	—	—	1	—	—	2	4
Drowning	—	—	—	—	1	—	—	—	1
Stab wound of neck	—	—	—	—	—	—	1	—	1
TOTAL ...	—	1	1	—	3	2	1	3	11

LOCAL HEALTH AUTHORITY SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Clinics

Although the average attendance per session (46.2) at the Infant Welfare Clinics was less during 1962 than in the previous year (52.8), this is explained by the fact that additional Clinics were opened and indeed there was a considerable increase in the total number of attendances, 23,103 compared with 20,179 in 1961. Of this number, 15,060 attendances were made by infants under 12 months of age and 1,219 infants were under 1 year of age at the time of their first attendance. The total number of children who attended the Clinics during 1962 was 3,708 compared with 3,217 in the previous year. Approximately 86% of babies born during the year attended the Clinics at some time.

As mentioned in the Report for 1961, the attendances at the Infant Welfare Clinics have been increasing for several years. Furthermore, certain well-populated parts of the City had no Infant Welfare Clinic within easy reach and it was felt that Infant Welfare Clinics should be situated so that the great majority of the population of the City were within 1½ miles of a Clinic. It was therefore decided during the year to open two additional Clinics, one to serve the Monks Road area and the other to serve the Bracebridge area. Arrangements were made for the hire of the Methodist Church Hall, Walmer Street (off Monks Road) on Wednesday afternoons and the first Clinic was held on 9th May. Similarly, arrangements were made for the hire of the Bracebridge Church Hall, Ewart Street (off Newark Road) on Monday afternoons and the first Clinic was held on 14th May.

During recent years, the numbers attending St. Helen's Clinic on a Monday afternoon have steadily increased and it became obvious that an additional session should be held weekly. Arrangements were made, therefore, for a further session to be held on Friday afternoons commencing on 24th August, 1962.

The purpose-built clinic for the Ermine and St. Giles' Estates was completed in July and was named 'The Ravendale Clinic'. This clinic was designed and equipped to fulfil three main functions, namely the provision of care for the expectant mother, care for pre-school children and dental care for these groups and also for school children. The infant welfare clinic

facilities have been catered for by providing two Health Visitor's rooms, which are open to a small area where babies are weighed by voluntary workers. The Doctor's room is sited so that it is adjacent both to the ante-natal section and the infant welfare section. The main waiting hall is spacious and useful for many activities. The development of Health Education programmes in the area is a vital need and the hall will be very useful for this purpose.

Infant Welfare sessions are held at the Ravendale Clinic on Tuesday and Thursday afternoons and a session for the special examination of toddlers is held on Thursday mornings.

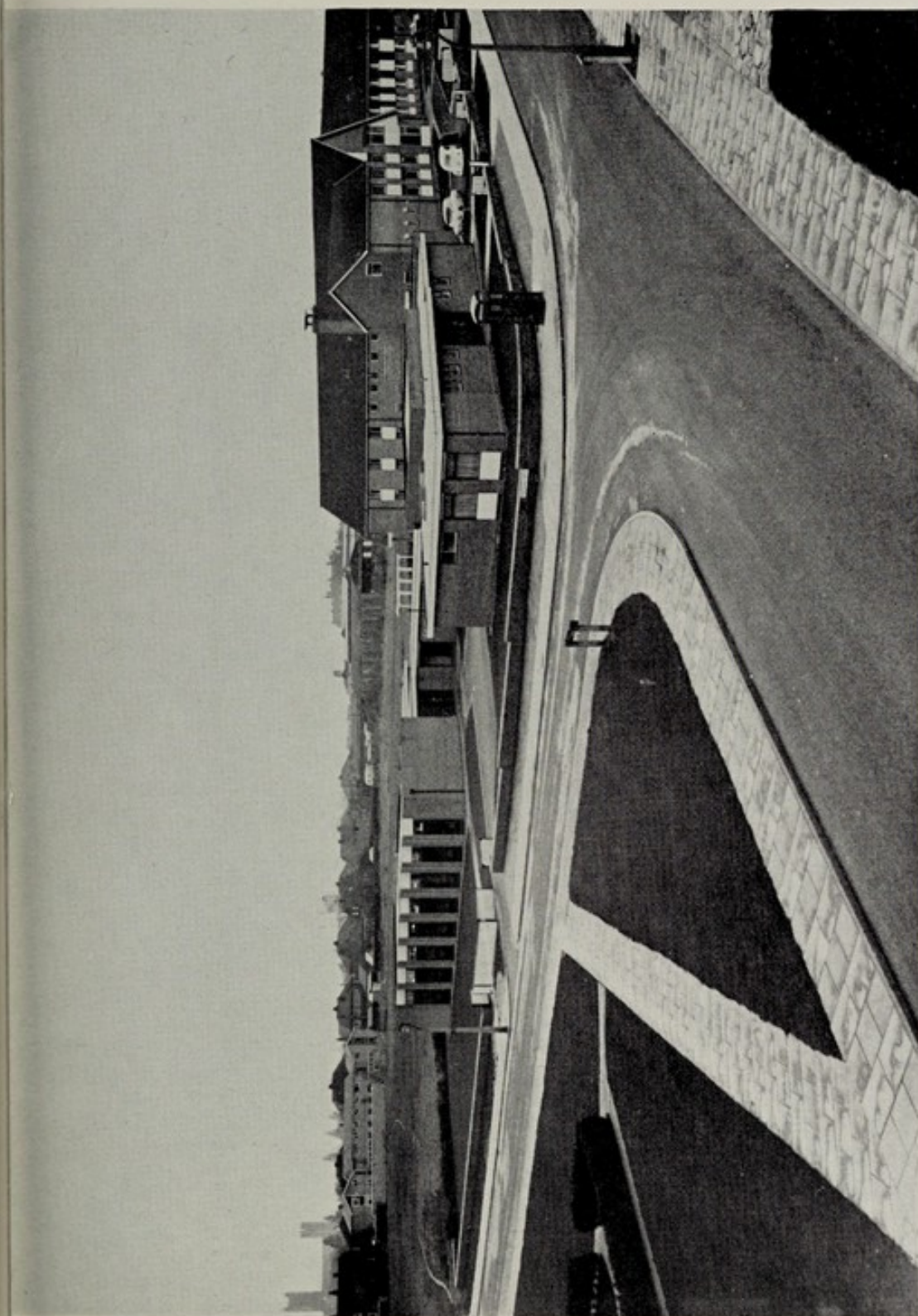
It is now felt that the Clinics are adequate in number and correctly distributed in the City, but a purpose-built clinic is envisaged in the next five years to serve the Birchwood Estate and also plans are in preparation for the replacement of the St. Helen's Clinic by a purpose-built Clinic. The building of these two Clinics is included in the Council's 'Ten Year Development Plan', together with a substantial programme of modernisation and major reconstruction of the Newland Child Welfare Centre in the second five-year period.

The Infant Welfare Clinics provided by the Local Health Authority at the end of the year were as follows:

<i>Place Held</i>	<i>Day</i>	<i>Time</i>
Maternity and Child Welfare Centre, 34 Newland	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
		(by appointment)
Ravendale Clinic, Laughton Way	Friday	2—4 p.m.
	Tuesday	2—4 p.m.
	Thursday	10—11-30 a.m.
		(by appointment)
St. Giles' Methodist Church Hall, Addison Drive	Thursday	2—4 p.m.
	Thursday	2—4 p.m.
Blenkin Hall, St. John's Road, Newport	Friday	2—4 p.m.
Methodist Church Hall, Walmer Street, off Monks Road	Wednesday	2—4 p.m.
St. Helen's Church Hall, Skellingthorpe Road	Monday	2—4 p.m.
St. George's Church Hall, Swallowbeck	Friday	2—4 p.m.
	Tuesday	2—4 p.m.
Bracebridge Church Hall, Ewart Street, off Newark Road	Monday	2—4 p.m.

The following table shows in detail the attendances at the Central Clinic at 34 Newland and at the various outlying Clinics:

		<i>No. of Sessions</i>	<i>Total Attend.</i>	<i>Av. Attendance per Session</i>	
				1962	1961
M. & C.W. Centre, Newland	Tues.	51	2958	58.0	61.0
„ „ (by appointment)	Wed.	25	311	12.4	12.0
„ „	Fri.	51	2591	50.8	46.1
St. Helen's Hall	Mon.	50	3373	67.5	67.4
„ „ (from 24.8.62)	Fri.	19	510	26.8	—
St. Giles' Hall	Thur.	52	2292	44.1	44.9



ERMINE BRANCH
LIBRARY

RAVENDALE CLINIC

ERMINE HOUSE
OLD PEOPLE'S HOME



ENTRANCE HALL, RAVENDALE CLINIC



WAITING ROOM, RAVENDALE CLINIC



Blenkin Hall	Fri.	51	2914	57.1	49.0
St. George's Hall	Tues.	51	2911	57.1	59.2
St. John's Hall (to 25.7.62)	Wed.	30	1873	62.4	63.7
Walmer Street Hall (from 9.5.62)	Wed.	33	1145	34.7	—
Ewart Street Hall (from 14.5.62)	Mon.	32	869	27.2	—
Ravendale Clinic (from 31.7.62)	Tues.	21	672	32.0	—
„ „ (by appointment) a.m.	Thur.	12	105	8.7	—
p.m.	Thur.	22	579	26.3	—
			<hr/> 500 <hr/>	<hr/> 23103 <hr/>	<hr/> 46.2 <hr/> 52.8 <hr/>

Ante-Natal Clinics

The Ante-Natal Clinics provided by the Local Health Authority at the end of the year were as follows:

Maternity & Child Welfare Centre, 34 Newland	Tuesday	9-30—11-30 a.m.
Ravendale Clinic, Laughton Way	Monday	2—4 p.m.
St. Helen's Church Hall, Skellingthorpe Road	Thursday	2—4 p.m.

Attendances at the Ante-Natal Clinics continue to increase as will be seen from the following table:

	1962	1961	1960
Total number of women who attended during the year	911	877	684
Total number of women who attended for the first time	775	708	678
Total number of attendances	2992	2380	1658

It is appreciated, however, that attendance at an ante-natal clinic involves many expectant mothers in a long walk or several bus changes and it is regretted that this cannot be avoided.

The weekly Ante-Natal Clinic held at St. John's Hall, Laughton Way was transferred to the Ravendale Clinic at the end of July. The new clinic has two undressing cubicles and two examination rooms, with the Doctor's room adjacent. The facilities available are a great improvement on those provided at rented premises which have been used hitherto. Accurate weighing can be carried out as dressing gowns are now provided at this Clinic and there is, therefore, little chance of a discrepancy occurring due to a different weight of the patient's wearing apparel at the time of weighing.

The ante-natal clinic facilities at the Newland Centre are not entirely satisfactory as the Victorian building was never designed for this purpose and although many alterations and adaptations have been made, the premises are still far from ideal for clinic purposes.

The premises at St. Helen's Hall are quite unsuitable for the examination of ante-natal patients and all that can be said in their favour is that the Hall is correctly sited for the population it has to serve. However, despite the fact that the two latter premises have many deficiencies, the same care and attention is given to the patients attending there as is given at the Ravendale Clinic which was designed and built for the purpose.

A special effort is made to ensure that all expectant mothers have at least two Haemoglobin estimations — the first on booking and the second at

approximately the 34th week of pregnancy. Additional estimations are carried out if required for any reason. The specimen of blood for Haemoglobin estimation is obtained by veni-puncture and an unclotted specimen, together with a blood film, is examined at the County Hospital Pathology Department. A report on the blood findings is sent forthwith to the General Practitioner and Midwife concerned. All women attending the Clinic have a W.R. and Kahn examination carried out as a routine measure in each pregnancy and all women have a blood Rhesus examination on first booking. Rhesus negative women have a second examination at the 32nd week of pregnancy. The assistance given by the County Hospital Pathology Department in these matters is greatly appreciated.

Ultra Violet Light Clinic

The Ultra Violet Light Clinic is held at the Maternity & Child Welfare Centre on Tuesday and Friday afternoons from 2 to 4 p.m.

The following table gives the number of cases treated and the number of attendances made:

	1962	1961
Total number of cases treated during the year	82	65
Number of cases treated for the first time during the year	69	57
Total number of attendances	974	745

Children are given treatment on the recommendation of Medical Officers and at the request of the Consultant Chest Physician and of the cases treated at this clinic, 66 were school children and 16 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 outlying clinics when the infant welfare sessions are held.

As experienced by most other Local Health Authorities, issues during the year were again considerably reduced and compared with those for the previous year were as follows:

	1962	1961
National Dried Milk tins	13,056	16,608
Orange Juice bottles	18,014	28,144
Cod Liver Oil bottles	1,853	3,147
Vitamin A and D Tablets packets	3,007	4,042

The considerable decrease in the issues of Orange Juice, Cod Liver Oil and Vitamin Tablets is explained by the fact that recipients have been obliged to pay the cost price for these products since 1st June, 1961, as a result of instructions issued by the Ministry of Health.

Care of Unmarried Mothers

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 towards the cost of maintenance at a Mother and Baby Home. During the year, the Committee agreed to grants being made in nine cases, compared with eleven in the previous year.

The number of illegitimate births during 1962 was 95 compared with 97 in the previous year. This represents a rate of 6.7% of total live births registered, compared with a rate of 6.5% in the previous year.

Day Nursery

The number of children on the register of the Newland Day Nursery varied during the year between 35 and 47 and the average daily attendance was 28.

The average daily attendance throughout the year was as follows:

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
27.5	26.8	31.7	33.5	34.4	28.5	30.7	21.5	31.0	23.2	26.9	30.3

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 1962 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 relative 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, the Consultant Children's Psychiatrist and Family Doctors.

The health of the children remained good throughout the year. There were, however, four cases of Dysentery in July and a further small outbreak of Dysentery in October when 8 children and 2 members of the staff were affected.

On 31st December, 1962, the staff of the Nursery consisted of:

Matron

Deputy Matron

Warden

2 Nursery Nurses

2 Student Nursery Nurses (first year)

2 Student Nursery Nurses (second year)

and throughout the year there was a full staff.

The Nursery is approved as a Training Centre for Nursery Nurses and during the year eight Students carried out their practical training at the Lincoln Nursery whilst undertaking the Nursery Nurses' Training Course at Nottingham. Four of these completed their training during the year and qualified as Nursery Nurses.

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 provided such admission would not in any way prevent the admission of children who would normally qualify for admission. The children of two school teachers, living outside the City but employed by Lincoln Education Committee, commenced at the Nursery in September.

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

The scheme introduced during the previous year for the referral of the priority classes by medical officers and health visitors worked satisfactorily during 1962. This scheme was, to a large extent, responsible for the increased number of expectant and nursing mothers and pre-school children examined at the Dental Clinics. The numbers increased from 65 to 109 in the case of mothers and from 101 to 223 in the case of pre-school children. Of the mothers examined 100% required treatment and 94.6% of the pre-school children examined required treatment.

The tables give the figures for the various forms of dental treatment provided, which when compared with those of the previous year, show an increase in all respects. The most welcome increase is in the number of fillings which has risen, in the case of mothers, from 172 to 400, and in the case of pre-school children from 98 to 519.

Several talks were given to the 'Stork Club' during the year on the dental aspects of pregnancy and dental health. It was noticed that the general knowledge and interest in this matter was extremely low. Full examination is available at the Dental Clinic for any expectant mother but only one instance is known of a mother spontaneously requesting an examination and treatment. Greater efforts must obviously be made in the future in the field of Dental Health Education aimed particularly at this most important group.

In July, the Ministry of Health's Report on the fluoridation of water supplies in test areas in Great Britain was published. From the evidence presented in the report, it is apparent that the introduction of fluoride to the domestic water supply, whilst bringing about a 66%-50% reduction in the number of carious teeth in 3-5 year old children, is, at the same time, completely safe in all respects. In the interests of the children of the City, it is hoped that no delay to its introduction will be occasioned by undue opposition based on ignorance, bias, moral issues or financial consideration, for any such delay is condemning the younger children to needless pain and suffering.

A visit was made in May by one of the Dental Officers of the Ministry of Health. The dental clinics were inspected and the situation regarding the dental examination and treatment of the priority classes and Dental Health Education were examined. The report submitted following this visit commended the Corporation in all aspects of the service provided, but recommended that efforts should be made to increase the number of examinations. As stated at the commencement of this report, the number of patients has, in fact, been increased; also the amount of time devoted to the treatment of these patients. The point has now been reached, however, where the recommended proportion of time to be devoted to priority class treatment has been exceeded, and unless further dental officers are recruited to the City's Dental Service, not only will it be impossible to increase further the service provided but there is every possibility of having to impose some form of restriction.

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 ...	109	109	107	62	548
Children under five ...	223	211	211	163	531

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	94	128	3	402	—	—	124	34	4	17
Children under five	87	113	6	519	—	92	160	9	—	—

MIDWIFERY

Non-Medical Supervisor of Midwives: MISS E. DITCHBURN

Distribution of Confinements

The total number of births (live and still) in the year was 1,443 (1,511 in 1961). 658 confinements took place at home (643 in 1961). 640 were attended by the District Midwives and 18 were attended by the two midwives in private practice.

Although the total number of births was slightly less in 1962, 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

1958	..	..	..	494
1959	..	..	..	565
1960	..	..	..	580
1961	..	..	..	618
1962	..	..	..	640

The midwives paid 14,276 visits during 1962 compared with 14,123 in the previous year.

The increase in the number of domiciliary confinements may be attributed partly to the 'floating population' of R.A.F. families in Lincoln and although it is possible for the wives of servicemen to have their confinements in Nocton Hall R.A.F. Hospital, a number prefer to have their babies at home.

The review of Districts mentioned in the Report for 1961 was duly carried out and the areas covered by the midwives were amended to give a more equitable distribution of case loads.

Notifications of Intention to Practise

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

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

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

Analgesia

Inhalation analgesia using Trilene, administered by a Cyprane Inhaler, was used in 513 cases. Only in one case was gas air analgesia administered and this method has now almost entirely been replaced by the administration of Trilene. Pethidine was administered in 422 cases during the year (436 in 1961).

Environmental Reports

The Lincoln Maternity Home with only 26 beds, is unable to provide accommodation for every expectant mother wishing to have her baby there. In order that there should be a fair allocation of beds for those expectant mothers with no medical or past obstetrical grounds for admission, the Local Authority Midwife of the district in which the expectant mother resides is asked to call on the mother in question and report on the suitability of accommodation available, and any other matters that may make the domiciliary delivery of that particular woman suitable or otherwise. The availability of adequate heating of the delivery room throughout the whole of the 24 hours of the day is one of the important factors in these reports, especially in the colder months of the year.

During 1962, 163 environmental reports were made and in 70 cases hospital delivery was recommended.

Early Hospital Discharges

Visits were paid by Local Authority Midwives to 73 patients who were discharged from Maternity Homes before the 10th day of the puerperium.

Chest X-ray of Expectant Mothers

Under the scheme for chest X-rays for expectant mothers, started in 1954, all expectant mothers are encouraged to have an X-ray of chest before the 28th week of pregnancy. Many are found to have availed themselves of the facilities of the Mass Radiography Unit prior to pregnancy and consequently it is not thought necessary to refer them again under the scheme. Arrangements are made for the X-ray to be carried out at the Chest Clinic, Mint Lane on the recommendation of General Practitioners, the Local Authority Ante-Natal Clinic and the Lincoln Maternity Home. The number of expectant mothers X-rayed during the year was as follows:

Referred by General Practitioners	..	..	..	..	157
Referred by Local Authority Ante-Natal Clinics	..	..	..	..	242
Referred by Maternity Hospital Ante-Natal Clinics	..	..	..	..	221
					<hr/> 620 <hr/>

Of the 620 expectant mothers X-rayed, 119 lived outside the City.

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

1958	1959	1960	1961	1962
495	548	530	504	620

No new case of Pulmonary Tuberculosis was notified as a result of these examinations, but in 48 cases minor abnormalities were discovered, the majority of cases being healed primary tuberculosis.

Staff

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 Medical Supervisor of Midwives and Miss E. Ditchburn took up her appointment as Non-Medical Supervisor of Midwives on 1st January, 1962. She also acted as District Midwife for the Birchwood Estate until another midwife was appointed for that area.

On 1st April, 1962, the establishment of the midwifery service was increased from eight to nine midwives and on 1st July, Miss J. Henson was appointed District Midwife for the Birchwood and Hartsholme area.

With this increase in establishment, the districts were re-arranged so that each midwife should have, as far as possible, approximately the same number of deliveries. Mrs. G. M. English, who had been appointed as a 'Relief Midwife', was allocated a district and under the new scheme, the nine midwives work in groups of three — three in the North of the City, three in the Central area and three in the South — and the relief duties are arranged within each group.

Miss J. Hatch left in November to take up an appointment in Southern Rhodesia and this vacancy was filled in January, 1963. During the intervening period, Mrs. V. Lancaster was employed in a temporary capacity.

Refresher Course

One District Midwife attended a refresher course arranged by the Royal College of Midwives at Bristol.

Training of Pupil Midwives

The training of Pupil Midwives continues in conjunction with the City Maternity Home. Five of the District Midwives are approved as Teaching Midwives and during the year, ten Pupils completed their district training. This is a welcome increase in the number of Pupils compared with previous years. Tutorial classes were held each week by the Non-Medical Supervisor of Midwives and lectures were given by the Deputy Medical Officer of Health on the Public Health aspects of Midwifery.

Transport

Five District Midwives are now car drivers and three others use 'scooters'. In view of the amount of equipment which has to be carried by a midwife to-day, a car is essential in order to carry out the work efficiently and it is hoped that in the near future, all the Midwives will use a car for their duties. 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.

Co-operation

As the Maternity Service in this Country is a tripartite service, co-operation between the three branches of the service is essential and continued efforts were made to improve the liaison between the Domiciliary Midwives, the General Practitioners and the Hospital Service. The Midwives have frequent contacts with the General Practitioners and consult them as and when necessary. It is quite clear, however, that in Lincoln it would be quite impracticable for a Midwife to work solely either with one General Practitioner or with one firm of General Practitioners.

Slight difficulties are experienced by the Midwife in arranging for the General Practitioner to be called at precisely the stage during labour that he wishes to be called, as different Practitioners wish to be contacted at different times. However, the Midwives usually know the Family Doctors sufficiently well to comply with individual wishes and it is impossible to lay down strict rules for the Midwives to follow in this matter.

Two meetings of the Lincoln & District Obstetric Advisory Committee were held during 1962 and the Medical Officer of Health and the Non-Medical Supervisor of Midwives represented the Local Health Authority at these meetings.

Care of Premature Infants

During 1962, there was an increase in the number of premature infants (who weighed 5½ lbs. or less at birth) as the following table shows:

	1962	1961	1960
Born at home	41	27	39
Born in hospital or nursing home . .	62	50	59
	<hr/> 103	<hr/> 77	<hr/> 98

The section earlier in the report dealing with Infant Mortality records that 12 babies died during the year from prematurity — this represents approximately 12% of the total number of babies born prematurely. Not all the deaths related to very small infants, although the majority were under 3 lbs. at birth.

Some babies of over 4 lbs., who are not normally admitted to St. George's Hospital on the grounds of prematurity alone, require special care at home and the establishment of an efficient domiciliary premature baby nursing service is overdue. In 1962 it was not possible to establish this service, but some progress was made. The aim is to establish a premature baby nursing service within the Midwifery Service and during the year under review one midwife received special training at St. George's Hospital in the care of premature babies. Following this training, the midwife was available to give special attention to certain premature babies who were being nursed at home, but obviously, further progress must be made — other midwives will need to undergo this special training and one midwife will need to specialise in this work (in addition to retaining a small midwifery district) if a specialised service is to be provided.

Babies who weigh under 4 lbs. at birth are usually admitted to St. George's Hospital for special care during the first few weeks of life. For the transport of these babies, a portable incubator (collected from St. George's Hospital Paediatric Unit) is available, together with an 'Oxycot' for any baby requiring oxygen during the journey and two specially equipped baskets, one of which is kept at the Lincoln Maternity Home and the other at St. George's Hospital. During the latter part of the year, the Consultant Paediatrician recommended that the Local Authority should provide an incubator to be kept at the Ambulance Station and arrangements were in hand to make this provision during the early part of 1963.

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

General Remarks

The increase in the number of home confinements which has been noticed in recent years again occurred in 1962, despite the fact that the total number of births in the City was slightly less than in 1961. The actual number of cases attended by the Local Authority District Midwives was 640.

