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CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDING 31st DECEMBER 1964

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

1009



CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDING 31st DECEMBER 1964

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 sixth Annual Report on the health of the City for the year 1964.

The births in Lincoln continued at the high level experienced in the previous three years and the number of live births (1414) was substantially the same as in 1963 (1412). The number of live births has indeed been remarkably uniform over the past four years at a level approximately three hundred greater than the average for the previous ten years. There was a slight reduction in the number of domiciliary births, 567 compared with 593 during 1963. However, there was an increase in the number of early hospital discharges for whom the domiciliary midwives had to be responsible until the end of the lying-in period.

The increased attendances at the infant welfare clinics noticed in recent years continued in 1964 and in June a weekly Infant Welfare Clinic/Ante-Natal Clinic was opened at St. Luke's Church Hall, Woodfield Avenue on the Birchwood Estate — the only part of the City which had not hitherto been adequately covered. This clinic was well attended from the outset.

In the past few years there has been a marked increase in the number of children attending the Day Nursery. The Council's policy to admit children of teachers and nurses working in the Hospital Service has been partly responsible for this, but no other change has been made in the criteria for admission. Urgent cases are always accommodated without delay and the Day Nursery is providing a most useful service. In addition to the children admitted for social reasons, a certain number of children are admitted for medical reasons, included in which are a few mentally sub-normal children who are admitted partly for assessment and training and partly because they are below the age for admission to the Junior Training Centre. In some of these cases a very considerable improvement was noticed during their stay at the Nursery and this was probably due to the skilled care of the staff and also to their association with normal children.

The Home Nursing Service continued to have a full staff and few changes take place from year to year. During the past four years, the issue of disposable pads for incontinent patients has been a most helpful aid for the Home Nursing Service. The pads have not been restricted, however, to patients being attended by the District Nurses, but have been available for any incontinent patient. No problems have arisen so far in the disposal of soiled pads. Towards the end of the year, a Night Nursing Service financed by the Marie Curie Memorial Foundation was introduced and this has proved to be an invaluable service for both patients and relatives.

The statistics regarding vaccination and immunisation show that the proportion of children protected continues at a relatively high level. 1964 was the first year in which the smallpox vaccination statistics refer to children vaccinated in the second year of life and, as was expected, the number of children now vaccinated is considerably less than when children were vaccinated at the age of three months.

Sabin (Oral) vaccine has almost entirely replaced Salk vaccine for Poliomyelitis prophylaxis. The table in the report shows that approximately 77% of children in Lincoln had been vaccinated by the time they reached the age of 3 years and 67% at the age of 2 years. These figures are an improvement on those for the previous year.

The considerable number of cases of Whooping Cough which occurred in Lincoln during 1964 was disappointing. The increased incidence of this disease was noticed throughout the Country and as vaccination against Whooping Cough has been carried out for over a decade, the fact that the disease can still reach epidemic proportions is regrettable. It is clear that further work needs to be carried out to improve the efficacy of the Whooping Cough vaccine.

The stage has now been reached when, with the exception of Whooping Cough, the diseases against which children are immunised are comparatively rare and parents need to be reminded constantly that unless a high proportion of children are immunised, these diseases may reappear. These remarks do not apply in the case of Tetanus, but there is little doubt that everyone, not only children, should be immunised against Tetanus. The scheme for the immunisation at home of those children whose parents had, for a variety of reasons, neglected to have their children immunised continued during the year and is a definite contribution to the maintenance of satisfactory immunisation figures.

The Chiropody Service continued to be very much in demand and in view of the long waiting list of patients requiring treatment, a second chiropodist was appointed and from 1st September, 1964, the two chiropodists were able to reduce the waiting list considerably. However, as it became known that there had been an increase in staff, numerous requests for treatment were made and at the end of the year there was again a long waiting list; new applicants could not be seen for about 8 weeks and the interval between treatment increased to approximately 11 weeks.

The new Adult Training Centre in Long Leys Road was completed in August and the trainees were admitted on 29th September, 1964. The new building will accommodate 80 trainees, but is so designed that this number could easily be increased, if required. The building is planned on workshop lines and many activities are now carried out which were impossible in the combined Centre, due to overcrowding and lack of space. Before transfer to the new building, however, a start was made on remunerative work for the first time and at the end of the year, £1,020 had been earned by the trainees. Over £700 was paid to the trainees in the form of occasional bonuses and arrangements were made to commence weekly payments as from January, 1965. The transfer of the adults to the new Centre made more space available at the Junior Centre. The trainees were separated into three groups, reducing the age range in the groups in consequence, and this is of considerable advantage both to the trainees and the staff.

It was hoped that Hostel accommodation for mentally disordered males would be available before the end of 1964, but in fact this provision will not be available until the latter part of 1965.

When the statistics for 1964 became available, there were three factors which gave rise to concern. The Still Birth Rate was higher than it has been for many years, there was an increase in the number of Illegitimate Births and in the number of cases of Gonorrhoea.

The Still Birth Rate and the Perinatal Mortality Rate were both above the national average. There were 34 still births during the year 1964 and the average number during the previous five years was 25.6. The number of perinatal deaths was 47, compared with an average over the previous five years of 40. Although these figures are not markedly raised, nevertheless they are disappointing and no doubt with improved ante-natal care could have been less. The best ante-natal care to which every expectant mother is

entitled is impossible to achieve with a totally inadequate number of maternity beds available in Lincoln. It is true that a new maternity hospital is expected to be completed in February, 1969, but in my view consideration should be given to the provision of ante-natal beds in existing vacant hospital accommodation and if an ante-natal unit were established now, this would undoubtedly help in the staffing of the new maternity hospital, as all that would be involved would be a simple transfer of staff and patients.

There were 101 Illegitimate Births during 1964 and the Illegitimate Birth Rate of 7.14 is the highest for many years. (There has been a steady increase over the past five years, the rate in 1959 being 4.44).

There has also been a considerable increase in the number of cases of Gonorrhoea, 27 cases being notified during 1964. In previous years it was felt unnecessary to carry out any special Health Education measures particularly directed at the prevention of Venereal Disease, as the incidence in Lincoln had remained low compared with the incidence in the Country as a whole. However, it may well be that this decision will need to be reconsidered.

The Health Education programme was marked by two important new projects which were started during 1964. The Dental Health Campaign, which was long overdue, was inaugurated on 9th November after many months of careful planning. It was designed to be an intensive campaign lasting for six months and the Principal School Dental Officer was almost entirely responsible for the planning of the campaign. At the time of writing, it is obvious that the campaign was an outstanding success, but it would be more appropriate to give a detailed account in the Report for 1965. Also, an attempt was made to provide cancer education for members of the public. This was mainly arranged for female audiences and stress was laid on the benefits of early diagnosis in certain types of cancer, and was preliminary to the establishment of a Cervical Cytology Clinic which started in December, 1964. The response to this project was very satisfactory.

The Council's policy in the Ten Year Plan to increase the establishment of the Home Help Service by the equivalent of six whole-time helps each year has resulted in more persons receiving help and considerably more hours being worked. There was also an increase in the number of hours worked by the Night Attendant Service and this Service, being complementary to the Night Nursing Service, resulted in an increase in the help available at night for seriously ill patients and in many cases provided a welcome relief to relatives who had provided care for long periods.

In conclusion, I should like to express my sincere thanks to the Health Department staff for their loyal service throughout the year and to the Chairman, Alderman E. J. Richardson, J.P., for his continued interest and support. I also express my regret that Alderman Mrs. G. L. Murfin left the Health Committee when resigning from the Council towards the end of the year. She had given invaluable service to the Committee both as Chairman and for many years as Vice-Chairman.

R. D. HAIGH,

Medical Officer of Health.

City Health Department,
Beaumont Fee,
LINCOLN.

August, 1965.

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HEALTH COMMITTEE, 1964

THE RIGHT WORSHIPFUL THE MAYOR
COUNCILLOR A. S. WOOLHOUSE, J.P.

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

Council Members:

Councillor F. T. Allen	Councillor J. A. Martin
Councillor Dr. M. Morgan	Councillor P. W. Archer
Councillor D. Gossop	Councillor Mrs. A. J. Naftalin
Councillor Mrs. M. R. Sookias	

Other Members:

Dr. T. M. O'Brien	Mr. G. H. Kelsey
Mr. J. Campbell	Miss M. Witting
Mr. T. J. M. Bayes	Mrs. E. N. Ward

Maternity and Child Welfare Sub-Committee

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

Council Members:

Councillor F. T. Allen	Councillor D. Gossop
Councillor Dr. M. Morgan	Councillor Mrs. A. J. Naftalin
Councillor Mrs. M. R. Sookias	Councillor P. W. Archer
Councillor J. A. Martin	

Other Members:

Mrs. M. Eagle	Mrs. M. H. Plant
Mrs. G. M. Barnett	Miss L. Mumby

Mental Health Services Sub-Committee

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

Council Members:

Councillor F. T. Allen	Councillor D. Gossop
Councillor Mrs. M. R. Sookias	Councillor Mrs. A. J. Naftalin
Councillor Dr. M. Morgan	Councillor P. W. Archer
Councillor J. A. Martin	

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.

Councillor J. A. Martin	Councillor F. T. Allen
Councillor D. Gossop	

Prosecutions Sub-Committee

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

Councillor J. A. Martin	Councillor F. T. Allen
Councillor D. Gossop	

STAFF OF THE CITY HEALTH DEPARTMENT, 1964

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:

N. I. CONDON, M.B., B.Ch., B.A.O., L.M., D.P.H.

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.

Assistant Medical Officer of Health (part-time):

KATHLEEN M. C. GILLEN, M.B., Ch.B., D.P.H., D.R.C.O.G., D.C.H.

Principal School Dental Officer:

C. K. FENTON EVANS, L.D.S.

School Dental Officers:

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

D. G. HUTCHISON, B.D.S.

(from 6th May, 1964)

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

JILL HUTCHISON, L.D.S.

(from 15th July, 1964; part-time)

Dental Auxiliary:

MRS. S. M. HORSEMAN

(from 7th September, 1964)

Chief Public Health Inspector:

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.

Deputy Chief Public Health Inspector:

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

Public Health Inspectors:

D. CARRUTHERS, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H.

I. FLEMING, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE INSPECTOR'S CERT. R.S.H. (to 31st December, 1964).

B. OVERSBY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE INSPECTOR'S CERT. R.S.H. (to 31st March, 1964).

J. M. TODD, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H.

P. D. ARROWSMITH, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H.

G. BOTTOMLEY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H. (from 1st May, 1964).

D. J. WILSON, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE INSPECTOR'S CERT. R.S.H. (from 1st April to 30th June, 1964).

Pupil Public Health Inspectors:

G. W. KIRK

N. PANTLING

Superintendent Nursing Officer:

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 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 B. M. LEES, S.R.N., S.C.M., H.V. (CERT.)

MISS G. J. SCOTT, S.R.N., S.C.M., H.V. (CERT.)

MRS. J. L. JONES, S.R.N., S.C.M., H.V. (CERT.) (part-time; to 16th October, 1964).

MRS. M. HOLROYD, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.) (part-time; from 14th December, 1964).

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. (to 3rd August, 1964).

MISS J. H. HENSON, S.R.N., S.C.M.

MRS. I. K. JOYCE, S.R.N., S.C.M., Q.I.D.N.

MRS. R. M. SHIELDS, S.R.N., S.C.M.

MISS A. J. KNOWLES, S.R.N., S.C.M. (to 28th August, 1964).

MISS J. FORD, S.R.N., S.C.M.

MRS. R. PARK, S.R.N., S.C.M. (from 1st October, 1964).

District Nurses:

MISS J. BARSLEY, S.R.N., Q.I.D.N.

MRS. M. COLE, S.R.N.

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., Q.I.D.M.

MRS. N. SMITH, S.R.N., S.C.M., Q.I.D.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.

MISS P. PYBONE, S.R.N. (part-time).

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. L. M. JESSOP, C.N.N. (to 16th October, 1964) MRS. J. GOODWIN, C.N.N. (from 21st September, 1964)

Chiropodists:

MISS S. M. MALT, M.Ch.S.
MR. J. F. WEBSTER, L.Ch., S.R.Ch. (from 1st September, 1964)

Adult Training Centre:

Supervisor: MR. W. ZIELONKA, R.M.N., N.A.M.H. (DIPLOMA)
Assistants MR. J. J. POLLARD
MRS. M. VALTERS
MRS. I. M. WEARE (from 1st October, 1964)
MR. T. RASEN (from 1st October, 1964)

Junior Training Centre:

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

Mental Welfare Officers:

J. B. GRACEY, S.R.M.N., S.R.M.N.D. (Senior Mental Welfare Officer)
J. WEDGWOOD
K. G. RUSHBROOKE, S.R.N., R.M.N. (from 9th March, 1964)

Ambulance Service:

Ambulance Officer V. R. NORTH, F.I.A.O.
Deputy Ambulance Officer H. LEEMING
Clerk MISS J. M. WALLS
Clerk/Telephonist MISS P. R. CHALLANS (to 26th June, 1964)
Telephonist L. J. HOPKINS
Driver/Attendants: 25 (at the end of the year)

Home Help Service:

Organiser MISS H. BALDWIN
Assistant Organiser MISS M. E. TREVIS
Clerk MISS S. E. MOYSES

Helps at the end of the year: Whole-time, 14; Part-time, 109

Pests Officer:

A. H. WALKER

Rodent Operators:

H. CHEETHAM
R. WOOLFITT

Dental Surgery Assistants:

MRS. M. MILLIGAN, S.E.A.N.
 MRS. J. ABELL
 MRS. S. C. BERRY (from 25th May, 1964)
 MRS. B. FRANCIS (part-time)

Lay Administrative Assistant:

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

Clerks:

A. C. TAYLOR
 N. F. McLEOD
 P. A. COBBETT
 MISS M. A. BOYNTON
 MISS S. M. JOHNSON
 MISS E. KETTLEBORO
 MISS I. M. COOK
 MRS. E. S. CROFT
 MRS. E. GROCOCK (part-time clinic clerk)
 MRS. A. M. DEAN (part-time clinic clerk)
 MRS. M. MILLER
 MISS P. E. PATTINSON (to 12th June, 1964)
 MISS L. J. STOCKS
 MRS. J. BALLAM (to 2nd October, 1964)
 MISS P. SULLIVAN (from 27th July, 1964)
 MISS P. A. CONSTABLE (from 5th October, 1964)
 MRS. E. A. AKRILL (part-time dental clinic clerk to 21st August, 1964)
 MRS. S. A. BERESFORD (dental clinic clerk from 15th October, 1964)

STATISTICAL INFORMATION

GENERAL STATISTICS

Area of City in acres	7,517
Number of dwelling houses, 1st April, 1964	25,239
Rateable Value, 31st March, 1964	£2,567,338
Sum represented by a penny rate	£10,046

VITAL STATISTICS

Population (estimate mid-year, 1964)	77,180
Live Births:—	
Number	1,414
Rate per 1,000 population	18.69
Illegitimate Live Births	101
Illegitimate Live Births—per cent of total live births	7.14
Still-births:—	
Number	34
Rate per 1,000 total live and still births	23.48
Total Live and Still Births	1,448
Infant Deaths (deaths under 1 year)	23
Infant Mortality Rates:—	
Total infant deaths per 1,000 total live births	16.26
Legitimate infant deaths per 1,000 legitimate live births	15.99
Illegitimate infant deaths per 1,000 illegitimate live births	19.80
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	9.19
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	9.19
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	32.46
Maternal Mortality (including abortion):—	
Number of deaths	2
Rate per 1,000 total live and still births	1.38
Net Deaths	857
Death Rate per 1,000 population	11.21
Tuberculosis Mortality Rate, per 1,000 population	0.05
Cancer Mortality Rate, per 1,000 population	2.03
Area Comparability Factors: Births 1.02 Deaths 1.01	

COMPARISON OF CERTAIN VITAL STATISTICS WITH RATES FOR ENGLAND AND WALES

	<i>Lincoln</i>	<i>England and Wales</i>
Live Birth Rate	18.69	18.4
Still Birth Rate	23.48	16.4
Illegitimate Live Birth Rate per cent of total		
Live Births	7.14	7.2
Maternal Mortality Rate	1.38	0.25
Infant Mortality Rate	16.26	20.0
Neo-natal Mortality Rate	9.19	13.8
Perinatal Mortality Rate	32.46	28.2
Death Rate	11.21	11.3
Tuberculosis Mortality Rate	0.05	0.05
Cancer Mortality Rate	2.03	2.21

COMPARATIVE TABLE—LAST FIVE YEARS

			1960	1961	1962	1963	1964
Population	...	...	73,730	77,140	76,930	77,440	77,180
Net Live Births	...	...	1,287	1,482	1,418	1,412	1,414
Still Births	...	...	24	29	25	28	34
Net Deaths	...	...	807	896	935	913	857
Live Birth Rate	...	...	17.28	18.63	17.88	18.60	18.69
Still Birth Rate	...	...	18.31	19.19	17.32	19.44	23.48
Infant Mortality Rate	...	...	18.65	19.57	23.98	17.70	16.26
Neo-natal Mortality Rate	...	...	15.54	12.82	14.81	12.04	9.19
Maternal Mortality Rate	...	...	1.53	0.66	—	0.69	1.38
Death Rate	...	...	10.62	11.73	12.15	11.79	11.21
Tuberculosis Mortality Rate	...	...	0.04	0.04	0.08	0.05	0.05
Cancer Mortality Rate	...	...	2.17	1.98	2.26	2.09	2.03

Births

There were 1,414 live births registered in the year and 34 still births.

Deaths

There were 857 deaths (454 males and 403 females) giving an adjusted death rate of 11.21 per 1,000 population. The ages and causes of death are given in the following tables:

DEATHS IN AGE GROUPS, 1964

		4 wks & under											Total
		Under 4 wks.	1 year	1- yr.	5- yrs.	15- yrs.	25- yrs.	35- yrs.	45- yrs.	55- yrs.	65- yrs.	75 & over	
Males	...	8	4	4	4	7	2	12	39	93	140	141	454
Females	...	5	6	1	3	6	1	6	26	51	83	215	403
Totals	...	13	10	5	7	13	3	18	65	144	223	356	857

SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1964

Cause of Deaths	No. of Deaths	Fe- Under under					Age in Years									
		Males	males	4 wks	1 yr	1-	5-	15-	25-	35-	45-	55-	65-	75 and over		
Tuberculosis:																
Respiratory ...	4	2	2	-	-	-	-	-	-	-	2	1	1	-		
Syphilitic disease ...	4	1	3	-	-	-	-	-	-	-	-	2	1	1		
Malignant Neoplasm:																
Stomach ...	22	9	13	-	-	-	-	-	-	-	-	4	9	9		
Lung and Bronchus	39	34	5	-	-	-	-	-	-	-	9	8	15	7		
Breast ...	16	-	16	-	-	-	-	-	-	1	3	8	2	2		
Uterus ...	10	-	10	-	-	-	-	-	-	-	5	1	2	2		
Other malignant and lymphatic neoplasms	66	34	32	-	-	-	-	-	1	4	5	15	18	23		
Leukaemia and Aleukaemia ...	4	2	2	-	-	1	1	-	-	-	-	1	1	-		
Diabetes ...	10	2	8	-	-	-	-	-	-	-	-	-	2	8		
Vascular lesions of nervous system ...	120	49	71	-	-	-	-	-	-	2	4	17	32	65		
Coronary disease, angina ...	194	133	61	-	-	-	-	-	-	5	17	40	62	70		
Hypertension with heart disease ...	19	9	10	-	-	-	-	-	-	-	1	2	8	8		
Other heart disease ...	90	37	53	-	-	-	1	-	1	-	-	10	16	62		
Other circulatory disease ...	26	11	15	-	-	-	-	-	-	-	5	2	7	12		
Influenza ...	1	-	1	-	-	-	-	-	-	-	-	-	-	1		
Pneumonia ...	66	30	36	1	7	1	-	1	-	2	1	5	13	35		
Bronchitis ...	41	32	9	-	1	-	-	-	-	-	2	7	17	14		
Other diseases of respiratory system	4	2	2	-	-	-	-	-	-	-	-	2	-	2		
Ulcer of stomach and duodenum ...	7	5	2	-	-	-	1	-	-	-	1	2	1	2		
Gastritis, enteritis and diarrhoea ...	2	2	-	-	-	1	-	-	-	-	-	-	-	1		
Nephritis and Nephrosis ...	4	3	1	-	-	-	-	-	-	-	1	2	-	1		
Hyperplasia of prostate ...	6	6	-	-	-	-	-	-	-	-	-	1	1	4		
Pregnancy, childbirth and abortion ...	2	-	2	-	-	-	-	1	-	1	-	-	-	-		
Congenital malformations ...	9	4	5	1	1	1	2	2	-	-	-	1	-	1		
Other defined and ill-defined diseases	60	27	33	11	-	-	1	1	-	2	3	10	11	21		
Motor vehicle accidents ...	9	6	3	-	-	-	-	3	1	-	1	2	1	1		
All other accidents ...	14	10	4	-	1	1	1	4	-	-	2	-	1	4		
Suicide ...	8	4	4	-	-	-	-	1	-	1	3	1	2	-		
Totals ...	857	454	403	13	10	5	7	13	3	18	65	144	223	356		

DEATHS FROM CANCER

The deaths from Cancer during the year are shown in the Table below. It will be noted that there were 39 deaths from Cancer of the lung, which represents 4.5% of the total deaths. Of these 39 deaths, 34 were males and 5 were females.

Cancer of the lung mainly affects those in the age group 45 to 75 years and the figures show that it was nearly seven times more common in males than in females and 25% of the total Cancer deaths were due to Cancer of the lung during 1964.

More women died from Carcinoma of the Uterus in 1964 than was usual, 10 deaths occurring compared with an average of 3 or 4 per annum.

CANCER DEATHS, 1964

<i>Cause of death</i>	<i>No. of deaths</i>	<i>Under 1 yr</i>	<i>1-</i>	<i>5-</i>	<i>15-</i>	<i>25-</i>	<i>35-</i>	<i>45-</i>	<i>55-</i>	<i>65-</i>	<i>75& over</i>	<i>Total</i>
Malignant Neoplasm	22								3	5	1	9
Stomach									1	4	8	13
Lung and Bronchus	39							6	8	15	5	34
Breast	16						1	3	8	2	2	16
Uterus	10							5	1	2	2	10
Other Malignant and lymphatic neoplasms	66					1	3	3	9	9	9	34
Leukaemia, aleukaemia	4		1	1								2
									1	1		2
Totals	157		1	1		1	3	9	20	29	15	79
							2	13	17	18	28	78

Infant Mortality

There were 23 deaths under 1 year, giving an infant mortality rate of 16.26 per 1,000 live births. This rate is slightly less than the rate for 1963 which was 17.7 and is lower than the average rate for England and Wales which for 1964 was 20.0.

The following table shows the ages and cause of death:

<i>Cause of death</i>	<i>Under 1 wk</i>	<i>1-2 wks</i>	<i>3-4 wks</i>	<i>4 wks</i>	<i>1-3 mths</i>	<i>4-6 mths</i>	<i>7-9 mths</i>	<i>10-12 mths</i>	<i>Total</i>
Prematurity	7	-	-	7	-	-	-	-	7
Congenital Malformations	1	-	-	1	-	-	1	-	2
Pneumonia	1	-	-	1	3	3	1	-	8
Bronchitis	-	-	-	-	1	-	-	-	1
Accident	-	-	-	-	-	1	-	-	1
Other Causes	4	-	-	4	-	-	-	-	4
Total	13	-	-	13	4	4	2	-	23

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 1964, there were 34 still-births and 13 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 32.46. The rate for 1963 was 28.47.

The perinatal mortality rate for 1964 was higher than usual and was higher than the rate for England and Wales. This is explained by the fact that the number of still births was greater than usual and the still birth rate was greater than the average rate for England and Wales.

Suicide

During the year there were 8 deaths (4 male and 4 female) due to suicide and the causes of death are given in the table below. The number of suicides in the previous year was 9 (5 male and 4 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	1	1	1	—	5
Hanging ...	—	—	—	—	1	—	—	1	2
Drowning ...	—	—	—	—	—	1	—	—	1
TOTAL ...	1	—	—	1	2	2	1	1	8

LOCAL HEALTH AUTHORITY SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Clinics

The average attendance per session (41.4) at the Infant Welfare Clinics was greater in 1964 than in the previous year (38.6) and there was in fact, an increase in the total number of attendances — 25,693 compared with 23,335 in 1963. This increase was partly due to the fact that an additional clinic was opened in June, 1964 at St. Luke's Church Hall on the Birchwood Estate. This Infant Welfare Clinic is now held on the 2nd and 4th Wednesday morning each month, with a Toddler's Clinic (by appointment) on the 5th Wednesday. These Clinics have been well attended from the outset.

The number of children who attended the Clinics during the year was as follows:

<i>Born in</i> 1964	<i>Born in</i> 1963	<i>Born in</i> 1959-1962	<i>Total</i>
1132	1133	1927	4192

Of the 4,192 children who attended, 109 were referred for special treatment or advice as a result of a medical examination — either to a general practitioner or to a Specialist for special diagnosis and/or treatment.

It is now felt that the Clinics held are adequate in number and correctly distributed throughout the City. The need to replace the unsatisfactory premises used for the St. Helen's Clinic, Skellingthorpe Road is urgent and it is hoped that the building of a new clinic in the Boultham Park area will be started in 1965.

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)
	Thursday	2—4 p.m.
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.
Methodist 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.
St. Luke's Church Hall, Birchwood Estate	2nd and 4th Wednesday	10—12 noon
	5th	10—12 noon
	Wednesday	(by appointment)

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>	
				1964	1963
M. & C.W. Centre, Newland	Tues.	52	2686	51.6	45.2
„ „ (by appointment)	Wed.	21	213	10.1	12.0
„ „	Fri.	50	2677	53.5	46.4
St. Helen's Hall	Mon.	48	2028	42.2	38.6
„ „	Fri.	50	2079	41.6	38.4
St. Giles' Hall	Thur.	53	2285	43.1	43.7
Blenkin Hall	Fri.	50	2394	47.9	42.0
Swallowbeck Hall	Tues.	52	2759	53.1	50.5
Walmer Street Hall	Wed.	53	2453	46.3	42.0
Ewart Street Hall	Mon.	48	1867	38.9	34.0
Ravendale Clinic	Tues.	52	1875	36.1	40.8
„ „ (by appointment) a.m.	Thur.	24	216	9.0	9.5
„ „ p.m.	Thur.	53	1384	26.1	26.9
St. Luke's Hall, Birchwood	2nd & 4th				
(from 24th June)	Wed.	13	750	57.7	—
„ „ „	5th				
(by appointment)	Wed.	2	27	13.5	—
		<hr/>	<hr/>	<hr/>	<hr/>
		621	25693	41.4	38.6

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.
St. Luke's Church Hall, Birchwood Estate	1st & 3rd Wednesday	10—12 noon

The attendances at the Ante-natal Clinics continue to increase and this has necessitated the provision of an additional clinic for the Birchwood area of the City to relieve the pressure of work at St. Helen's Clinic, Skellingthorpe Road. From 1st July it was arranged to hold two ante-natal sessions each month, on the 1st and 3rd Wednesday, at St. Luke's Church Hall, Woodfield Avenue and this clinic is much appreciated by the expectant mothers living on the Birchwood Estate.

Although the number of women attending for ante-natal care was slightly reduced, the actual number of attendances was increased as will be seen from the following table:

	1964	1963	1962
Total number of women who attended during the year	823	864	911
Total number of attendances	2922	2907	2992

The Clinic premises at St. Helen's Church Hall continue to be unsatisfactory, but the number of women attending there, even after the opening of St. Luke's Clinic on the Birchwood Estate, far exceeds the number attending the other Ante-Natal Clinics.

Attendances at the Clinics, including post-natal visits, were as follows:

	<i>Sessions</i>	<i>Seen by Doctor</i>	<i>Total Attendances</i>
Newland	50	382	1021
St. Helen's Church Hall ..	52	450	1198
St. Luke's Church Hall ..	12	46	107
Ravendale	48	244	605

Each patient attending an ante-natal clinic is seen by the Medical Officer in attendance at her first visit and again at the 34th or 36th week of her pregnancy. Routine haematological investigations are carried out (Rh. Group, W.R. and Haemoglobin estimation) on these occasions and medical and obstetric examinations. If there is need for further haematological investigation to be carried out, this is undertaken at the required intervals by the Medical Officer at the clinic.

All expectant mothers are encouraged to attend for ante-natal care early in the pregnancy. It is important that the general practitioner, midwife and local health authority services should work together for the benefit of the expectant mother and her child and a planned programme of ante-natal care is always aimed at by the local authority staff and the general practitioners. Visits to the Ante-Natal Clinic are arranged to alternate with those visits to be paid to the patient's own doctor. In the last month of pregnancy, and in some cases where the mother has a large family of small children, ante-natal care is carried out in the patient's own home. Reports of any investigation (chest X-ray,

haematological, etc.) are sent to each midwife and doctor concerned. Any abnormality discovered during the attendance of an expectant mother at the ante-natal clinic is referred to the patient's own doctor for further treatment or investigation.

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:

	1964	1963
Total number of cases treated during the year.. ..	60	64
Total number of attendances	795	936

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, 51 were school children and 9 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.

With the exception of orange juice, issues during the year were again reduced and compared with those for the previous year were as follows:—

	1964	1963
National Dried Milk tins	8,900	11,259
Orange Juice bottles	20,000	18,345
Cod Liver Oil bottles	1,418	1,670
Vitamin A and D Tablets packets	2,113	2,386

Care of Unmarried Mothers

The Health Committee's duty for the provision of care for unmarried mothers, when required, is carried out under 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 eight cases, compared with eleven in the previous year.

The number of illegitimate births during 1964 was 101 compared with 88 in the previous year. This represents a rate of 7.14% of total live births registered, compared with a rate of 6.23% in the previous year.

Day Nursery

The average daily attendance at the Newland Day Nursery during 1964 was considerably greater than in the previous year, despite the fact that the criteria for admission remained the same, children being admitted only when there was an urgent medical or social need. Children of school teachers employed by the Lincoln Education Authority and children of any qualified nurse employed by a Lincoln Hospital were also eligible for admission. These arrangements were made in order to help the staffing of the schools and the hospitals in Lincoln.

The number of children on the register varied between 36 and 57 and the average daily attendance was 33.6 compared with 26.6 in 1963.

The average daily attendance throughout the year was as follows:

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
26.7	28.6	29.2	31.4	29.9	39.2	36.5	28.5	42.7	41.9	39.8	27.6

It is the policy to admit certain selected children who may be mentally handicapped in order to assess the degree of handicap and in the hope that some improvement may take place. Four such children attended the Nursery in 1964 and although all made some progress, three were admitted to the Junior Training Centre on reaching the age of 5 years and one child was admitted to Bourne Hospital.

Twenty-five children contracted measles during the year and there were eight cases of chickenpox.

The old wooden building used for the 3 — 5 year old group was demolished and replaced by a new prefabricated cedar wood structure. This building which was completed in November, provides a greater floor area and enhances the accommodation for the children. Certain difficulties arose, however, as during the 3½ months of construction, nineteen children in the 3 — 5 year group had to be accommodated in the main building of the Nursery.

The training of Nursery Nurses continued and four students entered for the N.N.E.B. Certificate in July. Three students were successful and the fourth entered for the examination again in November and passed. All four students obtained posts in Hospitals.

On 31st December, 1964, 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)

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

At the end of the year, two nurseries and one child minder were registered under the above Regulations.

One of these nurseries is registered for 24 children and the other is in fact a Play Group which is held in a Church Hall on two mornings per week and a maximum of 12 children may be accommodated.

The child minder lives in a modern semi-detached house in the South of the City and is registered to care for four children.

Although a number of enquiries regarding registration are received, in fact, few pursue the matter, especially when they are informed that they can care for one child or two children from the same family, without being liable for registration.

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

The controls necessarily imposed during the year on the amount of time allocated to the treatment of the Maternity and Child Welfare classes of patient have resulted in a reduction in the number of patients treated.

The appointment of an additional full-time Assistant Dental Officer should result in an increased number being treated from the Priority Classes during the coming year.

The relevant data of treatment provided is given in the accompanying tables and it will be seen that of those mothers inspected, 98% required treatment and 82.4% of the children inspected required treatment.

A Dental Health Campaign, opened by the Mayor of the City in November, although aimed primarily at the younger school children, also embraces the Maternity and Child Welfare Groups. Talks have been given to 'Stork Clubs' and 'Mothers' Clubs' and members of the Dental Staff have been on duty with tableaux at Clinics. It is earnestly hoped that, as a result of the Campaign, a much greater interest will be taken in the care of teeth during pregnancy and during a child's pre-school life.

There is much room for improving the services offered to this class of patient but, until there is an increase in the number of dental surgeons available in both the General and School Dental Services, any major improvement in the present situation is unlikely.

CARE OF MOTHERS AND PRE-SCHOOL CHILDREN NUMBERS PROVIDED WITH DENTAL CARE

	<i>Examined</i>	<i>Referred</i>	<i>Individuals Treated</i>	<i>Treatment Completed</i>	<i>Total Attendances</i>
Expectant and Nursing Mothers ...	65	64	116	40	308
Children under five ...	154	127	230	165	493

FORMS OF TREATMENT PROVIDED

	<i>Extrac- tions</i>	<i>Anaesth- etics</i>	<i>Fillings</i>	<i>Silver Nitrate</i>	<i>Dressings etc.</i>	<i>Radio- graphs</i>	<i>Dentures F. P</i>	
Expectant and Nursing Mothers	73	143	251	-	30	28	4	8
Children under five ...	78	64	432	54	86	5	-	-

	<i>Scaling and Gum Treatment</i>					<i>Root Filling</i>
Expectant and Nursing Mothers	40	4
Children under five	2	1

MIDWIFERY

Non-Medical Supervisor of Midwives: MISS E. DITCHBURN

Staff

The Local Health Authority is the Local Supervising Authority for the purposes of the Midwives Act, 1951. The Medical Officer of Health is the Medical Supervisor of Midwives, approved by the Central Midwives Board, and Miss E. Ditchburn is approved as Non-Medical Supervisor of Midwives.

Changes in the staff of the domiciliary midwifery service during the year were as follows:

Mrs. G. M. English and Miss A. J. Knowles resigned in August, 1964 and Mrs. R. Park was appointed to the Bracebridge area of the City taking up her appointment in October, 1964. There was one vacancy at the end of the year.

Refresher Courses and Further Training

During 1964, one midwife attended a Refresher Course held at St. Anne's College, Oxford.

The Premature Baby Home Nursing Staff returned to St. George's Hospital, Lincoln, at appropriate times, for the yearly refresher course of one week's duration.

Training of Pupil Midwives

The training of Pupil Midwives continued in 1964 in conjunction with the Lincoln Maternity Home, five of the district midwives being on the register of Approved Teaching Midwives. Seven pupils completed their training on the district during the year and three pupils were in training on 31st December, 1964.

During their training, the pupil midwives are expected to take an active part in the Stork Club sessions which they attend each week. It has now become an accepted practice for the pupils to give one of the talks to the women attending these sessions, and the subjects chosen for them to speak about are well within their knowledge as pupil midwives at this stage in their training. It is hoped that by taking part in the Stork Club sessions these prospective midwives will take a more positive and enthusiastic attitude towards the education of the expectant mother in preparation for her baby's arrival. It has been possible on several occasions for a pupil midwife to accompany the Home Help Organiser on her tour of visits, enabling her to see another branch of the Health Service at work.

Tutorial classes are held each week by the Non-Medical Supervisor of Midwives and lectures are given by the Deputy Medical Officer of Health on the public health aspects of midwifery.

Transport

Four district midwives are car drivers and receive an essential user's car allowance, three use 'scooters' and the other midwife still uses a bicycle.

Midwives 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.

Notification of Intention to Practise

41 midwives notified their intention to practise during the year 1964.

11 practised in domiciliary midwifery including one midwife who worked in a private capacity.

30 midwives practised from institutions, 25 practising from homes under the control of the Hospital Management Committee and 5 from the Quarry Maternity Home which is under the control of the Lincoln Diocesan Board for Social Work.

Distribution of Confinements

The total number of births (live and still) occurring during the year 1964 was 1,434; of this number 567 were domiciliary births and 867 hospital confinements. Of the domiciliary births, 9 were delivered by a Private Midwife. The number of births registered during the year (live and still) was 1,448 — Registrar General's figure — compared with 1,440 in 1963.

There was a slight decrease in the number of cases attended by the District Midwives as the following table shows:

Cases attended by District Midwives

1960	..	..	..	580
1961	..	..	..	618
1962	..	..	..	640
1963	..	..	..	593
1964	..	..	..	554

The midwives paid 14,763 visits during 1964, compared with 14,698 visits during 1963. The reduction in domiciliary confinements is mainly due to the better selection of cases for hospital delivery. Despite this reduction, the visits paid by the District Midwives have been maintained due to the increasing number of early hospital discharges.

Analgesia

Trilene analgesia was administered by means of a Cyprane Inhaler in 460 cases and the Minnitt Gas/Air apparatus was not used during the year. Pethidine was administered in 348 cases.

Chest X-ray of Expectant Mothers

Under the scheme started in 1954, all expectant mothers who have not had a chest X-ray during the year of the pregnancy or during the previous year are asked to attend for examination. Many are found to have availed themselves of the facilities of the Mass Radiography Unit prior to the present pregnancy and it is not thought necessary to refer them again under this scheme. Arrangements are made for the X-ray to be carried out at the Chest Clinic, Mint Lane and during 1964, the number of expectant mothers X-rayed under this scheme was as follows:

Referred by General Practitioners	..	..	..	107
Referred by Local Authority Ante-Natal Clinics	..	..	..	249
Referred by Maternity Hospital Ante-Natal Clinics	..	..	..	235
				—
				591
				—

Of the 591 expectant mothers X-rayed, 131 lived outside the City.

The following table shows the number of abnormalities discovered during the year as a result of the investigations:

Calcification, healed lesion, etc.	..	..	..	..	21
Rib abnormalities	..	..	..	..	6
Scoliosis of spine	..	..	..	..	1
? Cardiac enlargement	..	..	..	..	3
? Sarcoidosis	..	..	..	..	1
Under observation at the end of the year for further X-ray in 1965	..	..	..	..	2
					—
					34
					—

The number of expectant mothers who attended for a Chest X-ray during the past 5 years is shown below:

1960	1961	1962	1963	1964
530	504	620	587	591

During the year, 24 women attended for a Chest X-ray after their babies had been born, as they presented themselves later in pregnancy than the 7th month, after which time, it is preferable to defer examination until the post-natal period.

Environmental Reports

The Lincoln Maternity Home, with only 26 beds, together with a few beds which are available from time to time at the Bromhead Maternity Home, constitute the total maternity accommodation available for expectant

mothers who wish to be confined in hospital. The number of beds is totally inadequate for the needs of the area and the provision of additional accommodation is long overdue. However, hospital accommodation is available for expectant mothers in whose case a positive medical or social indication for hospital confinement exists.

In order to ensure that there is a fair distribution of beds to expectant mothers other than those in the above category, environmental reports are prepared by the district midwives and appropriate advice is given to the Hospital Authority indicating whether the premises and home circumstances are suitable for a domiciliary confinement. In preparing these reports, the availability of adequate heating of the delivery room throughout the whole of the 24 hours of the day is one of the more important factors considered, particularly during the winter months.

During 1964, environmental reports were made in 70 cases and of this number, 35 were recommended for hospital delivery.

Early Hospital Discharges

Special arrangements are made following the early discharge of mothers and babies from the Lincoln Maternity Home, Bromhead Maternity Home and R.A.F. Hospital, Nocton Hall. Mothers returning home prior to the 10th day after the birth need the services of a midwife and are therefore transferred to the care of the Local Health Authority midwife in whose area of the City they reside.

An increase in the number of early hospital discharges has been noticed in recent years, the figures being as follows:

1962	..	..	..	73
1963	..	..	..	116
1964	..	..	..	123

From the point of view of the work of the domiciliary midwife, this increase counterbalances the reduction in the number of home confinements.

Co-operation

The urgent need for the three branches of the Maternity Services to co-operate closely was emphasised by the findings of the Perinatal Mortality Survey and by the Report of the Maternity Services Emergency Committee of the National Birthday Trust Fund. Both these bodies took the view, rightly I feel, that instead of considering the advantages of a hypothetical unified Service, attention should be paid to achieving the best results with the Service as it exists at present. It was pointed out that in many areas the tripartite service had been made to work very satisfactorily. This has been the aim in Lincoln for many years and considerable progress has been made. The Co-operation Card has been useful in this respect.

No changes were made in the deployment of midwives as it is felt that in a compact County Borough attachment of midwives to particular general practitioners would not confer any advantages. Under the present arrangements, the relationship between the midwives and the general practitioners is entirely satisfactory. If a scheme were adopted whereby midwives were attached to particular general practitioners inevitably the size of their districts would increase and with traffic delays which occur at present, particularly in the centre of the City, this, I feel, would not be in the interests of patients in labour.

Four meetings of the Lincoln and District Obstetric Advisory Committee were held during the year and the Medical Officer of Health, Superintendent

Nursing Officer and the Non-Medical Supervisor of Midwives represented the Local Health Authority at these meetings.

Premature Baby Home Nursing Service

This service, which was introduced on 1st July, 1963, provides special care for premature babies. Three District Midwives who have received special training at St. George's Hospital, Lincoln, were employed on this work. These midwives are also employed, on a rota system, for accompanying premature babies to hospital using the portable incubator. It was intended that these midwives should carry out the delivery of women in premature labour at home, but owing to off duty difficulties, etc., this was difficult to arrange.

During 1964, 50 babies were cared for by this service, 15 of whom were born at home and the remainder were born in hospital, and 629 visits were paid by the midwives.