Meetings were held during the year at which the Medical Officer of Health, the Non-Medical Supervisor of Midwives and the District Midwives discussed many topics regarding the Midwifery Service. Special attention was given to the dangers associated with a domiciliary confinement taking place in a house with inadequate heating and special efforts were made to ensure an adequate source of heat throughout the 24 hours of the day. However, a small number of cases of cold injury did occur during the year and one premature baby

died from this condition. All too commonly a lighted fire is allowed to go out during the night and the room can become bitterly cold. Each midwife is equipped with a low reading thermometer and has been instructed to consult the family doctor if she feels that the baby's temperature is unreasonably low. The help of family doctors was sought with a view to their encouraging expectant mothers to ensure that the temperature conditions in the confinement room would be satisfactory.

It is gratifying to report that there was no maternal death during the year. The Emergency Maternity Unit (The Flying Squad) was called upon twice during 1962. This Service is supplied by St. George's Hospital and may be called upon by the midwife herself if the general practitioner is not in attendance at the confinement.

The Home Help Service continues to provide domestic assistance for those expectant mothers who are confined at home and who require assistance during the lying-in period or due to illness during the ante-natal period. The Home Help Service gave assistance to 76 cases in this category during 1962.

HEALTH VISITING

Superintendent Nursing Officer: MISS E. M. DAY

Staff

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

Miss Lees completed her training as a Health Visitor at Leeds University and commenced duty in the Department on 23rd July. Miss Scott, Student Health Visitor, commenced her training at Leeds in October.

Mrs. Cooling, Health Visitor, left the Department in September, 1962.

Staff Training

Miss Thompson, Tuberculosis Health Visitor, attended a Post-Graduate Course at Oxford in July; Miss Taylor, School Nurse and Miss Williamson, Health Visitor, attended Courses in London in April and December respectively.

Training of Hospital Personnel in Social Aspects of Diseases

Third year student nurses from the Hospital Nurses' Training School spend one morning with the Health Visitors and an attempt is made to show them some aspects of preventive medicine and the daily work of a Health Visitor.

Talks are given to students by the Superintendent Nursing Officer on the Social Services.

Home Visiting

Although the Birth Rate in Lincoln continues at a high level, the staff of the Health Visiting Service does not increase, due in the main to the fact of being unable to recruit trained staff.

Details of the visits paid during the past five years are given in the following table:

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
1962	5232	367	507	1497	7036
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
1962	3194	6260	358	4124
1961	2723	5869	436	3924
1960	2464	4926	726	3401
1959	2674	5674	1045	3589
1958	2428	5340	1217	3092

The opening of additional Clinics in the City, namely at Walmer Street Methodist Church Hall and the Bracebridge Church Hall, Ewart Street, together with the holding of an additional session at St. Helen's Church Hall and at the Ravensdale Clinic, has further reduced the time available for home visiting. It is regretted that more time cannot be spent with the 2-5 age group, as at this age, difficulties may arise which sow the seeds of mal-adjustment and instability in adult life.

In April, 1962, arrangements were made for the Health Visitors to undertake the routine testing of all infants between 4-6 weeks of age for the detection of Phenylketonuria. If the mother and baby attend at the Infant Welfare Clinic, the test is carried out there if possible, otherwise, the Health Visitor makes a special home visit for the purpose. Of all the babies tested during 1962, only in one case was the result of the test doubtful. In this case, a specimen of urine submitted to the Laboratory proved to be negative.

During 1962 there seemed to be an increasing number of families with matrimonial problems. A considerable amount of the Health Visitor's time is taken up with listening to the details of these problems and trying to help and advise wherever possible. Suitable cases are referred to the Lincoln Marriage Guidance Council — this Council started a counselling service in January, 1962. It is a distressing fact that more parents do not seem to realise that their differences can have a deleterious effect on their children.

When the Health Visitor is also the School Nurse, a very satisfactory relationship can be built up with the child, who has known the Health Visitor since babyhood and has no fear of the 'School Nurse'. The teachers also know that the Health Visitor can provide information about the home background of a child and can very often 'pin point' the source of any trouble which may arise at school be it lethargy, inattentiveness, backwardness, truancy, etc.

It is unfortunate that the Health Visitors cannot spend more time in visiting the aged, especially those living alone, so that early signs of deterioration can be noted and appropriate action taken in the hope of preventing a complete social breakdown.

The Health Visitors carry a very heavy load and unless the staff can be increased, the work of prevention of illness and promotion of health is bound to suffer.

Mothercraft Classes — The Stork Club

'The Stork Club' held on Monday and Thursday afternoons each week at the Welfare Centre, 34 Newland, continued to be very popular and well attended. At the beginning of the year, there were 98 members and at the end of the year this number had increased to 114. The average attendance per session was 28.

Talks are given at each session either by a member of the Health Department Medical Staff, Health Visitors, Midwives or by staff of the Lincoln and Bromhead Maternity Homes. Films are shown and practical demonstrations given.

Efforts are made to stimulate group discussion, but this is not easy when large numbers attend. An endeavour is made fairly successfully to teach the art of relaxation and correct breathing, both of which are so important in the process of childbirth.

In September, an additional 'Stork Club' session was started on Wednesday afternoons at the Ravendale Clinic. Five members were enrolled at the first session and by the end of the year, the number had increased to 14. Over the period of four months, the average attendance at each session was 10. The facilities provided at the new Clinic are much appreciated by those attending.

Mothers' Club

Although the number on the register of the Club at the end of the year (54) was rather less than the number on the register at the beginning of the year (75), the average attendance (35) was slightly higher than in the previous year (33).

This group of young mothers is a very lively and stimulating one and the interchange of ideas is much appreciated by all who attend.

The meetings are held once a fortnight at 'Beaumont House' Training Centre (rear of the City Health Department) and a variety of talks, films and demonstrations are given. During 1962 the programme included an illustrated lecture given by Miss Ruth Harrison on her work amongst mothers and children in Kashmir, a talk was given by Sister Barchard of St. George's Hospital on 'Children in Hospital' and Dr. Wardle, Consultant Children's Psychiatrist, gave a lecture on 'Children's Problems'.

Members of the Club appoint their own officers and arrange their own programmes and meetings with help from the Health Department staff.

Problem Families

The care of problem families continued to be undertaken jointly by several agencies — the staff of the Health Department, the Children's Department, the National Society for the Prevention of Cruelty to Children, the Women's Voluntary Services, the Probation Service and the National Assistance Board all contributing in an attempt to improve the conditions in the homes of these families.

84 families were felt during the year to require special attention to prevent deterioration and break-up and of these 71 were considered to be 'problem families' and 13 were felt to be potential 'problem families'.

The female Social Worker of the N.S.P.C.C. carried out valuable work in giving practical assistance and instruction to some of the more serious problem families who had failed to respond to other measures. In addition, the Home Help Service played an important part in helping these families and although the number of families given help was small, some continued to have domestic assistance for considerable periods, particularly those cases where the mother of a large family had died. In certain cases, it was necessary for two Home Helps to attend at one time.

In October, one mother was sent to Brentwood Recuperation Centre for a month's stay taking her two youngest children with her. Her six other children were taken into care by the Children's Department. This was the first period away from home and her very onerous responsibilities for many years, and the rest and training provided at Brentwood was beneficial and greatly appreciated. These arrangements would have not been possible without the agreement of the Health Committee in paying the appropriate fees and the co-operation of the Children's Department in caring for the other members of the family.

Prevention of Break-up of Families

The Social Workers Co-ordinating Committee meets every two months under the chairmanship of the Medical Officer of Health. 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, Hospital Almoner Service and the Women's Voluntary Services.

Five meetings were held during the year and the problems associated with 22 families in the City were discussed at these meetings.

HOME NURSING

Superintendent Nursing Officer: MISS E. M. DAY

Staff

The establishment of the Home Nursing Staff was unchanged during the year and the staff consisted of 13 nurses (including 3 male nurses) and 1 part-time nurse. There were no changes in staff during 1962.

Post Graduate Courses

During the year, Mrs. Walmsley and Mr. Briggs attended a Course in Durham and Mrs. Smith and Mrs. Toyne attended a Course held in Manchester. These Courses were organised by the Royal College of Nursing and proved to be most instructive to the nurses attending.

General Remarks

The number of visits paid by the Home Nurses and the number of patients treated during the year showed a slight increase when compared with the previous year and the demand on the Service was maintained at a steady level. During 1957 to 1960, there was a gradual decrease in the number of visits

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
1962										
No. of cases attended by the Home Nurse	1087	167	2	23	3	—	1282	703	30	338
No. of visits paid by the Home Nurse	28654	3477	3	907	6	—	33047	20673	201	22594
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

paid, however in 1961 this decrease was no longer apparent and in 1962 the slight increase noted may show a reversal of the trend of recent years. Details of the number of patients and type of cases treated during the past three years are given in the table on page 33.

Requests are received daily from doctors for nursing care for elderly persons, either living alone or with an elderly spouse. These elderly patients tend to remain on the register long after the original illness has been cured for they need help with matters of personal hygiene, etc. It is felt that these duties could well be performed by someone other than a trained nurse, but the establishment as at present does not permit the employment of staff other than trained nurses.

Patients suffering from cerebral catastrophe appear to be increasing, especially in younger men. The rehabilitation of these 'stroke' patients is very rewarding but involves a great deal of time — ideally they should be visited daily, in some cases for months, and put through the various forms of exercises, both passive and active, and encouraged to help themselves. Where there are co-operative relatives, it is part of the Nurse's duty to teach them how to care for the patient during the time they are alone with him, but in the case of an elderly couple, living alone, it is difficult to get continuity of treatment. It is clear that the earlier rehabilitation measures are instituted the better and that, if successful, the recovered patient has a good chance of maintaining a reasonably active life for many years.

The severe weather during the last month of the year put a heavy strain on the Service and the fact that two nurses were off-duty during that period (both due to autocycle accidents) meant that there was little relief for those on duty. I should like to pay a tribute to the uncomplaining devotion to duty of the Home Nurses during this very difficult period.

In-Service Training

Throughout the year, an attempt was made to acquaint nursing staff with new ideas and developments relevant to the Local Authority Nurses' work. Regular meetings of the midwives and health visitors were held at which a variety of topics, together with the various problems and developments in their work, were discussed. Evening meetings were held during the winter months to which members of the nursing staff of the Lincoln City and neighbouring County Authorities were invited. One meeting which was quite outstanding was held on 27th September when Dr. S. Rivlin, Surgeon to the London Varicose Clinic gave a talk to general practitioners and nurses describing the modern methods he employs in the treatment of varicose ulceration. The District Nurses in the City are now employing Dr. Rivlin's methods in the treatment of varicose ulcers at home (in consultation with the patients' general practitioner) and they are achieving some remarkable successes.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

Facilities for vaccination against Smallpox continued to be available at the Infant Welfare Clinics and the numbers vaccinated were slightly higher than in previous years — 67% of babies under 1 year. 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 proportion of babies being vaccinated by their own General Practitioners.

A summary of the vaccinations carried out during the year is given below and it will be noted that an unusually large number of adults were vaccinated (or re-vaccinated). This was due to the fact that early in 1962 there were outbreaks of Smallpox in certain parts of the Country and although no case occurred in or near the City, there were many enquiries and requests for vaccination both to the Health Department and to the General Practitioners.

During this period of national concern about the spread of the disease, the supply of vaccine lymph was restricted and had to be controlled locally by the Health Department. Special vaccination sessions were held at 'Beaumont House' to meet the demand for vaccination by the public and also at the Lincoln Training College for students resident there.

During the period 18th January to 19th February, six vaccination sessions and six 'reading sessions' were held and 2,179 persons were vaccinated by the Health Department Staff. These sessions involved the medical, nursing and clerical staff in many hours of work outside normal office hours.

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	1962 Total	1961 Total
By Local Health Authority's Staff	570	342	340	743	1995	433
By General Practitioners ...	377	162	343	885	1767	456
TOTALS ...	947	504	683	1628	3762	889

Re-vaccinations	Under 1 year	1-4 years	5-14 years	15 years or over	1962 Total	1961 Total
By Local Health Authority's Staff	—	18	168	1021	1207	45
By General Practitioners ...	—	23	151	995	1171	136
TOTALS ...	—	41	319	2016	2378	181

In November, 1962, the Ministry of Health issued to Local Authorities the advice of the Standing Medical Advisory Committee that routine vaccination against smallpox should preferably be made during the second year of life, instead of at age three to four months, as previously recommended. Accordingly, the schedule of immunisation adopted at the Infant Welfare Clinics has been amended and the General Practitioners in the City have been advised of this recommendation.

Combined Immunisation against Diphtheria, Whooping Cough and Tetanus

No alterations in the programme of immunisation against Diphtheria, Whooping Cough and Tetanus took place in 1962. The primary course consists of 4 injections of which 3 are given at monthly intervals (at 4, 5 and 6 months) as an initial course, followed by a 4th injection at 18 months, or one year after the first injection, if the initial course is given later than the age recommended. 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 three injections of Triple Antigen at monthly intervals. The programme has the further advantage that when children enter school, it will not be necessary to give a booster dose of Whooping Cough antigen, as it is believed that the fourth dose given in the primary course will provide an adequate immunity. The booster dose on school entry will therefore be one of Tetanus/Diphtheria antigens.

For primary immunisation, Triple Antigen is now used almost exclusively, although immunisation using a single antigen is available if any parents request this. The figures in the table below show that this request is seldom made either to Local Authority staff or to general practitioners.

It has been stated previously that although the proportion of children immunised against Diphtheria, Whooping Cough and Tetanus is satisfactory after school entry, the proportion of infants under one year immunised (62%) is below the number desirable. An effort was made towards the end of the year to improve these figures by making arrangements for a mobile immunisation team to visit the homes of those children whose parents, for one reason or another, had neglected to have their children immunised at the appropriate time during infancy. However, as these arrangements were not started until December, 1962, the immunisations were not completed until 1963 and no figures are included for this work in the table given below.

Primary Courses Completed	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-14 years</i>	<i>1962 Total</i>	<i>1961 Total</i>
<i>By Local Health Authority's Staff:</i>					
Diphtheria Immunisation only ...	-	-	6	6	106
Diphtheria-Pertussis ...	-	1	5	6	220
Diphtheria-Tetanus ...	3	4	31	38	26
Diphtheria-Tetanus-Pertussis ...	528	58	130	716	643
<i>By General Practitioners:</i>					
Diphtheria Immunisation only ...	-	-	1	1	10
Diphtheria-Pertussis ...	-	-	-	-	1
Diphtheria-Tetanus ...	-	-	1	1	4
Diphtheria-Tetanus-Pertussis ...	350	67	4	421	555
Totals ...	881	130	178	1189	1565

Re-inforcing Injections

<i>By Local Health Authority's Staff:</i>					
Diphtheria Immunisation only ...	-	-	160	160	177
Diphtheria-Pertussis ...	-	-	1	1	603
Diphtheria-Tetanus ...	-	40	443	483	21
Diphtheria-Tetanus-Pertussis ...	2	369	5	376	187
<i>By General Practitioners:</i>					
Diphtheria Immunisation only ...	-	-	1	1	18
Diphtheria-Pertussis ...	-	-	1	1	4
Diphtheria-Tetanus ...	-	-	6	6	2
Diphtheria-Tetanus-Pertussis ...	-	34	32	66	88
Totals ...	2	443	649	1094	1100

Immunisation against Whooping Cough only

<i>Primary Courses Completed:</i>					
By Local Health Authority's Staff	-	-	17	17	50
By General Practitioners ...	-	-	-	-	-
Totals ...	-	-	17	17	50
<i>Re-inforcing Injections:</i>					
By Local Health Authority's Staff	-	-	-	-	22
By General Practitioners ...	-	-	-	-	1
Totals ...	-	-	-	-	23

It has been obvious for some years that a large proportion of mothers become uncertain of their children's immunisation state, particularly if there is more than one child in the family. It was decided, therefore, to issue a personal immunisation record card in respect of each child so that the mother may have a complete record of the immunisations that the child has had. This personal record card in no way replaces the card which is a permanent record and which is kept in the Health Department but it helps to remind mothers when the next injection is due and experience has shown that mothers do in fact value the card and retain it as a valuable document. The table shows that there was a reduction in the total number of primary courses completed in 1962. This was mainly due to the reduced number of primary immunisations carried out in school, a good deal of this work having been undertaken in the previous year.

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.

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, 1,201 primary school children were immunised and 29 children were given reinforcing injections:

	<i>Under 1 year</i>	<i>1—4 years</i>	<i>5—14 years</i>	<i>1962 Total</i>	<i>1961 Total</i>
<i>Primary Courses Completed:</i>					
By Local Health Authority's Staff	—	2	1167	1169	1898
By General Practitioners	—	2	34	36	52
	—	—	—	—	—
Totals	—	4	1201	1205	1950
	—	—	—	—	—
<i>Re-inforcing Injections:</i>					
By Local Health Authority Staff		1	22	23	11
By General Practitioners		—	7	7	5
	—	—	—	—	—
	1	—	29	30	16
	—	—	—	—	—

Pertussis-Tetanus

Primary Courses Completed:

By Local Health Authority's Staff	—	—	27	27
-----------------------------------	---	---	----	----

A scheme is in operation whereby the Casualty Department at the County Hospital 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-tetanic serum following an injury is often avoided.

The number of persons about whom the Department can supply information to the Hospital increases each year. Already the majority of children of school age have been immunised against Tetanus and in the case of these children, a booster dose of Tetanus Toxoid is given following injury. Anti-tetanic serum, with all its hazards, is therefore not given as it is ineffective and not without undesirable side-effects. These arrangements are working satisfactorily but there is a deficiency in the scheme in that information can only be given during office hours.

Polioymelitis Vaccination

During the latter part of 1961 and the first two months of 1962, a temporary shortage of vaccine caused a curtailment of the Polio vaccination programme and, on instructions from the Ministry of Health, no 3rd or 4th injections were given, the very small supplies of vaccine available being used for the primary vaccination of infants and expectant mothers.

In March 1962 Sabin (Oral) vaccine became generally available and a start was immediately made on clearing off the considerable arrears of 3rd doses which had accumulated owing to the previous shortage of vaccine. Oral vaccine became available in quite large quantities and it was possible to give third doses to everyone as they became due. By the end of September all arrears had been cleared.

The policy of giving a 4th dose to children in the 5-12 age group was continued and all first year school children were offered this 'booster' dose. 960 children were given the 4th dose, the bulk of the programme being carried out in the schools during the summer term. All children in the 5-12 age group have now been offered a 4th dose and at the end of the year the total number of children who had been given the 'booster' was 6899.

POLIOMYELITIS VACCINATION — YEAR ENDED 31st DECEMBER, 1962

	<i>Children and Young Persons born in years</i>		<i>Children and Young Persons born in years</i>	<i>Young Persons born in years</i>	<i>All Others</i>	<i>Total</i>
	1962	1961	1943-1960	1933-42		
Numbers vaccinated in period April 1956 to 31st December, 1961	—	175	19076	7208	7741	34200
Numbers vaccinated during period 1st January to 31st December, 1962						
By Local Authority Staff — Salk	3	153	46	23	28	253
Sabin	71	387	184	154	244	1040
By General Practitioners — Salk	18	106	47	37	72	280
Sabin	16	63	50	8	26	163
	<u>108</u>	<u>884</u>	<u>19403</u>	<u>7430</u>	<u>8111</u>	<u>35936</u>
Number of 3rd doses given up to 31st December, 1961	...	...	...	...	...	29829
Number of 3rd doses given 1st January to 31st December, 1962:						
By Local Authority Staff — Salk	...	...	...	...	...	104
*Sabin	...	...	...	...	...	2167
By General Practitioners — Salk	...	...	...	...	...	527
*Sabin	...	...	...	...	...	170
						<u>32797</u>
Number of 4th doses given up to 31st December, 1961	...	...	...	...	...	5939
Number of 4th doses given 1st January to 31st December, 1962:						
By Local Authority Staff — Salk	...	...	...	...	...	15
*Sabin	...	...	...	...	...	907
By General Practitioners — Salk	...	...	...	...	...	21
*Sabin	...	...	...	...	...	17
						<u>6899</u>

* In these cases Sabin (Oral) vaccine has been used as a booster dose following either two or three injections of Salk type vaccine. A full course of Sabin vaccine consists of three doses and the figures relating to persons who have had a full course of Sabin vaccine are shown under the respective age group headings.

The use of Oral vaccine greatly facilitates the organisation of a vaccination session in schools and elsewhere. There is, of course, no necessity to set up sterilising equipment and the vaccine can be administered by the School Nurses or Health Visitors; it is not necessary for a Doctor to be present.

The routine vaccination of infants continued. Using Oral vaccine it is now possible for an infant to be fully immunised against Polio at the age of 9 months. Although Salk vaccine is available, mothers rarely request this and at the Infant Welfare Clinics, Sabin vaccine is used almost exclusively.

It is no longer necessary to give special priority to expectant mothers. Vaccination is available to everyone and the majority of expectant mothers have already been protected.

The table on page 38 shows the number of children and adults vaccinated against Poliomyelitis since the scheme was first introduced in April, 1956. The headings have been altered from previous years to conform with returns made to the Ministry of Health.

AMBULANCE SERVICE

Ambulance Officer: MR. V. R. NORTH

The number of cases carried by the Ambulance Service during 1962 has once again shown an increase. The total number of patients carried was 41,588 representing an increase of 1,242 over the 1961 figure. Of this increase 1,155 cases were for out-patient treatment (of which 1,135 were Lincoln cases).

The total mileage covered in transporting the above patients was 204,871 compared with 204,922 in 1961, a decrease of 51 miles.

Cases carried on behalf of the Lindsey Authority would appear to have reached a steady level, 292 patients were handled compared with 304 in 1961, a decrease of 12. Mileage shows an increase of 207 — 4,602 compared with 4,395 in 1961, mileage involved in transporting patients however, varies according to the areas in which the need arises.

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

LINCOLN			1962		1961	
Case Type			Number	Mileage	Number	Mileage
Street Accidents	...	658			351	
Home Accidents	...	149			105	
Street Illness	...	225			202	
Home Illness	...	1949			1790	
Mental Illness	...	49			39	
Out-Patients	...	24411			23256	
Hospital Transfers	...	1200			1474	
Hospital Discharges	...	1101			1081	
Infectious Cases	...	18			36	
Maternity Cases	...	554			580	
Total			30314	109935	28914	106886

KESTEVEN			1962		1961	
<i>Case Type</i>			<i>Number</i>	<i>Mileage</i>	<i>Number</i>	<i>Mileage</i>
Street Accidents	...		164		143	
Home Accidents	...		29		17	
Street Illness	...		9		8	
Home Illness	...		493		445	
Mental Illness	...		28		33	
Out-Patients	...		9209		9173	
Hospital Transfers	...		151		158	
Hospital Discharges	...		246		265	
Infectious Cases	...		7		1	
Maternity Cases	...		200		186	
Total			10536	88522	10429	86676
LINDSEY						
Emergencies	...		251		251	
Non-Emergencies	...		41		53	
Total			292	4602	304	4395
Other Authorities			446	1812	699	6965
Grand Total			41588	204871	40346	204922

Comparative Table

<i>Cases</i>		1958	1959	1960	1961	1962
Ambulance	..	12031	10955	10643	11903	13494
Sitting	..	26179	24551	28395	28443	28094
TOTAL		38210	35506	39038	40346	41588
<i>Mileage</i>						
Ambulance	..	74933	76395	66102	68417	74347
Sitting	..	157275	146759	144491	136505	130524
TOTAL		232208	223154	210593	204922	204871
<i>Miles per patient</i>		6.077	6.294	5.394	5.079	4.925

Staff

At the beginning of the year, the Service was one driver/attendant below the authorised establishment of 26 and the vacancy was filled early in the year. Three vacancies occurred due to retirement, resignation and sudden death, new men were recruited to fill these vacancies and at the end of the year there was a full establishment, viz:

Ambulance Officer	..	1
Deputy Ambulance Officer		1
Male Clerk/Telephonist	..	1
Female Clerk/Telephonist	..	1
Female Clerk	..	1
Driver/Attendants	..	26
TOTAL STAFF		31

Illness

Illness amongst the staff during the year was exceptionally light — a total of 74 days were lost due to sickness and other causes, involving 10 members of the staff.

Training

Fourteen men attended refresher courses in First Aid and four new members of the staff successfully passed the St. John Ambulance Association examination. All operational staff were given the opportunity to attend advanced First Aid lectures and several of the men are taking Civil Defence training.

Competitions

Once again all drivers entered in the National Safe Driving Competition and Awards for 1961 were presented at the Civil Defence Headquarters to those members of the staff who had qualified.

A team was again entered in the Competition organised by the National Association of Ambulance Officers and on this occasion, the team obtained fourth place in a very close finish, which was a very creditable effort.