Notification of Congenital Malformations

In November, 1963, a letter was received from the Ministry of Health requesting that Medical Officers of Health should submit to the General Register Office each month information in respect of infants having a malformation observed at birth.

All general practitioners, district midwives and local maternity homes were circularised requesting that such information be submitted and during 1964, notifications were received in respect of eleven children born during that year and the malformations from which they suffered are tabulated below:

Anencephalus	..	..	..	..	..	..	1
Hydrocephalus and Spina Bifida	..	..	..	..	..	..	2
Hypospadias	..	..	..	..	..	..	1
Imperforate urinary meatus	..	..	..	..	..	..	1
Bilateral talipes	..	..	..	..	..	..	2
Defects of hands	..	..	..	..	..	..	2
Abnormality of foot	..	..	..	..	..	..	1
Exomphalos	..	..	..	..	..	..	1

General Remarks

In the past few years, the number of births in Lincoln has stabilised at about 1,400 per annum and the number of domiciliary births at approximately 600 per annum. The trend noticed in the past two years has been for a slight decrease in the number of home confinements and an increase in the number of early hospital discharges. This is a result of a better selection of cases for hospital confinement — the majority of early hospital discharges being women who would have been confined at home if the early discharge scheme had not been operated.

Increasing use has been made of sterile disposable equipment. This has resulted in a saving of the midwives' time and is also felt to be more satisfactory than the arrangements whereby the equipment is sterilised by boiling in the patients' home.

During the year, consideration was given to the possibility of arranging a night rota scheme for all midwives in order to ensure that each midwife has a reasonable number of undisturbed nights each month. However, it was found that certain practical difficulties precluded the establishment of such a rota system for the time being, but the matter will be kept under constant review.

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 (including one Tuberculosis Health Visitor), one part-time Health Visitor, three School Nurses and two Clinic Nurses (one part-time).

Mrs. Jones, part-time Health Visitor, left Lincoln in October and Mrs. Holroyd commenced part-time duties as a Health Visitor in December.

For the second consecutive year, it was not possible to recruit a Student Health Visitor for training.

Staff Training

Miss Luke and Miss Taylor, Health Visitors and Miss Shearman and Miss Oliver, School Nurses, attended courses arranged by the Health Visitors' Association.

Mrs. Dimbleby attended a course in London arranged by the Tavistock Institute of Human Relations on "The Prevention of Mental Ill Health by Public Health Programmes."

Training of Hospital Personnel in Social Aspects of Diseases

The Health Department Staff, *viz.* Health Visitors, Home Nurses and Public Health Inspectors continue to play their part in showing to Student Nurses the importance of community care and the profound influence which environment can play in the promotion of positive health. Talks on the Social Services are given to student nurses at the Hospital Nurses' Training School by the Superintendent Nursing Officer to each new school of nursing.

Home Visiting

Many mothers have good reason to appreciate the help of the Health Visitor; her knowledge of family life in her district, particularly if she has been in the area for some years, is very wide. She is also in touch with most of the families who are in need of help or support, be it physically, mentally or socially, and she is in a favourable position to set in motion the machinery to assist in numerous matters affecting family health and welfare.

The routine work continues as before. Tests for Phenylketonuria, which are carried out on every infant born in the City, often necessitate several visits at frequent intervals before the conditions are such that the test can be performed. The first test is done by the midwife in the case of domiciliary births, or by the staff of the maternity hospital on or about the 10th day. The second test is undertaken by the Health Visitors between the 4th and 6th week after birth at home or at the infant welfare clinic.

The hearing of children considered to be 'at risk' is tested at regular intervals and in 1964, 498 of these children were so tested. Four Health Visitors are now trained to undertake this testing.

During the year, 35 British Standard Fireguards were fitted free of charge into houses belonging to the Council under an arrangement whereby weekly payments may be made by the tenants for the fireguards. It is hoped that with the ceaseless propaganda which goes on, together with the new legislation regarding flame-resistant material for children's night dresses, the home may become a safer place.

Details of the visits paid by the Health Visitors during 1964 are given in the following table:

HOME VISITING—HEALTH VISITORS

<i>Cases Visited by Health Visitors</i>	<i>Number of Cases</i>	<i>Number of Visits</i>
Children born in 1964	1,412	4,901
Children born in 1963	1,263	3,110
Children born in 1959-62	3,676	6,756
Total	6,351	14,767
Persons aged 65 years or over	44	142
Mentally disordered persons	5	44
Persons, excluding Maternity cases, discharged from hospital	11	17
Expectant Mothers	290	367
Visits to other cases	—	1567
Total visits		16,904

Mothercraft Classes — The Stork Club

'The Stork Clubs', three in number, continue to be very popular and the attendances during 1964 were as follows:

Newland Club (Monday and Thursday afternoons)

No. on register at 31st December	139
Average attendance	30
Total attendances	2629

Ravendale Club (Wednesday afternoons):

No. on register at 31st December	9
Average attendance	10
Total attendances	493

The Newland Club sessions are particularly well attended. Unfortunately the premises are not suitable for large numbers, nor is it desirable from the point of view of teaching to have a group of more than 20 expectant mothers.

Appreciation is expressed to all members of the Medical, Nursing and Dental Staff of the Health Department, as well as to the staff of the Bromhead and Lincoln Maternity Homes for the time and trouble which they take in the preparation of talks and demonstrations.

Mothers' Clubs

The Mothers' Clubs held at Ravendale Clinic, 'Beaumont House', Beaumont Fee and Hartsholme Church Hall continue to flourish and are well attended. Each Club has its own Committee and elects its own Officers, who are responsible for the arrangements for the meetings, for booking speakers, etc. Generally, it is found that the members are very interested in matters of public health and welfare and particularly in preventive measures, *e.g.*, cervical smears for the early detection of cancer of the cervix, fluoridation of the public water supply, etc. It is felt that most young mothers really do want to make a success of parenthood and of family life and that they realise the importance to their children of a stable and secure environment.

One Health Visitor attends at each meeting and as far as possible, the majority of the topics discussed are connected with the Health and Welfare of the community.

The number on the register and average attendance at the Clubs during the year was as follows:

	<i>Number on Register</i>	<i>Average Attendance</i>
Ravendale Club	56	35
'Beaumont House' Club	68	38
Swanpool Club	72	38

Problem Families

The number of problem families (approximately seventy) shows no sign of decreasing and the situations in which these families find themselves become more complex. In all such families, it is the children who suffer the most and in many cases, there are divided loyalties with the tangled relationships which often ensue.

It is not surprising that children from broken homes, who lack the stability, security and parental care which is found in family life at its best, are frequently before the Juvenile Courts.

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. In addition, the Home Help Service played an important part in helping these families, particularly those where the mother of a large family had died.

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 of the National Assistance Board, Ministry of Labour, the Probation Service, National Society for the Prevention of Cruelty to Children, Lincoln and District Council for Social and Moral Welfare, Hospital Almoner Service and the Women's Voluntary Services. Six meetings were held during the year and the problems associated with 22 families 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.

Post-Graduate Courses

Mrs. Cole and Mr. Bell attended a course in London arranged by the Queen's Institute of District Nursing.

Queen's Institute of District Nursing Training Course

Three nurses attended this Course which was organised by the Lindsey County Council in conjunction with the Queen's Institute and two were successful in obtaining the Queen's Certificate and also the National Certificate of District Nursing.

General Remarks

There has recently been much discussion in the District Nursing Service regarding the best methods of sterilisation of equipment in the patient's home. It appears that whereas in hospitals pre-sterilised or disposable equipment is provided, in the domiciliary service 'boiling or baking' methods are still used, methods which were first introduced by Pasteur in the 19th century. It is true that the incidence of infection in the home appears to be negligible, but perhaps this is no argument to balance against the protection of the sick from a risk of infection. Traditional methods of sterilisation are inconvenient for patient and nurse and are extravagant of time and effort. It would appear that the time is not far distant when either modern methods of sterilisation or disposable equipment should be made available to the home nursing staff.

One of the most helpful aids in recent years for both patients and nurses has been the supply of incontinence pads for patients being nursed at home. These pads have been available from the Health Department for the past four years and are used in the main by patients being attended by the District Nurses, but as this service is provided under Section 28 of the National Health Service Act, the pads are available to any other incontinent persons on the recommendation of the General Practitioners. The pads are convenient and time-saving for nurses, they reduce the laundering of soiled bed linen and make it possible to nurse at home some patients who would otherwise have to be admitted to hospital. To date, the disposal of soiled pads has presented no difficulty, but special arrangements for disposal may have to be made at a future date.

The following table shows the number of cases attended and the number of visits paid by the Home Nurses:

HOME NURSING

	1964	1963	1962
No. of cases attended by the Home Nurses ...	1,188	1,236	1,282
No. of visits paid by the Home Nurses ...	32,209	31,906	33,047
No. of patients aged under 5 at time of the first visit ...	22	15	30
No. of patients aged 65 years and over at time of first visit ...	686	715	703

As from 1st April, 1963, the Council agreed that all District Nurses who used their cars for their duties should receive a Casual User's Car Allowance. Previously, only the three male nurses and the two female relief nurses were entitled to a car allowance and the remainder received a cycle allowance. At the end of 1964, eleven of the nurses (including the part-time nurse) were using cars for their duties, two had 'scooters' and one a motorised cycle.

The increased mobility of the nurses has resulted in a better and less hurried service to the patients and it is now possible for the nurses to carry a certain amount of equipment for those elderly patients who have no-one to send to the Health Department. Furthermore, the position regarding relief during days and week-ends off-duty has been considerably eased. Finally, the nurses are protected from the hazards of the weather and they no longer have to visit patients' houses in dripping mackintoshes and wet shoes.

Marie Curie Memorial Foundation Day and Night Nursing Service

This Service, for patients suffering from cancer, is financed by the Marie Curie Foundation but administered by the Medical Officer of Health started in Lincoln in November, 1964 and five State Registered Nurses were recruited locally to undertake night duty of approximately 8 hours per night. Most of the nurses undertake to work two or three nights each week, as required.

All the patients nursed are in the terminal stage of their illness and this Night Nursing Service has meant that they are able to remain in their own homes instead of being admitted to hospital. It has been found that in most cases this is what the relatives wish and it is certainly what the majority of patients desire.

From the middle of November until 31st December, 1964, four patients were nursed at night by this Service. The Local Authority's District Nurses continued to nurse these patients during the day-time.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

The statistics for vaccination against smallpox for 1964 produced information which made it possible for the first time to compare the results of the policy of carrying out vaccination in the second year of life as opposed to vaccination in infancy. In 1964, 422 persons were vaccinated and of this number 364 were children under 5 years. This latter figure (364) compares unfavourably with the average number of children vaccinated under the age of 5 years (685) in the four years before the change in policy. It can be seen that the figure for 1964 represents little more than half of this average. This trend was not unexpected and is regrettable. It is, however, difficult to know what action can be taken to improve the position. Without doubt, mothers are more receptive to advice given on immunisation and vaccination when the child is in the first year. Furthermore, attendances at the infant welfare clinics are more frequent at that age. Although there may be a reason on medical grounds for postponing vaccination against smallpox until the second year of life, and this is not accepted by everyone, it is inevitable that the proportion of children vaccinated will diminish.

A summary of the vaccinations carried out during 1964 is as follows:

Vaccinations	Under 1 year	1-4 years	5-14 years	*15 years or over	1964 Total	1963 Total
By Local Health Authority's Staff	18	206	-	2	226	51
By General Practitioners ...	25	115	16	40	196	191
TOTALS	43	321	16	42	422	242
Re-vaccinations						
By Local Health Authority's Staff	1	2	2	7	12	10
By General Practitioners ...	-	5	18	91	114	190
TOTALS	1	7	20	98	126	200

* Period 1st January to 31st July only.

On 9th July, 1964, the Ministry of Health issued Circular 11/64 advising Local Health Authorities that it was no longer necessary to keep vaccination records of persons over the age of 16 years. This recommendation was accepted and general practitioners were notified accordingly. Vaccination statistics in future will therefore relate to children under the age of 16 years.

Combined Immunisation against Diphtheria, Whooping Cough and Tetanus

No alteration in the programme of immunisation against Diphtheria, Whooping Cough and Tetanus took place in 1964. 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 16 months, or 10 months after the third 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.

This is supported by the information given in the section on Infectious Diseases which shows that children who received four injections were less susceptible to infection than children who had received only three injections. The booster dose on school entry will in future 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.

In 1964 there was a slight increase in the proportion of children under one year of age who were immunised — 67% compared with 65% in 1963. Only slow progress in improving these figures can be expected. However, some progress was made by the home immunisations scheme and of the 181 children immunised in the 1 — 4 years group, 91 were immunised at home by the Health Department staff. These were mainly children who should have been immunised during their first year of life, but whose parents had neglected to have this done for a variety of reasons. This scheme of home immunisations is reaching those families who have been most resistant in the past to immunisation propaganda.

Primary Courses Completed				Under 1 year	1-4 years	5-14 years	1964 Total	1963 Total
<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...	...	...	-	-	6	6	2
Diphtheria-Tetanus	...	...	...	14	19	115	148	130
Diphtheria-Tetanus-Pertussis	...	...	...	628	181	4	813	818
Diphtheria-Tetanus-Pertussis-Polio	...	...	...	-	-	-	-	2
<i>By General Practitioners:</i>								
Diphtheria-Tetanus	...	...	...	-	-	1	1	-
Diphtheria-Tetanus-Pertussis	...	...	...	298	73	5	376	354
Diphtheria-Tetanus-Pertussis-Polio	...	...	...	14	7	-	21	27
Totals	...	...	...	954	280	131	1365	1333

Re-inforcing Injections

<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...	...	...	-	2	70	72	25
Diphtheria-Pertussis	...	...	...	-	-	-	-	1
Diphtheria-Tetanus	...	...	...	-	22	640	662	548
Diphtheria-Tetanus-Pertussis	...	...	...	-	829	19	848	616
<i>By General Practitioners:</i>								
Diphtheria Immunisation only	...	...	...	-	-	-	-	5
Diphtheria-Pertussis	...	...	...	-	-	-	-	1
Diphtheria-Tetanus	...	...	...	-	-	4	4	6
Diphtheria-Tetanus-Pertussis	...	...	...	-	99	56	155	79
Diphtheria-Tetanus-Pertussis-Polio	...	...	...	-	5	-	5	-
Totals	...	...	...	-	957	789	1746	1281

As it is now felt that Primary Whooping Cough immunisation is not necessary in children over 5 years of age, it was decided to offer primary immunisation against Diphtheria and Tetanus only to those school entrants who had not been immunised in infancy. In 1964, 131 children received primary immunisation and of this number 116 were immunised against Diphtheria and Tetanus only.

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 had not been immunised in infancy. The number of children immunised (52) was very much less than in previous years and the reason for this is that the stage has now been reached when the great majority of children entering school have already been immunised against Tetanus in infancy, as triple antigen has been in common use since 1956.

	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-14 years</i>	<i>1964 Total</i>	<i>1963 Total</i>
<i>Primary Courses Completed:</i>					
By Local Health Authority's Staff	—	1	38	39	670
By General Practitioners	—	—	13	13	21
Totals	—	1	51	52	691
<i>Re-inforcing Injections:</i>					
By Local Health Authority's Staff...	—	2	6	8	5
By General Practitioners	—	3	7	10	12
	—	5	13	18	17

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-tetanus serum following an injury is often avoided. This scheme is used considerably and each year there is an increase in the number of children who, because the Health Department can supply details about their immunisation to the hospital, avoid the administration of anti-tetanus serum.

The Hospital Casualty Department also supply information to the Health Department regarding children who have been immunised against Tetanus at the Hospital or who have had Anti-Tetanus Serum or a dose of Tetanus Toxoid, so that any future immunisation procedure may be modified if necessary.

Poliomyelitis Vaccination

Sabin Oral Vaccine was available throughout 1964 and under the Local Authority vaccination programme, this vaccine was used almost exclusively. Furthermore, Sabin vaccine was increasingly used by the general practitioners.

The policy of giving a fourth dose to children in the 5-12 years group was continued and all first year school children were offered this "booster" dose. 910 children had a fourth dose of Sabin vaccine at school during the summer term.

All children in the 5-12 years age group have now been offered a fourth dose of vaccine and at the end of the year the total number of children who had been given a booster dose was 8,890.

The table below shows that the total number of persons who have had a full course of Poliomyelitis vaccination since the scheme started in April, 1956, was 39,520. The table also shows that by the end of 1964, approximately 77% of children aged 2-3 years had been vaccinated and 67% of children aged 1-2 years had been vaccinated. These figures represented an increase of 3% — 4% on the figures for the previous year.

POLIOMYELITIS VACCINATION — YEAR ENDED 31st DECEMBER, 1964

		<i>Children 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>
		1964	1963	1962	1961	1943-1960	1933-1942		
Numbers vaccinated during the period April, 1956 to 31st December, 1963 ...		-	150	897	1093	19636	7588	8552	37916
Numbers vaccinated during the period 1st January, 1964 to 31st December, 1964									
By Local Authority Staff:									
	Salk	-	1	-	-	-	-	-	1
	Sabin	121	616	143	82	157	58	60	1237
By General Practitioners:									
	Salk	10	34	9	10	1	1	3	68
	Sabin	28	151	47	17	33	12	10	298
		<u>159</u>	<u>952</u>	<u>1096</u>	<u>1202</u>	<u>19827</u>	<u>7659</u>	<u>8625</u>	<u>39520</u>
Number of third doses given up to 31st December, 1963 ...									33041
Number of third doses given between 1st January and 31st December, 1964									
By Local Authority Staff									
	Salk	...	...	...	...	...	...	...	-
	*Sabin	...	...	...	...	...	...	...	4
By General Practitioners —									
	Salk	...	...	...	...	...	...	...	43
	*Sabin	...	...	...	...	...	...	...	3
									<u>33091</u>
Number of fourth doses given up to 31st December, 1963 ...									7937
Number of fourth doses given between 1st January and 31st December, 1964:									
By Local Authority Staff									
	Salk	...	...	...	...	...	...	...	-
	*Sabin	...	...	...	...	...	...	...	910
By General Practitioners —									
	Salk	...	...	...	...	...	...	...	15
	*Sabin	...	...	...	...	...	...	...	28
									<u>8890</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 are shown under the respective age group headings.

AMBULANCE SERVICE

Ambulance Officer: V. R. NORTH

During 1964, the ambulance service carried a total of 34,873 patients; in addition, 481 non-patient carrying journeys were undertaken. Mileage involved in this work totalled 137,448.

Patients carried for whom the Lincoln Authority was responsible, again increased slightly, from 34,179 in 1963, to 34,493 in 1964, an increase of 314 patients. Mileage for this work decreased by 25 miles, from 132,248 in 1963, to 132,223 in 1964.

Whilst most categories of patients fluctuate from year to year, out-patient and maternity cases continue to increase annually, the increase in out-patients being most marked at St. George's Hospital, where improved facilities enable a larger number of patients to receive treatment of various kinds. It is possible that the lack of public transport to this hospital, also exaggerates the number of patients requiring ambulance service transport.

Operationally, subject to their needs, patients are separated into three divisions:

(a) Walking cases — requiring the assistance of one man, and collected in groups of up to eleven, in accordance with district and appointment times.

(b) Double handed sitting-cases — requiring the assistance of two men, and collected by the same method as walking cases.

(c) Ambulance cases — these cases require the assistance of two men, are always given some degree of priority, take much longer time to handle, and in the majority of cases cannot be pre-planned. Any increase in the number of ambulance cases must influence the availability of staff, therefore, the increase over the past two years of 809 Lincoln ambulance patients, to be noted from the appended tables, must have a strong bearing on the pressure of work being experienced by the service, especially during the holiday period, March to the end of November.

Cases carried on behalf of the Lindsey Authority have also increased over the past two years, from 292 in 1962, to 359 in 1964, an increase of 67 patients. Mileage also increased by 234 miles, from 4,602 in 1962, to 4,836 in 1964. This increase in Lindsey work would appear to be proportionate to the increase in Lincoln cases.