Vehicles

Early in May, one Bedford Utilicon was taken out of service as it was considered no longer suitable for ambulance work. This vehicle was replaced by a Morris Commercial L.D.4. chassis with coach-built sitting-case body. Two new vehicles were ordered early in the year in accordance with the ambulance replacement programme, the first of these vehicles, a coach-built ambulance body on a Morris Commercial chassis, was delivered early in November and the second vehicle, a coach-built dual purpose body also on a Morris Commercial chassis was delivered late in November. These three vehicles have considerably improved the standard of the fleet and being forward control types are proving popular with the drivers in negotiating through traffic.

At the 31st December, 1962, the fleet statistics were as follows:

<i>Type of Body</i>	<i>Make</i>	<i>Year</i>	<i>Mileage</i>	<i>Reg. No.</i>
Ambulance	Bedford	1954	166,300	HFE 936
Ambulance	Bedford	1958	73,500	MVL 831
Ambulance	Austin	1960	35,300	PFE 979
Ambulance	Austin	1961	21,400	RFE 453
Ambulance	Morris	1962	1,500	TFE 905
Dual Purpose	Morris	1962	1,700	TFE 910
Sitting-cases	Bedford	1958	86,600	MVL 756
Sitting-cases	Morris	1962	14,000	TFE 411
Car	Austin	1957	210,366	LFE 794
Car	Austin	1957	214,030	LFE 859

Equipment

A light alloy trolley with attached stretcher, which is part of an ambulance, has been introduced and is proving very successful. The trolley and stretcher together weigh little more than the standard stretcher, unnecessary lifting of patients is obviated and carrying is reduced to a minimum.

Misplaced blankets and pillows continue to cause some concern and negotiations with the hospital authorities are taking place with a view to employing a more efficient method of returning equipment left with casualties. Old and damaged equipment has been gradually replaced over the year and it is hoped to have all equipment in first class condition for transference to the new Station.

Conveyance of Babies to Hospital

The arrangements for the conveyance of babies requiring special equipment have been entirely successful throughout the year. The equipment now available is as follows:

1. An Oxygenaire 'Oxycot' for the conveyance of babies up to six months who require oxygen during transport.
2. A portable Incubator which is available for the conveyance of babies of 4 lbs. and under which is kept at St. George's Hospital and is supplied by courtesy of the Paediatric Department. This incubator supplies a suitable oxygen concentration and thermostatic and humidity conditions can be maintained. It is so designed that the power supply of the ambulance battery is suitable for ensuring that the incubator arrives at the home at the appropriate temperature. A Hospital Nurse accompanies the incubator in the ambulance.

Patients carried by Rail

Railway facilities were used in transporting 112 patients and the estimated mileage involved was 9,619.

The introduction of diesel trains on main lines is causing some difficulties in arranging rail transport of stretcher patients who could travel by this means. In the past, it has been possible to reserve a complete compartment for the use of a patient and escorts, but with the type of carriage drawn by the diesel locomotive this is not always possible and in many cases, patients have to be sent by road. It would appear that as steam trains are replaced on the railways, the use of this method of transport for stretcher patients will cease.

Transport of Chiropody Patients

The number of patients transported to the Chiropody Clinic at 'Beaumont Lodge' again increased — 214 patients were carried during the year, an increase of 31 over the number in 1961. The mileage increased by 114 to 833 miles.

Co-operation with other Services

Co-operation with the Police, Fire and other Ambulance Services, particularly those in areas surrounding the City, has been maintained at a high level.

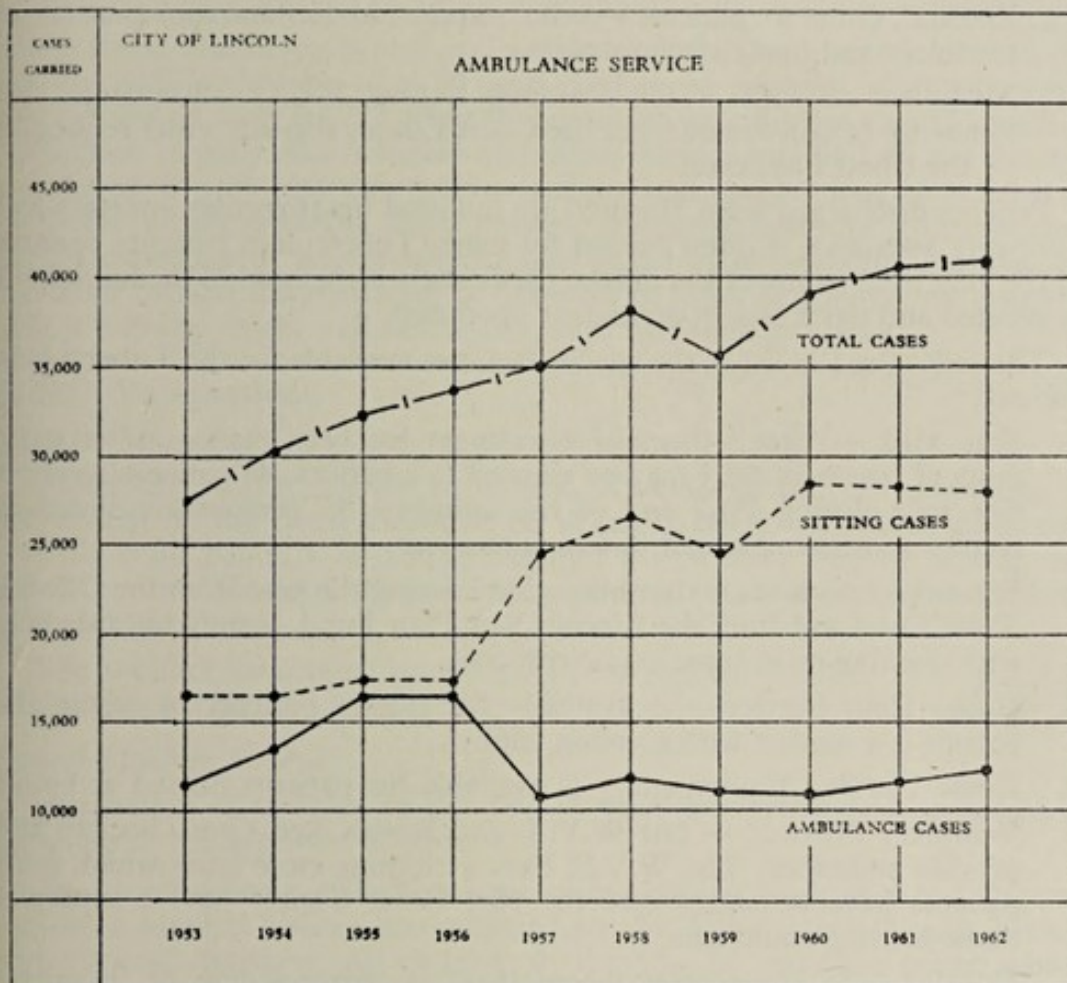
Fuel Consumption

During 1962, petrol consumption was 15,553 gallons, an average of 13.17 miles per gallon.

Oil consumption was 150 gallons, an average of 170.7 miles per pint.

Statistics

The following graph gives some indication of the number and type of Lincoln cases dealt with during the year and also a comparison of numbers carried during the past ten years:



PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The work on prevention of Tuberculosis and the care and after-care of the Tuberculous patient remain much the same as in the past two years. There is close co-operation between the Chest Physician, the Health Visitor for Tuberculosis work and the Family Doctors, so that the patient obtains the fullest benefit from all three Services.

The Tuberculosis Health Visitor undertakes duties at the Chest Clinic by arrangement with the Chest Physician and normally attends two sessions each week. During 1962, she attended 160 clinic sessions as compared with 122 sessions in the previous year. The majority of the patients at these particular sessions are from Lincoln and her attendance affords a suitable opportunity for seeing new patients. There were 47 new cases notified and the total number of contacts of these cases examined at the Chest Clinic was 269.

During 1962, the Tuberculosis Health Visitor paid 627 domiciliary visits to the following types of cases:

- (a) Families of all notified cases of Tuberculosis — to trace contacts of the patient, to make a brief report on the home conditions and 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 — for Mantoux testing, B.C.G. vaccination and follow up of non-attenders at the Chest Clinic; also any visits requested by the Chest Physician.

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, one or more pints of free milk daily may be allowed to a patient. 48 patients received free milk during 1962 and of this number, 35 persons continued to receive assistance granted in a previous year.
2. Financial Assistance — has been given during the year from the Dawber Trust Fund and from the Lincoln Sick Poor Fund, mainly towards help with clothing or in some cases with coal.
3. Home Help Service — is available for elderly patients or where the patient is a mother with a young family.
4. Home Nursing Equipment — is available for patients nursed at home.
5. 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.
6. Housing — in some cases where there is overcrowding or insanitary conditions, consideration is given to the problem of rehousing. Recommendations are made by the Health Committee to the Housing Committee and a case receiving priority recommendation is usually rehoused in a matter of months. The position during the year was as follows:

Awaiting re-housing on 1st January, 1962	..	..	-
Recommended for re-housing during the year	..	..	3
Re-housed during the year	..	..	3
Awaiting re-housing on 31st December, 1962	..	..	-

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 were two cases in this category during 1962.

I am indebted to the Consultant Chest Physician, Dr. H. G. H. Butcher, for the following report:

"The work of the Chest Clinic has altered considerably in the course of the last 15 years; the decline in the extent of Tuberculosis has led naturally to fewer new cases with this disease being seen and in consequence to the number of attendances of people suffering from it. However, the attendances are maintained by an increase in the number of cases suffering from Bronchitis, Bronchiectasis, Asthma, Cardiac Failure and Carcinoma of the Lung, not to mention seeing those people who have had an acute respiratory illness and whose doctors wish to be sure that they have completely recovered before they return to work. This change in the type of case attending the Chest Clinic has made the work for all concerned much more interesting.

What the future holds for Tuberculosis it is difficult to say; in theory, as the present middle-aged and old people suffering from active disease die (as they will in the next 10 to 20 years) and as the majority of school leavers are vaccinated with B.C.G., then Tuberculosis as a disease should continue to decline steadily. But whether the actual happenings will fit in with the theoretical is problematical. The only thing that can be done to aid this is to follow up energetically every possible contact not only of each new case but in particular of any young children found to be Mantoux positive. In the latter context the possibility of Mantoux or Heaf Testing all five year old school entrants might well be considered if staff were available."

B.C.G. Vaccination

Contact Scheme

Under the scheme for the protection of contacts, B.C.G. vaccination 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 1962 was 125 as compared with 97 during 1961.

School Children Scheme

Vaccination of children in the 13—14 years age group was continued in 1962 under the approved scheme.

The senior schools in the City were visited during November and December by a Medical Officer accompanied by the Tuberculosis Health Visitor and Clerical Assistant. All children in the 13—14 years age group whose parents had given consent had a Heaf skin test and, if found necessary, were vaccinated with B.C.G.

Details of this survey are as follows:

Number skin tested	..	949
Number found positive	..	104
Number found negative	..	806
Number vaccinated	..	805

The Heaf positive reactors were graded in accordance with the degree of the reaction and arrangements were made for them to have a chest X-ray examination. 48 children (grades 3 and 4) were given appointments to attend for a large film at the Lincoln Chest Clinic in January, 1963, whilst 56 children (grades 1 and 2) were referred to the Mass Radiography Unit in February, 1963.

The 48 children in grades 3 and 4 were dealt with as follows:

Old cases already known to Chest Physician	..	3
Offered X-ray, but did not attend	.. ..	3
X-rayed at Chest Clinic	.. ..	42

Of the 42 children who attended for Chest X-ray, 31 showed no evidence of disease and 11 children showed signs of old healed lesions.

Students Scheme

Under the scheme for B.C.G. vaccination of students attending colleges and other establishments of further education, vaccination was again 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 March and May and 98 students were tested. Of these 49 were found positive and 47 were negative and were vaccinated.

Mass Radiography

The Lincolnshire Mass Radiography Unit paid a visit to the City in February and March, 1962, and public sessions were held on the Thornbridge Car Park.

The total number of attendances during this survey was 5,960, compared with 9,969 during 1961.

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

	<i>Males</i>	<i>Females</i>	<i>Total</i>
No. X-rayed on miniature film	2772	3188	5960
No. recalled for large films	53	55	108
No. referred to Chest Clinic	17	13	30
No. referred to own doctor	3	3	6
No. of cases of Pulmonary Tuberculosis requiring close clinic supervision or treatment	1	2	3
No. of cases of Pulmonary Tuberculosis requiring occasional supervision	5	3	8
Pulmonary Tuberculosis post primary inactive	1	-	1
Bronchiectasis	2	1	3
Neoplasm, malignant	1	-	1
Neoplasm, non-malignant	-	-	-
Sarcoidosis	1	2	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 1962 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

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends:—				
(a) No treatment	2	1	—	9
(b) Treatment (Medical, surgical or optical) ...	4	2	—	1
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	—	1	—	1

B. OPTHALMIA 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 by 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 488 patients were assisted and 918 articles of equipment were issued. The comparable figures for 1961 were 496 patients assisted and 862 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 and commodes were purchased during the year, as it had sometimes been impossible to meet the demand in the past for these items.

Particulars of the equipment issued are as follows:

Air rings	..	..	..	..	73
Bath seats	..	..	..	..	2
Bed cages	..	..	..	..	45
Bed pans	..	..	..	..	188
Bed rests	..	..	..	..	112
Bed cradles	..	..	..	..	5
Bed block (sets)	..	..	..	..	3
Bedsteads	..	..	..	..	11
Blankets ..	..	..	..	..	1
Commodes	..	..	..	..	32
Crutches (pairs)	..	..	..	..	11
Draw sheets	..	..	..	..	3
Dunlopillo cushions	..	..	..	..	14
Dunlopillo rings	..	..	..	..	3
Feeding cups	..	..	..	..	18
Fracture boards (sets)	..	..	..	..	4
Mackintosh sheets	..	..	..	..	227
Mattresses	..	..	..	..	17
Tripod Walking Sticks	..	..	..	..	15
Urinals	..	..	..	..	85
Walking Sticks	..	..	..	..	2
Wheel chairs	..	..	..	..	47
					918

CHIROPODY SERVICE

The Chiropody Service, which was taken over from the City of Lincoln Association for the Care of the Elderly by the Health Committee in August, 1960, has continued to expand. The clinic is held at 'Beaumont Lodge' and the majority of the patients manage to reach the clinic on foot. Other patients who are unable to get there by public transport are conveyed to and from the clinic by the Ambulance Service on the recommendation of the Family Doctor.

Facilities are available for the elderly, expectant mothers and handicapped persons and during the year treatment at the clinic was carried out by two part-time Chiropodists. A Visiting Chiropodist (part-time) was employed to treat those persons who were unable to attend the clinic and also those over 85 years of age.

As the Chiropody Service has become more widely known, the number of requests for treatment has increased to such an extent that the Health Committee decided to appoint a full-time Chiropodist and Miss S. M. Malt, M.Ch.S. commenced duties on 31st December, 1962. If the service continues to expand on the same scale as in the past two years, consideration will have to be given to the employment of additional staff and provision of additional or larger clinic accommodation.

The following table gives details of the attendances and income received from patients during 1962:

	No. of Clinics	Total Attendances	Average Attendances per Clinic	Total Receipts	Average Receipts per Clinic
Morning Clinics	110	1122	10.2	£117 8s. 0d.	£1 1s. 4d.
Afternoon Clinics	99	1044	10.5	£101 12s. 0d.	£1 0s. 6d.
Visiting Chiropodist		839		£77 2s. 6d.	

YELLOW FEVER VACCINATION

In accordance with Ministry of Health Circular 19/59 (dated 25th June, 1959), Yellow Fever Vaccination continued to be available at the Health Department 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 1962, 166 vaccinations were carried out and the persons were from the following areas:

Lincoln	76
Lindsey County	32
Kesteven County	45
Holland County	6
Nottinghamshire County	5
Other areas	2
	<hr/>
	166
	<hr/>

HEALTH EDUCATION

The Health Education programme during 1962 continued in the main as in previous years. However, special attention was given to various subjects which were considered to be of particular importance. It must be emphasised that whilst these particular subjects were given special publicity during 1962, the considerable normal programme of health education measures, which constituted part of the work of several sections of the Health Department, continued throughout the year. The subjects dealt with specially included (a) bringing to the notice of the public the ill effects of smoking, (b) water safety, (c) dental health and (d) clean air propaganda.

Undoubtedly, the most important subject to be dealt with in Health Education programmes at present is to draw the attention of the public to the dangers associated with smoking. In view of the enormous amount of publicity given in the press, on the radio and television engendered by the Report of the Royal College of Physicians on "Smoking and Health" (a copy of which was sent to every member of the City Council's Health Committee), it is inconceivable that the public would not be aware of the dangers. It is questionable whether the Local Authority Health Education programme can effectively add to the publicity already given, however an attempt was made by the display of posters and by introducing the topic at talks given by members of the Health Department staff to various groups of the public.

Water Safety was a subject dealt with during the summer months and special displays were arranged at the Infant Welfare Clinics to illustrate the dangers associated with bathing, particularly sea-bathing.

The Principal School Dental Officer repeatedly drew the attention of the Education Committee to the high proportion of children in the City who required dental treatment and the information he supplied was used in several small displays at the Clinics pointing out the deleterious effect of the unrestricted consumption of sweets and other carbohydrates and also drawing attention to the need for oral hygiene to be practised. The Principal School

Dental Officer gave a talk to the Health Visitors giving advice to them on the information which should be given to mothers attending the clinics regarding the correct method of cleaning the teeth and many other matters relevant to the prevention of dental caries, etc. When talks were given by the Health Department staff to parent-teacher groups on the health of the school child, an opportunity was always taken to mention the serious position regarding dental caries and to give advice on the preventive aspects.

The first Smoke Control area in Lincoln came into operation on 1st September and before the Order came into effect, the Public Health Inspectors gave instruction to householders in the area on the implications of the Order and of the benefits which would accrue from the Order. A stand devoted to "Clean Air" was organised by the Health Department and displayed at an Exhibition held during April.

As far as possible, the Health Education programme was so arranged that the various subjects would have the maximum impact at the appropriate time — food hygiene was dealt with particularly during the summer months and the risks associated with burning accidents were stressed in the late autumn when people were starting to use open fires for heating. A Public Health Inspector lectured to Food Handlers at a course on Food Hygiene arranged by the Lincoln Technical College.

The Stork Club and Mothers' Club continued to be well attended during the year and when the Stork Club attendances became larger than ideal, a partial solution was to form another Stork Club at the newly built Raven-dale Clinic, but even this did not relieve to a great extent the excessive numbers at the Newland Stork Club. Additional sessions are necessary, but at the present time are impossible as there is not a single vacant session available at the Newland Clinic. In a large group, many expectant mothers are reluctant to ask questions and this would not be the case if the group were smaller.

The Health Visitors continued the course on health education at two Secondary Modern Girls' Schools and in arranging the syllabus, the present trend of early marriages and an increase in illegitimate births was not forgotten.

The Medical Officer of Health, the Deputy Medical Officer of Health, the Principal School Dental Officer and the Superintendent Nursing Officer addressed evening meetings of various Associations on a variety of subjects concerned with health education.

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 the Central Library.

HOME HELP SERVICE

Organiser: MISS H. BALDWIN

The administrative staff of the Home Help Service consists of the Home Help Organiser, Assistant Organiser and one Clerk. The Assistant Organiser was appointed on 19th November, 1962.

During the year, there was an increase in the number of applications for the services of a home help, although this did not become apparent until February. The total applications received during the year was 582. There was a large number of deaths and admissions to hospital of elderly persons during the period August to December and the majority of these had been

receiving help for some years. The maternity and general sickness cases attended remained similar in number to the previous year.

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

	1st January, 1962	31st December, 1962
Maternity	4	3
General Illness	22	25
Tuberculous	5	4
Aged and Infirm	375	379*
	<hr/> 406	<hr/> 411

* includes 19 blind persons.

The number of hours worked (90,439) is approximately 6,000 more than last year's figure (84,579) and the following table shows the growth of the Service during the past three years:

	1960	1961	1962
Maternity	64	74	76
General Illness	112	71	78
Tuberculous	5	8	7
Aged and Infirm	471	503	548
	<hr/> 652	<hr/> 656	<hr/> 709
Hours worked	84,723	84,579	90,439
Hours worked by Night Attendants	2,156	1,863	1,661
Home Helps employed at the end of the year:			
Whole-time	11	12	12
Part-time	67	68	76
+ Whole-time equivalent ..	42	44	47

The part-time home helps in 1960 included 7 night attendants, 5 in 1961 and 4 in 1962.

Of the 582 applications for help, a considerable number in fact were withdrawn, for various reasons, before the help could be supplied. 16 maternity cases were booked in 1962 for confinements due in 1963.

The number of aged and infirm persons having regular help rose to 269 and the majority of these were elderly sick persons. The remainder of the elderly persons managed at times without help, when an urgent case necessitated temporary withdrawal of assistance. Seven persons having help were over 90 years of age, one of these having had assistance for 6 years. 151 were over 80 years of age and two of these have had help for 10 years. The majority of the remaining 149 have had help for between 7 and 9 years. A number of these aged persons have had help for a short time each morning (Monday to Friday) to light the fire and give them breakfast. There are signs that in the very near future more demands may have to be met and the "Good Neighbour Service" operating in other parts of the Country will be investigated in the near future.

The average age of persons receiving help increased; this trend will continue in the future and the total demands for the service will increase. It is appreciated that emergency and maternity cases must be given priority and this means that help has to be withdrawn at times from certain long-term cases, usually the elderly, but not the bedfast and chronic sick.

Due to an increase in staff more elderly persons with a single son or daughter were able to have help for a temporary period, dependent upon the nature of the illness. The period varied from a few weeks to a few months.

Many requests for help are received from the General Practitioners, the National Assistance Board Officers and our own Welfare Department. The Hospital Almoners also request help in a number of cases, mainly for geriatric patients being discharged from hospital.

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. The latter is a duty that the Assistant Organiser could undertake when it is essential for the Organiser to be available in the office. 996 interviews took place in the homes of applicants during 1962, an increase of 212 on the number for 1961 and an increase of 492 compared with the number for 1960. 530 re-visits to households are included in the total visits. A further 118 visits were made to home helps and a large number of these were paid to the helps whilst they were working — the remainder were to their own home when a change of programme was necessary. There were approximately 234 cancellations for help after enquiries had been made — the majority due to the fact that the persons had died, had been admitted to hospital or the family had made other arrangements for help. Our assessment scale is quite generous in comparison with that of other authorities and it was very rarely that financial difficulties were given as a reason for cancellation.

The administrative work has increased and it is not desirable for the Organiser to be out of the office for more than five half-days a week, due to the amount of work involved in connection with the re-direction of helps to cover the maternity and emergency cases. Approximately 59% of the recipients of help were granted free service, which could lead to abuse by both the householder and the home help. It is this 59% who should have fairly regular visits by the Organiser to prevent abuse of the Service as they are also long term cases. It is as necessary to visit to decide if the help should be discontinued as it is to visit to decide if help is necessary.

For thirteen weeks, between August and November, the staff consisted of only the Organiser and one clerk, due to the retirement of Mrs. Clarke, who had worked in the Service for 15 years.

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. We look forward to the day when adequate help can be given to all whose wish it is to stay in their own homes for as long as it is possible. 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, Section 29, 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 £1,549 was paid to the Department for Home Help services in 1962.

Night Attendant Service

Night Attendants were on duty each week of the year. This service was supplied in the majority of cases as a relief service for relatives or friends of the sick person, or nightly help to persons, having no relatives, awaiting admission to hospital within a few days or to persons who were too ill to be moved to hospital. In a few instances, a night attendant was supplied to persons suffering from a terminal illness in whose case hospital admission was not indicated, as the illness was not amenable to the specialised treatment provided in hospital.

27 cases were assisted during the year, two were persons suffering from cancer.

Training

The test for proficiency of Home Helps organised by the National Institute of Houseworkers' Training Officer arranged to be held in October had to be cancelled. 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 kept in mind and it is hoped that this will soon be possible, even if only on a limited scale.

Only 20 of the 36 helps who had been tested by the Institute of Houseworkers were still in our employ at the end of the year.

MENTAL HEALTH SERVICE

The Mental Health Act, 1959

The year ending December, 1962, marked the second year of operation of the Mental Health Act, 1959. The functions of the Local Health Authority continue to broaden and close liaison between Hospital, Local Authority and other Social Agencies is developing.

Now that all categories of mental illness come under the one term of 'mental disorder', the services for both the mentally ill and the mentally subnormal are operated on a fully comprehensive basis providing community care for all aspects of mental illness. Both types often present problems which have much in common, such as social acceptance in the community, their place in the family unit, employment and lodgings. At present, the community care does not include residential care as no hostel accommodation has yet been provided in the City.

Administration

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. The Sub-Committee consists of seven elected members of the Council and four co-opted members, who include the Headmaster of St. Catherine's E.S.N. School and a Consultant Psychiatrist from St. John's Hospital, Lincoln.

Meetings are normally held one week prior to the Health Committee.

Staff Changes

Mr. J. B. Preece, Senior Mental Welfare Officer resigned on 31st May, 1962 and Mr. J. B. Gracey, R.M.N., was appointed his successor to take up his duties on 1st September, 1962.

Mr. W. F. Zielonka, R.M.N., was appointed as Supervisor for the proposed new Adult Training Centre and in September, he commenced the one year course for the Diploma for Supervisors and Instructors of Adult Training Centres held at Birmingham.

Mental Illness

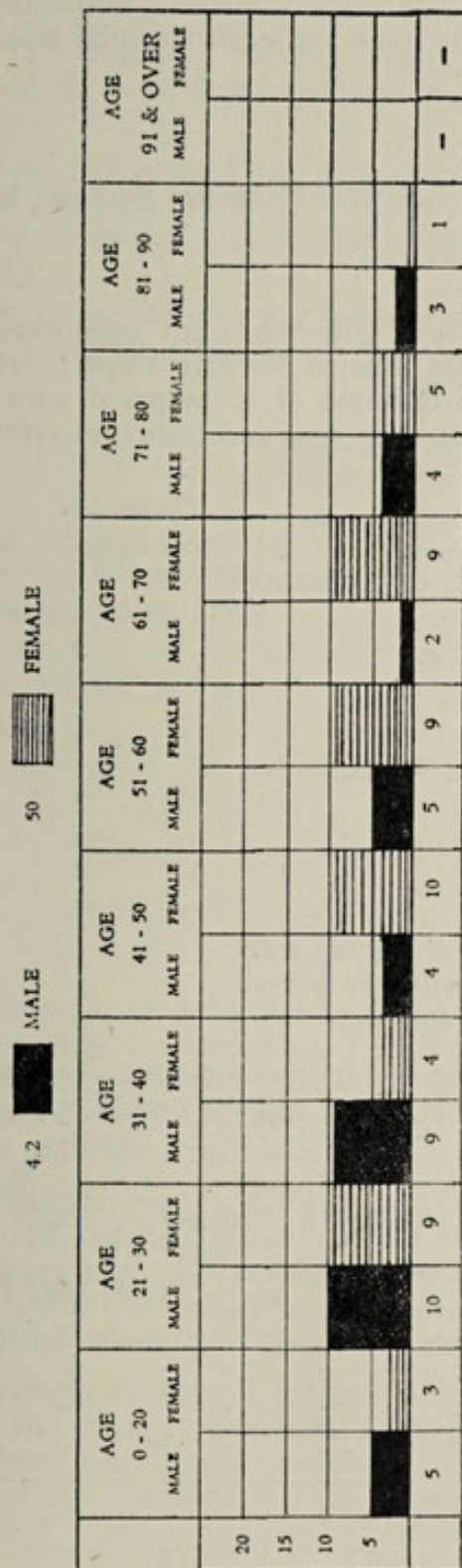
During the year ending 31st December, 1962, 162 patients were admitted to Psychiatric Hospitals. Of this number, 53 were admitted under compulsory order and 2 by court order, pursuant to Section 60 of the Mental Health Act. The remainder were informal admissions.

The following table shows the number of admissions to hospital during 1962 and 1961:

				<i>Males</i>		<i>Females</i>	
				1962	1961	1962	1961
Compulsory Admissions							
(by Mental Welfare Officers)							
Section 29	..	..	..	7	9	6	3
Section 25	..	..	..	11	16	18	24
Section 26	..	..	..	9	7	2	3
Informal Admissions	..	..	..	16	18	21	12
Direct Admission through patient's General Practitioner and Consultant Psychiatrist				17	13	53	24
By Court Order — Section 60	..	..		1	3	1	0
Total				61	66	101	66

It will be seen that the number of admissions to hospital arranged directly by the patient's General Practitioner, in consultation with a Psychiatrist, showed a considerable increase. This is a trend which was expected and it is in conformity with the Royal Commission's view that as far as possible, admissions should take place following consultations between the patient's doctor and a Psychiatrist. In the table above, it will be seen that 70 patients were admitted by this means, compared with 37 during the previous year. The total number of informal admissions (including those dealt with by the Mental Welfare Officers) was 107, compared with 67 in the previous year. The total number of admissions (162) showed an increase of 30 when compared with the admissions during 1961. This increase was largely due to the increase in the number of re-admissions of short-stay patients and the increase in the number of informal admissions shows that the public's attitude towards mental illness is gradually altering and a more enlightened view is being taken of admission to mental hospital. It is still necessary, however, in a few cases to employ compulsory powers. Some cases whom it was thought might require admission to hospital were reported to the Mental Welfare Officers by general practitioners, the police and other services, but when investigated, some were treated either as out-patients or day-patients, or were placed under friendly supervision for home visiting by the Mental Welfare Officers.

The following graph indicates the sexes and age groups of the patients admitted to Psychiatric Hospital during 1962, other than direct admissions shown in the previous table.



Out-patient Treatment

An Out-patient Clinic is held at the County Hospital, Lindum Lodge, on Tuesday afternoons commencing at 2-0 p.m. A Mental Welfare Officer attends and works in close liaison with the Consultant Psychiatrist. Social

case histories, when required, are obtained prior to the patient's appointment and the case is discussed from a mental health and social aspect by the Psychiatrist and the Mental Welfare Officer. In this way, the Mental Welfare Officer sees the patient before the Psychiatrist and he can assess the degree of the patient's illness, supplying valuable information to the Psychiatrist on matters relating to the social and environmental aspects.

Mental Subnormality

Ascertainment

Five children were ascertained during 1962 as being unsuitable for education in school.

New Cases Referred

The number of persons suffering from subnormality or severe subnormality referred to the Mental Welfare Department for the first time during 1962 was 41, a decrease of 4 compared with the number in the previous year. Details of their ages and source of referral are given in the following table:

	Under 16		Over 16		Total
	Male	Female	Male	Female	
By Health Department or Education Authority:					
Of compulsory school age	7	2	—	—	9
By Education Authority:					
On leaving School	2	1	1	10	14
Other sources (General Practitioners, etc.)	2	2	8	6	18
	<u>11</u>	<u>5</u>	<u>9</u>	<u>16</u>	<u>41</u>

Admissions to hospitals of persons suffering from subnormality or severe subnormality were as follows: .. — — 1 3 4

Six subnormal or severely subnormal patients were awaiting admission to hospital at 31st December, 1962, and the classification of these is shown in the following table:

		Urgent				Non-Urgent				Total
		Under 16		16 and over		Under 16		16 and over		
		M.	F.	M.	F.	M.	F.	M.	F.	
Severely subnormal	..	2	1	-	-	-	-	-	-	3
'Cot and Chair'	..	-	-	-	-	-	-	-	-	-
Ambulant	..	-	-	-	-	-	-	-	-	-
Subnormal	..	-	-	-	-	-	-	3	-	3
		2	1	-	-	-	-	3	-	6

Short Term Care in Hospital

Short term care in hospital was arranged during the year in 5 cases in order to assist parents or relations who were ill or in need of a holiday. Unfortunately it is not possible to arrange short-term care urgently and long notice has to be given beforehand for this to be arranged.

Community Care

Regular visits were made throughout the year to patients suffering from mental disorder. The number of visits made to patients in the community was 2991, a decrease of 861 compared with the number of visits paid during the previous year. This decrease may be accounted for by the fact that the vacancy created by the resignation of Mr. Preece, Senior Mental Welfare Officer, was not filled for over three months. In addition 601 interviews took place in the office.

At the end of the year, 375 persons were being visited under the provisions of Section 28 of the National Health Service Act, including 144 patients suffering from mental illness and 231 persons suffering from subnormality or severe subnormality.

Details are set out below showing the number of cases referred to the Mental Welfare Officers during 1962:

<i>Referred by</i>	<i>Mentally Ill</i>		<i>Mentally Subnormal</i>		<i>Total</i>
	<i>Under</i>	<i>Over</i>	<i>Under</i>	<i>Over</i>	
	16	16	16	16	
General Practitioners and Psychiatrists	2	77	2	3	84
Hospital — on discharge from 'in-patient' treatment	—	5	—	11	16
Hospital — after 'out-patient' or 'day hospital' treatment	—	3	—	—	3
Local Authority	—	20	10	11	41
Police and Courts	1	25	—	—	26
Other Sources	2	29	—	4	35
	—	—	—	—	—
Total ..	5	159	12	29	205
	—	—	—	—	—

Regular visits were made to patients in the community suffering from mental disorder with a view to establishing supervision on a friendly basis, to prevent the recurrence of further mental breakdown, to assist in the re-adjustment in return to the community and to help, where possible, in the solving of difficult problems which arise.

A special tribute should be paid to the large part played by the officers of the Ministry of Labour, the National Assistance Board and the Welfare Department in the rehabilitation of persons who have suffered from mental illness. Their co-operation was readily available at all times and without their help, many problems would have been insuperable.

The discharge of certain subnormal patients from hospital, particularly female patients, gave rise to many problems. During 1961 and 1962, three 'informal' female patients were found residential employment in the City, but this employment soon terminated and the women (with mental ages of 7-11 years) were then left in the community to fend for themselves. All three became pregnant and were found living in the most squalid circumstances.

An unsatisfactory aspect of this problem is that there is no power to deal with subnormal persons over the age of 21 years. The lack of a Local Authority Hostel aggravates this problem, but even if a hostel were in existence in the City, there would be no power to compel residence there nor to provide the supervision necessary.

In addition to the need for hostel accommodation for the subnormal, there is also a need for such accommodation for patients discharged after a long stay in a Psychiatric Hospital. Such patients are often discharged to lodgings which are unsuitable for their needs.

Psychiatric Social Club

The Club was formed during February, 1962, with a membership of 40. It was decided to name the Club the "Beaumont House Social Club" and meetings are held every Tuesday from 7-0 to 9-30 p.m.

The majority of the members are of the mentally subnormal category, but a small number of mentally ill patients from St. John's Hospital attend. Members' parents and friends often attend and join in the Club's activities which include dancing, table-tennis, billiards, bingo-sessions, etc. Two Mental Welfare Officers attend each meeting and organise the evening's activities. Refreshments (tea and biscuits) are served during the evening.

In July, the members and relatives were taken on an evening's 'boating outing' along the Brayford and had a hot meal at Saxilby. On 11th December, a Christmas Party was held and in addition to the Club members, a number of St. John's Hospital patients attended. Entertainment was supplied by girl students from the Teachers' Training College and the Kirke White Boys' Club and a very enjoyable evening was had by all.

Training Centre

The number on the register at the Training Centre 'Beaumont House' at the 31st December, 1962 was 70. Details of admissions and discharges during the year are as follows:

	<i>Lincoln</i>	<i>Kesteven</i>	<i>Total</i>
Number on register on 1st January, 1962 ..	61	6	67
Admission during the year	9	1	10
Discharges during the year	7	—	7
Number on register on 31st December, 1962	63	7	70

Reasons for Admissions and Discharges:

Admissions

Found unsuitable for education at school	5
Lack of suitable care at home during daytime	3
Removal to Lincoln from another area	2

Discharges

Admitted to hospital	2
Died	3
Transferred to E.S.N. School	1
Left for employment	1

The number of trainees attending has now reached the maximum that can be permitted with the present available accommodation and the provision of a separate centre for the adults is becoming a matter of urgency. It is pleasing to note that the site difficulties in the provision of a new adult training centre have now been resolved and the building in Long Leys Road was scheduled to start during 1963.

Whilst the present premises are used, there is necessarily severe limitation of the type of activities that can be undertaken by adults and it is impossible to have a sufficient number of groups according to age to provide the best type of training.

Transport

Transport is provided by the Corporation Transport Department. Two buses are used to convey the trainees, arriving at the Centre at 9-30 a.m. and leaving again at 4-0 p.m.

The adult trainees are encouraged to make their own way to and from the Centre, but only a small number are capable of so doing.

Transport for the trainees from the Kesteven area is supplied by the Kesteven County Council.

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>	1958	1959	1960	1961	1962
Diphtheria	—	—	—	—	—
Scarlet Fever	29	60	75	18	12
Erysipelas	3	5	4	4	—
Puerperal Pyrexia ..	3	2	—	1	4
Ophthalmia Neonatorum	1	—	3	—	—
Chickenpox	1138	166	688	159	446
Measles	377	1117	51	1361	70
Whooping Cough ..	47	15	57	48	2
Typhoid Fever	—	—	—	—	—
Para-Typhoid Fever ..	—	—	—	1	—
Dysentery	10	64	4	80	143
Food Poisoning	2	24	8	9	6
Pneumonia	33	16	11	15	3
Meningococcal Infection	2	1	—	1	1
Acute Poliomyelitis:					
Paralytic	—	3	1	—	—
Non-Paralytic ..	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 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 1962, 878 infants under one year were given a full course of triple immunisation, compared with 937 in 1961.

Scarlet Fever

Twelve cases of Scarlet Fever, in the 3-10 years age group, were notified during the year.

Scarlet Fever no longer occurs in epidemic form and is now a disease comparable in severity with the widespread common streptococcal throat infection.

Puerperal Pyrexia

Four cases of Puerperal Pyrexia were notified during the year. Three of the cases occurred in hospital and the fourth at home.

Chickenpox

446 cases of Chickenpox were notified in 1962, compared with 159 during the previous year. Most of the cases occurred towards the end of the year.

Measles

Only 70 cases of Measles were notified during the year compared with 1,361 cases in 1961. 60 of the cases occurred in the latter six months of the year and these cases were obviously the beginning of the expected biennial epidemic.

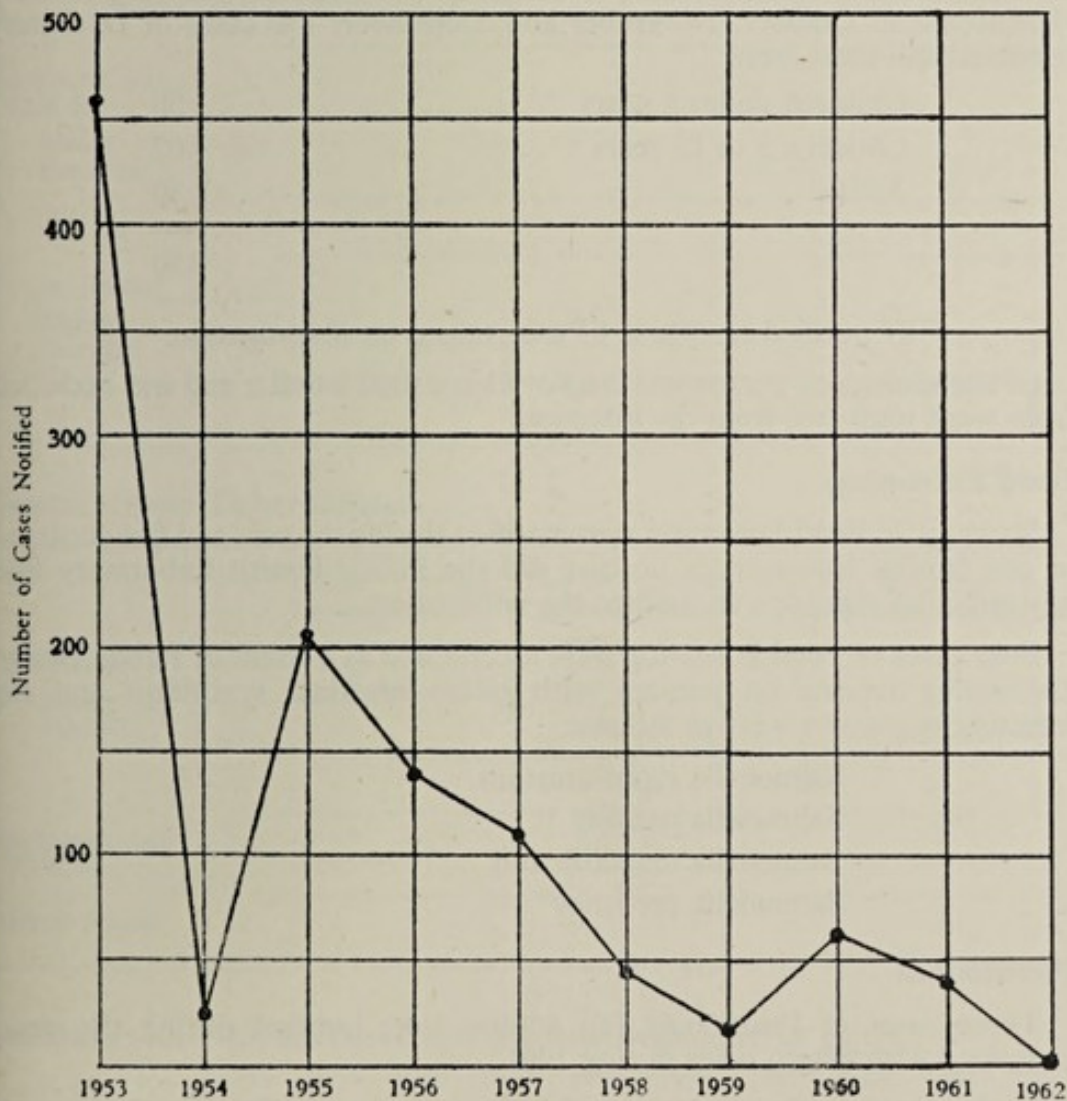
Measles is not a trivial illness and although serious complications are uncommon, it is a disease of considerable nuisance value and is followed in the case of many children with a period of debility.

Whooping Cough

Only two cases of Whooping Cough were notified during 1962. The cases notified were siblings aged 3 years and 17 months respectively. The elder child had been immunised and had a modified attack of the disease. The younger child, however, had not been immunised and had the florid form of the disease. This illustrates the danger to unvaccinated children in the community when a great proportion of them are vaccinated against Whooping Cough as, if they become infected, the disease is so modified that it may be unrecognised. The usual isolation measures are therefore not practised and the unvaccinated child may become infected with the disease.

The notification of only two cases of Whooping Cough in Lincoln in a year is, indeed, the lowest number of cases ever recorded in the City. This is a source of considerable satisfaction, as it would appear that the Whooping Cough vaccination programme is now showing the results hoped for when it was started some eleven years ago. This is the familiar pattern in the elimination and eventual eradication of an infectious disease as a result of immunisation. One does not expect a great reduction in the incidence of the disease in the first few years — only when a substantial proportion of the population (about 70%) has been immunised is the herd immunity adequate and when an immunisation programme largely involves the protection of infants and when the susceptible population comprises children under 15 years of age, obviously to obtain protection of approximately 70%, ten years will need to elapse before the herd immunity is adequate. The stage now seems to have been reached in Lincoln when the herd immunity is such that Whooping Cough can no longer spread and if the proportion of immunised children is not allowed to fall below 70-80%, it may well be that the disease will disappear and that one of the most common epidemic diseases of childhood will have been conquered.

INCIDENCE OF WHOOPING COUGH IN LINCOLN
DURING THE PAST 10 YEARS



Dysentery

During the year, 143 cases of Dysentery were notified, the highest number ever recorded in Lincoln. Most of the cases occurred in two separate outbreaks, the first in July and August and the second starting during the last few days of September and lasting to the end of the year.

The first outbreak was confined mainly to children attending St. Cuthbert's Nursery School and St. Botolph's Infants' School and to their immediate contacts. Nine children attending the Nursery School had the disease and on checking the family contacts, a further nine children and four adults were found to be infected. The outbreak at St. Botolph's School affected thirteen children and on investigation of immediate contacts, a further fifteen cases were discovered. In both these outbreaks, school children were not allowed to return to school until they were bacteriologically clear.

At the end of July, four cases of Dysentery occurred at the Newland Day Nursery and the children were sent home immediately. However, a second small outbreak occurred in October when six children and two members of the staff were affected. The infection was confined to the 2—3 years age-group and the remainder of the children attending the Nursery were not affected.

During October, further cases of Dysentery occurred in the St. Giles' area and later in the year, cases occurred in the South of the City. During the months of October, November and December, 150 cases of Dysentery occurred and these were:

Children under 5 years	..	..	..	..	58
Children 5 to 15 years	..	..	..	..	62
Adults	..	..	..	..	30
					<hr/>
					*150
					<hr/>

* 87 notified cases and 63 ascertained on investigation.

Of the adults, one person was employed as a food handler and was excluded from work until free from the infection.

Food Poisoning

Six cases of Food Poisoning were notified during the year and five occurred in one family. However, in no case did the Public Health Laboratory find any infecting organism to confirm the notification.

Four cases of Food Poisoning were ascertained as a result of Public Health Laboratory reports on persons with gastro-intestinal symptoms and the infecting organisms were as follows:

Salmonella typhi-murium
Salmonella panama
Salmonella mendoza and
Salmonella bredeney

Pneumonia

Three cases of Pneumonia (all adults) were notified during the year, compared with fifteen cases during 1961.

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. However, the longer the time that elapses since there was last an epidemic, the greater the effort that will need to be made to encourage vaccination, in order to ensure that no epidemic occurs in the future.

TUBERCULOSIS

Notifications

The number of notifications received during the year was 47 (39 pulmonary and 8 non-pulmonary) as compared with 38 (34 pulmonary and 4 non-pulmonary) in the previous year. The age and sex distribution of the notified cases are shown in the following table:

		0—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
RESPIRATORY								
Males ...	...	2	5	—	6	5	3	21
Females ...	...	2	6	1	6	1	2	18
		4	11	1	12	6	5	39
MENINGES AND C.N.S.								
Males ...	...	—	—	—	—	—	—	—
Females ...	...	—	—	—	—	—	—	—
		—	—	—	—	—	—	—
OTHER FORMS								
Males ...	...	—	1	2	—	2	—	5
Females ...	...	—	—	1	1	1	—	3
		—	1	3	1	3	—	8

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	—	—	—	1	1	2	4
Females	—	—	—	2	—	—	2
		—	—	—	3	1	2	6
MENINGES AND C.N.S.								
	...	—	—	—	—	—	—	—
OTHER FORMS								
	...	—	—	—	—	—	—	—

Summary of Notifications and Deaths over last 10 years

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Notifications ...	77	66	47	44	63	53	52	39	38	47
Deaths ...	14	22	12	8	11	5	8	3	3	6

General Comments

The table shows that there was an increase in the number of notifications of Tuberculosis in 1962. This is entirely explained by the fact that there was an outbreak of Primary Tuberculosis in a Primary School, the details of which are given in the Report of the Principal School Medical Officer. This outbreak resulted in 8 notifications being received, but the total number of cases exceeded this number if one regards children with strongly positive Heaf tests as cases of Tuberculosis. However, the figures quoted in the table include only children with definite evidence of pulmonary disease shown on X-ray who were notified. The question as to which cases of Primary Tuberculosis should be notified has never been resolved and in practice, notification is limited to those children with obvious disease who in most cases require hospital treatment.

If the cases notified as a result of the school outbreak are ignored, the total number of notified cases during the year would have been 39 and comparison of this figure with the number of notifications over the past ten years indicates that the satisfactory trend of a reduction in the number of cases of Tuberculosis occurring each year continued during 1962. It must be realised, however, that the reduction in the incidence of this disease is a slow and protracted process.

There was an increase in the number of deaths from Respiratory Tuberculosis during the year, six compared with two in 1961. The age and sex distribution are given in the table.

For the past three years, no case of Tuberculosis of the central nervous system has been notified.

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 1962 in a boy aged 13 years. The diagnosis was Rheumatic pains and Arthritis without heart disease.

Notifications during recent years are as follows:

1954	..	..	..	4
1955	..	..	..	3
1956	..	..	..	1
1957	..	..	..	8
1958	..	..	..	2
1959	..	..	..	1
1960	..	..	..	-
1961	..	..	..	1
1962	..	..	..	1

VENEREAL DISEASES

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

During 1962, 91 Lincoln patients attended for the first time. Of these 28 proved to be suffering from Venereal Disease and 64 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>
1958	..	..	..	5	19	24
1959	..	..	..	4	24	28
1960	..	..	..	5	13	18
1961	..	..	..	4	13	17
1962	..	..	..	5	23	28

Since 1959, the number of cases of Venereal Disease in Lincoln has not followed the national trend, but the increase in the number of cases of Gonorrhoea in 1962 should be considered as a serious matter. No contact tracing has been undertaken in Lincoln in recent years and the difficulties associated with this work should not be under-estimated. However, this problem will need to be reviewed in view of the increased number of cases. When considering the incidence of Venereal Disease, I feel that it is important to give separate figures for the two sexes and for the year 1962 these were as follows:

				<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	..	..	..	3	2	5
Gonorrhoea	..	..	..	20	3	23

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 and liaison is maintained between the Water Board and the Health Department in that copies of all reports are forwarded to the Medical Officer of Health.