The following tables give some indication of the type of work dealt with during the year and enable comparisons to be made in miles and patients:

Annual Comparative Table

(Lincoln work in brackets)

<i>Cases</i>	1964		1963		1962	
Ambulance	11839	(11527)	12002	(10767)	13494	(10718)
Sitting	23034	(22966)	25708	(23412)	28094	(20001)
TOTAL	34873	(34493)	37710	(34179)	41588	(30719)
<i>Miles</i>						
Ambulance	56161	(52156)	61389	(49579)	74347	(45315)
Sitting	81287	(80067)	99709	(82669)	130524	(64620)
TOTAL	137448	(132223)	161098	(132248)	204871	(109935)
<i>Miles per Patient</i>	3.941	(3.833)	4.271	(3.859)	4.925	(3.578)

Case Type	1964			1963		
		Number	Miles	Number	Miles	
LINCOLN						
Street Accidents	654	620		
Home Accidents	185	208		
Street Illness	277	190		
Home Illness	1949	2102		
Mental Illness	63	63		
Out-Patients	28286	27842		
Maternity Cases	670	644		
Infectious Cases	12	15		
Hospital Transfers	1280	1246		
Hospital Discharges	1117	1249		
Totals			...	34493	132223	
LINDSEY						
Street Accidents	129	154		
Home Accidents	8	8		
Street Illness	8	5		
Home Illness	71	87		
Mental Illness	2	-		
Out-Patients	11	6		
Maternity Cases	100	74		
Infectious Cases	-	-		
Hospital Transfers	26	2		
Hospital Discharges	4	-		
Totals			...	359	4836	
OTHER AUTHORITIES						
Street Accidents	-	7		
Home Accidents	1	-		
Street Illness	-	-		
Home Illness	5	4		
Mental Illness	3	4		
Out-Patients	7	1		
Maternity Cases	1	1		
Infectious Cases	-	-		
Hospital Transfers	1	2		
Hospital Discharges	3	7		
Totals			...	21	389	
NON-PATIENT CARRYING JOURNEYS: MILEAGE INCLUDED IN ABOVE TOTALS						
Analgesia	6	7	
Midwives	224	264	
Abortive	167	65	
Service	84	176	
Totals			...	481	512	
Out of Town Journeys						
Miles	50/100	1964	200/300	50/100	1963	200/300
Journeys	287	69	19	315	130	12

The following table shows the total number of cases moved monthly, analysed into four main categories:

<i>Month</i>	<i>Emergencies</i>	<i>General</i>	<i>Maternity</i>	<i>Out-Patients</i>	<i>Total</i>
January	109	371	78	2470	3028
February	101	369	64	2120	2654
March	127	352	66	2097	2642
April	139	364	72	2391	2966
May	134	335	67	2322	2858
June	102	407	59	2630	3198
July	143	336	67	2466	3012
August	132	334	58	1962	2486
September	140	398	75	2392	3005
October	122	379	50	2499	3050
November	128	334	53	2660	3175
December	112	330	62	2295	2799
TOTALS	1489	4309	771	28304	34873

The percentage for each section to total cases moved is:

					%
(a) Emergency	..	..	..	..	4.27
(b) General	..	..	..	..	12.356
(c) Maternity	..	..	..	..	2.211
(d) Out-Patients	..	..	..	..	81.163
					100.000

Staff

During the year Miss R. Challans, clerk/telephonist, resigned from the service on health grounds. This resignation provided an opportunity of re-organising the staff with a view to 24 hour station supervision, permission was therefore obtained, and the following staff changes put into effect.

The night clerk/telephonist agreed to take over day duties, a fifth shift leader was promoted from driving staff and one new driver was appointed in place of a female clerk telephonist. The creation of a fifth shift leader enabled the night shift to be supervised and provided a potential extra driver in case of extreme emergency.

The above re-organisation did not alter the total authorised establishment of the service which remained as follows:

Ambulance Officer	..	..	1
Deputy Ambulance Officer	..	..	1
Male Clerk/Telephonist	..	..	1
Female Clerk	..	..	1
Shift Leaders	..	..	5
Drivers	..	..	20
TOTAL STAFF	..	..	29

Illness

Illness among the staff was comparatively moderate; a total of 136 working days were lost due to sickness involving 9 men.

Training

All personnel were given the opportunity of attending advanced lectures at the County Hospital in addition to the St. John's Association instructional courses.

Voluntary training in Civil Defence is not popular with the majority of drivers, but fortunately, one or two of the staff maintain interest in this subject, and have attained instructional standard. One man attended the Home Office School at Falfield, but failed the examination for an Ambulance and First Aid Certificate.

Competitions

Once again all drivers were entered in the National Safe Drivers Competition and awards for 1963 were presented at the Ambulance Station to those drivers who had qualified.

A team was again entered in the competition organised by the National Association of Ambulance Officers, this team, competing for the first time against teams from eleven other authorities, was placed fourth in the overall markings, and gained top marks in the individual and team tests, a very good effort.

Equipment

During the year, new types of resuscitation equipment were tested, including the 'self inflatory bag' type. This equipment was found to be extremely efficient, safe yet simple to handle in providing ventilation by either oxygen or fresh air, and therefore not reliant on the amount of oxygen carried.

Other equipment becoming increasingly necessary is a means of providing suction, particularly in the case of road accident victims requiring blood and mucus removing from the airways. The foot operated suction pump is both expensive and unsatisfactory, therefore a means of obtaining suction from the induction system of an ambulance has been tried and found quite successful under test conditions. Should this method meet with the approval of the medical authorities, all ambulances will be fitted in due course.

Arrangements for the conveyance to hospital of babies requiring special equipment have been entirely successful throughout the year, the equipment maintained at the Ambulance Station being as follows:

1. An 'Oxygenaire Oxycot' for the use of babies up to six months who require oxygen during the journey.
2. A portable incubator, supplying the necessary oxygen concentration and humidity conditions. This incubator is thermostatically controlled and is designed to maintain its heat from the electrical supply of the vehicle during the journey. A trained midwife accompanies the incubator on all journeys.

Patients Carried by Rail

Railway facilities were used in transporting 87 patients an estimated 7,562 miles.

Transport of Chiropody Patients

During the year 406 journeys were made in transporting 235 patients to the Chiropody Clinic at 'Beaumont Lodge' a decrease of 38 patients. Mileage however, increased by 122 to 1,247 miles.

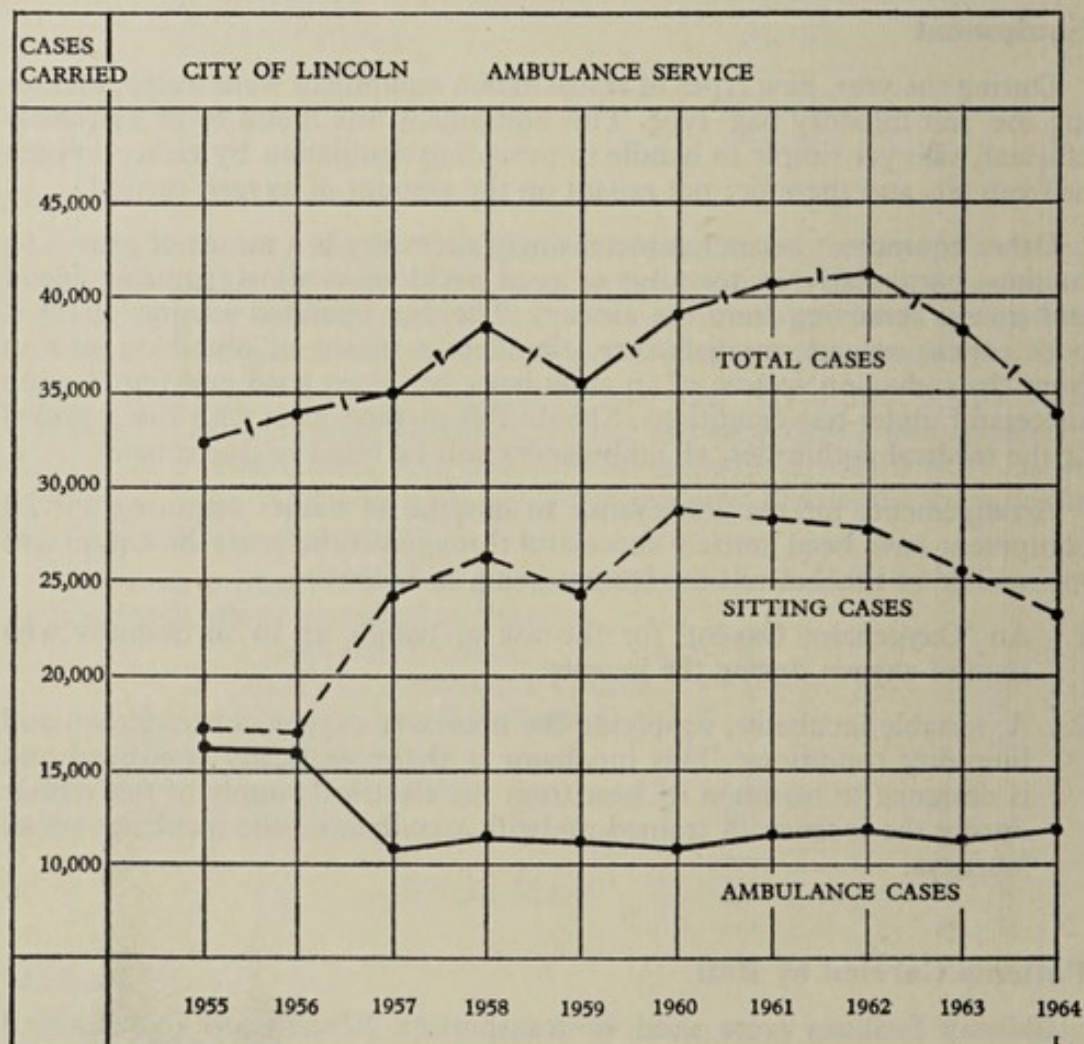
Vehicles

During July, delivery of a new Austin Hire-Car was accepted, this vehicle replaced a similar car which had covered over a quarter of a million miles.

Since sirens, etc. were authorised for the use of emergency services, discussion by the Association of Ambulance Officers has taken place with a view to standardisation throughout the country. Until a definite policy is decided upon, the purchase of this equipment has been deferred.

At the 31st December, 1964, the fleet statistics were as follows:

Type	Make	Year	(1964) Mileage	(1963) Mileage
Ambulance	Bedford	1954	182,668	174,787
Ambulance	Bedford	1958	97,637	84,927
Ambulance	B.M.C.	1960	64,901	51,838
Ambulance	B.M.C.	1961	44,056	34,001
Ambulance	B.M.C.	1962	26,251	13,843
Dual Purpose	B.M.C.	1962	33,528	17,643
Sitting Case	B.M.C.	1962	45,287	30,384
Sitting Case	Bedford	1958	109,015	98,952
Hire Car	B.M.C.	1963	31,466	8,319
Hire Car	B.M.C.	1964	7,235	Nil



Co-operation with Other Authorities

There has been no difficulty in maintaining a high level of co-operation with other Authorities, particularly the Lindsey County Ambulance Service. Since this Ambulance Service separated from the Fire Service closer liaison has proved possible, with mutual benefit to both services.

Liaison with the Police and Fire Service continues at a high level.

Fuel Consumption

During 1964, petrol consumption was 9,919 gallons, an average of 13.85 miles per gallon.

Oil consumption was 57 gallons, an average of 299 miles per pint.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The work on prevention of Tuberculosis is at present fairly static. 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 1964, she attended 108 clinic sessions as compared with 120 sessions in the previous year. The majority of the patients at these particular sessions are resident in the City and her attendance affords a suitable opportunity for seeing new patients. She undertakes the visiting of the patient and his family before admission to hospital, explains about his treatment and arranges for contacts to attend the Chest Clinic where adults have a Chest X-ray and children a skin test with subsequent B.C.G. vaccination if found to be necessary. During 1964, 24 new cases of Tuberculosis were notified, compared with 23 in 1963.

When a patient is not admitted to hospital but has treatment at home, the Tuberculosis Health Visitor instructs the patient and relatives in the taking of drugs, disposal of sputum and general hygiene. Any home nursing equipment needed is provided, the services of a Home Help are obtained if required and advice is given regarding obtaining additional financial assistance in necessitous cases.

The duties of the Tuberculosis Health Visitor also include:

- (a) The follow-up of patients immediately after discharge from hospital to advise on continued treatment at home and to arrange for any necessary assistance to be provided and to undertake further routine follow-up visits as necessary.
- (b) Visits in connection with reading Mantoux tests, Heaf testing, B.C.G. vaccination and follow-up of non-attenders at the Chest Clinic; also any special visiting requested by the Chest Physician.
- (c) Visits to the Senior Schools in the City during the Autumn Term, accompanied by a School Medical Officer, to carry out the B.C.G. vaccination of children in the 13-14 years age group.

During 1964, the Tuberculosis Health Visitor paid 282 domiciliary visits, compared with 403 during the previous year.

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. 45 patients received free milk during 1964 and of this number, 38 persons continued to receive assistance granted in a previous year.
2. Financial Assistance — can be obtained 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, 1964	..	..	2
Recommended for re-housing during the year	..	..	1
Re-housed during the year	..	..	2
Awaiting re-housing on 31st December, 1964	..	..	1

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 four cases in this category during 1964.

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

'During 1964, the work of the Chest Clinic was continued on the same lines as in the previous year. That is to say that with the number of cases of tuberculosis maintaining a steady level, more cases of a non-tuberculous nature were seen and treated.

Full investigation of all known contacts was continued.

Emphasis should be made to the public of the importance of their attending the Mass Radiography Unit when it is in the district.'

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 1964 was 113, the same number as in the previous year.

School Children Scheme

Vaccination of school children in the 13-14 years age group was continued in 1964 under the approved scheme.

The senior schools in the City were visited during November by a medical officer accompanied by a nurse 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. The "consent rate" for 1964 was 79%.

The following table gives details of the numbers dealt with during 1964:

Number skin tested	..	..	810
Number found positive:			
Heaf grades 1 and 2	..	..	26
Heaf grades 3 and 4	..	..	24
Number found negative	..	..	735
Number vaccinated	..	..	734

The number found positive was 6.4% of the number tested, the lowest since the B.C.G. Scheme was introduced in 1956.

The Heaf positive reactors were graded in accordance with the degree of the reaction. 24 children (grades 1 and 2) were referred to the Mass Radiography Unit in February, 1965. All except one child attended and results were negative. 26 children (grades 3 and 4) were given an appointment to attend for a large film at the Lincoln Chest Clinic and the results may be classified as follows:

No evidence of disease	..	..	..	..	16
Signs of old healed lesions	..	..	..	..	6
Old tuberculous case known to Chest Clinic				..	1
Suspicious findings on X-ray followed up by Chest Physician	..	..	..	..	3
					—
					26
					—

When the schools were visited in November, the opportunity was taken to Heaf test a sample batch of children vaccinated in the previous year. 103 were tested and of this number 96 gave positive results, 1 negative and 6 were absent from school when the results were read. These figures indicate that the conversion rate is approaching 100%.

Students Scheme

No work was undertaken during the year under the scheme for the B.C.G. vaccination of students attending colleges and other establishments of further education. It is apparent that the majority of students are now being vaccinated at 13 years under the School Scheme.

MASS RADIOGRAPHY

The Lincolnshire Mass Radiography Unit paid a visit to the City in February and March, 1964, and public sessions were held on the Thornbridge Car Park.

The total number of attendances during this survey was 9,055, compared with 9,654 during 1963.

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	5268	3737	9055
No. recalled for large films	68	49	117
No. referred to Chest Clinic	32	9	41
No. referred to own doctor	4	19	23
No. of cases of Pulmonary Tuberculosis requiring close clinic supervision or treatment	4	-	4
No. of cases of Pulmonary Tuberculosis requiring occasional supervision	5	3	8
Pulmonary Tuberculosis post primary inactive	3	-	3
Bronchiectasis	-	1	1
Neoplasm, malignant	3	1	4
Neoplasm, non-malignant	-	-	-
Cardiac abnormality	1	-	1
Sarcoidosis	-	1	1

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, student 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.

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 1964 and the steps taken with regard to treatment. Table 'B' shows that there was no notification of ophthalmia neonatorum during the year.

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

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends:—				
(a) No treatment	-	1	-	13
(b) Treatment (Medical, surgical or optical) ...	6	3	-	10
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	2	3	-	10

B. OPTHALMIA NEONATORUM

(i) Total number of cases notified during the year	...	...	...	...	1
(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 473 patients were assisted and 902 articles of equipment were issued. The comparable figures for 1963 were 444 patients assisted and 968 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.

Particulars of the equipment issued during 1964 are as follows:

Air rings..	..	..	..	..	..	64
Bath seat	..	..	..	..	..	1
Bed cages	..	..	..	..	..	40
Bed pans	..	..	..	..	..	175
Bed pans (rubber)	..	..	..	..	..	1
Bed rests	..	..	..	..	..	118
Bed block (sets)..	..	..	..	..	..	4
Bed tables	..	..	..	..	..	2
Bedsteads	..	..	..	..	..	17
Commodes	..	..	..	..	..	48
Crutches (pairs)	..	..	..	..	..	6
Draw sheets	..	..	..	..	..	3
Dunlopillo cushions	..	..	..	..	..	25
Dunlopillo mattresses	..	..	..	..	..	10
Feeding cups	..	..	..	..	..	13
Fracture boards (sets)	..	..	..	..	..	6
Mackintosh sheets	..	..	..	..	..	219
Mattresses	..	..	..	..	..	16
Sheets	..	..	..	..	..	3
Sputum mugs	..	..	..	..	..	2
Tripod Walking Sticks..	..	..	..	..	..	21
Urinals	..	..	..	..	..	85
Wheel chairs	..	..	..	..	..	23
						—
						902
						—

CHIROPODY SERVICE

The Chiropody Service was taken over from the City of Lincoln Association for the Care of the Elderly by the Health Committee in August, 1960. The Clinics are held at 'Beaumont Lodge' and the majority of patients manage to reach the clinic on foot. Other patients who are unable to use public transport by reason of physical disability are conveyed to and from the clinic by the Ambulance Service on the recommendation of the Family Doctor. In addition to the clinic a domiciliary service is also provided for patients who are unable to attend the clinic even with the aid of transport.

The demand for the service continued to be as great as ever and by the middle of the year, with the steady influx of new patients, the interval between treatments for existing patients gradually lengthened to nearly four months for both clinic and domiciliary patients and the waiting time for new applicants to be given an appointment was also approximately four months.

Consequent upon the Council's decision to appoint an additional Chiropodist in the financial year commencing 1st April, 1964, Mr. J. F. Webster, L.Ch., S.R.Ch., was appointed to the vacancy.

Mr. Webster commenced duty on 1st September and took over the entire waiting list and a proportion of existing patients. For a few weeks it was possible to treat new patients almost immediately and to reduce to 8 to 10 weeks the interval between treatments for existing patients. It soon became known, however, that an additional Chiropodist had been appointed and the number of new applications began to increase. At the end of the year the waiting time for new applicants was approximately 8 weeks and the interval between treatments 11 weeks for both clinic and domiciliary patients.

In addition to the normal domiciliary work a number of girls at South Park Girls' High School have been treated for verrucae and for this purpose the school has been visited on one afternoon weekly since the beginning of November.

It will be noted that the average attendance per session is less than last year. This is due to the fact that before a second chiropodist was appointed, the existing chiropodist was booking ten or more patients per session. This was certainly in excess of the number which can be properly treated in a normal session and the recommendation of the Society of Chiropodists that seven patients should be treated per session was implemented soon after the second chiropodist took up duties.

The Service is greatly appreciated by elderly persons and a high standard of treatment is given. It is clear, however, that a further increase in the staff will be necessary at an early date if the increasing number of applicants for the service are to be treated.

The following table gives the details of attendances and income received from patients during 1964:

	<i>No. of Sessions</i>	<i>Total Attendances</i>	<i>Average Attendances per Session</i>	<i>Total Receipts</i>
Morning Clinics	221	1594	7.21	£256 7s. 0d.
Afternoon Clinics	139	1058	7.61	
Home Visits		1046		£119 11s. 0d.
				<hr/> £375 18s. 0d. <hr/>

School Children Treated at school 93

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 1964, 180 vaccinations were carried out and the persons were from the following areas:

Lincoln	71
Lindsey County	38
Kesteven County	44
Holland County	10
Nottinghamshire County	9
Other areas	8
	<hr/>
	180
	<hr/>

HEALTH EDUCATION

The Health Education programme continued on the same lines as in previous years; however, there were two important features of the programme which are worthy of special mention.

Firstly, the Dental Health Campaign which had been under consideration for some years, finally took place from 9th November, 1964 to 5th March, 1965 and required many months of careful planning.

Secondly, an effort was made for the first time in Lincoln to draw the attention of certain members of the public to the preventable aspects of cancer.

The Dental Health Campaign was largely aimed at educating school children and the parents of pre-school children in all aspects of care of the teeth and the prevention of dental caries. The majority of the work in preparation of the Campaign was undertaken by the School Dental Service staff; however, Health Visitors were associated with the Campaign in so far as it affected the pre-school children. As the Campaign did not finish until March, 1965, a full account will be included in the Annual Report for that year.

It has long been felt that the majority of the general public were unaware of the benefits of early diagnosis of certain types of cancer. As long ago as 1953, the Ministry of Health issued a circular in which the Local Health Authorities were urged "to consider what action can practicably be taken" to explore the possibilities of cancer education for the general public. Since that time, however, little action apart from publicity in connection with "Smoking and Lung Cancer" has been undertaken, in all probability due to a mistaken fear of the possibility of producing cancer phobia. Experience in this Country, however, has proved this fear to be unfounded. Several talks were given by the Medical Officer of Health to various Women's Organisations on cancer education, particularly in relation to cancer of the

breast and cervix. These talks were given in anticipation of the establishment of a clinic for cervical cytology and breast examination. The response to this project has been very gratifying.

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.

The course on Food Hygiene at the Lincoln Technical College which was conducted by a Public Health Inspector was well attended. An increasing number of food handlers in Lincoln have now undertaken this very useful course of instruction, and the School Meals Service has been particularly active in ensuring that their employees attend this course of training.