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.

25,202 houses were supplied from the public water mains covering a population of 76,930 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

During 1962, action was taken under the provisions of Section 47 of the National Assistance Act in respect of two cases.

The first case was a man aged 78 years and the conditions under which he was living were brought to my notice by his General Practitioner. This man had been living alone for many years and his house had become very dirty and dilapidated. He had slept for many months on a couch and chair and had not taken off his clothing or been washed properly for a similar period. He had adamantly refused the services of a Male District Nurse and would not allow a Home Help to give any domestic assistance. There was scarcely any food in the house and although the Women's Voluntary Services Meals on Wheels Service had visited, very frequently the meals left had not been eaten. His condition was such that he was malnourished almost to the point of emaciation. He had not used the toilet for many weeks and his clothing was wet and fouled. Many attempts were made to persuade him to enter hospital, but he persistently refused to agree to admission. A Magistrates Order was obtained and he was removed to Hospital where he settled down fairly quickly and after receiving nursing attention and an adequate diet, he improved considerably. He was eventually admitted to one of the Welfare Department's Residential Homes.

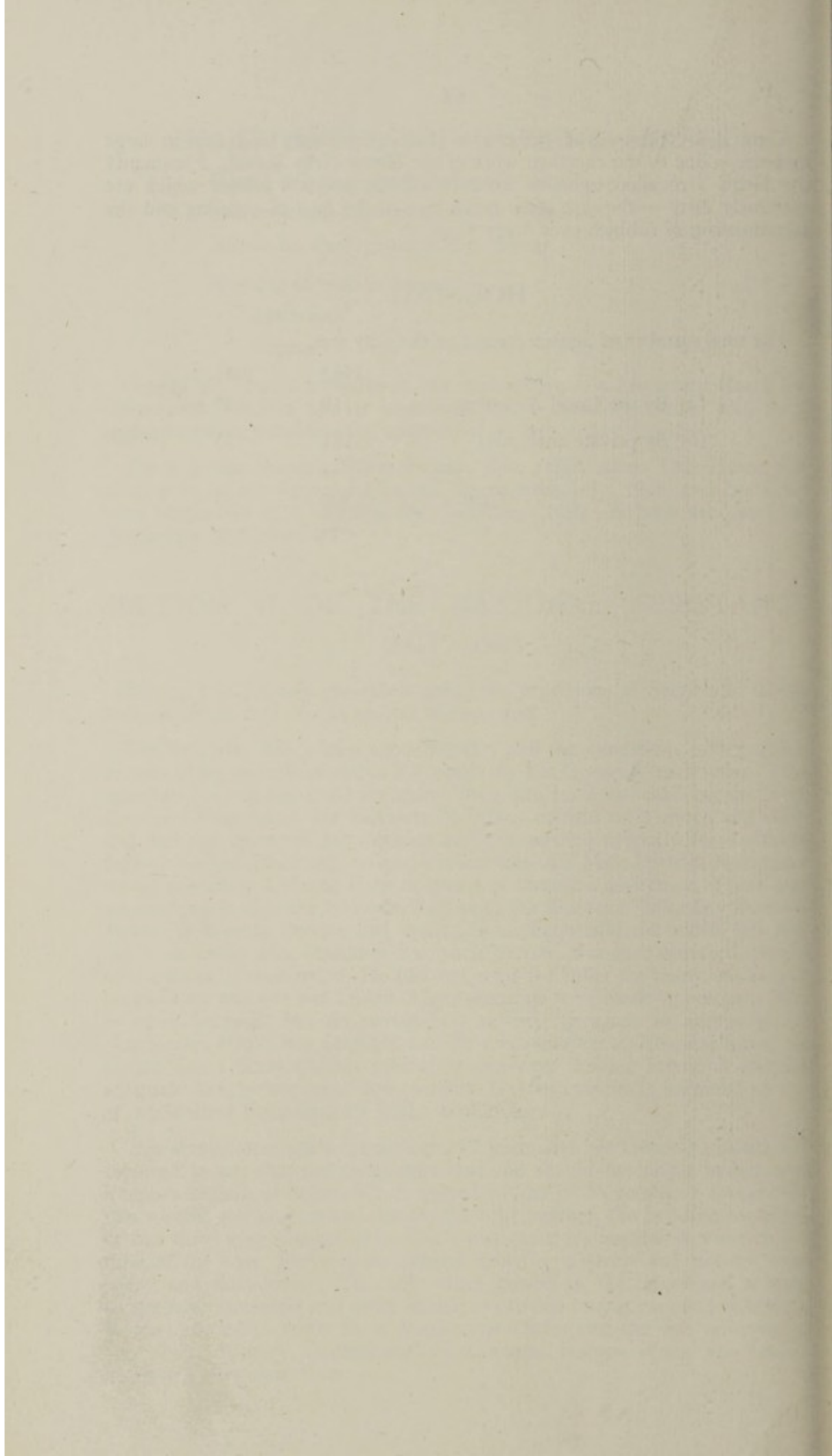
The second case was a female aged 77 years and her General Practitioner reported to me that she considered that she should no longer in her own interests remain at home. When visited by me in November I found that this woman was bedfast and despite the cold weather, the bedding consisted of one dirty grey blanket only which was quite inadequate in view of the time of the year. She was incontinent and the mattress and pillows were soiled and malodorous. The only other person in the house was a male lodger who was senile and quite unable to provide proper care and attention. It was decided to apply for a Magistrates Order and she was removed to one of the Welfare Department's Residential Homes where she settled down in a very short time.

Compulsory removal of persons is seldom necessary and this in large measure is due to the excellent work of the Home Help Service. Frequently the Helps are called upon to work in elderly people's homes which are extremely dirty — the dirt often being due to the lack of cleaning and the accumulation of rubbish over many years.

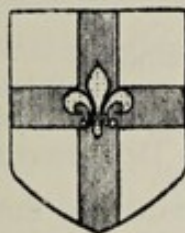
HOUSING

The total number of houses erected in the City was:

	1962	1961
(a) By the Local Authority ..	119	182
(b) By private enterprise ..	181	173
	—	—
Total ..	300	355
	—	—



CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT

FOR THE YEAR

1962

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, 1963.

Mr. Mayor, Aldermen and Councillors,

I have the honour to present the report on the work of the Public Health Inspectors section of the Health Department during the year 1962.

On the 14th February I commenced duty as your Chief Public Health Inspector, in succession to Mr. H. Shimeld to whom acknowledgment was made in the 1961 report.

For the last few years, the annual report of the Chief Public Health Inspector has had to draw attention to the persistent and chronic shortage of qualified staff and the consequent inability to carry out the full range of duties. This year is no exception and indeed there was one period when it became extremely difficult to maintain even the most essential services. However, the decision of the Council in the middle of the year to offer higher gradings to public health inspectors did at last attract applicants and towards the end of the year we attained our full establishment. I should like to think that this is the last time for some years to come that I will have to refer to staff shortages, but in view of the general scarcity of public health inspectors, it may be unduly optimistic to anticipate that our troubles in this respect are definitely over.

It was a year of staff changes, Mr. Chapman, who had been with Lincoln Corporation for thirty-one years retired in April and we wish him a long and happy retirement. We also lost the services of my deputy, Mr. Crow, who was appointed Chief Public Health Inspector at Rugby, and of Mr. May, who left for a position with Exeter County Borough. Mr. Crow was succeeded as Deputy Chief Inspector by Mr. G. T. W. Shepherd. Mr. Bell, who passed his qualifying examination, was promoted to fill Mr. May's vacancy. The other vacant positions were filled by recruitment from outside authorities.

It was not found possible to do a great deal in the field of slum clearance and only four small areas, comprising a total of thirty-nine houses, were represented. In addition eleven houses were dealt with by way of demolition or closing orders. However, it was decided that a survey of the City as a whole should be undertaken, with a view to assessing the number of unfit or potentially unfit houses, and drawing up a programme of clearance to be spread over the next fifteen years. This was done in the closing months of the year, and at the year's end the report was under consideration by the Council.

This year for the first time the Health Department undertook the treatment of sewers for rat infestation. This first treatment was something in the nature of a pilot scheme to enable us to ascertain the size of the problem, but nevertheless 177 poisoned baits were taken, which should have reduced

the sewer rat population considerably. In future it is intended to carry out systematic treatments of the sewers twice in each year.

I am pleased to report that with our staffing problems solved, it is now possible to resume some of the routine activities that have had to be neglected in recent years. A start has been made on the task of bringing all the food premises in the City up to standard, and we have resumed routine shop and factory visits. I feel that we can now look forward to increased activities in the field of environmental public health for some years to come.

I would pay tribute to the loyal help I have had from all members of the Public Health Inspector's section and for the co-operation I have received from the staffs of the Health Department and other Corporation Departments.

I would like to thank the Medical Officer of Health and the members of the Health and Housing Committees for the support they have given to myself and the Public Health Inspectors.

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 Marketing) Act, 1928.
 Agriculture (Safety, Health and Welfare Provisions) Act, 1956
 Caravan Sites and Control of Development Act, 1960
 Clean Air Act, 1956
 Factories Act, 1961
 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, 1958
 Slaughter of Animals Act, 1958

General Inspections

	<i>No. of visits</i>
DWELLINGHOUSES AND PUBLIC HEALTH MATTERS	
Re defects, nuisances, etc.	1486
Dirty	24
Housing Act, 1957 — inspections	2871
Housing Removal — enquiries	15
supervision of removal	4
Verminous	34
Water Supply	122
References to Water Board	47
Improvement Grants	172
Dangerous structures, references to City Engineer	8
Rent Act	30
Infectious diseases	373
Infectious diseases, re specimens	283
Dustbins	145
DRAINAGE	
No. of visits	584
No. of drains tested	180
References to City Engineer	83
OTHER PREMISES	
Betting shops	1
Factories — Mechanical	104
Non-Mechanical	21
Building and Engineering works	14
Caravan sites	23
Hairdressers	7
Houseboats	25
Interviews	638
Offensive trades	1
Offices	2

	<i>No. of visits</i>					
Pet animal shops	8
Plots of waste land	37
Rodents and other pests	122
Schools	30
Schools — references to Director of Education	1
Swimming Baths	103
Swine, fowls and other animals	24
Places of public entertainment	25
Unclassified	1171
ATMOSPHERIC POLLUTION						
No. of observations	62
Visits to boiler houses	46
Visits to atmospheric pollution stations	499
Other visits	76
SMOKE CONTROL AREAS						
Survey visits	389
Contravention visits	29
Other visits	18
MISCELLANEOUS						
Gas — number of visits	2
references to Gas Board	2
UNFIT DWELLINGHOUSES						
No. of dwellinghouses inspected for housing defects under Public Health and Housing Acts	256
No. of inspections made for the purpose	390
No. of dwellinghouses inspected and recorded under Housing Consolidated Regs., 1925 (incl. above)	48
No. of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	12
No. of dwellinghouses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	191
REMEDY OF DEFECTS						
No. of dwellinghouses rendered fit in consequence of informal action by the Local Authority	160
ACTION UNDER STATUTORY POWERS						
Housing Act — No. of dwellinghouses in respect of which notices were served	9
No. of dwellinghouses rendered fit:						
(a) by owners	9
(b) by local authority	2
Public Health Act — No. of dwellinghouses in respect of which notices were served	40
No. of dwellinghouses rendered fit:						
(a) by owners	16
(b) by local authority	21

Housing Act, 1957**INFORMAL AND STATUTORY NOTICES SERVED**

Informal Notices outstanding December, 1961	..	..	97
Informal Notices served 1962	..	..	233
Informal Notices complied with 1962	..	..	229
Informal Notices outstanding December, 1962	..	..	101
Statutory Notices outstanding December, 1961	..	..	40
Statutory Notices served 1962	..	..	33
Statutory Notices complied with 1962	..	..	56
Statutory Notices outstanding December, 1962	..	..	17
No. of complaints received and recorded at the Health Department	..	..	557

The owners of 4 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 £90 15s. 6½d. 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

1,135 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	..	..	3
No. of houses demolished in pursuance of demolition orders made	..	..	13
No. of buildings closed	..	..	4
No. of Council owned houses dealt with by unfitness orders	..	..	4
No. of houses included in Clearance Areas demolished	..	..	56
No. of houses represented in Clearance Areas	..	..	39
No. of Clearance Areas represented	..	..	4

PUBLIC ENQUIRIES HELD

<i>Date</i>	<i>Compulsory Purchase Order</i>	<i>No. of dwellings</i>
23-5-62	Stamp End (No. 4)	53
23-5-62	Stamp End (No. 5)	3

CLEARANCE AREAS CONFIRMED BY MINISTER

<i>Date</i>	<i>Clearance Area</i>	<i>No. of dwellings</i>
5-10-62	Coultham Street (No. 2)	16

COMPULSORY PURCHASE ORDERS CONFIRMED BY MINISTER

<i>Date</i>	<i>Compulsory Purchase Order</i>	<i>No. of dwellings</i>
5-10-62	Coultham Street (No. 1)	16
9-10-62	Alfred Street (No. 1)	6
18-10-62	Brayford Street (No. 1)	8
31-12-62	Albion Place (No. 1)	11

Works carried out by service of Statutory Notice or Informal Action**HOUSES**

Repairs to:		
Roofs	..	70
Spouts and fallpipes	..	55
External walls	..	17
Chimneys	..	33

Internal wall and ceiling plaster	..	..	..	..	52
Damp walls	..	..	..	..	11
Doors	..	..	..	..	27
Windows	..	..	..	..	42
Floors	..	..	..	..	22
Fireplaces	..	..	..	..	11
Staircases	..	..	..	..	2
Sinks and wastepipes	..	..	..	..	4
Water pipes	..	..	..	..	3
Yard or passage paving	..	..	..	..	16
Accumulations of manure or refuse removed	..	..	..	..	5
Nuisances abated from swine, etc.	..	..	..	..	1
VERMINOUS HOUSES					
Disinfested and rooms fumigated	..	..	..	..	9
DRAINAGE					
Cesspools emptied	..	..	..	..	2
Sewers and drains cleansed	..	..	..	..	27
Sewers and drains repaired	..	..	..	..	31
Sewers and drains examined	..	..	..	..	121
Sewers and drains tested	..	..	..	..	60
Opening removed from inside building	..	..	..	..	2
Reconstructed	..	..	..	..	5
Public sewers cleansed Section 20a P.H.A.	..	..	..	..	23
Public sewers repaired	..	..	..	..	1
WATERCLOSETS					
Basins repaired or renewed	..	..	..	..	20
Cisterns repaired or renewed	..	..	..	..	12
Flushpipes repaired or renewed	..	..	..	..	5
Seats repaired or renewed	..	..	..	..	3
Water supply pipes repaired	..	..	..	..	13
Cleansed or limewashed	..	..	..	..	1
Ventilation pipes repaired or renewed	..	..	..	..	4
PROVISION OR RENEWAL OF SINKS	..	..	..	..	6

Fertilisers and Feeding Stuffs Act, 1926

Eleven formal samples of Feeding Stuffs and one formal sample of Fertiliser were procured. Two samples were found on analysis to contain respectively an excess of fibre and a deficiency of Nitrogen and did not give the Phosphoric Acid as Insoluble Phosphoric Acid. Letters were sent to the manufacturers concerned and a thorough investigation into the methods of manufacture was carried out. In the case of the fertiliser which was deficient manufacture ceased and the existing stocks were used with labels giving the new analysis.

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.

FACTORIES ACT, 1961

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	21	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	246	104	12	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	66	14	—	—
TOTAL	322	139	12	—

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 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	—	—	—	—
Unsuitable or defective	21	5	—	4
Not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	1	—	—
TOTAL	22	6	—	4

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.	9	—	—	—	—	—
Curtains & Furniture Hangings	3	—	—	—	—	—

Prevention of Damage by Pests Act, 1949.

TYPE OF PROPERTY

		Non-Agricultural				
		(1)	(2)	(3)	(4)	(5)
		Local Auth- ority	Dwelling Houses (inc. Council Houses)	All other (including business premises)	Total of Cols. (1), (2) and (3)	Agri- cultur- al.
Number of properties in Local Authority's District ...	...	112	25,025	3,265	28,402	47
Total number of properties inspected as a result of notification ...	...	25	327	73	425	2
Number of such properties found to be infested by:—						
Common Rat	Major	...	5	Nil	2	7
	Minor	...	15	262	51	328
Ship Rat	Major	...	Nil	Nil	Nil	Nil
	Minor	...	Nil	Nil	Nil	Nil
House Mouse	Major	...	Nil	Nil	Nil	Nil
	Minor	...	Nil	5	17	22
Total number of properties inspected in the course of survey under the Act ...	...	5	421	22	448	Nil
Number of such properties found to be infested by:—						
Common Rat	Major	...	Nil	Nil	Nil	Nil
	Minor	...	3	57	5	65
Ship Rat	Major	...	Nil	Nil	Nil	Nil
	Minor	...	Nil	Nil	Nil	Nil
House Mouse	Major	...	Nil	Nil	Nil	Nil
	Minor	...	Nil	2	1	3
Total number of properties otherwise inspected ...	...	39	1,868	2,232	4,139	12
Number of such properties found to be infested by:—						
Common Rat	Major	...	Nil	Nil	Nil	Nil
	Minor	...	Nil	5	7	12
Ship Rat	Major	...	Nil	Nil	Nil	Nil
	Minor	...	Nil	Nil	Nil	Nil
House Mouse	Major	...	Nil	Nil	Nil	Nil
	Minor	...	Nil	Nil	Nil	Nil
Total inspections carried out including re-inspections ...	...	614	3,248	3,995	7,857	31
Number of infested properties treated by the Local Authority ...	...	23	318	75	416	2
Total treatments carried out including re-treatments ...	...	30	367	98	495	2
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 ...						
Legal Proceedings ...	...	Nil	Nil	Nil	Nil	Nil
Number of 'Block' Control schemes carried out ...	...	Nil	Nil	Nil	Nil	Nil

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.

Caravan Sites and Control of Development Act, 1960

There is one site in the City which is registered for 30 caravans. Conditions are reasonably satisfactory and did not give rise to any serious complaint during the year.

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.

Shop Acts, 1950

Number of visits	173
Infringements:	
Half Day closing contraventions	2
Warnings	2

Offensive Trades

The following offensive trades were carried on in the City with the consent of the Council:

Rag and Bone Dealers	2
Tripe Boiler	1

The trades were carried on in conformity with the byelaws.

Swimming Baths

Details of the one public and two school swimming baths were given in last year's report and there have been no alterations to the plants.

113 bacteriological samples of the water were taken and all of them were satisfactory.

Provision of Dustbins to Private Premises

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.

During the year 64 dustbins were provided and 40 were renewed.

In all 2,365 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.

Rent Act, 1957

The Housing Committee considered 12 applications for certificates of disrepair, certificates were either issued or undertakings from the owners accepted.

6 applications for the cancellation of certificates were considered, all were granted.

1 application by a tenant for a certificate that the defects specified in an undertaking had not been remedied was considered and a certificate was granted.

Clean Air Act, 1956

Measurement of Atmospheric Pollution — National Survey

Measurements of smoke and sulphur dioxide continued to be made by the five volumetric instruments and the results were sent each month to the Department of Scientific and Industrial Research. The sites of the instruments and the arrangements for reading them were similar to those in the previous year, and I set out below the average values of smoke and sulphur dioxide concentration.

Smoke Control Area

The Lincoln No. 1 Smoke Control Order came into force on September 1st. Since that date it has been an offence to emit any smoke from a domestic chimney within the area, unless it could be proved that one of the fuels authorised by the Ministry of Housing & Local Government was being burnt in the grate. The area covers 1,389 acres and contained approximately 500 houses at the time it came into operation, but new houses are continually being built within it. As this was Lincoln's first venture in smoke control, a lot of time was spent in the early weeks going round the area advising occupants and trying to help in cases of difficulty. It was anticipated that there would be some 'teething' troubles in the beginning, but these proved to be less numerous than had been expected, and by the end of the year things appeared to have settled down very well and to be going quite smoothly.

Publicity

A gas exhibition was held at the Drill Hall, Broadgate in April and a stand devoted to Clean Air was built and manned by the Public Health Inspectors. This appeared to arouse a great deal of interest and during the five days of the exhibition the Public Health Inspectors on duty were kept very busy dealing with enquiries by members of the public.

The Gas Board sent their mobile exhibition van twice into Lincoln during the year. It was arranged for the second visit to be made to the Smoke Control Area a few weeks after the Order became operative and there is little doubt that the visit of this exhibition (which concentrates on smokeless fuel and fuel burning appliances) was of great interest and help to many of the occupants of the area at this particular time.

Industrial Smoke

The exemption afforded by Section 2 of the Clean Air Act, 1956 (which allows certain defences against prosecutions for the emission of dark smoke on the grounds of obsolete buildings and equipment) expires on 5th July, 1963. In view of this, it was felt that special attention should be paid to industrial furnaces, to ensure that firms understood their obligations and brought their equipment up to date before the exemption expired. Consequently the Council decided to appoint a Public Health Inspector with special responsibilities for clean air and he took up his duties in April.

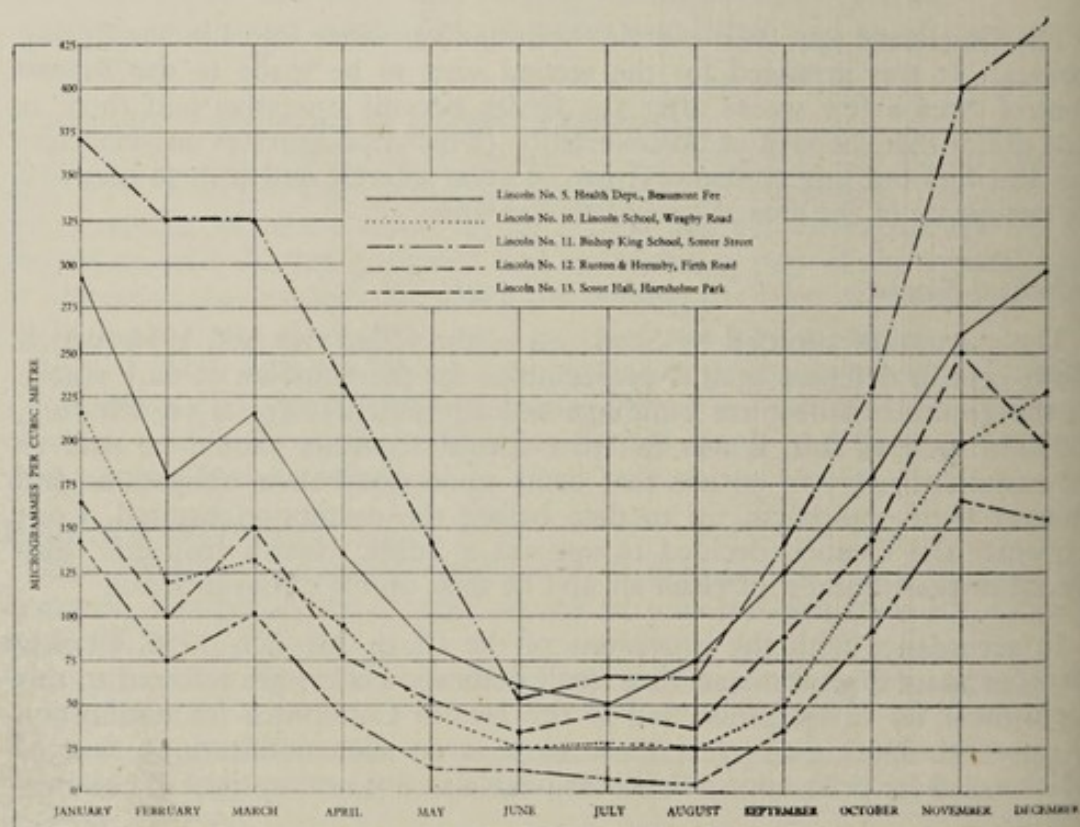
In accordance with the provisions of the Clean Air Act, 1956, all new furnaces apart from those serving small domestic boilers are referred to this department for investigation and to the Health Committee for notification or approval. During the year there were seven such notifications, four of which asked for prior approval. There were also five notifications of chimney heights.

MONTHLY AVERAGE VALUES

Microgrammes per cubic metre

Smoke concentration, 1962

Station No.	5	10	11	12	13
January	290	214	369	163	143
February	181	120	325	102	73
March	213	133	325	152	102
April	132	63	238	79	40
May	82	40	142	55	26
June	61	23	56	36	12
July	50	27	65	47	7
August	74	25	63	38	6
September	126	51	142	86	35
October	181	123	228	142	91
November	258	195	402	224	165
December	295	228	440	192	156

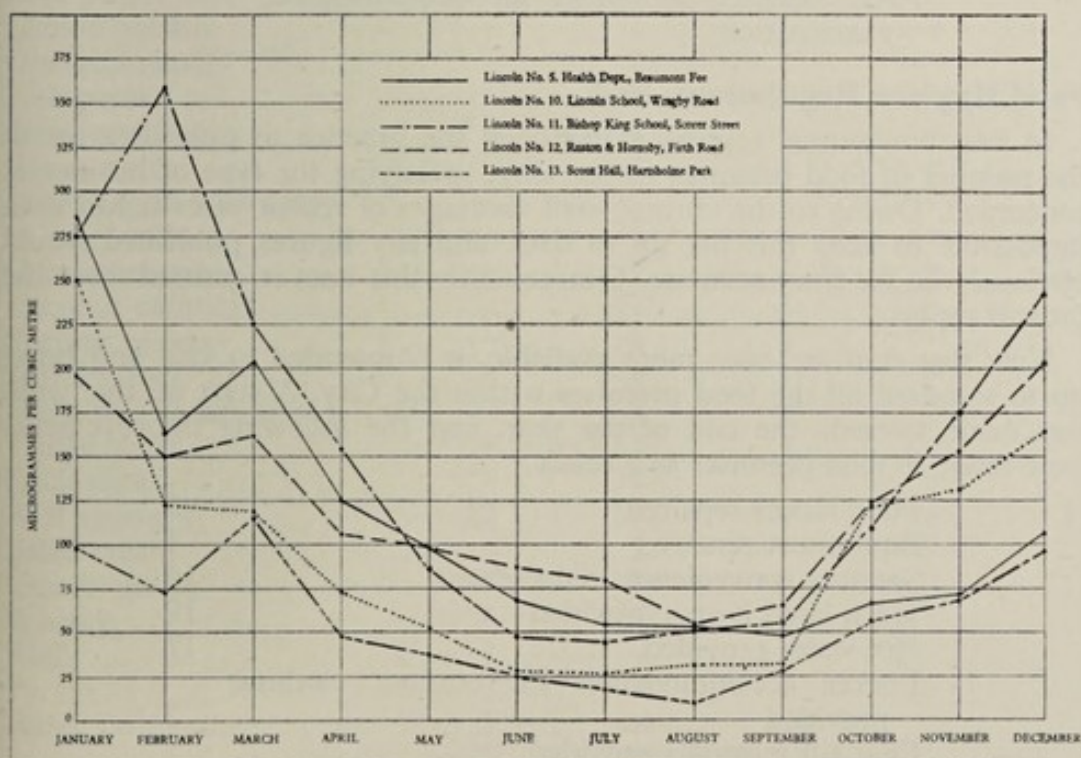
MONTHLY AVERAGE VALUES OF SMOKE CONCENTRATION—
LINCOLN, 1962

MONTHLY AVERAGE VALUES

*Microgrammes per cubic metre***SO₂ Concentration 1962**

Station No.	5	10	11	12	13
January	287	250	276	191	93
February	170	122	364	148	69
March	205	116	220	164	115
April	128	72	161	108	45
May	95	54	89	98	38
June	67	35	45	87	30
July	61	33	42	83	17
August	53	39	51	55	11
September	49	41	56	63	30
October	66	92	113	117	62
November	72	133	176	155	72
December	112	164	240	205	92

MONTHLY AVERAGE VALUES OF SO₂ CONCENTRATION
LINCOLN, 1962



FOOD AND DRUGS ACT, 1955

Inspections of Food Premises

Bakehouses	..	..	..	..	44
Bakehouses and Confectioners	..	..	..	..	15
Butchers	..	..	..	..	90
Chemists	..	..	..	..	1
Dairies	..	..	..	..	145
Fish shops/stalls	..	..	..	..	39
Fried fish shops	..	..	..	..	29
Food factories	..	..	..	..	8
Grocers and General Provisions	..	..	..	..	199
Green Grocers	..	..	..	..	26
Ice cream shops	..	..	..	..	30
Hotels and other catering establishments	..	..	..	..	191
Markets	..	..	..	..	81
Meat Vans	..	..	..	..	184
Milk shops	..	..	..	..	18
Mobile shops	..	..	..	..	5
School canteens	..	..	..	..	3
Factory canteens	..	..	..	..	2
Slaughterhouses	..	..	..	..	1538
Sweet shops	..	..	..	..	25
Wholesale warehouses	..	..	..	..	44
Other	..	..	..	..	12
Food inspections other than meat	..	..	..	..	3780

Food Poisoning

Food poisoning and suspected food poisoning investigations	..	..	..	..	24
Clinical specimens submitted for bacteriological examination	..	..	..	..	26
Food samples submitted for bacteriological examination	..	..	..	..	4

Food Hygiene Regulations, 1955

In previous annual reports it has been the practice to publish a list of the number of food premises in the City, specifying the type of businesses concerned. Owing to the chronic staff shortages of recent years it has been impossible to keep this list up to date, and any figures published would obviously be far from accurate. Consequently this item is omitted from the present report.

Now that staff are once more available, it is intended to visit and bring up to standard all the food premises within the City. A start on this work was made towards the end of the year, and the following improvements were made to food premises as a result:

Food rooms repaired	..	..	..	..	6
Equipment renewed	..	..	..	..	4
Sanitary conveniences redecorated	..	..	..	..	14
Wash hand basins provided	..	..	..	..	19
Hot water provided	..	..	..	..	17
Locker accommodation for outdoor clothing provided	..	..	..	..	2
First aid materials provided	..	..	..	..	5
Sinks provided	..	..	..	..	9

A course on food hygiene for food handlers was held at the local technical college from September to December. This course was designed so that students could, should they so wish, take the examination of the Royal Institute of Public Health and Hygiene, but the main purpose was to provide general instruction in the prevention of food-borne disease, and in clean and safe food handling. Twenty-one people attended the course, five took the examination of the Royal Institute and were successful in passing.

Food Samples

250 samples of food and drugs were procured and submitted to the Public Analyst who certified 244 samples genuine and 6 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 3.4.

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

Nature of Sample	Formal	Informal	Genuine	Adulterated	Total
Milk	8	192	197	3	200
Fruti-Fort	-	1	1	-	1
Raspberry Jam	-	1	1	-	1
Shrimp slice	-	1	1	-	1
Chicken supreme	-	1	1	-	1
Blood mixture	-	1	1	-	1
Red cabbage	-	1	1	-	1
Gravy salt	-	1	1	-	1
Sea food	-	1	1	-	1
Bubble gum	-	1	1	-	1
Pork sausages	-	1	1	-	1
Steak pie	-	1	1	-	1
Gob stoppers	-	1	1	-	1
Whistle pops	-	1	1	-	1
Stewed steak	-	1	1	-	1
Stewed steak in gravy	-	1	1	-	1
Pure polish lard	-	1	1	-	1
Lemon squash	-	1	1	-	1
Orange squash	-	1	1	-	1
Fish paste	-	1	1	-	1
Steak pudding	-	1	1	-	1
Onion sauce	-	1	1	-	1
Hamburgers with gravy	-	1	1	-	1
Sausage rolls	-	1	1	-	1
Cornish pasties	-	1	1	-	1
Coconut dainties	-	1	1	-	1
Shrimp sweets	-	1	1	-	1
Novelty rock	-	1	1	-	1
Steak and kidney pie	-	1	1	-	1
Toffee sticks	-	1	1	-	1
Rock sticks	-	1	1	-	1
Beef sausages	12	-	11	1	12
Salad cream	-	1	-	1	1
Cream cheese	-	1	-	1	1
Whisky	3	-	3	-	3
Rum	1	-	1	-	1
Port	1	-	1	-	1
Bitter Beer	1	-	1	-	1
	26	224	244	6	250

Samples Adulterated or otherwise giving rise to irregularity

(a) Administrative Action Taken

Of the 6 samples adulterated or otherwise giving rise to irregularity 2 were taken formally and 4 informally.

(b) Legal Proceedings

No legal proceedings were taken.

(c) Informal Action

1. Milk. Producer sold milk containing 56.7% added water. A letter was sent by the Town Clerk to the producer warning him to be particularly careful not to allow water to get into milk supplied by him.
2. Milk. Producer sold milk deficient in milk-fat to the extent of 18.3%. Formal samples were taken and proved genuine.
3. Milk. Producer sold milk slightly deficient in milk-fat. A further informal sample was taken and proved genuine.
4. Beef sausage. Shopkeeper sold beef sausage containing not more than 45.1% of meat and was deficient in meat to the extent of 9.8%. Representations were made to the manufacturers who are out of the country, and assurances were given by them that the meat content would be improved.
5. Salad cream. Shopkeeper sold salad cream which had an unpleasant taste and the oil was slightly rancid. Shopkeeper withdrew existing stocks from sale.
6. Cream cheese. Shopkeeper sold cream cheese containing 63.22% of water and 14.25% of milk-fat equivalent to 38.7% of fat on the dry sample. Shopkeeper was instructed that further sales of this product must not bear the label "Cream cheese".

Offences other than those indicated by Sampling

Legal Proceedings

Sold a mouldy loaf of bread. The two defendants were fined £3 each.

Informal Action.

1. Sold a loaf of bread containing a small dark stain. Investigation showed that it might be vegetable lubricating oil from the baking machinery which had dropped into the dough. The over-zealous users of the oil can were cautioned.
2. Sold a rusty tin of toffees containing a different brand of toffees from that indicated on the tin. The tin had been left over from the previous Christmas, emptied and refilled with new toffees and was sold as a cheap line. The sweets were in good condition and manufactured by a subsidiary firm.
3. Chocolate sweets containing a small maggot. This appeared to be the caterpillar stage of the troublesome moth which affects certain stored foodstuffs. A full investigation did not indicate when the grub penetrated the packaging and no further action was taken.
4. Sold a portion of pork pie which contained a speck of mould. Written warning to manufacturer.

5. Biscuits containing a small piece of cotton webbing. The matter was taken up with the manufacturers and it appeared that the webbing was from the processing machinery and on rare occasions the stamping could dislodge a fragment of the cotton webbing. Manufacturer advised to be more stringent in inspecting the plant.
6. Sold bacon containing maggots. In this case the Health (Prosecutions) Sub-Committee considered all the facts and decided there was no case for legal proceedings.
7. Sold a pork pie containing a piece of string. Similar to string used to tie sacks of flour. Warning given.
8. Sold a mouldy bread loaf. After careful consideration of all the circumstances the Health (Prosecutions) Sub-Committee decided not to prosecute but to send a warning letter to the vendor.
9. Sold a wrapped cream filled roll in a stale and mouldy condition. Shopkeeper warned to exercise greater care to eliminate the possibility of stale food being sold.
10. Sold sweets alleged to be dirty. Investigation showed that the sweets had been caught and rubbed by a liquorice-contaminated packaging band. Manufacturers inspecting and cleaning band more frequently.
11. Sold a crunch sweet containing a small stone the colour of a piece of nut. This had escaped the magnetic and manual screening in the factory due to its likeness to a piece of nut.
12. Discoloured and maggot infested sweets. A warning letter was sent after full consideration of the facts by the Health (Prosecutions) Sub-Committee.
13. Vegetable butter colouring incorrectly labelled. Arrangements made for existing labels to be altered to comply with the Regulations concerned.
14. Tin of minced beef containing a hair. This appeared to be an animal hair which must have adhered to the side of a beef carcase and been overlooked by the manufacturer's staff. No further action, other than calling the manufacturer's attention to the matter, was taken.
15. Tin of corned beef with a piece of a leather glove embedded in it. This meat had been canned in Uruguay. The canners expressed regret for the incident which occurred at a time when they were experiencing labour difficulties which culminated in a general strike.
16. Discoloured canned rhubarb. Examination showed the discolouration was due to lacquer stripping from the interior of the can, which occurs when rhubarb has been canned for a year or more. Supply withdrawn.
17. Consignment of bacon with bluish stains on the rind. The Public Analyst reported that the stains were due to copper but that it was not present in such a quantity as to be a danger to health. The rind was removed and the bacon released for human consumption.
18. Beetle infested consignment of dates. The beetle concerned was found to be the "Dried Fruit Beetle" *Carpophilus hemipterus* L. which is a common pest of dried fruits. The dates were surrendered for destruction.

In addition tins of Irish stew and pork loin, pieces of roast pork, lemon glucose drink, orange drink and chocolate sweets were examined bacteriologically as a matter of routine or as a result of complaints that they had caused illness. No food poisoning organisms were isolated.

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
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The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949/1954.

No. of dealers (Pasteuriser's) licences	2
No. of dealers licences to use the designation "Pasteurised" ..	50
No. of dealers licences to use the designation "Sterilised" ..	133

411 samples of designated milk were submitted for examination and of these 4 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		Failed		Passed Failed		Unsatisfactory Samples	
		Meth. Blue Test	Phosphatase	Meth. Blue Test	Phosphatase	Turbidity		No.	%
Pasteurised	99	98	98	—	1	—	—	1	1.01
Pasteurised (School)	65	64	65	1	—	—	—	1	1.54
Tuberculin Tested (Pasteurised)	84	84	82	—	2	—	—	2	2.38
Tuberculin Tested (Pasteurised) (Channel Island)	38	38	38	—	—	—	—	—	—
Sterilised	37	—	—	—	—	37	—	—	—
	323	284	283	1	3	37	—	4	1.24

One sample of Pasteurised milk was not submitted to the Methylene Blue test. On this occasion 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:

<i>Designation</i>	<i>No. of samples</i>	<i>Methylene Blue Passed</i>	<i>Methylene Blue Failed</i>	<i>Unsatisfactory No.</i>	<i>Samples %</i>
Tuberculin Tested (Farm Bottled)	53	52	-	-	-
Tuberculin Tested *(Farm Cartoned)	20	19	-	-	-
Tuberculin Tested (Farm Bottled Channel Islands)	15	13	-	-	-
	88	84	-	-	-

*Sold from vending machines.

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

Cream

18 samples of cream were submitted for bacteriological examination and were satisfactory.

Examination for Tubercle Bacilli and Brucella Abortus

16 samples of Tuberculin Tested (Farm Bottled) milk were submitted for biological examination. 15 samples were negative for Tubercle Bacilli and Brucella Abortus and in the remaining sample Brucella Abortus was isolated. All milk from this supplier is now pasteurised before sale.

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

Bacteriological examination of Milk Equipment

Regular checks were made during the year on the bacteriological condition of the equipment at the pasteurising establishments in the City and in this connection the following numbers of specimens were submitted to the Public Health Laboratory.

	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Milk bottles	426	36
Milk churns	18	-
Milk Plant Swabs	23	1

Ice Cream

No. of premises registered for sale 303

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

<i>Provisional Grade</i>	<i>Time taken to reduce Methylene Blue</i>	<i>No. of samples</i>	<i>Percentage</i>
1	4½ hours or more	9	100
2	2½ to 4 hours	-	-
3	½ to 2 hours	-	-
4	0 hours	-	-

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 number of food animals slaughtered at the four slaughterhouses was 56,732 as compared with 49,808 in 1961, an increase of 6,924.

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

	<i>Cattle excl. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Number killed	6,103	210	183	20,510	23,230
Number inspected	6,103	210	183	20,510	23,210
<i>All Diseases except Tuberculosis:</i>					
Whole carcasses condemned	9	11	25	68	12
Carcasses of which some part or organ was condemned	1,562	21	5	575	2,937
Percentage of the number inspected affected with disease other than tu- berculosis	25.7%	15.2%	16.4%	3.1%	12.7%
<i>Tuberculosis only:</i>					
Whole carcasses condemned	—	—	—	—	1
Carcasses of which some part or organ was condemned	8	—	—	—	737
Percentage of the number inspected affected with tuberculosis	0.1%	—	—	—	3.2%
<i>Cysticercosis</i>					
Carcasses of which some part or organ was condemned	8	—	—	—	—
Carcasses submitted to treat- ment by refrigeration	8	—	—	—	—

Cysticercus Bovis

This is the fourteenth year in which routine inspection has been carried out for the detection of *Cysticercus Bovis*.

Viable cysts were found in 8 animals.

The following table shows the incidence of infection of all bovines inspected to be 0.12%. This is a welcome decrease on the 1961 figure of 28 animals representing 0.46% of all 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>	
210	6,103	—	8	—	—	0.12%

The cysts were located in the animals as follows:

Head	..	..	7
Heart	..	..	1

The carcasses and remainder of the offal of the 8 animals were placed in cold storage at a temperature of 20°F for three weeks or at a temperature of 14°F for two weeks and then released for human consumption. This is in accordance with the recommendations of Memo. 3 Foods of the Ministry of Agriculture, Fisheries and Food.

Foods Condemned

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

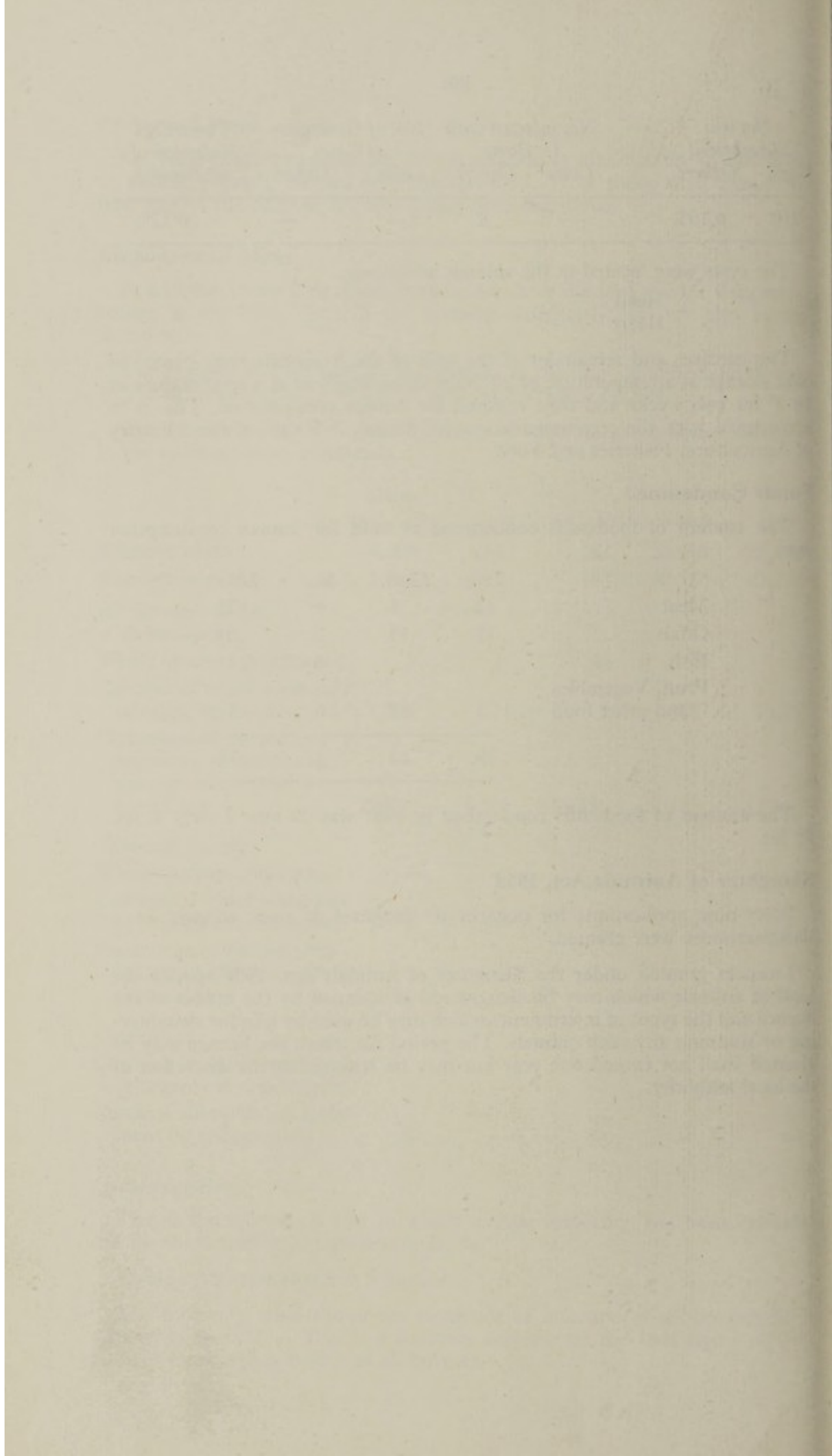
			<i>Tons</i>	<i>Cwts.</i>	<i>Sts.</i>	<i>Lbs.</i>
Meat	..	..	14	5	6	12 $\frac{3}{4}$
Offals	..	..	11	13	5	0 $\frac{1}{2}$
Fish	..	..			6	13
Fruit, Vegetables and other food	..		3	12	6	3
			29	13	1	1 $\frac{1}{4}$

The amount of foodstuffs condemned in 1961 was 29 tons 7 cwts. 0 sts. 7 $\frac{3}{4}$ lbs.

Slaughter of Animals Act, 1958

Forty-nine 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.



CITY OF LINCOLN
EDUCATION COMMITTEE

ANNUAL REPORT
ON THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR ENDED 31st DECEMBER, 1962

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, 1962

Chairman of the Education Committee:
Councillor K. RAWDING

Members of the Education Committee:—

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

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

* Alderman J. W. Rayment was re-appointed to the Education Committee in November, 1961, to fill the vacancy caused by the death of Alderman C. H. Doughty in September, 1961. Councillor S. J. Potter was re-appointed to the Education Committee in January, 1962, to fill the vacancy caused by the death of Alderman H. W. Martin in November, 1961. A vacancy exists on the Education Committee caused by the death of Mr. C. V. Armitage in January, 1962.

Councillor T. Brown and Councillor R. Wadsworth ceased to be members of the Education Committee in May, 1962. Councillor W. S. Maclean was appointed to the Education Committee in July, 1961, and Councillor J. T. Ward in May, 1962.

SPECIAL SERVICES COMMITTEE

Chairman:

Alderman E. J. RICHARDSON, J.P.

Alderman E. J. RICHARDSON, J.P.	Councillor J. T. WARD
Councillor H. B. ADAMS	Councillor S. WILSON
Councillor G. G. ELSEY, J.P.	The Right Rev. Monsignor E. H.
Councillor Mrs. H. M. KERRY	ATKINSON
Councillor W. S. MACLEAN, M.C., L.D.S.	Miss E. L. BUTCHER, M.A.
Councillor S. J. POTTER	Mr. D. J. LOGAN
	Mrs. M. A. TOOMER

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

I submit my Annual Report on the health of the school children in the City and the work of the School Health Department during the year 1962.

There was a slight increase in the school population during the year — the number on the registers (13,009) was the highest ever recorded. Furthermore, a considerable increase in the number of births in the City in recent years points to the fact that an even greater number of children will need to be accommodated in the schools of the City during the next decade. This rise is in keeping with the trend which has been noted nationally, the increased Birth Rate in the City being comparable with the increased rate for the Country as a whole.

The pattern of routine medical inspection continued as in previous years and of the total number of children examined (3294), 25.4% were found to have defects. The majority of the defects were visual, orthopaedic or affecting the ear, nose and throat.

A certain amount of concern was felt about the arrangements for the testing of vision in schools as a number of children were seen during the year who had had a fairly recent vision test and who had within a relatively short period developed a refractive error requiring ophthalmic treatment. It was clear that in many of these cases further considerable deterioration might have occurred before the next routine test of vision and it was obvious that the interval between routine testing was longer than was ideal. It was decided, therefore, to commence the annual testing of vision of all school children and this was put into practice at the beginning of 1963.

A welcome reduction in the incidence of vermin infestation was noticed during 1962 and only 0.9% of children examined were found to be affected, compared with 2.3% during 1961. This is the first year since 1959 that a reduction in infestation has been found. If the trend continues and if certain schools have no case of infestation in the next two or three years, it may be possible to discontinue head inspections in these schools and more time could then be spent in visiting those schools and families who appear to be perpetuating the condition.

During the summer term of 1962, there was an unusual and disturbing outbreak of tuberculosis in a Junior School in the City. The outbreak first came to light when three children in one class were found to be suffering from erythema nodosum. The condition appeared in all three children at approximately the same time and investigation revealed that in the class of 41 children, 15 were Mantoux positive and 7 children had X-ray evidence of primary tuberculosis, of whom 4 required hospital treatment. Details about the outbreak will be found in the Report.