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

The Deputy Principal School Medical Officer gave talks illustrated by films and film strips on the subject of Smoking and Lung Cancer. However, it would not be true to state that an extensive programme was carried out on this topic. It is felt that the maximum amount of publicity has already been given to the adult public about the well known fact of the dangers to health inherent in smoking and the majority of the public must by now be aware of the risks associated with smoking. The effect, however, on the smoking habits of the majority of the public has been negligible.

The difficult subject of Venereal Disease, particularly in relation to young persons, was not a part of the Health Education programme in 1964 as recent figures for the incidence of this condition had shown no increase. However, in view of the fact that there was a substantial increase in the number of cases of Gonorrhoea in Lincoln during 1964, it may well be that further consideration will have to be given to this problem in the near future.

The Stork Clubs held at the Newland and Ravendale Clinics continued to be well attended and the three Mothers' Clubs appeared to be running successfully at the end of the year.

The Medical Officer of Health, the Deputy Medical Officer of Health, the Principal School Dental Officer, the Superintendent Nursing Officer and the Chief Public Health Inspector gave talks on a variety of subjects concerned with health education at evening meetings of various Associations.

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 Home Help Organiser, one full-time clerk and one part-time clerk.

During the year the number of applications for the services of a Home Help fluctuated, the heaviest demand being between January and March and July and September. The total number of applications for assistance

received during the year was 489, but of these, applications in respect of 206 cases were later cancelled. Twenty three requests for help in maternity cases did not materialise and twelve were booked but were not due for confinement until 1965. Many of the requests for help were made by Social Workers and other well meaning persons without the patient being consulted or being made aware of the fact that a request for a Home Help was being made. On investigation, it was often found that arrangements had already been made for help to be given by relatives or friends and the services of a Home Help were not required.

The number of elderly people requiring the services of a Home Help shows a steady increase each year, but the general sickness and maternity cases fluctuate year by year. The following table gives a summary of the cases being assisted at the beginning and at the end of the year:

	1st January 1964	31st December 1964
Aged and infirm	425*	442*
General illness (including a number of chronic sick under 65)	24	37
Maternity	3	-
Tuberculous	6	4
	<hr/> 458	<hr/> 483

** includes 26 blind persons*

The following table shows the growth of the service during the past three years and also that the total number of hours worked by the home helps has increased substantially:

	1962	1963	1964
Cases assisted:			
Aged and infirm	548	560	581
General illness and chronic sick under 65 years	78	64	87
Mentally disordered	no record	7	6
Maternity	76	56	49
Tuberculous	7	10	10
	<hr/> 709	<hr/> 697	<hr/> 733
Hours worked:			
By Home Helps	90,439	105,204	116,726
By Night Attendants	1,661	1,591	3,663
	<hr/> 92,100	<hr/> 106,795	<hr/> 120,389
Home Helps employed at the end of the year:			
Full-time	12	15	14
Part-time	76	73	106*
Whole-time Equivalent	47	61	62

**The part-time helps included 4 night attendants in 1962, 3 in 1963 and 10 in 1964*

The Total number of hours worked during 1964 is 13,594 more than in the previous year (106,795).

Aged and Infirm Persons

A large number of persons are still in need of daily help, mainly to light fires, clean the grates and give them breakfast. The number of those who should have regular help has increased to 401 and the majority were sick persons. The remainder managed at times without help because an urgent case necessitated the temporary withdrawal of assistance. Eleven persons who had help were over 90 years of age, one having had assistance for more than seven years. Over 200 persons who had help were over 80 years of age and eight of these have had help for more than ten years. Approximately 200 who were supplied with help at some time during the year were between 70 and 80 years of age. Thirty persons under the age of 65 were given assistance and at least nine of these were chronic sick and had been having fairly regular help for a period of 4 to 6 years.

Tuberculous Cases

The Home Helps attending these cases have been employed by the Department for some time, but difficulties are encountered when new cases arise. One tuberculous person has had the same Help for four years, another for nearly three years and the remainder were new or short term cases. In some instances it is advisable to enrol a good neighbour as a Home Help if the case is short-term.

Visiting

The importance of home visiting cannot be over-emphasised and it is desirable to visit each case before help is sent, to follow-up the case to ensure that 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 undertakes on two or three half days a week, when it is essential for the Organiser to be available in the office. 1,157 interviews took place in the homes of applicants during 1964. 527 re-visits to households are included in the total visits. A further 214 visits were paid to home helps both when working and at home when changes of programme were necessary. Approximately 75% of the recipients of help were granted a free service and it is essential that they should have fairly regular supervisory visits as the majority are long-term cases and without frequent visiting, there could be abuse of the service. 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.

Administration

The Home Help Service has an important part to play in the care of sick persons in their own homes and it is hoped that eventually, adequate help may be given to all those whose wish it is to stay in their own homes as long as possible.

The number of maternity cases assisted by the Service has, however, diminished in recent years; 49 cases received help in 1964 whereas the average number of cases during the previous five years was 67. The cost of the Service would not appear to have played a significant part in this trend as there has been no increase in the maximum charge or the scale of assessment for several years. The Home Helps received a pay award in September, 1964, but the charge made to recipients of the Service was not increased.

The policy of increasing the Home Help establishment by the equivalent of six whole-time helps each year has been adhered to and this inevitably increases the work of the administrative staff. Recruitment is not always

easy and although many women apply for employment, relatively few are considered to be suitable.

Consideration was given to the employment of Male Home Helps as they would undoubtedly be most useful in certain cases. However, difficulties regarding payment, in recruitment, etc., precluded such appointments being made at least for the time being.

It is almost impossible for the Service to run smoothly at all times, as frequently the helps have to be redirected to cover maternity and emergency cases. Resignations, illness and holiday absences also require further administrative action. Owing to the large number of home helps now being employed, wages are paid at the Health Department on two afternoons each week and at the same time, instructions are given to the helps regarding their work for the following week.

Approximately £1,800 was paid to the Department for Home Help Services during 1964 and this amount is by no means substantial when one considers the enormous amount of work which has to be undertaken in order to collect this amount.

Problem Families

Temporary assistance was given to three families during the year. One of the families assisted consisted of mother, father and six children under seven years of age. After there was some improvement in the conditions at home and considerable improvement in the mother's health, the mother requested that the Service be withdrawn as she wished to try and manage on her own. The family are still under the supervision of the Health Visitor. Another family had help whilst the mother was awaiting admission to hospital for a major operation. If assistance is to be given to families in distress, it may be necessary to send suitable home helps for training as it becomes increasingly difficult to enrol and keep Home Helps with this type of family.

Night Attendant Service

Demands for the Night Attendant Service were fairly constant throughout the year. The service was supplied in the majority of cases as a relief at night 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 removed to hospital.

In 1963, a certain amount of disquiet was felt as it was not possible for the Night Attendant Service to meet all the demands made upon it. In 1964, therefore, a positive effort was made to increase the number of women available for this Service and this was partly successful. During 1964, 38 cases were assisted compared with 28 cases in 1963, and the number of hours worked by the Attendants was 3,663 in 1964 compared with 1,591 in the previous year. Nine of the cases assisted were suffering from Cancer and this Service to cancer patients will, in future, be complementary to the Marie Curie Foundation Night Nursing Service.

Training

No tests for proficiency of Home Helps organised by the National Institute of Houseworkers Training Officer took place during 1964. 21 of the 36 Helps who had been tested by the Institute in previous years were still in our employment at the end of the year.

MENTAL HEALTH SERVICES

The Mental Health Act, 1959

The most notable feature of the Mental Health Service during 1964 was the completion and occupation of the new Adult Training Centre in Long Leys Road. The Junior and Adult Training Centres are now entirely separate and new methods of instruction on workshop lines are available for the subnormal adults for the first time.

The anticipated provision of Hostel accommodation, however, did not materialise during the year, but will certainly be provided in 1965.

The increased number of admissions and re-admissions to Mental Hospital noticed in recent years did not continue in 1964; indeed the number of admissions (160) showed a slight decrease on the previous year (187). Compulsory admissions, however, showed a slight increase.

A positive effort was made by the Mental Welfare Officers to reduce admissions by more frequent visiting and by early referral to a General Practitioner or Psychiatrist if impending relapse was evident, in which case out-patient treatment often obviated the necessity for admission to hospital.

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 7 elected members of the Council and 4 co-opted members. The Co-opted members include a Consultant Psychiatrist from St. John's Psychiatric Hospital and the Headmaster of St. Catherine's Special School.

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

Staff Changes

Mr. K. Rushbrooke, S.R.N., S.R.M.N., was appointed as Mental Welfare Officer in February, to fill an existing vacancy and took up his duties on the 9th March.

Mental Illness

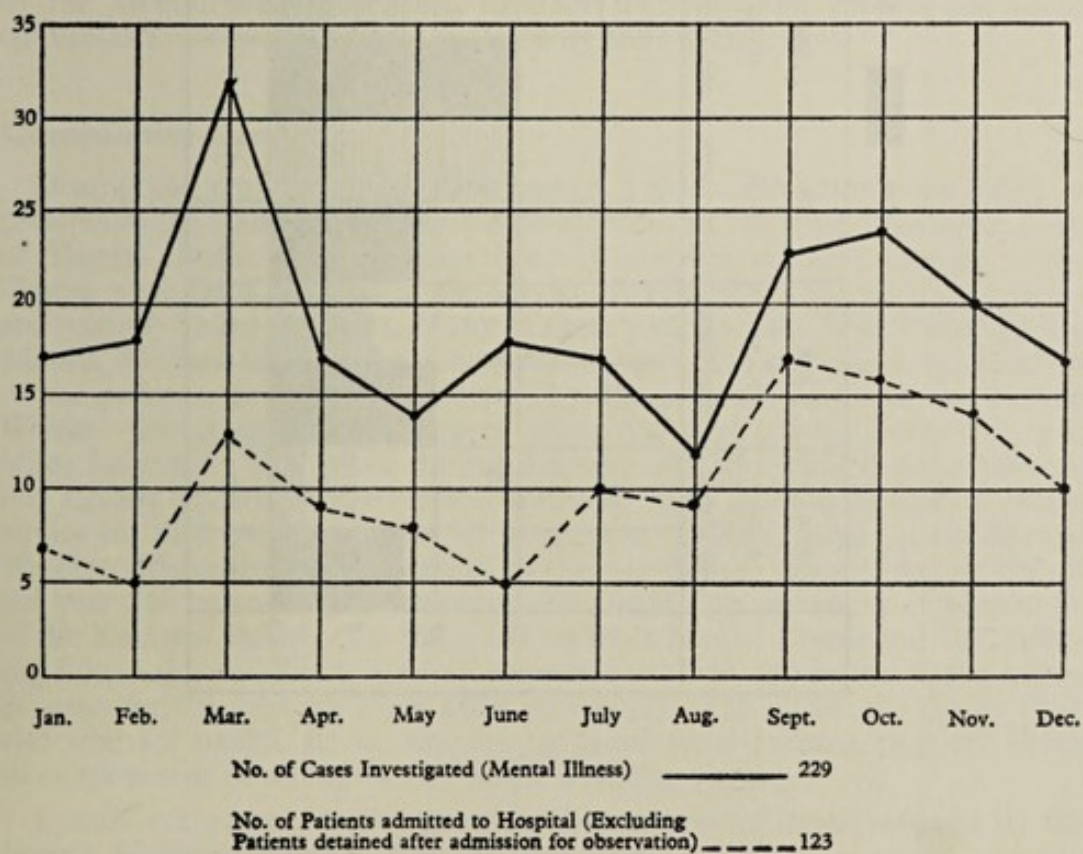
The total number of patients admitted to hospital during the year by Mental Welfare Officers was 123. Of this number 71 patients were admitted by compulsory order and 4 by court order, pursuant to Section 60, the remainder were on an informal-basis. In addition to these figures, a further 37 patients were notified to the Medical Officer of Health, as being admitted by arrangements with the patient's General Practitioner, following a domiciliary visit to the patient by a Consultant Psychiatrist.

The following table shows the number of patients admitted to hospital during the year, with the corresponding figures for the previous year.

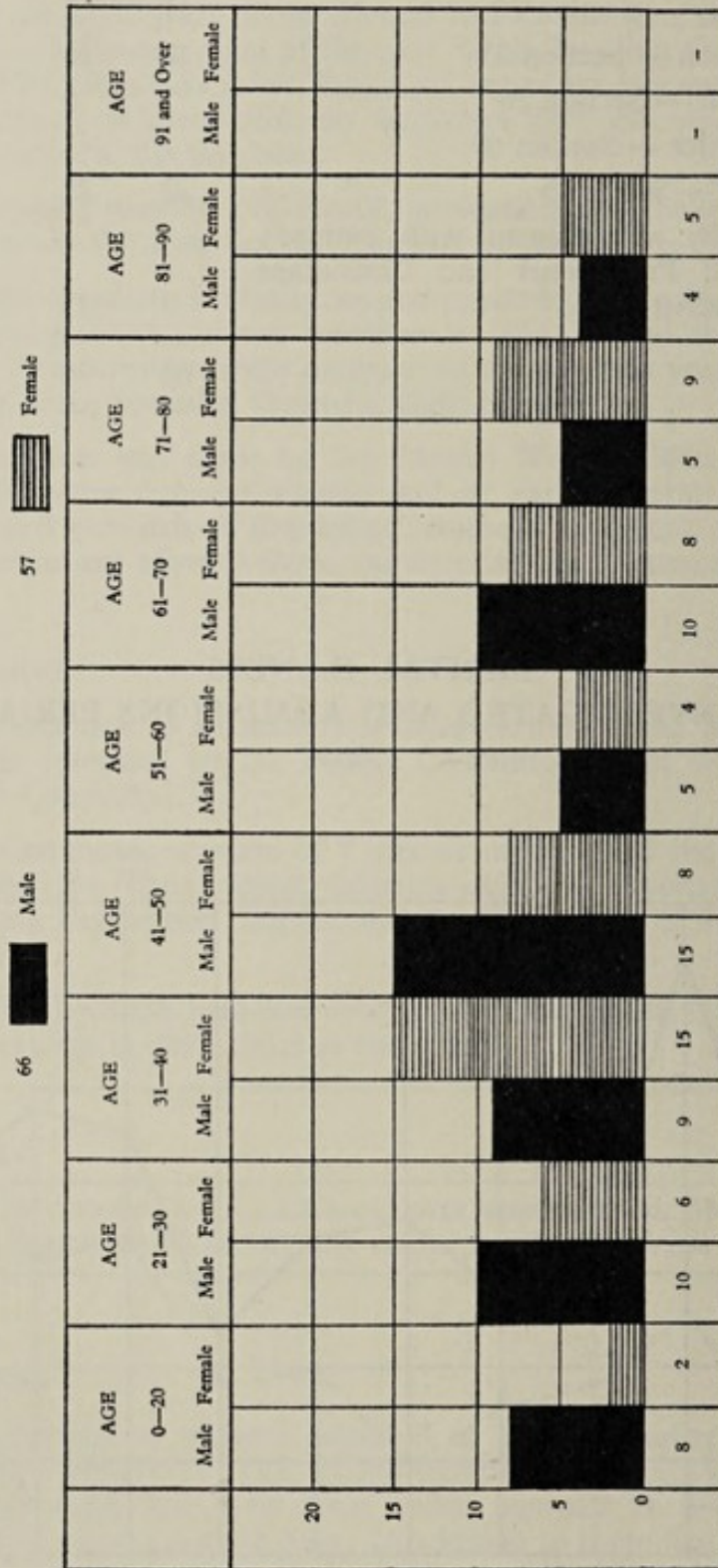
Compulsory and Informal Admissions

				<i>Males</i>		<i>Females</i>	
				1964	1963	1964	1963
By Mental Welfare Officers:							
Emergency — Section 29	..	..		17	7	11	11
Observation — Section 25	..	..		10	15	21	25
Treatment — Section 26 ..	..	..		7	8	5	4
Court Order — Section 60	..	..		3	1	1	—
Informal — Section 5	..	..	..	22	22	26	29
Direct: By arrangement with patient's General Practitioner and Consultant Psychiatrist							
..	..	..	..	9	23	28	42
TOTAL	..	..	..	68	76	92	111

MENTAL ILLNESS
CASES INVESTIGATED AND ADMISSIONS PER MONTH
1964

Graph (A)

Graph (B)



Psychiatric Out-Patient Clinics

Mental Welfare Officers attend, on a rota-basis, the Psychiatric Out-Patient Clinic which is held on Tuesday afternoon of each week at Lindum Lodge, Sewell Road. The Mental Welfare Officers work in close liaison with the Consultant Psychiatrists and social history reports are obtained on all new patients prior to their appointment with the Psychiatrist. Likewise, progress reports are often required and the Mental Welfare Officers in this way help to form understanding relationships with the patient and relatives concerned. As a result, valuable information can be obtained for the Psychiatrist which is important to him in diagnosing and treating the patient. Most patients continue to be visited at their homes by the Mental Welfare Officers until such times as the Psychiatrist is of the opinion that further treatment is no longer necessary.

Case Conferences and Discussions

Conferences are held twice weekly at St. John's Hospital, when social reports and home circumstances reports are submitted by the Mental Welfare Officers. The patients are seen and his/her case fully discussed. Often relatives of the patient are requested to be present. If the patient is suitable for discharge and the relatives are prepared to co-operate either in having the patient home, or on a trial-basis, then the Mental Welfare Officer, plays an important role in helping the patient and relatives to overcome any difficulties or problems that may arise. The M.W.O. in this way is looked upon as a friend by the patient and relatives, with whom problems can be discussed. He is always prepared to offer friendly advice and help at any time.

During the year 88 Social Reports and Histories were submitted to the Consultant Psychiatrists for Ward Conferences on patients already in hospital. In addition, these are also prepared on patients who are admitted by the Mental Welfare Officers, together with progress reports and home circumstances reports, when requested by the Psychiatrists.

Community Care

During the year ended 31st December, 1964, 4,348 visits were made to patients in the community. These patients were all suffering from some form of Mental Illness and may have been in hospital at some time or other. Others were cases referred to the service by relatives, General Practitioners and various Social Agencies. Many of these patients have been visited by the Mental Welfare Officers for a number of years at the request of relatives or the patients themselves. Relatives or patients often call to see the Mental Welfare Officer in the Department when the need arises. Altogether, 541 office interviews took place during the year, which included some persons not already known to the service, but who were advised to call to obtain advice on their problems. Not all these cases needed action by the Mental Welfare Officer, but were referred to the appropriate agency. At the end of the year 349 persons were receiving visits under the provision of Section 28 of the National Health Act, 165 suffering from Mental Illness and 184 suffering from subnormality or severe subnormality. Included in the total number of visits for the year are those adult subnormals who attend the Social Club and who are unable to be seen during home visits because they are either in employment or attending the Adult Training Centre.

Details are set out below showing the number of cases referred to the Mental Welfare Officers during the year 1964.

<i>Referred by</i>	<i>Mentally Ill</i>		<i>Mentally Subnormal</i>		<i>Total</i>
	<i>Under 16</i>	<i>Over 16</i>	<i>Under 16</i>	<i>Over 16</i>	
General Practitioners	2	90	1	7	100
Hospital — on discharge from 'in-patient' treatment	—	12	—	4	16
Hospital after 'out-patient' or 'day hospital' treatment	1	1	—	—	2
Local Authority (Education)	—	—	14	6	20
Police or Courts	—	21	—	3	24
Other sources	—	51	3	13	67
Social Histories: Requested by Consultant Psychiatrists	—	88	—	—	88
Total	3	263	18	33	317

The relationship between the Mental Health Service, Ministry of Labour (Disablement Resettlement Officer), Home Help Service, Health Visitors, Welfare Services, National Assistance Board and Voluntary Organisations continues to be satisfactory. The solution to many problems is often brought about by the understanding and willingness of these services to co-operate.

Hostel

The St. Hugh's Boys' Church of England Home, situated in the Rasen Lane vicinity of Newport, has now been decided upon as suitable for a Hostel for male mentally subnormal adults. It is hoped that this Hostel will be in full operation during the coming year.

Psychiatric Social Club

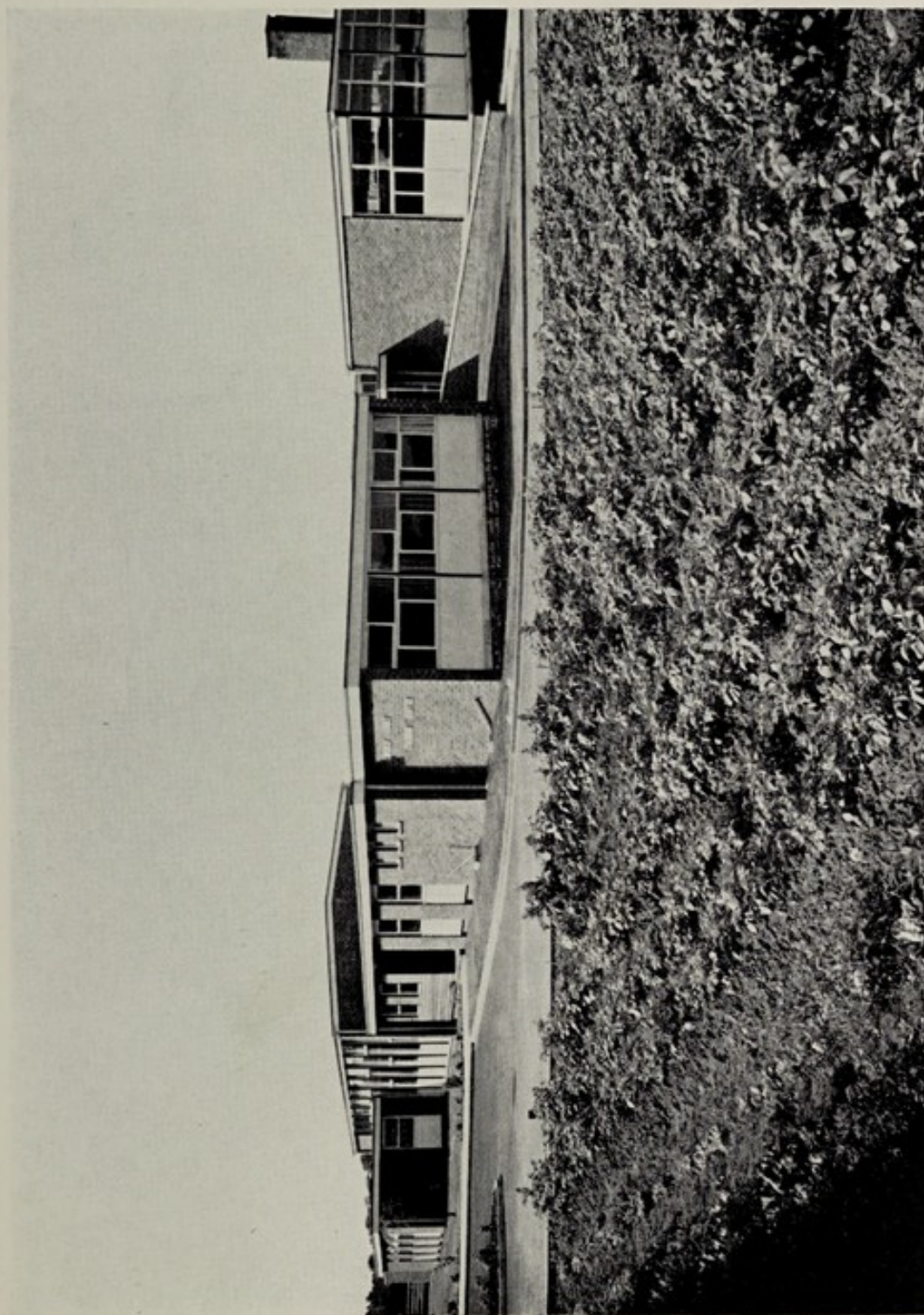
The Beaumont House Social Club is now in its third year. Membership is limited to 50, an attendance of 25 to 35 is usual at club meetings which are held each Tuesday from 7 p.m. to 9-30 p.m. Many members have requested that the club meets two evenings a week, but owing to the already heavy duties of the Mental Welfare Officers, this request cannot be met at present. Some relatives and friends of patients attend the club and join in the activities.

On the 30th June members and friends were taken on a coach outing tour of the surrounding parts of Lincoln. A stop was made at Saxilby and the party taken to an Inn for refreshments, arriving back in Lincoln at 10-10 p.m. The Club Christmas Party was held on the 8th December and again there was a good attendance of both members, friends, relatives and guests. Entertainment consisted of party games and dancing to the music of the 'Beat by Five Group'.

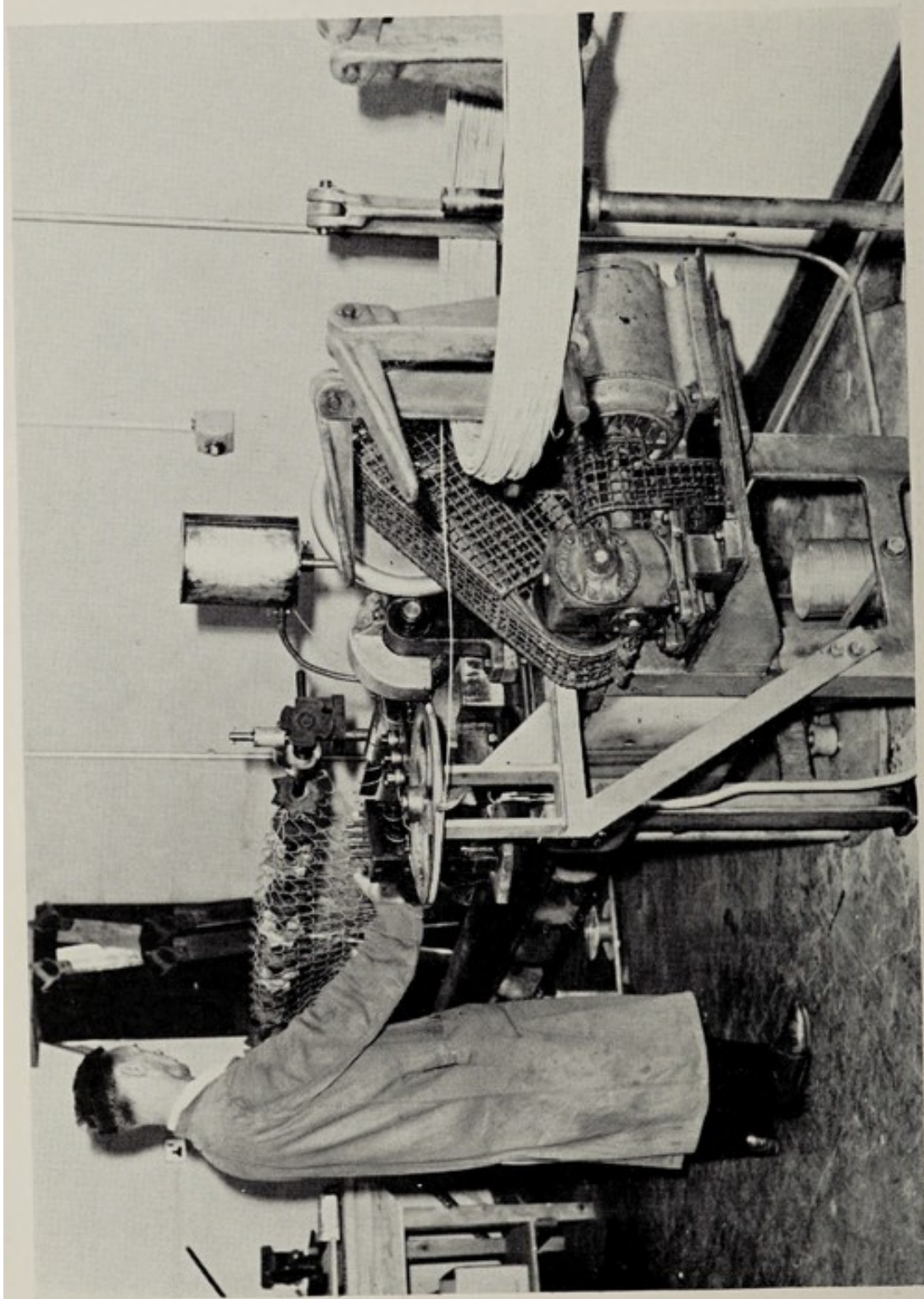
Junior Training Centre — "Beaumont House"

Supervisor: MRS. B. SEARLE

The most important event of the year was the transfer of the adults to the new Training Centre in Long Leys Road, thus releasing additional accommodation for the junior trainees. As from 29th September, the juniors were separated into three groups, the 5 — 8 year old children being accommodated in the Nursery and the two other groups (9 — 12 years and 13 — 16 years) in the classrooms on the first floor. This arrangement has been most beneficial to trainees and staff.



LINCOLN ADULT TRAINING CENTRE, LONG LEYS ROAD



WORKSHOP — CHAIN-LINK FENCING MACHINE LINCOLN ADULT TRAINING CENTRE

Towards the end of the year, the Council approved an increase in the staff establishment as from April, 1965, by one Assistant. The future staff will therefore consist of:

Supervisor
Deputy Supervisor
3 Assistant Supervisors.

The following table gives the number on the register at the beginning and end of the year:

	<i>Lincoln</i>	<i>Kesteven</i>
Number on register as at 1st January, 1964 ..	25	5
Admissions during the year	9	1
Discharges during the year	1	—
Transferred to Adult Training Centre	1	—
Number on register as at 31st December, 1964	32	6

Adult Training Centre, Long Leys Road

Supervisor: MR. W. ZIELONKA

The year 1964 was marked by the completion of a purpose-built Adult Training Centre which was occupied for the first time by trainees and staff on 29th September.

The building has a main entrance foyer which is fitted with showcases designed to display various articles made in the Centre. To the left of the foyer is the staff room and dining hall with stage, which gives direct access to a well equipped kitchen. The Supervisor's room, medical and first aid room, shower room, staff toilets and housecraft unit lie to the right of the foyer. The cloakroom area is separated by a small corridor from the workshops and gives access to the terrace and lawn, workshops, store, bootroom and side entrance with ramp. A machine workshop provided with electric power for light industrial machines, accommodating noisy and dusty activities is separated from the finishing workshop which is used for clean and quiet activities, by a large store with loading bay. Lawns have been laid and a piece of land allocated for gardening activities and greenhouse work. A separate covered area and store has been built for making concrete products.

The Centre is heated by low pressure hot water from an automatically controlled oil fired boiler situated beneath the workshop and there is also a separate system heated by electricity to provide hot water when the boiler is not in operation. An emergency lighting unit is installed in case of power failure.

The Centre will accommodate 80 mentally handicapped persons of both sexes.

Activities and Progress

Work starts at 9 a.m. and at 10-15 a.m. the trainees leave the workshops for a 15 minute tea break. Lunch is served at 12 noon and is usually over within half-an-hour; recreational activities follow until 1 p.m. One of the staff, on a weekly rota system, takes lunch with the trainees in the hall. Meals and tea are served on a cafeteria system and the trainees are responsible for setting and arranging tables, washing plates and tableware, as part of the training.

The afternoon tea break is at 3 p.m. and at 4-45 p.m. the trainees leave for home by bus.

Remunerative work consists of assembling, trimming and packing plastic products, making cardboard boxes and sticking on labels. Woodwork is carried out on a limited scale making basketry bases, clothes props and other small articles. Additional work has been secured from a local firm consisting of making interwoven fencing, stakes and seed boxes.

A general improvement in the trainees' ability and increased work tolerance indicates that many are ready for training in more creative work.

Earnings and Trainees' Payments

In 1964 the total net earnings by the trainees for work done on contract reached the sum of £1,020. A total of £719 18s. 0d. was paid to the trainees in the form of Easter, Summer and Christmas bonuses. Arrangements are being made to start a weekly payment system in January, 1965.

Details of Admission and Discharge of Trainees

The number of trainees on the register on 1st January, 1964 was 50 (26 males and 24 females); this was increased to 55 by 31st December (31 males and 24 females).

	<i>Lincoln</i>	<i>Kesteven</i>	<i>Lindsey</i>	<i>Total</i>
Number on register on 1st January, 1964	47	2	1	50
Admissions during the year	15	1	1	17
Discharges during the year	12	—	—	12
Number on register on 31st December, 1964	50	3	2	55

Reasons for Admission

Transferred from Junior Training Centre ..	3
Lost outside employment	7
Discharged from hospital	3
Parents' request	4
	—
TOTAL	17
	—

Reasons for Discharge

Left for employment	4
Removed to another area	2
Removed to hospital	3
Parents' request	3
	—
TOTAL	12
	—

Social and Other Activities

All the adult trainees took part in an outing combined with the Junior Training Centre to Mablethorpe on 11th June.

A two-weeks holiday at Mablethorpe was arranged and paid for by the Lincoln Branch of the British Red Cross Society, including transport, through the Nottingham Cripples' Society, for two crippled female trainees.

A few sessions, when work was slack, were allocated to money recognition and its equivalents, telling the time and its concept and social sight vocabulary, consisting of essential words used and met daily. A number of the trainees

took part regularly in the activities of the Evening Social Club organised by the Mental Welfare Officers.

Transport

Two buses collect the trainees for arrival at the Centre at 9 a.m. and again at 4.45 p.m., when the trainees depart for home.

Some of the trainees from the Kesteven and Lindsey County areas are provided with transport, others receive fare expenses.

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>	1960	1961	1962	1963	1964
Diphtheria	—	—	—	—	—
Scarlet Fever	75	18	12	16	33
Erysipelas	4	4	—	6	3
Puerperal Pyrexia	—	1	4	2	3
Ophthalmia Neonatorum ..	3	—	—	—	1
Chickenpox	688	159	446	780	141
Measles	51	1361	70	1218	1049
Whooping Cough	57	48	2	6	129
Typhoid Fever	—	—	—	—	—
Para-Typhoid Fever ..	—	1	—	—	—
Dysentery	4	80	143	22	2
Food Poisoning	8	9	6	11	10
Pneumonia	11	15	3	6	6
Meningococcal Infection ..	—	1	1	—	—
Acute Poliomyelitis:					
Paralytic	1	—	—	—	—
Non-Paralytic	10	—	—	—	—
Acute Encephalitis	—	1	—	—	—
Malaria	—	—	—	—	—
Smallpox	—	—	—	—	—
Anthrax	—	1	—	—	—

Diphtheria

No case of Diphtheria occurred in the City during 1964, the last notification being in 1950. The high degree of protection afforded by immunisation and the large number of persons immunised are undoubtedly the main factors in the virtual disappearance of this disease. This satisfactory state can be maintained, however, only by the continuation of protective immunisation and every effort is made at the Infant Welfare Clinics to persuade all mothers to have their children protected. In 1964, 954 infants under one year were given a full course of immunisation, compared with 928 in 1963.

Scarlet Fever

33 cases of Scarlet Fever were notified during the year, the highest number since 1960. Not all the cases were mild in character and although Scarlet Fever has not occurred in epidemic form for many years, there was some evidence of an increase in virulence of the organism.

Erysipelas

Two females and one male were notified during the year as suffering from Erysipelas.

Puerperal Pyrexia

Three cases of Puerperal Pyrexia were notified during the year. All three cases occurred in hospital.

Chickenpox

141 cases of Chickenpox were notified during the year, the lowest number since 1957. Most of the cases occurred in the second and third quarters of the year.

Chickenpox has been a notifiable disease in Lincoln since 1st July, 1931, but as the continued notification of the disease appeared to serve little, if any, useful purpose, it was decided to revoke the Order requiring the notification of Chickenpox. The Revocation Order was approved by the Minister of Health on 16th December, 1964, and became effective on 31st December, 1964.

Measles

1,049 cases of Measles were notified during the year, nearly as many as in 1963, but whereas in 1963 most of the cases occurred in the first half of the year, in 1964, the majority of the notifications were received in the last three months. Measles tends to occur in epidemic form every two years, but the comparatively large number of cases notified during the last quarter of the year would appear to indicate that this biennial epidemic had started somewhat earlier than expected. The disease was distributed fairly evenly over all age groups up to 9 years of age.

Whooping Cough

129 cases of Whooping Cough were notified during the year, the highest number since 1956 (140 cases). Since 1955, the number of cases notified has steadily fallen to two cases in 1962 and six cases in 1963, so that the comparatively large number of cases in 1964 was very disappointing.

The following table shows the age group and immunisation state of the 129 cases notified:

Analysis of the Immunisation State of the 129 Cases of Whooping Cough notified in 1964

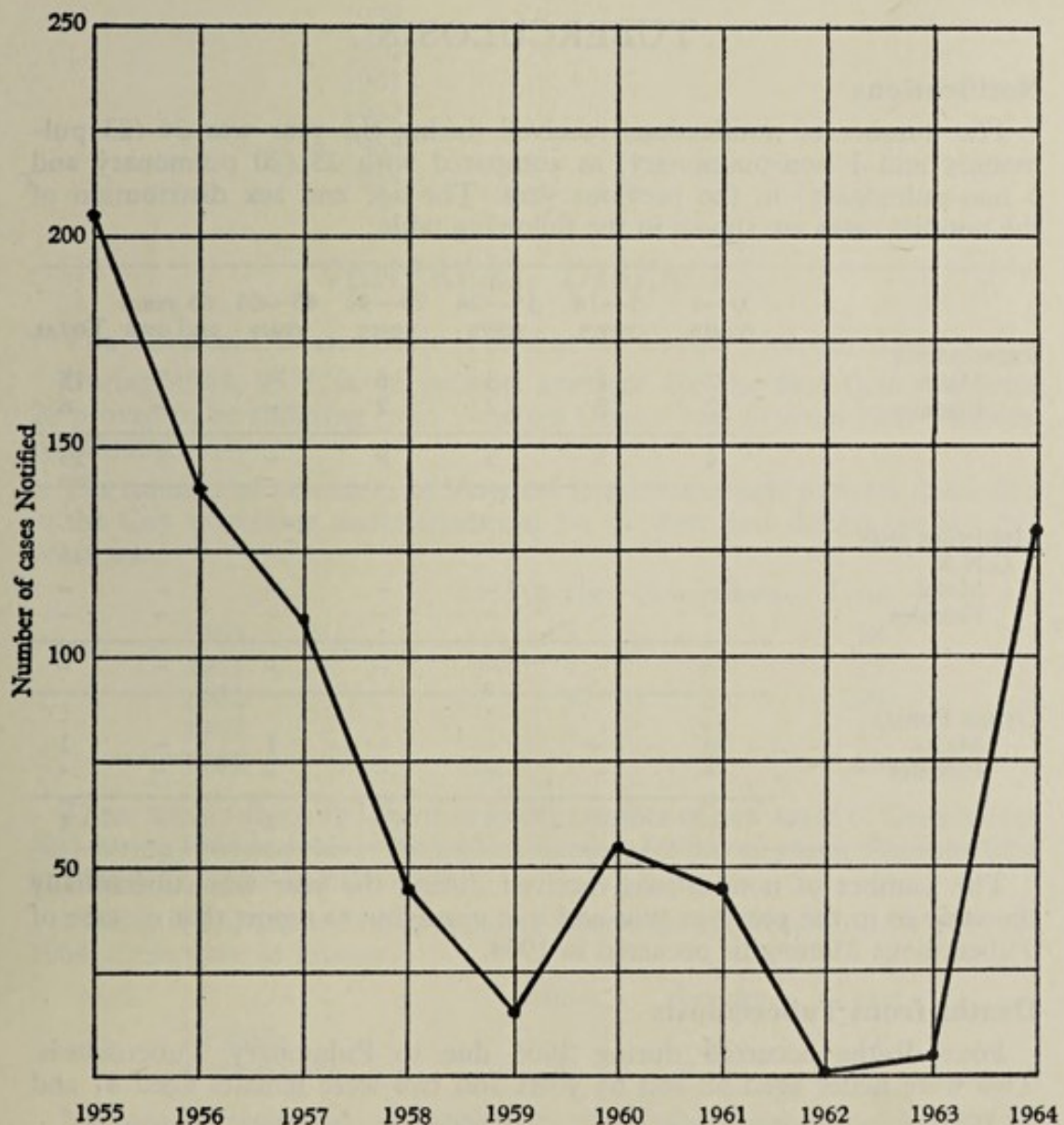
Age Group			Total No. Notified	Not Immunised	Three Injections	Four Injections
Under 1 year	..	..	13	13	—	—
1 to 2 years	..	..	9	6	3	—
2 to 3 years	..	..	11	7	2	2
3 to 4 years	..	..	14	8	1	5
4 to 5 years	..	..	15	6	7	2
5 to 9 years	..	..	56	29	20	7
10 to 14 years	..	..	9	9	—	—

15 to 24 years	..	..	1	1	-	-
25 years and over	..	..	1	1	-	-
			<hr/>	<hr/>	<hr/>	<hr/>
TOTALS	..		129	80	33	16
			<hr/>	<hr/>	<hr/>	<hr/>

Every notified case was visited by a Public Health Inspector and it was found that the severity of the disease varied according to the immunisation state of the patient; all those children who had completed a full course of 4 injections had a very mild form of Whooping Cough whereas nearly all of those who had not been immunised suffered from the florid form of the disease. Some of the older children were very ill indeed.

Whilst it cannot be said that immunisation against Whooping Cough is completely effective in preventing the disease, it is obvious that when those children who have completed the full course of 4 injections do contract Whooping Cough they develop it in a very mild form only.

INCIDENCE OF WHOOPING COUGH IN LINCOLN DURING THE PAST 10 YEARS



Dysentery

Only two notifications were received in 1964, compared with 22 cases during the previous year and 143 cases in 1962.

Food Poisoning

Ten cases of Food Poisoning were notified during the year, eight cases being confirmed by the Public Health Laboratory, the infecting organisms being *Salmonella Typhimurium*, *Salmonella Enteritidis* and *Staphylococcus Aureus*.

Pneumonia

Six cases of Pneumonia were notified, the same number as in the previous year. One case was a child of seven years of age, the remainder being adults over 55 years.