After extensive investigation it was finally concluded that 'case to case' transfer of the infection had occurred amongst the children of the class. The measures taken to suppress the outbreak appear to have been very successful, although a certain amount of inconvenience was caused to the children and to the staff of the school at the time.

There was a very obvious lesson to be learned from this outbreak, however, that although the incidence of tuberculosis has been declining in recent years, one cannot be complacent about this serious disease.

Two outbreaks of Sonne dysentery occurred during the year. The first was during the summer term and affected two schools in the north of the City. The second outbreak took place during the winter term and involved a larger number of schools in the south of the City. No school was seriously affected and although exclusion of confirmed and suspected cases was practised, children were debarred from re-admission until bacteriological clearance had been proved only in the case of those schools which had a very small number of cases and where the infection did not appear to be widespread.

It will be seen from the Report of the Principal School Dental Officer that 33% of the total school population were inspected during the year at routine dental inspections and of this number, 81.4% required dental treatment. This proportion of children requiring treatment is considerably higher than the national average and is quite deplorable. This number is far greater than can be dealt with by the depleted dental services which are available in Lincoln, even when considering the service provided by the Local Authority Dental Officers and other Dentists practising in the City.

Two School Dental Officers were employed for the whole of the year but efforts to recruit a third to staff the purpose-built newly equipped Dental Clinic on the Ermine Estate were unsuccessful. Evidence obtained from school medical and dental inspections strongly suggests that the majority of the children and many of the parents in Lincoln are not 'tooth conscious' and appear to be quite prepared to wait until pain and sepsis compel them to seek urgent treatment. The prevention of dental caries does not appear to interest them at all.

A study of the Annual Reports of the School Medical Officer for Lincoln of some twenty years ago shows that of the total number of children inspected at that time, approximately 40% required dental treatment. This proportion is now over 80% and it is a paradox of our present society that, despite the considerable improvements in the Health Services as a whole, in the standards of nutrition and the increased affluence in general, the incidence of dental caries has more than doubled over the past twenty years. We are aware of most of the factors responsible for dental caries and realise that the three most important factors in the prevention of dental caries are the provision of an optimum level of fluoride in the water supply, a great reduction in the amount of sweets and other refined carbohydrates consumed by children and regular cleaning of teeth after meals. If all three could be achieved, the improvement in the children's teeth would be enormous.

A particularly pleasing feature about the School Dental Service is that the ratio of fillings to extractions is high, extraction being carried out only if conservative treatment is impossible. The ratio of teeth filled to teeth extracted was 4.1:1; in the case of permanent teeth the ratio was 8.4:1 and for deciduous teeth the ratio was 2.05:1.

No further developments were necessary in the Audiometry Service as the programme for the testing of hearing of school children followed the pattern mentioned in previous reports and does not appear to require modification. The help given by the Audiology Clinic at the County Hospital for children who produced abnormal audiograms was invaluable.

A Special Class for Partially Deaf Children came into operation in March, 1962 and there is close liaison between the School Health Service, the Teacher of the deaf and the Hospital Audiology Clinic. The Teacher of the deaf spends one session each week at the Audiology Clinic.

The post of Speech Therapist at the County Hospital was vacant throughout the year, therefore no child with a speech defect received treatment. At the end of 1962, 56 children were on the speech therapy waiting list.

Dr. J. T. Jones resigned his appointment on 3rd October as Deputy Principal School Medical Officer consequent upon his appointment as Senior Medical Officer (Administrative) at Newcastle-upon-Tyne and Dr. N. I. Condon succeeded him, commencing duties on 1st November, 1962.

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 Sub-Committee and in particular to the Chairman, Alderman E. J. Richardson, for the great support he has given.

The Consultant Staff at the County and St. George's Hospitals have, at all times, been extremely helpful and without their valuable advice and assistance, many difficult problems would have remained unsolved.

R. D. HAIGH,

Principal School Medical Officer.

City Health Department,
Beaumont Fee,
Lincoln.

July, 1963.

STAFF OF SCHOOL HEALTH DEPARTMENT
1962

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. (Resigned 3-10-62)

N. I. Condon, M.B., B.CH., B.A.O., L.M., D.P.H. (Commenced 1-11-62)

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 Dental Officer:

C. K. Fenton Evans, L.D.S.

Dental Officers:

G. A. Vega, B.D.S.

Mrs. S. M. Evans, L.D.S. (Sessional)

1 vacancy

Dental Surgery Assistants:

Mrs. M. V. Milligan, S.E.A.N.

Mrs. J. Abell (Commenced 3-12-62)

Mrs. R. Proctor (Resigned 30-6-62)

Mrs. J. Aldridge (27-6-62 — 9-11-62)

Mrs. B. Francis (Sessional)

1 vacancy

Dental Clerk:

Mrs. E. A. Akrill (Commenced 12-11-62)

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. R. Fanner, Dip. Pol. Ec. Soc. Studies

Clerk Receptionist:

Miss J. Dunderdale

Miss A. Marfurt (Part-time) (Commenced 1-1-62)

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 A. E. Chilvers, S.R.N., S.C.M., H.V.(Cert.)

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

Mrs. E. M. Cooling, S.R.N., H.V.(Cert.) (Resigned 30-9-62)

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

Mrs. M. L. Dimpleby, 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. J. L. Jones, S.R.N., S.C.M., H.V.(Cert.) (Part-time)

Miss M. T. Kuhn-Regnier, S.R.N., S.R.F.N., H.V.(Cert.)
(Resigned 3-10-62)

Miss B. M. Lees, S.R.N., S.C.M., H.V.(Cert.) (Commenced 23-7-62)

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

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

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:

R. W. Hill (Commenced 1-2-62)

Clerks:

Mrs. J. Butler

Miss A. Clodd

Miss A. Marfurt (Part-time) (Commenced 1-1-62)

LIST OF SCHOOLS

School	No on Register January, 1963	Head Teacher
Nursery		
St. Cuthbert's	46	Miss H. J. Moore
St. Giles	45	Miss H. Church
Primary		
Boultham Junior	414	Mr. A. E. Briggs
Boultham Infant	131	Mrs. K. M. Pearson
Bracebridge Junior	326	Mr. D. J. Logan
Bracebridge Infant	234	Miss T. H. Bewley
Monks Road Junior	389	Mr. W. J. B. Varlow, M.B.E., J.P.
Monks Road Infant	233	Miss M. Smith
Mount Street Infant and Junior Girls'	461	Miss B. M. Jubb
St. Botolph's Infant	46	Mrs. M. Young
St. Giles Junior	481	Mr. F. Pickering
St. Giles Infant	287	Miss A. M. Hard
Skellingthorpe Road Junior	446	Mr. E. S. Wilson
Skellingthorpe Road Infant	329	Miss S. M. Neale
Westgate Junior Boys'	283	Mr. L. J. Meldrum
Hartsholme Infant and Junior	303	Miss D. J. Neale, O.B.E.
Ermine Infant	325	Miss J. M. Sowerby
Ermine Junior	556	Mr. J. Harrod, B.A.
Eastgate Infant and Junior Girls'	172	Miss M. B. Cullen
St. Andrew's Infant and Junior Girls' and Boys'	209	Miss M. Oliver
St. Faith's Junior	192	Mr. H. J. Sharman
St. Faith's Infant	138	Mrs. M. E. Bradley
St. Martin's Infant and Junior Girls'	85	Miss J. O. Yeates
St. Peter's Boys'	166	Mr. R. E. Wiles
St. Peter's Girls'	135	Mrs. K. West
St. Peter's Infant	172	Mrs. K. West
St. Hugh's R.C.	300	Mr. J. Molyneux
Our Lady of Lincoln R.C.	285	Mr. J. Brown
Secondary Modern		
Rosemary	376	Mr. H. K. Lister, B.Sc.
St. Giles Boys'	258	Mr. A. F. Humble, M.A.
Myle Cross Girls'	252	Miss J. K. Gentry
Sincil Boys'	547	Mr. F. Bell, B.Sc.
Spring Hill	424	Miss M. M. Fenton, M.A.
Boultham Moor Girls'	583	Miss L. M. Powell
St. Peter and St. Paul	280	Mr. T. P. Groome, B.A.
Bishop King	299	Mr. L. R. W. Thake
Secondary Grammar		
The City	584	Mr. L. R. Middleton, M.A., B.Sc.
South Park High	549	Miss M. J. Widdowson, B.A.
Lincoln	545	Mr. J. Faull, B.Sc.
Christ's Hospital Girls' High	531	Miss I. V. Cleave, M.A.

Special Schools

St. Catherine's	88	Mr. T. C. Smith, M.A.
Open Air	81	Miss D. E. Willcock, J.P.

Establishments of Further Education

<i>Full-time day students</i>		<i>Principal</i>
Technical College	308	Mr. G. A. Church, B.Sc., A.C.G.I., M.I.MECH.E.
School of Art	115	Mr. K. Gribble, D.F.A.(LOND.), F.R.S.A.

STATISTICS

Population of City	.. ..	76,930 (mid-year estimate)
* School Population	.. ..	13,009
Number of Schools	.. ..	42
Number of F.E. Establishments	.. ..	2

Maintained Schools in Lincoln.

Schools	No. of		No of children on roll.		
	† Departments	Boys	Girls	Total	
Nursery	2	49	42	91	
Infant	16	1406	1427	2833	
Junior	17	2185	2080	4265	
Special (E.S.N.) ..	1	44	44	88	
Special (Open Air) ..	1	49	32	81	
Secondary Modern ..	8	1541	1478	3019	
Secondary Grammar ..	4	1129	1080	2209	
Technical College ..	1	145	163	308	
School of Art	1	35	80	115	
	51	6583	6426	13009	

* 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

Three routine medical examinations are carried out during a child's school life; the initial one is carried out during the first school year and it is of extreme importance. This examination could possibly be the first time that the child has ever been fully examined by a doctor and great care is required in carrying out this examination. Mothers usually come and their presence is always welcome, not only for the examination itself, but also the mother can discuss with the doctor any problems she may have about the child which were present before or have developed since school entry. It is desirable to delay the initial medical examination until after the first term, because that gives the child some time to settle down at school, and he will be more at ease. Also it gives the teachers an opportunity to get to know the child and any information they may have will be of great value and importance to the doctor during the medical examination.

Although many local authorities are altering their arrangements for routine medical inspections it has not, as yet, been felt necessary to change the pattern adhered to for many years in Lincoln.

Despite certain criticisms levelled at the intermediate examination, it is felt that this still fully justifies its continuation. The systematic periodic medical examination provides an opportunity of examining every school

child in his eleventh year and, as with all periodic examinations the parent is able, and is indeed encouraged, to be present. She may therefore give the school doctor a full account of any aspect of the child's health about which she is worried.

The selective medical examination recently employed by some authorities depends for its success on the parent being aware of and being willing to bring to the notice of the School Health Service by letter (or by a completed questionnaire) any deviation from normal health from which the child may suffer. It is felt that more evidence is required regarding the merits of this system before abandoning the present arrangements.

The co-operation received from the family doctors and the consultants in the hospital has been of great importance in the satisfactory functioning of this important service.

During the school year under review 3,294 children were examined as compared with 4,055 in 1961. This reduction in the numbers can be attributed to the fact that for a short period towards the end of the year, the post of Deputy Principal School Medical Officer was vacant. The defects noted totalled 836 as compared with 1,194 in 1961. As the present-day school child is undoubtedly healthier and generally more robust than his predecessor, the majority of defects are mainly visual, orthopaedic or affect the ear, nose and throat. 25.4 per cent of all the children examined had defects, but because the present-day school child is in better health these defects assume increased importance.

RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 836 compared with 1194 in 1961.

	Entrants		Leavers		Others		Total	
	*T	*O	*T	*O	*T	*O	*T	*O
Skin ...	6	6	28	3	16	4	50	13
Eyes—Vision ...	18	41	247	14	100	70	365	125
Squint ...	59	9	8	—	25	3	92	12
Other ...	8	4	5	1	2	—	15	5
Ears—Hearing ...	6	33	2	5	5	15	13	53
Otitis media ...	2	16	1	—	1	3	4	19
Other ...	5	4	1	—	2	2	8	6
Nose and Throat ...	36	63	3	6	6	17	45	86
Speech ...	28	21	2	—	2	1	32	22
Lymphatic glands ...	—	22	—	2	1	6	1	30
Heart ...	7	14	9	5	5	5	21	24
Lungs ...	12	19	2	6	4	16	8	41
Development								
Hernia ...	3	3	—	—	—	—	3	3
Other ...	1	5	—	4	—	5	1	14
Orthopaedic								
Posture ...	1	—	4	3	—	3	5	6
Feet ...	10	17	20	1	8	12	38	30
Other ...	50	20	34	7	12	16	96	43
Nervous system								
Epilepsy ...	5	3	1	—	2	1	8	4
Other ...	6	18	4	2	5	13	15	33
Psychological								
Development ...	—	2	—	2	—	6	—	10
Stability ...	1	13	—	4	1	5	2	22
Abdomen ...	2	2	—	—	—	2	2	4
Other ...	1	—	—	—	1	1	2	1
	267	335	371	65	198	206	836	606

*T—Defects requiring treatment

*O—Defects requiring to be kept under observation

GENERAL CONDITION OF CHILDREN

Of the total number of children examined, only 0.3 per cent were classified as being medically unsatisfactory. This represents 11 children out of a total number of 3,294 who were examined.

SPECIAL INSPECTIONS

Defect or Disease	Pupils requiring treatment	Pupils requiring observation
Skin	26	3
Eyes—vision	86	13
squint	6	—
other	1	—
Ears—hearing	9	2
Otitis media	—	—
other	6	—
Nose and Throat	14	1
Speech	4	—
Lymphatic glands	—	—
Heart	—	1
Lungs	32	10
Development—		
Hernia	3	—
Other	4	—
Orthopaedic—		
Posture	2	—
Feet	19	—
Other	12	1
Nervous system—		
Epilepsy	—	—
Other	6	—
Psychological—		
Development	23	6
Stability	1	2
Abdomen	2	—
Other	32	12
Totals	288	51

NOTES ON SPECIFIC DEFECTS

SKIN DISEASES

Verrucae make up quite a large percentage of all cases of skin diseases detected during the year. These verrucae are mostly found on the sole of the foot and resemble a small area of hard skin, usually with a dark spot in the centre, which under pressure causes severe pain. The verruca or plantar wart, which grows deep into the tissue, is not very responsive to treatment and is caused by a virus which infiltrates through the skin of the foot and is spread by contamination. Plantar warts are common and infection is spread by bare feet in communal baths, swimming baths and showers. The spread of infection can be controlled by regular foot inspection, followed by adequate treatment where necessary and by insisting that those pupils who have verrucae are excluded from the swimming baths and made to wear rubber shoes when taking a communal shower after physical education.

No case of ringworm of the scalp occurred in the City during the year. School children in Lincoln have been free from this serious infection for the past 12 years.

VISUAL DEFECTS

One of the most important tasks to be carried out during the school medical examination is testing for visual defects. Defective vision is a common cause of lack of progress and dis-interest in the school child. A pupil, though he may be able to see the blackboard, may not be able to read what is on it, and he may be too frightened to tell the teacher that he cannot see, so he remains at the back of the class where he learns nothing and distracts the other children from learning. During 1962, 614 defects were discovered and of these 365, or 59.4% required treatment for defective vision.

It is not uncommon to find that the pupil who had normal vision one year, may be found to have defective vision the following year. It would appear that the time has now come for the yearly testing of vision of all school children and towards the end of the year it was decided to introduce annual eye tests as from the 1st January, 1963. Though this work will mean the employment of a part-time nurse, one can be assured that even though the time and money spent may be great, the reward will be worthwhile.

Squints are usually detected prior to school entry and they will have already been seen by the Ophthalmologist by the time the child enters school. Those defects that develop during school life are referred for treatment at the earliest opportunity.

Mr. A. H. Briggs has continued the work of the Children's Ophthalmic Clinic at the County Hospital and I am grateful to him for the following report for the year under review.

"The statistics for the Children's Ophthalmic Clinics for the year 1962 are as follows:

Children's Eye Clinic

	1962	1961	1960
New attendances sent for ..	264	338	297
New cases attended	222	298	240
Old cases sent for	848	1356	1149
Old cases attended	648	1058	902
New failures	42	40	57
Old failures	200	298	247
Glasses prescribed	662	809	869
Number of clinics held	132	144	148

Orthoptic Department

	1962	1961	1960
New cases	80	97	123
Old cases	1037	926	1153
Awaiting admission for surgery ..	—	2	6

All failures for 1962 were sent further appointments and there are no cases outstanding. The waiting list for admission for operation is up-to-date. I have no special comments to add."

These figures refer not only to school children but also to a number of pre-school children referred to the clinic from the Infant Welfare Centre.

One of the problems associated with the older boys and girls is to get them to wear their spectacles as directed by the ophthalmologist. It is sad to relate that even when this service, which is provided free, where the Con-

sultant makes one or more appointments to see the child and where the Health Department makes special visits to see parents, one always comes across the parent or child who will not co-operate. Some parents have stated to members of the staff, that in their opinion their child does not require glasses even though the Consultant has recommended that they should be worn.

The colour vision test is carried out on pupils at 10 years of age. Those pupils not tested at this age will have the test before they leave school, at the final examination.

DISEASES OF THE NOSE AND THROAT

The table on page 11 shows that in 1962, 131 children were found to have abnormalities of the nose and throat which were felt to require treatment or observation. In 1961 the number was 163. Most of these children had enlarged tonsils with a history of repeated sore throats. Of the total number in 1961 (163) 82 children were referred for treatment and 81 were placed under observation, whereas in 1962, of the total number (131) 45 children were referred for treatment and 86 were placed under observation.

The decline in the number of children referred for treatment which has been noticed in recent years continued and therefore only children with a definite abnormality accompanied in most cases by a history of repeated sore throats were referred.

CHILDREN WITH IMPAIRED HEARING AND THE AUDIO-METRY SERVICE

In 1962 another Health Visitor attended a course of training in the ascertainment of hearing loss and audiometry arranged by the Department of Education for the Deaf, University of Manchester and now one School Nurse and two Health Visitors are trained.

With only an occasional exception all children were sweep tested during their first year at school. The majority of children are tested before leaving the junior school and again in the final year at secondary school. All children who fail the sweep test have a pure tone audiometry test carried out as do all children who are suspected of being educationally sub-normal or unsuitable for education at school. Other groups of children who have a pure tone audiometry test are those with a speech defect or any degree of spasticity, or have any history or evidence of ear infections. Head teachers are encouraged to refer for testing children of any age where deafness is suspected by them or by the parent.

When an abnormal pure tone audiogram is found the child is referred to Mr. M. Spencer Harrison, F.R.C.S., at the Audiology Unit at the Lincoln County Hospital. A full investigation is carried out and the help and co-operation of Mr. Spencer Harrison is greatly appreciated.

Audiometric Tests, 1962

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

Sweep testing in Schools			<i>Number tested</i>
Infant Schools	..	..	1484
Junior Schools	..	..	1107
Senior Schools	..	..	1014
Total			3605
Number who failed Sweep Tests			102 = 2.82%

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.	..	..	102
Number who failed to attend	..	..	8
Number of children examined by P.T.A.	..	..	94

Result of pure tone audiograms:

Satisfactory	..	..	..	..	..	52
Unsatisfactory	..	..	..	..	..	42

Disposal and treatment of unsatisfactory cases:

Permanent hearing defect	..	..	..	..	1
Operative treatment	..	..	..	..	6
For review at Hospital	..	..	..	..	3
For observation	..	..	..	..	32
					—
Total	..				42
					—

SPEECH DEFECTS

Children with speech defects of a degree sufficient to require special treatment are normally referred to the Speech Therapist at the Lincoln County Hospital. Unfortunately the post of Speech Therapist has been vacant during the year and no treatment has been carried out. At the end of 1962, there were 56 cases awaiting treatment.

ORTHOPAEDIC AND POSTURAL DEFECTS

Curvature of the spine, round shoulders, knock knees and flat feet are some of the common orthopaedic defects found on school medical examination. All defects which, in the opinion of the School Medical Officer, require investigation are referred to the fortnightly clinic, held in the School Clinic, Beaumont Fee, by Mr. D. F. Thomas, F.R.C.S.

The following is a summary of the work carried out:

	1962	1961	1960
Number of sessions held by the Orthopaedic Surgeon	.. 17	21	22
Number of cases seen by the Orthopaedic Surgeon	.. 494	631	179
Number of new cases seen by the Orthopaedic Surgeon	129	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:

"The attendance rate of the orthopaedic clinic at Beaumont Fee has been fair. Out of 801 who should have attended, 623 did in fact attend in the course of the year. The vast majority of the cases are postural defects of the lower limbs. Co-operation by the parents and children in treatment has generally been good."

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 1962 (as against 1 in 1961) and was in a boy aged 13 years. The diagnosis was Rheumatic pains and arthritis

without heart disease. In addition two more cases have been seen by the Paediatrician, a boy and a girl each aged 9 years. In each case the diagnosis was Rheumatic heart disease (active) with polyarthritis.

SCHOOL CARDIAC REGISTER

Five new cases were added to the School Cardiac Register during 1962, making a total of ten cases discovered on routine medical examination. The diagnoses of these cases are as follows:

(a)	Ventricular septal defect	..	..	..	3
(b)	Atrial septal defect	..	..	..	1
(c)	Mitral incompetence	..	..	..	1
(d)	Atrio ventricularis communis	..	..	..	1
(e)	Pulmonary stenosis	..	..	..	1
(f)	Patent ductus arteriosus	..	..	..	2
(g)	Rheumatic fever with severe carditis	..	..	..	1

Of these ten cases, eight are placed in ordinary schools, one in the Open Air School and one in the Training Centre.

No child underwent cardiac surgery during the year.

PRE-SCHOOL CARDIAC REGISTER

Where there is a possibility of a child having a congenital heart lesion, the Consultant Paediatrician is normally asked for his advice. Fortunately, liaison between the Consultant and the Health Department is excellent and this permits us to complete a cardiac register for the pre-school child. During the year under review, a number of suspected cases were examined in the Hospital and the following definite cases have been diagnosed.

(a)	Ventricular septal defect	..	..	..	8
(b)	Coarctation of the aorta	..	..	..	1
(c)	Pulmonary stenosis	..	..	..	2
(d)	Undiagnosed heart lesion	..	..	..	3

The Principal School Dental Officer is automatically notified of the name and diagnosis of every child on both cardiac registers. He is thus informed of those children 'at risk' and he acts accordingly. The compilation of the pre-school cardiac register also helps to ensure that no case is overlooked when examined at the first routine medical examination.

PROVISION OF SCHOOL CLINICS

At the School Clinic, Beaumont Fee:

Medical Clinics	Friday 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	1962 Totals	1961 Totals	1960 Totals
Minor Ailment Clinics					
Central Clinic ...	128	813	941	966	828
St. Giles ...	417	4170	4587	4100	2951
Skellingthorpe Road ...	813	5057	5870	5321	5983
Sincil Boys ...	329	1977	2306	1469	1068
	1687	12,017	13,704	11,856	10,830
Medical Clinics ...	227	112	339	316	278
Orthopaedic Clinics ...	129	494	623	631	303
Dental Clinics ...	2023	3716	5739	4395	3914

NOCTURNAL ENURESIS

The use of the foil and bell alarm has proved its worth in the treatment of bed-wetting at night. Before the apparatus is given to the parent by the School Medical Officer the child must first be examined to exclude any physical cause for the complaint. In exceptional cases the alarm has been given to children under the age of eight, but best results are achieved at about this age or thereafter. The response to the alarm varies and is much better in some children than in others. It is usually advised to withdraw the alarm after fourteen consecutive dry nights. During the year eighteen children were supplied with the alarm and of these six were cured, eight improved and four showed no improvement. Three of the eight cases shown as improved were in fact almost cured, having only a very occasional wet night.

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

Age	Cured	Improved	No Improvement	Totals
4	-	-	1	1
6	1	-	1	2
7	1	1	1	3
8	2	1	-	3
9	-	1	-	1
10	-	2	-	2
11	1	2	-	3
12	-	-	1	1
13	-	-	-	-
14	-	1	-	1
15	1	-	-	1
	6	8	4	18
Severity				
Each night	5	7	4	16
3/4 times a week ..	1	1	-	2
	6	8	4	18

Two additional enuresis alarms were purchased during the year and this brought the total number of alarms available for issue up to seven. After trying several different types of alarm it is now felt that a satisfactory apparatus has been obtained and difficulties in using this form of treatment are few. It has been found necessary, however, to give careful instructions to parents and to arrange for a follow-up visit during treatment by a school nurse.