Poliomyelitis

No case of Poliomyelitis was notified during the year and this is the fourth year in succession during which no case has occurred.

TUBERCULOSIS

Notifications

The number of notifications received during the year was 24 (23 pulmonary and 1 non-pulmonary) as compared with 23 (20 pulmonary and 3 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	1	3	6	—	3	15
Females	...	...	2	2	2	2	—	—	8
			4	3	5	8	—	3	23
MENINGES AND C.N.S.									
Males	...	...	—	—	—	—	—	—	—
Females	...	...	—	—	—	—	—	—	—
			—	—	—	—	—	—	—
OTHER FORMS									
Males	...	...	—	—	—	—	1	—	1
Females	...	...	—	—	—	—	—	—	—
			—	—	—	—	1	—	1

The number of notifications received during the year was substantially the same as in the previous year and it is gratifying to report that no case of Tuberculous Meningitis occurred in 1964.

Deaths from Tuberculosis

Four deaths occurred during 1964 due to Pulmonary Tuberculosis. Two were males aged 58 and 64 years and two were females aged 47 and 52 years.

Summary of Notifications and Deaths over last 10 years

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Notifications ...	47	44	63	53	52	39	38	47	23	24
Deaths ...	12	8	11	5	8	3	3	6	4	4

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.

Two cases were notified in Lincoln during 1964. The diagnosis in each case was Rheumatic Chorea.

Notifications during the past ten years were as follows:

1955	..	..	..	3
1956	..	..	..	1
1957	..	..	..	8
1958	..	..	..	2
1959	..	..	..	1
1960	..	..	..	-
1961	..	..	..	1
1962	..	..	..	1
1963	..	..	..	1
1964	..	..	..	2

VENEREAL DISEASES

The Venereal Diseases clinic is held at the County Hospital, Lincoln.

During 1964, 95 Lincoln patients attended for the first time. Of these 28 proved to be suffering from Venereal Disease and 67 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>
1960	5	13	18
1961	4	13	17
1962	5	23	28
1963	1	18	19
1964	1	27	28

There was a substantial increase in the number of new cases of Gonorrhoea (27) during 1964 and this is the highest number for fifteen years. The increased incidence occurred in both sexes.

I feel it is important to give separate figures for the sexes and for the year 1964, these were as follows:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	1	-	1
Gonorrhoea	20	7	27

No contact tracing was undertaken by the Health Department staff.

WATER

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

"The quality of the water supplied in the Board's area continues to maintain its satisfactory nature.

Routine bacteriological examinations are made weekly of the raw water and also that which passes through the mains. Regular chemical examinations are made on a rota system and copies of reports are forwarded to the Medical Officer.

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

The domestic consumption in Lincoln itself continues to increase. 25,909 houses were supplied from public water mains covering a population of 77,180 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 .. .. .	..	35

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.

The conduct of Nursing Homes Regulations, 1963, came into operation in August, 1963 and under these Regulations, three Homes in Lincoln are registerable, viz:

Eastholme Nursing Home, 75 South Park.

Plevnor Nursing Home, 8 The Avenue.

Quarry Maternity Home for Unmarried Mothers, Wragby Road.

Certain recommendations in respect of each Home were submitted to the Health Committee for approval in June, 1964.

SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948

During 1964, no formal action was taken under the provisions of Section 47 of the National Assistance Act.

However, action was contemplated in certain cases and it was only due to visits by the Medical Officers of Health, the staff of the Health Visiting, District Nursing and Home Help Services and of the Welfare Department that formal action was obviated.

HOUSING

The total number of houses erected in the City was:

	1964	1963
(a) By the Local Authority ..	202	56
(b) By private enterprise ..	72	109
Total ..	274	165

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT

FOR THE YEAR

1964

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.

August, 1965.

Mr. Mayor, Aldermen and Councillors,

I have the honour to present the report on the work of the Public Health Inspectors during the year 1964.

There were three staff changes amongst the district inspectors which resulted in us being below establishment for some months of the year. The most serious of these was our inability, until September, to appoint a meat inspector for the public abattoir, in spite of the position being given a higher grading. This meant that for eight months of the year this work had to be done by the district inspectors on a rota basis with a consequential disruption to the smooth working of the department.

The most important single feature of the year's work was undoubtedly the coming into force of the Offices, Shops and Railway Premises Act, 1963. This measure, which has been incubating since the Gowers Committee reported in March, 1949 has at last brought to office and shop workers some of the legislative protection which has been enjoyed by workers in industry for many years. The Act not only deals with conditions relating to health such as lighting, temperature and overcrowding and the provision of sanitary and washing facilities, but like the factories legislation on which it is in many respects modelled, it deals also with such matters as dangerous machinery. The use of machinery in offices and shops is increasing considerably and this is a tendency which will obviously continue to grow at a much faster rate in the next few years. For the public health inspector, this Act has not only enlarged considerably the number of premises which have to be dealt with, but it has also increased the number of matters with which he has had to make himself familiar, as until now, the question of the safety of machinery and the investigation of industrial accidents has never formed part of his duties. I have no doubt, however, that he will readily adapt himself to this enlargement of his scope, as he has so often had to do in the past in respect of other legal and technical innovations. Notwithstanding the problems that any new major piece of legislation instantly brings to those who have to implement it, I think all of us who are concerned in public health welcome this Act as a long overdue re-inforcement of our powers.

It is a matter of regret that it has not been possible this year to recruit the additional public health inspector which the Council authorised as a consequence of the coming into force of the Offices and Shops Act. Nevertheless a good start on its implimentation was made by the existing staff in the closing months of the year, and it is my intention that whatever staff we have available a reasonable proportion of their time will be spent on duties under the Act.

The work of clearing the sub-standard houses continued during the year, 172 houses being represented as unfit.

The existing smoke control area on the Birchwood Estate continued to function satisfactorily, but owing to the change in policy regarding smokeless fuels to which I referred in the last annual report, it was not possible to make any progress in extending this valuable public health measure. Towards the end of the year, I submitted a report to the Health and Housing Committees on the probable cost of extending smoke control to the Harts-holme and Swanpool Areas, using appliances capable of burning non-reactive coke in compliance with the recommendations of the Ministries of Fuel and Power and of Local Government. These costs appeared prohibitively high and at the end of the year the whole matter was under consideration by the appropriate Committees. At the Conference of the National Society for Clean Air held in October, some hope was expressed that the next year might see an easing of the supply position regarding re-active smokeless fuels, and it is to be hoped that the next annual report will show more progress in this matter.

I would once more like to pay tribute to the public health inspectors and the clerical staff of this section for their hard and willing work during the year and would like to thank the members of the Health and other Corporation Departments for the co-operation I have always received from them. My thanks are due also to the Medical Officer of Health and to the members of the Health and Housing Committees for their support.

I am, your obedient servant,

J. JONES.

Chief Public Health Inspector.

SANITARY INSPECTION OF THE AREA

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

Agricultural Produce (Grading and Marking) Act, 1928.
 Agriculture (Safety, Health and Welfare Provisions) Act, 1956
 Caravan Sites and Control of Development Act, 1960
 Clean Air Act, 1956
 Factories Act, 1961
 Fertilisers and Feeding Stuffs Act, 1926
 Food and Drugs Act, 1955
 Merchandise Marks Acts, 1887 to 1953
 Offices, Shops and Railway Premises Act, 1963.
 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

No. of visits

DWELLINGHOUSES AND PUBLIC HEALTH MATTERS

Re defects, nuisances, etc.	..	..	..	..	..	1321
Disinfections carried out	..	..	..	..	..	18
Housing Act, 1957 — inspections	..	..	..	..	..	823
Verminous	..	..	..	..	..	54
Treatments carried out	..	..	..	..	..	40
Water Supply	..	..	..	..	..	21
References to Water Board	..	..	..	..	..	8
Improvement Grants	..	..	..	..	..	90
Dangerous structures, references to City Engineer	..	..	..	..	..	15
Rent Act	..	..	..	..	..	16
Infectious diseases — enquiries	..	..	..	..	..	164
— re specimens	..	..	..	..	..	94
Dustbins	..	..	..	..	..	1124
Houses in multiple occupation	..	..	..	..	..	16
Overcrowding —	..	..	..	..	..	1
instances detected	..	..	..	..	..	1

DRAINAGE

No. of visits	..	..	..	..	..	790
No. of drains tested	..	..	..	..	..	159
References to City Engineer	..	..	..	..	..	166

OTHER PREMISES

Betting shops	..	..	..	..	..	3
Factories — Mechanical	..	..	..	..	..	166
Non-Mechanical	..	..	..	..	..	2
Building and Engineering works	..	..	..	..	..	2
Outworkers	..	..	..	..	..	1
Canal boats	..	..	..	..	..	9

	<i>No. of visits</i>						
Caravan sites	3
Hairdressers	20
Interviews	688
Moveable dwellings	4
Offensive trades	3
Offices, Shops and Railway Premises Act	640
Pet animal shops	11
Plots of waste land	115
Rodents and other pests	157
Public conveniences	32
Schools	4
Swimming Baths	177
Swine, fowls and other animals	35
Places of public entertainment	15
Unclassified	1284
ATMOSPHERIC POLLUTION							
No. of observations	29
Visits to boiler houses	27
Visits to atmospheric pollution stations	933
Other visits	47
SMOKE CONTROL AREAS							
Survey visits	346
Contravention visits	11
Other visits	65
MISCELLANEOUS							
Gas — number of visits	10
references to Gas Board	5
Noise abatement	26
UNFIT DWELLINGHOUSES							
No. of dwellinghouses inspected for housing defects under Public Health and Housing Acts	210
No. of inspections made for the purpose	351
No. of dwellinghouses inspected and recorded under Housing Consolidated Regs., 1925	214
No. of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	172
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	137
REMEDY OF DEFECTS							
No. of dwellinghouses rendered fit in consequence of informal action by the Local Authority	120
ACTION UNDER STATUTORY POWERS							
Housing Act — No. of dwellinghouses in respect of which notices were served requiring repairs..	12

No. of dwellinghouses in which defects were remedied after service of formal notices	
(a) by owners	4
(b) by local authority	1
Public Health Act — No. of dwellinghouses in respect of which notices were served requiring defects to be remedied ..	19
No. of dwellinghouses in which defects were remedied after service of formal notices:	
(a) by owners	7
(b) by local authority	23

Housing Act, 1957

INFORMAL AND STATUTORY NOTICES SERVED

Informal Notices outstanding December, 1963	99
Informal Notices served 1964	120
Informal Notices complied with 1964	153
Informal Notices outstanding December, 1964	66
Statutory Notices outstanding December, 1963	9
Statutory Notices served 1964	19
Statutory Notices complied with 1964	16
Statutory Notices outstanding December, 1964	12
No. of complaints received and recorded at the Health Department	556

Local Land Charges

1,517 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 closing orders made	5
No. of demolition orders made	4
No. of houses demolished in pursuance of demolition orders made	17
No. of buildings closed	3
No. of Council owned houses dealt with by unfitness orders	—
No. of houses included in Clearance Areas demolished ..	33
No. of houses represented in Clearance Areas	163
No. of Clearance Areas represented	5

Rent Act, 1957

The Housing Committee considered 5 applications for certificates of disrepair and accepted undertakings from the owners.

3 applications for the cancellation of certificates were considered and all were granted.

Works carried out by service of Statutory or Informal Notice

HOUSES

Repairs to:	
Roofs	32
Spouts and fallpipes	22
External walls	10
Chimneys	8

Internal wall and ceiling plaster	..	..	..	..	10
Damp walls	..	..	..	..	11
Doors	..	..	..	..	10
Windows	..	..	..	..	23
Floors	..	..	..	..	12
Fireplaces	..	..	..	..	8
Staircases	..	..	..	..	1
Sinks and wastepipes	..	..	..	..	2
Yard or passage paving	..	..	..	..	7
VERMINOUS HOUSES					
Disinfested and rooms fumigated	..	..	..	..	40
DRAINAGE					
Private sewers and drains cleansed	..	..	..	..	10
Sewers and drains repaired	..	..	..	..	7
No. of visits in connection with drainage	..	..	..	..	790
Sewers and drains tested	..	..	..	..	159
Public sewers cleansed or repaired	..	..	..	..	166
Inspection chambers repaired	..	..	..	..	1
WATERCLOSETS					
Repaired	..	..	..	..	44
PROVISION OR RENEWAL OF SINKS	..	..	..	..	3

Fertilisers and Feeding Stuffs Act, 1926

Sixteen samples were taken under the provisions of the above Act. They consisted of twelve informal samples of Fertilisers and four formal samples of Feeding Stuffs. Two samples of fertilisers were reported by the Analyst to contain in one case, excess phosphoric acid and, in the other, excess nitrogen. Additional supplies from the particular consignments were not available for further sampling. The attention of the manufacturers was drawn to the matter.

Agricultural Produce (Grading & Marking) Act, 1928

During visits to shopkeepers in the city and market traders the opportunity was taken to draw their attention to the requirements of the above Act.

Rag Flock and Other Filling Materials Act, 1951

Five premises are registered under the above Act.

Five samples of filling materials were submitted for examination during the year and all were satisfactory.

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 eight 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 is no change in the number of canal boats on the register. Nine inspections were made and conditions were found to be satisfactory.

Shops Act, 1950

273 visits were made in connection with the above Act. The purpose of visits under the Shops Act has always been two-fold — to check that the law was being complied with in respect of hours of work, hours of closing, half day closing, etc., and also to investigate the conditions regarding health and welfare under which the employees worked. With effect from August the first, the sections of the Shops Act relating to health and welfare were repealed, and these matters are now covered, and much more adequately, by the Offices, Shops and Railway Premises Act, 1963.

The Offices, Shops and Railway Premises Act, 1963

The main provisions of this Act came into force on 1st August, although the provisions regarding registration of premises were in effect from 1st May.

Up to the end of the year, 689 premises had been registered, but ignorance of the obligation to register under this Act appears to be widespread amongst owners of businesses, and it is certain that many more applications for registration have yet to be received. I set out below the classifications of premises which had registered up to the end of the year.

Offices	..	..	..	..	..	..	..	..	221
Retail shops	..	..	..	..	..	..	..	..	372
Catering establishments		..	..	..	..	..	..	..	52
Fuel storage depots	..	..	..	..	..	..	..	..	1

In the concluding months of the year, a start was made on the inspection of premises under the Act and 170 visits were made for this purpose. A total of 40 contraventions of the Act were found, and the appropriate notices served.

Offensive Trades

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

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

The trades were carried on in conformity with the byelaws.

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 233 dustbins were provided and 83 were renewed.

In all 2,703 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.

Swimming Baths

The four swimming baths attached to schools and the public bath have been visited regularly while in use and the water tested for the presence of free chlorine. Full details about the baths were given in the last report and, with the exceptions indicated here, conditions have remained the same.

The popularity of the pool at Wickham Gardens gave rise to difficulties due to excessive numbers of bathers and the inadequacy of the existing sterilisation unit. On one occasion the presence of pathogenic organisms resulted in the bath being closed for a day while cleaning and heavy chlorine dosing were carried out. During this time two or three daily visits were made to check the residual chlorine content of the baths and it was found necessary to resort to the manual application of sterilising solution to maintain a satisfactory bacterial standard. This could, of course, only be regarded as an unsatisfactory makeshift until the plant could be altered and a new adjustable injector pump fitted. These alterations have now been done and satisfactory bacterial results are being obtained.

Since the last report a deflector plate has been fitted on the inlet water pipe at Skellingthorpe Road Junior School bath to try and overcome the difficulty which was being experienced in the circulation of the bath water due to the close proximity of the inlet and outlet pipes. The alteration was carried out too late for extensive tests to be done, but some improvement seems to have taken place.

230 samples of swimming bath water were submitted to the Public Health Laboratory for bacterial examination. The only adverse reports — five in number — related to Wickham Gardens and in four cases they were unsatisfactory and in one doubtful.

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 sent each month to the Department of Scientific and Industrial Research. During the last three months of the year, the smoke results from Lincoln No. 12 station (Ruston & Hornsby's) had to be disregarded, as it was found that the apparatus had developed a fault which led to considerable inaccuracy.

The downward trend in the amount of smoke recorded, on which I commented in last year's report has continued, and, although the mild winter and fair summer we experienced in 1964 no doubt made some contribution towards this, it does appear as if there is a real and progressive reduction in the amount of smoke discharged into the air of Lincoln. Unfortunately

this satisfactory trend is not shown in the figures for sulphur emission, which are rather higher generally than in the previous year. Since 1961, when we commenced our recording of sulphur in the atmosphere, these figures, whilst subject to some fluctuation, have shown a general decrease, although this has been much less pronounced than in the case of smoke. This year's rise in the amount recorded is disconcerting, but it is hardly possible to draw any firm conclusions as to the probable cause on the basis of only one year's results.

Smoke Control Area

The Lincoln No. 1 Smoke Control Area continues to function well. The number of houses subject to smoke control continues to grow as new houses are built on the Birchwood Estate. Nevertheless, there have been no difficulties either with the new or existing occupants of the area, and no complaints of difficulty in obtaining smokeless fuels.

The question of extending smoke control to the Hartsholme and Swanpool Areas was discussed by the Health Committee in May, but in view of the cost which would be involved in converting the fuel burning appliances so as to make them capable of burning hard coke, it was resolved to take no action at the time. In November, however, it was resolved to put a suitable sum of money in the estimates to enable this work to be done over a two-year period, and to ask the Housing Committee to vote a similar sum in respect of the Corporation properties on the Hartsholme Estate. At the end of the year, this matter was still under consideration by the Housing Committee.

Industrial Smoke

Routine visits have continued to be paid to boiler plants and industrial premises. Co-operation by industrialists with the department is generally good, and any problems that have arisen have been solved by mutual agreement.

All new fuel burning installations, apart from small domestic boilers, are referred to this department for investigation and to the Health Committee for approval or notification. During the year there were 13 notifications, 8 applications for approval and 7 notifications of chimney heights.