CLEANLINESS OF SCHOOL CHILDREN

PEDICULOSIS

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

1958	1959	1960	1961	1962
0.7%	1.2%	2.3%	2.3%	0.9%

Inspection for the presence of pediculi:

Number of visits to schools	290
Number of inspections of children	36923
Number of children found to be verminous, however slight	124
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 1962 (124) was much less than in the previous year (299).

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. The reduction in the amount of infestation found in 1962 is gratifying in view of the increase that occurred in the preceding two years. If this trend continues and if certain schools have no case of infestation in the next two or three years it may be possible to discontinue routine head inspection in these schools and concentrate our efforts in those schools where cases of pediculosis have occurred.

SCABIES

Only one case of scabies occurred in a school child in 1962 as against 39 in 1961 and this is a much more satisfactory position.

It is important to be thorough 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.

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:

	1962	1961	1960
Chickenpox	307	100	448
Dysentery	58	26	—
Measles	30	622	30
Pneumonia	—	2	2
Poliomyelitis (Non-paralytic)	—	—	4
Scarlet Fever	11	11	52
Whooping Cough	—	18	18
	<hr/> 406 <hr/>	<hr/> 779 <hr/>	<hr/> 554 <hr/>

No case of whooping cough was notified during the year and no case of poliomyelitis has been notified during the last two years.

The number of chickenpox notifications rose sharply during the autumn and at the close of the year it was obvious that an epidemic of this disease was in progress.

58 cases of dysentery in school children were notified by General Practitioners during the year, the highest number ever recorded. In addition to the notifications, it is known that at least 97 children in the 5 — 15 age group were affected and it is probable that there were many more cases which did not come to the notice of the Department.

Most of the cases occurred in two main outbreaks. In July, fourteen children attending an infants' school were affected and cases were found in other schools at or about the same time but in only two instances was there any apparent connection with the original cases. There was also an outbreak at a nursery school at this time where nine cases were found. All children found to be excreting positive faeces were excluded from school and by the time the summer holiday started the outbreak was almost at an end. The second outbreak started during the last few days of September and further cases occurred during October, November and early December. Altogether 23 schools had cases, and one infants' school and a nursery school in the north of the City had the greatest number. Children were excluded from school when diagnosed and referred to the family doctor for treatment. Affected children from schools where only an occasional spasmodic case occurred were not allowed to return until three consecutive faecal specimens had been reported as negative by the laboratory, whereas children from schools where a number of cases had been ascertained were allowed to return one week after the completion of treatment if they had been symptom free for this time.

Children attending nursery schools were excluded until bacteriologically clear.

VACCINATION AND IMMUNISATION

Immunisation against Diphtheria, Whooping Cough and Tetanus

As in past years school entrants have been offered primary immunisation against diphtheria, whooping cough and tetanus, with booster doses against these diseases, for children who had primary immunisation in infancy.

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	..	..	..	7
Diphtheria and Pertussis	..	..	..	5
Diphtheria and Tetanus	..	..	..	32
Diphtheria, Pertussis and Tetanus	..	..	..	134
Whooping Cough only	..	..	..	17
Tetanus only	..	..	..	1201
Pertussis and Tetanus	..	..	..	27

Reinforcing injections:

Diphtheria only	..	..	..	..	161
Diphtheria and Pertussis	..	..	..	..	2
Diphtheria and Tetanus	..	..	..	..	449
Diphtheria, Pertussis and Tetanus	..	..	..	..	37
Whooping Cough only	..	..	..	..	-
Tetanus only	..	..	..	..	29

Poliomyelitis Vaccination

In 1961 the Ministry of Health authorised Local Authorities to offer a fourth poliomyelitis injection to children between the ages of five and twelve years but towards the end of the year, owing to a temporary shortage of vaccine, and on instructions from the Ministry, the programme of fourth injections had to be stopped. In March 1962 Sabin (oral) vaccine became generally available and as supplies became more plentiful the ban on fourth 'booster' doses was lifted.

The programme of fourth doses was re-started in June and was completed in the schools before the end of the summer term. The majority of the children vaccinated were in the five year old group, i.e. children starting school in 1962 and who had been too young to be eligible for a fourth dose the previous year. Parents were given the choice of Salk or Sabin vaccine and with very few exceptions chose Sabin.

The use of oral vaccine greatly facilitates the organisation of a vaccination session in a school since there is no necessity to sterilise syringes and the vaccine can be administered by school nurses or health visitors.

In all 960 children were given fourth doses and of this number only 36 chose to have Salk vaccine.

At the end of 1962 a total of 6,899 children had been given fourth doses.

TUBERCULOSIS

The following table shows the number of children notified as suffering from Tuberculosis in recent years:

	1958	1959	1960	1961	1962
Pulmonary tuberculosis ..	7	5	2	1	11
Tuberculous meningitis ..	1	1	-	-	-
Tuberculosis, other forms	1	-	-	1	1
Totals ..	9	6	2	2	12

The sharp increase in the number of cases was mainly due to one incident which is described as follows:

An Outbreak of Primary Tuberculosis in a Lincoln Primary School

In June 1962 two eleven year old children who were in the same class of a primary school were found to be suffering from erythema nodosum by the Chest Physician (Dr. H. G. H. Butcher) who immediately notified the Principal School Medical Officer on seeing the second case. A visit to the school revealed another child in this class with obvious erythema nodosum.

The condition in all three cases had appeared in the third week of May — almost simultaneously in fact, and chest X-ray films showed that all three had evidence of primary tuberculosis.

An X-ray of the chest of the class teacher revealed no abnormality.

It was then decided to skin test using Heaf protoderm all children in the school and to arrange for an X-ray of chest of every person who had been in contact with the children in the previous six months.

Results of Tuberculin Skin Tests:

	<i>Total No. Tested</i>	<i>Number Positive</i>	<i>Remarks</i>
Class 1	28	2	Two had previous B.C.G.
Class 2	35	1	
Class 3	37	3	Two had previous B.C.G.
Class 4	37	1	
Class 5	21	2	One had previous B.C.G.
Class 6	41	15	

All Heaf positive children had a chest X-ray and seven children in class 6 had evidence of primary pulmonary tuberculosis. The results clearly indicated that the children in class 6 had been in contact with an infectious case of tuberculosis.

As far as is known every person who had been in contact with the children in the class in the preceding six months had a chest X-ray and the results were entirely negative. Persons who had been in contact with the class only for a very short period or at very infrequent intervals were included in this survey but from the extent of the outbreak and from the known epidemiological behaviour of tuberculosis it is difficult to believe that the outbreak could have been due to a casual contact. It is strongly felt that a more prolonged exposure would have been necessary to produce this degree of infection — 15 children infected out of 41 in a class can only be described as a serious outbreak by any standards.

In view of the completely negative findings on checking adults who had been in contact with the children it was decided to investigate contacts of the infected children outside the school. A significant finding was that one child was infected from a source outside the school and there is a strong possibility that case to case transfer occurred amongst the children in the school.

In view of this possibility it was decided to exclude from school all Heaf positive children in class 6.

As this action was taken less than one month from the end of the summer term — after all the procedures for grammar school selection had been completed — it was felt that this was not a particular hardship and was not to the detriment of the children's education. Of the number excluded three children had in any case to be admitted to Branston Hospital for treatment etc.

Confirmation of the wisdom of this exclusion action was obtained when repeat skin tests of the children in class 6 who were negative in June were carried out on re-starting school in mid September. Of the 25 children tested not one had undergone Mantoux conversion and all remained negative. However of the children who were positive in June one child who had a normal chest X-ray at that time showed enlarged hilar glands when a repeat X-ray was taken in September.

This was a most unusual outbreak for the following reasons:

1. Three cases of erythema nodosum starting almost simultaneously must be a rare occurrence.
2. A high degree of hypersensitivity to tuberculin was shown by a large proportion of the infected children as eleven of the remaining twelve children (other than those with erythema nodosum) showed a grade III or IV reaction to the Heaf protoderm.
3. A relatively large number of children were affected and the infection was confined to one class.
4. There was good evidence that case to case transfer had taken place between children of the class.

B.C.G. VACCINATION

Although the B.C.G. vaccination of 13 year old children is a Local Health Authority duty (Ministry of Health Circulars 22/53, 7/59 and 6/61) it is appropriate to give an account of the work in this report as almost the entire scheme is carried out in schools. Without the ready co-operation and help of Head Teachers and the facilities provided by the schools it would be impossible to achieve the results we do without an enormous amount of additional work which would otherwise be necessary.

Circular 6/61 allows B.C.G. vaccination to be carried out at age ten where this is felt to be necessary. However it is felt that vaccination at age 13 is satisfactory and no change in the age for vaccination is contemplated.

The programme was similar to that of previous years. When the parents have given consent a Heaf test is carried out and the result is recorded in seven days.

Negative reactors are then vaccinated and positive reactors are dealt with, according to the Heaf test result. Grade III and IV reactors are referred to the Chest Physician for examination and full size X-ray film. Grade I and II reactors are referred to the Mass Radiography Unit and have a 75 mm chest X-ray film taken.

The following table refers to the 1962 survey:

Number of children offered skin test	..	..	1201
Number of children skin tested	..	..	949
Positive	..	..	104
Negative	..	..	806
Number vaccinated	..	..	805

Of the 104 children found to be positive 56 were classified Grades I and II and 48 were grades III and IV.

The 48 children in Grades III and IV were dealt with as follows:

Old cases, already known to the Chest Physician..	3
Offered X-ray but did not attend	3
X-rayed at Chest Clinic	42
	—
	48
	—

Of the 42 children who attended for chest X-ray, 31 showed no evidence of disease and eleven children showed signs of old healed lesions.

PROVISION OF SCHOOL MEALS

The number of meals provided during the year ended 31st December, 1962 was as follows:

	1962
To Nursery, Primary and Secondary Schools etc.	1,235,752
To Staff and Helpers	110,338
	<hr/>
	1,346,090
	<hr/>
Number of Free Meals supplied	67,048

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

Breakfasts	14,404
Dinners	14,102
Teas	14,102

On a selected day in 1962, the number of children taking milk under the 'Milk-in-Schools Scheme' was 10,321, which represents 85% of those present on the selected day.

HANDICAPPED PUPILS

The Local Education Authority is responsible for ascertaining which pupils over the age of two require special educational treatment, and as 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.

The following handicapped pupils were ascertained during the year:

Partially Deaf	3
Partially Sighted	1
Speech Defect	1
Physically Handicapped	4
Delicate	16
Maladjusted	2
Educationally subnormal	41

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

Blind

1 child is in a special school:

Birmingham Royal Institution	1
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Partially sighted

2 children are in special schools:

East Anglian School, Great Yarmouth	1
Exhall Grange, Coventry	1

Deaf

4 children are in special schools:

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

Partially deaf

7 children are in special schools:

Needwood School	1
Maud Maxfield School, Sheffield	2
St. John's School, Boston Spa	1
Deaf Unit, Boultham School	3

Educationally subnormal

117 children are in special schools or classes:

St. Catherine's, Lincoln	89
Special classes (Junior)	27
Rudolph Steiner	1

Epileptic

There are a number of children suffering from this defect in the City but only one required special residential schooling solely on account of the disease.

Lingfield Hospital School	1
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Maladjusted

6 children are in special schools

Breckonborough School, Thirsk	1
Bourne House Hostel	2
Shotton Hall School	1
Chevely Rectory, Newmarket	1
Meadows House, Kent	1

Physically handicapped

18 children are in special schools:

Ian Tetley Memorial Home, Harrogate	..	..	1
Lincoln Open Air	..	..	13
Thieves Wood, Mansfield	..	..	1
Bradstock Lockett, Southport	..	..	1
Delarue School, Tonbridge	..	..	1
Hesley Hall, Doncaster	1

Speech Defect

1 child is in a special school

Deaf Unit, Boultham School	1
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Delicate

73 children are in special schools:

Lincoln Open Air	70
St. John's Open Air, Woodford	1
Pilgrim School, Seaford	..	..	1
Gap House School, Broadstairs	..	..	1

The following handicapped pupils were awaiting admission to special schools in January, 1962:

Educationally subnormal	..	..	27
Physically Handicapped	..	..	2
Partially Sighted	..	..	1

The 27 educationally subnormal children awaiting admission are children who have been ascertained as educationally subnormal before the age at which 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.

PARTIALLY DEAF UNIT

A Unit for Partially Deaf Children was opened at Boultham Infants School in the charge of Miss E. E. Norris and I am indebted to her for the following report:

"The Partially Deaf Unit opened on 12th March, 1962 with three pupils, aged four, five and six years respectively.

The two younger boys have an average hearing loss of 70 decibels over the speech frequency range and at the time of entry had little intelligible speech. They had not previously attended school but had received training from the Speech Therapist at the County Hospital. They are now speaking with fair intelligibility and making reasonable progress in school subjects.

The six year old boy has an average hearing loss of 30 decibels over the speech frequency range which had caused backwardness in school subjects. He had previously attended Skellingthorpe Road Infant School. His speech was normal but his command of language restricted. He made sufficient progress in the Unit to be transferred to Boultham Junior School in January, 1963.

In October 1962, an aphasic four year old girl joined the Unit. On entry she showed no understanding of speech and had no intelligible speech. A little progress has been made and she now understands and responds to a few words and phrases. She speaks in odd words and phrases.

All pupils integrate satisfactorily with hearing children during suitable lessons and during Prayers, dinners and playtime. This is due, largely, to the interest and co-operation shown by the Head Mistress and staff of the school.

Lipreading classes are being given to three pupils attending hearing schools. These are a girl attending Myle Cross Girls S.M. School, a boy attending Skellingthorpe Road Junior School and a girl attending Mount Street Junior School. General supervision of the use and care of their hearing aids is undertaken during these sessions."

CHILDREN ASCERTAINED AS UNSUITABLE FOR EDUCATION AT SCHOOL

Five children were ascertained during 1962 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, 1962	..	..	83
Number of children admitted during 1962	..	..	16
Number of children discharged during 1962	..	..	12

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

General Debility	..	..	..	..	..	45
Bronchitis	..	..	..	..	..	5
Asthma	..	..	..	..	..	12
Sequelae of Poliomyelitis	..	..	..	..	..	4
Congenital Heart	..	..	..	..	..	3
Cerebral Palsy	..	..	..	..	..	2
Orthopaedic defect	..	..	..	..	..	7
Miscellaneous	..	..	..	..	..	5

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, 1962 ..	45	44
Number admitted during 1962 ..	18	12
Number discharged during 1962 ..	18	9

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 ..	41.01	14,356
St. Giles Nursery School ..	35.88	13,920

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

274 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 one child was found to be unfit for employment.

HOME TEACHING

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

11 children were taught at home during the year;

Orthopaedic defects	3
Muscular Dystrophy	1
Tuberculosis	2
Miscellaneous	5

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

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

42 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 6 children during the year. The following is a list of the causes:

Road accident (pedal cycle)	1
Peritoneal sarcoma	1
Broncho pneumonia	1
Encephalitis	1
Diabetic coma	1
Cerebellar Haemorrhage	1

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Throughout the year, the School Dental Service was again unable to provide full and comprehensive dental treatment for the school population because of the continued shortage of staff. Although the position was fortunately maintained as at the close of the previous year, repeated advertising failed to result in the appointment of any additional full-time Assistant Dental Officers.

Resultant upon this failure to increase the number of Dental Officers, the new dental suite in the Ravendale Clinic, opened during the year, has only been brought into operation on a part-time basis.

The Corporation's application for the allocation of a Dental Auxiliary failed to attract any of the newly qualified girls on the completion of their course of training in September.

At the close of the year, national and local publicity was given to the Report of the Estimates Committee which devoted some considerable space to the School Dental Service, and such headlines as "State of Children's Teeth a National Scandal" were used. This is neither an unexpected situation nor a new development in the condition of children's teeth. For many years, reports from Dental Schools and Hospitals and from Principal School Dental and Medical Officers throughout the country have been stressing the deplorable state of the children's dental health and the inability of the School Dental Service to meet the demands made upon it, and ample warnings have been given that there was every likelihood of the position deteriorating further, unless immediate and adequate action was taken.

Due to the shortage of qualified staff in the School Dental Service, Dental Officers in many parts of the country are faced with an impossible demand for treatment, and can provide little more than a 'break-down' service; Dental Health Education, although urgently needed, is neglected; the dental health of the children is deteriorating to the point where dental disease is almost beyond control; the General Dental Service is having to provide, and the Exchequer to pay for, a large amount of dental treatment among teenagers and young adults consequent upon the failure of the School Dental Service to ensure that every child leaves school dentally fit.

The majority of Local Authorities are only too conscious of their failure to meet their responsibility in providing a comprehensive school dental service in spite of all efforts to do so within the existing regulations. We, in Lincoln, have offered and are continuing to offer, every possible inducement in an endeavour to attract dental officers, but without success. It is obvious that the School Dental Service does not provide a sufficiently attractive career and cannot fairly compete with the better prospects provided by the other branches of dentistry and, as no further inducements may be offered by local authorities without breaking nationally negotiated agreements, it is apparent that the existing structures and conditions of the Service are inadequate. It is sincerely hoped, therefore, that local authorities, through their representatives on negotiating bodies, will give serious thought to reforming the whole structure of the School Service and so produce Conditions of Service and career prospects which will attract dental surgeons — particularly those in the younger age group — and that their efforts will be aided and supported by positive and useful action by the Ministries concerned.

In July, the Ministry of Health published the report on the fluoridation of domestic water supplies. The findings in the Test Areas set up in Great

Britain (66%-50% reduction in the number of carious teeth in 3-5 year old children) follow closely those in other countries where similar schemes have been operated. It would appear from the evidence contained in the Report and from that available from many other sources, that the introduction of fluorides to the domestic water supplies will bring about a marked reduction in the number of carious teeth, but is, at the same time, completely safe in all respects. Although the introduction of fluorides to water supplies will not occasion an immediate decrease in the demand for dental treatment, and is, therefore, no remedy for the situation at present prevailing, it should have marked effects in the future.

The population of the City will, in the long term, benefit from the use of fluoridated water and the introduction of its use should not long be delayed. With the mass of evidence available as to its safety, any opposition, be it based on financial considerations, moral issues or simple ignorance, which delays its introduction will be doing a disservice to the young children of Lincoln, and condemning them to unnecessary dental disease, pain, suffering and possible dental disfigurement.

Of the school population, 33.11% were inspected at routine dental inspections carried out during the year and of those inspected, 81.4% required dental treatment. This latter percentage is considerably higher than the national average and reflects the deplorable state of dental health of the children in the City.

No improvement in the general apathy towards dental health and care has been noted, and it must be regretted that it has not been found possible to counter this with any form of Dental Health Propaganda. A draft plan for a Dental Health Campaign was prepared and considered during the year, but the shortage of staff and finance prevented any action being taken.

The actual figures for the various forms of dental treatment provided during the year are given in the appended tables, also those of the previous year for comparison.

The over-all ratio of teeth filled to teeth extracted 4.11:1 (4.7:1) shows a fall compared with the previous year, as does also the permanent teeth ratio of 8.42:1 (12:1). The deciduous teeth ratio remains almost unchanged at 2.05:1 (2:1).

Without additional dental officers and surgeries and without colossal efforts in the field of Dental Health Education, it is impossible to forecast any improvement in the services offered by the City's School Dental Service, nor can the condition of the teeth of the child population be expected to improve, indeed, there is a grave risk that it will deteriorate further.

I should like to express appreciation for the efforts of the members of the staff of the School Dental Service, and to thank the Chariman and members of the Committee, the Chief Education Officer and staff, and the Principal School Medical Officer and his staff for their assistance and understanding during the year.

C. K. FENTON EVANS,

Principal School Dental Officer.

Summary of Dental Inspections and Treatment carried out during 1962

	1962	1961
Number inspected at routine school inspections ..	4268	5639
Number requiring treatment	3476	4010
Number referred for treatment	3348	4010
Number treated after school inspection	1357	1284
Number treated as specials	666	477
Total actually treated	2023	1761
Half-days devoted to (i) School inspections ..	28	39
(ii) Treatment	880	532
Number of permanent teeth filled	3528	2346
Number of fillings in permanent teeth	4167	2645
Number of deciduous teeth filled	1788	1150
Number of fillings in deciduous teeth	2001	1212
Total number of fillings	6168	3857
Extractions: (i) Permanent	419	190
(ii) Deciduous	872	556
Total number of extractions	1291	746
General anaesthetics	42	59
Other operations: (i) Permanent	1274	969
(ii) Deciduous	833	390
Total of other operations	2107	1359
Radio-graphs	229	174
Dentures	20	8

Orthodontic Treatment

Cases continued from 1961	32
Cases commenced in 1962	14
Cases receiving treatment during 1962	46
Cases completed or suspended	20
Cases to be continued in 1963	26
Number of cases treated by means of appliances during the year	44
Number of removable appliances fitted	28

WORK OF THE CHILD GUIDANCE CLINIC

During 1962 this service has shown itself to be a well established part of the community services for children. The links which we have built up with other services concerned with children have been entrenched, and I am happy to say that the service has an excellent association with the Probation Service, Children's Department, School Health Service, Paediatric Departments and the schools serving the area, to name but a few.

It has been our policy for the Psychologist and Psychiatrist to give informal talks and lectures to all these bodies to educate them in the proper functions of the child psychiatric service and its ancillary services, also in the most effective way of using the service.

Contacts with other consultants and the general practitioners in the area have increased as the body of cases seen has increased, and I am happy to say that general practitioners are making very heavy calls now upon the service. I hope that this reflects an increasing awareness of the service and confidence in it.

Summary of the Work of the Service during 1962

The following tables show the tremendous weight of work which is now being undertaken in the clinic. It is only possible to offer treatment to the large number of children and their parents because we have organised many of the children into groups for group psychotherapy. These have proved tremendously effective, particularly with anxious and phobic children.

Referrals

From Lincoln City 79 cases have been referred to the Child Guidance Unit; of these all had been offered appointments at the end of 1962. 68 cases had been investigated, 5 cases had not attended, and 6 had appointments to attend during the first weeks of January 1963.

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

Table 1

	Lincoln			
New cases referred in 1962	79
New cases investigated in 1962	68
Cases failing to attend	5
Cases with appointments in 1963	6
Cases continuing treatment from previous years	..			50
Total cases investigated and treated in 1962	..			118

Table 2 — Social Workers' Interviews

Lincoln Clinic	2094
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Despite the heavy case load we have continued our policy of avoiding the development of a waiting list. Cases can be seen in emergency almost at once. It will be appreciated that all cases have to be seen by appointment because the initial assessment takes from 1½ to 2 hours, and involves two or sometimes three of the clinic staff.

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 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.

All referrals have been with the agreement of the family doctor except where the Court wished an urgent report. The Principal School Medical Officer is kept informed of all referrals, since he has valuable information on the child's health throughout his school life. Enquiries about referral are welcomed direct from the parents or from any interested responsible party. They will always be asked for a letter from their general practitioner, or for permission to contact him, since the future treatment of the child depends on close co-operation between the consultant and the general practitioner.

All children age 0 — 18 are catered for by the Service. It is hoped to increase the number of children referred before school age, because much work can be done to prevent the development of chronic mental ill health if the child can be seen early. This can best be effected by encouraging early referral by Health Visitors working in the M. and C.W. Clinics.

The characteristics of cases seen in 1962 are almost identical with those seen in 1961, so it was not felt desirable to repeat those findings which are set out in detail in the reports for 1961 and 1960.

It should be emphasized that we see a wide range of problems of childhood and family relationships, and that the majority of our cases are of average or above average intelligence.

We see children with emotional and behaviour disturbances, whatever the cause, but in addition we see children who present physical symptoms or illness where this is caused by or made worse by emotional upsets or psychological disturbances, and we see children whose behaviour difficulties are the result of brain damage, disease or physical handicap. We, therefore, see a high proportion of children referred by other consultants and general practitioners who may well not present any obvious difficulty in school, since the difficulty is internal, or occurs outside the school setting.

A number of lectures have been given during the period. The Consultant has met most of the headteacher associations in the area to discuss the service and improve liaison. He has also given talks to mothers' groups and parent-teacher associations, as part of a programme to improve understanding of psychiatric problems in children, and the facilities available for dealing with them.

A number of tape recordings have been made on topics such as the shy child, sex education, the aggressive child, the work of the child guidance clinic. These have been used by health visitors in mothers' groups, and have proved a successful introduction to discussion of these topics, enabling them to be presented to a wider audience than otherwise would have been possible.

C. J. WARDLE,

Consultant Children's Psychiatrist.