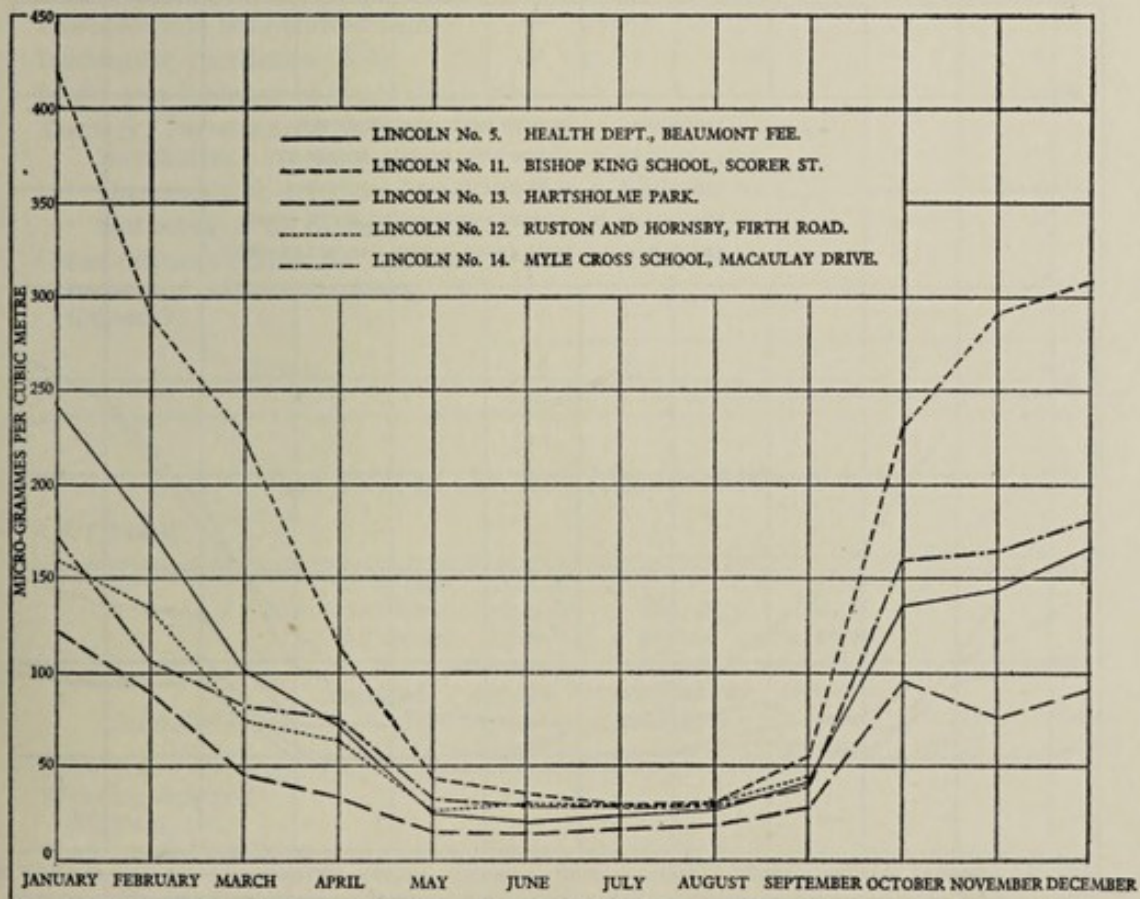
ATMOSPHERIC POLLUTION MONTHLY AVERAGE VALUES

Microgrammes per cubic metre

Smoke Concentration, 1964

Station No.	5	11	12	13	14
January	240	418	159	122	172
February	175	288	135	88	107
March	101	223	75	46	82
April	71	113	63	33	75
May	24	43	27	16	33
June	21	36	32	15	30
July	23	30	30	17	29
August	27	31	31	18	30
September	41	59	43	28	49
October	136	229	—	95	159
November	148	291	—	76	164
December	166	308	—	89	180

SMOKE POLLUTION RESULTS



ATMOSPHERIC POLLUTION

MONTHLY AVERAGE VALUES

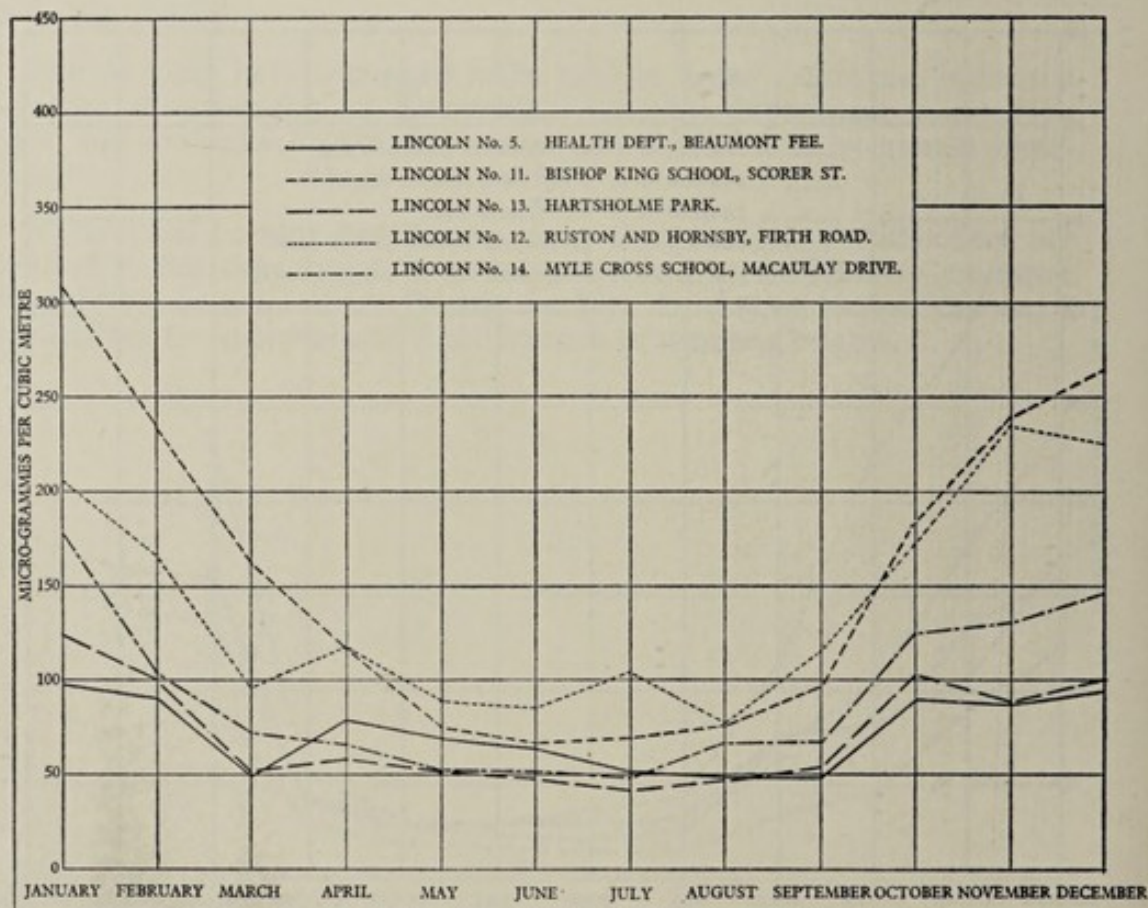
Microgrammes per cubic metre

SO₂ Concentration, 1964

Station No.	5	11	12	13	14
January	97	308	206	123	177
February	90	234	166	100	104
March	49	162	96	52	72
April	78	116	117	58	70
May	69	75	89	51	51
June	63	66	85	48	51
July	52	69	103	42	49
August	49	75	76	47	67
September	48	96	115	53	71
October	88	183	172	102	124
November	87	239	235	88	130
December	94	268	226	100	146

SULPHUR DIOXIDE RESULTS

SHOWING MONTHLY CONCENTRATIONS



FACTORIES ACT, 1961

Part I of the Act

INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH:

Premises	Number on Register	Number of		
		Inspec- tions	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	10	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	263	166	4	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	6	2	—	—
TOTAL	279	170	4	—

CASES IN WHICH DEFECTS WERE FOUND:

Particulars	Found	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
		Remedied	Referred to H.M. In-spector	by H.M. In-spector		
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	8	10	—	—	—	—
Not separate for sexes	—	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—	—
TOTAL	8	10	—	—	—	—

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

OUTWORK:

Nature of Work	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing Apparel Making, etc.	11	—	—	—	—	—
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	...	...	...	...	925	25,350	4,785	31,060	48
Total number of properties inspected as a result of notification	...	...	...	...	26	292	78	396	Nil
Number of such properties found to be infested by:—									
Common Rat	{ Major	...	...	...	1	Nil	1	2	
	{ Minor	...	...	...	21	244	62	327	
Ship Rat	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	Nil	Nil	Nil	Nil	Nil
House Mouse	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	1	20	15	36	Nil
Total number of properties inspected in the course of survey under the Act	...	...	...	...	16	223	15	254	1
Number of such properties found to be infested by:—									
Common Rat	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	2	18	2	22	Nil
Ship Rat	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	Nil	Nil	Nil	Nil	Nil
House Mouse	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	Nil	Nil	Nil	Nil	Nil
Total number of properties otherwise inspected (e.g. primarily for some other purpose)	...	...	...	...	72	4,839	3,057	7,968	12
Number of such properties found to be infested by:—									
Common Rat	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	1	12	17	30	Nil
Ship Rat	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	Nil	Nil	Nil	Nil	Nil
House Mouse	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	Nil	3	1	4	Nil
Total inspections carried out including re-inspections	...	...	...	...	231	6,643	3,568	10,442	14
Number of infested properties treated by the Local Authority	...	...	...	...	25	262	80	367	Nil
Total treatments carried out including re-treatments	...	...	...	...	28	288	103	419	Nil

FOOD AND DRUGS ACT, 1955

Inspections of Food Premises

Bakehouses	..	..	..	..	27
Bakers & Confectioners	..	..	..	..	33
Butchers	..	..	..	..	139
Cafes	..	..	..	..	66
Chemists	..	..	..	..	3
Dairies	..	..	..	..	167
Fish-Shops/Stalls	..	..	..	..	78
Fried Fish Shops	..	..	..	..	39
Food Factories	..	..	..	..	29
Grocers and General Provisions	..	..	..	..	455
Greengrocers	..	..	..	..	62
Ice Cream Shops	..	..	..	..	155
Hotel Kitchens	..	..	..	..	11
Licensed Premises	..	..	..	..	12
Markets	..	..	..	..	248
Meat Vans	..	..	..	..	66
Milk Shops	..	..	..	..	21
Mobile Shops	..	..	..	..	44
School Canteens	..	..	..	..	85
Snack Bars	..	..	..	..	26
Factory Canteens	..	..	..	..	5
Slaughterhouses — Public	..	..	..	..	725
Private	..	..	..	..	789
Sweet Shops	..	..	..	..	16
Wholesale warehouses	..	..	..	..	143
Food Inspections other than meat	..	..	..	..	4948

Food Poisoning

Food poisoning and suspected food poisoning investigations	..	..	..	..	15
Clinical specimens submitted for bacteriological examination	..	..	..	..	30

Food Hygiene Regulations, 1960

The number of food premises in the City by type of business is as follows:

Bakers and Confectioners	..	..	..	..	24
Confectioners	..	..	..	..	92
Butchers	..	..	..	..	67
Fishmongers	..	..	..	..	10
Fried Fish Shops	..	..	..	..	40
Chemists	..	..	..	..	26
Restaurants	..	..	..	..	36
Public Houses	..	..	..	..	82
Wine and Spirit Merchants	..	..	..	..	40
Hotels	..	..	..	..	21
Greengrocers and Fruiterers	..	..	..	..	31
General Grocers	..	..	..	..	234

Routine inspection of Food premises continued in 1964 and the following improvements were made to Food premises as a result:

Food rooms cleaned and redecorated.. ..	53
Equipment cleaned or renewed	8
Protection of food from risk of contamination	7
Wash basins provided	15
Sinks provided	1
Hot water provided	20
Locker accommodation for outdoor clothing provided	10
First aid materials provided	2
Accumulations of refuse in food rooms cleared	4
Sanitary accommodation cleansed and re-decorated and defects remedied	20

A course for food handlers was held in the Autumn at the Local Technical College. The main purpose of the course was to give general instruction in clean and safe food handling, but the syllabus was so designed that the students could, if they wished, take the examination in food handling and food hygiene of the Royal Institute of Public Health and Hygiene. Out of the nineteen students who attended, ten did take this examination and six obtained the certificate of the Institute.

Food Samples

304 samples of food and drugs were procured and submitted to the Public Analyst who certified 298 samples genuine and 6 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 3.8.

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

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulterated</i>	<i>Total</i>
Milk	2	226	222	6	228
Beef Suet	-	1	1	-	1
Bubble Gum	-	1	1	-	1
Butter	-	1	1	-	1
Butter-Irish	-	1	1	-	1
Cabbage	-	1	1	-	1
Cheese — Farmhouse	-	1	1	-	1
Chewing Gum — Fruit	-	1	1	-	1
Chicken Spread	-	1	1	-	1
Coffee and Chicory Essence	-	1	1	-	1
Cream Doughnuts	-	1	1	-	1
Fish Cakes	-	6	6	-	6
Food Colouring	-	3	3	-	3
Glacé Cherries	-	1	1	-	1
Ginger Extract	-	1	1	-	1
Gravy Browning	-	1	1	-	1
Ground Almonds	-	2	2	-	2
Horseradish Sauce	-	2	2	-	2
Ice Cream	-	4	4	-	4
Jam — Blackcurrant	-	1	1	-	1
Jam — Raspberry	-	2	2	-	2

Jelly — Brandy Desert ..	-	1	1	-	1
Jelly — Orange ..	-	1	1	-	1
Jelly — Raspberry ..	-	2	2	-	2
Lard — American ..	-	1	1	-	1
Love Hearts ..	-	1	1	-	1
Milk Chews ..	-	1	1	-	1
Milk Chocolate Flakes ..	-	1	1	-	1
Mincemeat ..	-	1	1	-	1
Mustard ..	-	1	1	-	1
Peppermints ..	-	1	1	-	1
Potted Meat Paste ..	-	1	1	-	1
Rum ..	2	-	2	-	2
Salmon ..	-	2	2	-	2
Sausage — Beef ..	-	1	1	-	1
Sausage — Pork ..	1	5	6	-	6
Sherry ..	-	1	1	-	1
Steak Pie ..	-	2	2	-	2
Steak and Kidney Pie ..	-	9	9	-	9
Sweet Cigarettes ..	-	1	1	-	1
Tea ..	-	1	1	-	1
Tomatoes — tinned ..	-	1	1	-	1
Turkey Croquette ..	-	1	1	-	1
Vanilla Flavouring Essence ..	-	1	1	-	1
Whisky ..	2	1	3	-	3
	7	297	298	6	304

Samples Adulterated or otherwise giving rise to irregularity

(a) Administrative Action Taken

Of the 6 samples adulterated or otherwise giving rise to irregularity 3 were taken formally and 3 informally.

(b) Legal Proceedings

No legal proceedings were taken.

(c) Informal Action

1. } Milk. Milk producer sold milk containing 4.9%, 13.7% and 11.7%
2. } respectively of added water. After consideration of all the facts the
3. } Prosecutions Sub-Committee decided that a warning letter be sent.

The producer retired shortly afterwards and sold the farm.

4. Milk. An informal sample was found to be deficient in milk-fat to the extent of 9.6%. A further sample was taken immediately and proved genuine.
5. Milk. A producer's milk was found to be slightly deficient in milk-solids other than milk-fat and to contain a trace of added water. A follow-up sample proved genuine.
6. Milk. An informal sample was found to be slightly deficient in milk-solids other than milk-fat. A subsequent sample was found to be genuine.

Offences other than those indicated by Sampling

Legal Proceedings

Food and Drugs Act, 1955

1. Sold bacon not of the quality demanded. Fined £10.
2. Exposed for sale or had in his possession for the purpose of sale bacon intended for, but unfit for human consumption. Fined £10.

Food Hygiene (General) Regulations, 1960

1. Chopping block not kept clean and in good order and repair. Fined £15.
2. Open food in contact with the dirty sides of the service lift. Fined £15.
3. Using wrapping paper for open food which was not clean. Fined £15.
4. Sanitary conveniences for staff and patrons not clean. Fined £15.
5. Rooms containing sanitary conveniences not clean. Fined £15.
6. Walls, floors, windows, ceilings and woodwork in the kitchen and ground floor food store and preparation room not clean. Fined £15.
7. Excessive accumulation of refuse in two dustbins without lids situated in the ground floor food store and preparation room. Fined £15.

Informal Action

1. Sold bacon contaminated with foreign matter. This was found on examination to be tea leaves. Letter sent to firm concerned.
2. Maggot in cod fillet. Found to be slightly infested with the nematode *filaria bicolor*, a parasite found in cod. Fillet replaced.
3. Sliced bread loaf with some slices buttered and containing a piece of glass. Investigation showed that the glass matched exactly a piece missing from the complainant's butter dish. No action.
4. Slight dark stains on outside of bread loaf. Appeared to have come from baking process. Attention of the bakery drawn to the matter.
5. Bottle of milk with dark stains on the under side of the cap. The results of the laboratory examination were inconclusive. Referred to the County Health Officer for investigation of conditions at the farm where the milk was produced and bottled.
6. White loaf containing some pieces of dark material. Found on examination to be dough which had absorbed edible cotton seed oil from the moulding rollers. Bakery having rollers cleaned down more frequently.
7. Wrapped chicken stored in gas cooker for two days then found to be going bad. Occupier advised about proper storage methods.
8. Tin of ham and chicken roll containing a sliver of metal. On occasions the firm concerned had to use canned chickens and the sliver may have come from one of these cans. Metal detector being fitted in this section of the plant.
9. Fruit malt loaf containing dark coloured substance. The Analyst reported that this was lubricating matter. Letter of warning to bakery to exercise more care to prevent lubricant getting into food.
10. Tin of pork luncheon meat affected with mould. The shop's stock was examined and the internal surfaces of a few tins were found to be corroded and the meat badly stained. All the stock was withdrawn and surrendered.

11. Prepacked meat with unpleasant smell. The shop concerned keeps meat under refrigerated conditions. Retailer and supplier interviewed and warned.
12. A splinter of glass in an undamaged milk bottle. In view of conflicting evidence no formal action was possible.
13. Fruit pie with apple affected with mould. Examination of the stock of pies in the shop showed they were wholesome. Stern warning to vendor to exercise the utmost care in rotating stock.
14. Two milk bottles containing dirt on bottom. Obviously cases of misused bottles which had got into circulation again. As the contamination was such that spotters could easily miss seeing it, letters of warning were sent to the dairy concerned.
15. Open tin of corned beef with a slight smell suggestive of a petroleum compound. The Public Analyst reported that the odour was limited to the upper surface of the exposed meat immediately under the open lid, suggesting contamination after opening. Numerous other tins from the same batch were opened and examined and were found to be quite normal.
16. Chickens in early stage of decomposition. Some delay occurred in receiving these complaints. The firms concerned were interviewed and the incidents closed with the refund of the purchase price.
17. Butter alleged to be margarine. Full investigation did not substantiate the allegation.
18. Caterpillar in fish and chips. Appeared to be wireworm probably out of the potatoes. Warning to fishmonger to exercise the utmost care to prevent similar incidents.
19. Tin of salmon said to be unfit. Examination showed that the tin contained slightly less liquid than is usual, but otherwise the contents were wholesome. No further action.
20. Unpleasant flavour of horseradish sauce. The Analyst reported that the sauce showed slight fermentation but was not unfit.
21. Nail in cheese. Nail not produced and conflicting statements made. No action.
22. Sterilised milk said to be sour. Examination of the particular milk and some from the same consignment showed that it was wholesome.
23. Sliced loaf containing pieces of glass. After consideration of all the facts, the Health (Prosecutions) Sub-Committee decided that the evidence was insufficient to institute proceedings against the vendor or manufacturer.
24. Sliced wrapped loaf affected with mould. A housewife received two loaves with an interval of two months between each one. The Health (Prosecutions) Sub-Committee decided that a stern warning letter be sent to the manufacturer.
25. Loaf containing small piece of string. Investigation revealed that the string may have come from a worn proving pocket. The attention of the firm was drawn to this and a warning was given.
26. Mouldy meat pie. A thorough investigation was carried out and pies in the shop examined, but all were found to be sound. Certain alterations were made in the methods of handling these products to improve stock rotation. Warning given.

27. Complaints about the condition of ham, chops, beef, bacon, sausage meat and sausage rolls were also received. In some cases delay had occurred in bringing the matter to the notice of the department and in others the meat had been cooked or the conditions of storage since purchase were not satisfactory. Appropriate action was taken.

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	..	..	..	..	147
No. of dairies on the Register	..	..	..	..	6

The Milk (Special Designation) Regulations, 1960.

No. of dealers licences to use the designation "Tuberculin Tested"	20
No. of dealers (Pasteuriser's) licences	2
No. of dealers licences to use the designation "Pasteurised" ..	55
No. of dealers licences to use the designation "Sterilised" ..	116

454 samples of designated milk were submitted for examination and of these 17 samples failed to pass the test prescribed by the appropriate Regulations.

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

The following tables give the information in more detail:

HEAT TREATED MILK:

Designation	No. of samples	Passed Meth. Blue Test	Phosphatase	Failed Meth. Blue Test	Phosphatase	Passed Turbidity	Failed Turbidity	Unsatisfactory Samples No.	%
Pasteurised	123	119	123	—	—	—	—	—	—
Pasteurised (School)	71	69	71	—	—	—	—	—	—
Tuberculin Tested (Pasteurised School)	9	9	9	—	—	—	—	—	—
Tuberculin Tested (Pasteurised)	57	55	57	—	—	—	—	—	—
Tuberculin Tested (Pasteurised Channel Islands)	83	82	83	—	—	—	—	—	—
Sterilised	74	—	—	—	—	74	—	—	—
	417	334	343	—	—	74	—	—	—

4 samples of Pasteurised Milk — 2 samples of Pasteurised (School) Milk, 2 samples of Tuberculin Tested (Pasteurised) Milk and 1 sample of Tuberculin Tested (Pasteurised Channel Islands) Milk were not submitted to the Methylene Blue Test. On these occasions the overnight atmospheric shade temperature exceeded 70°F and the test was thus rendered void.

No sample failed to pass either the Methylene Blue Test or Phosphatase test.

RAW MILK:

<i>Designation</i>	<i>No. of samples</i>	<i>Methylene Blue Passed</i>	<i>Blue Failed</i>	<i>Unsatisfactory No.</i>	<i>Samples %</i>
Tuberculin Tested (Farm Bottled)	37	33	1	1	2.7

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

Cream

37 samples of cream were submitted for bacteriological examination, 35 samples were satisfactory, and 2 samples unsatisfactory.

Examination for Tubercle Bacilli and Brucella Abortus

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

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>No. of specimens</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Milk bottles ..	534	504	30
Milk churns ..	24	24	—
Milk Plant Swabs	15	15	—

Ice Cream

No. of premises registered for sale 311

116 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	94	81.04
2	2½ to 4 hours	16	13.80
3	½ to 2 hours	5	4.30
4	0 hours	1	.86

Owing to the numerous factors governing the hygienic quality of ice cream it is recommended in connection with the grading of samples that over a period 50% of a vendor's samples should fall in grade 1, 80% into grades 1 or 2, not more than 20% into grade 3, and none into grade 4.

Orange Juice

36 samples were examined at the Public Health Laboratory, Lincoln and were satisfactory.

Preserved Food

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

Inspection of Meat

In addition to the City Abattoir there are three private slaughterhouses in the City, but one of these was not used during the year.

The number of food animals slaughtered at the three slaughterhouses was 49,374 as compared with 48,925 in 1963, an increase of 449.

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	5,664	233	148	18,895	24,434
Number inspected	5,664	233	148	18,895	24,434

All Diseases except Tuberculosis:

Whole carcasses condemned	6	3	17	54	21
Carcasses of which some part or organ was condemned	884	38	8	149	2,598
Percentage of the number inspected affected with disease other than tu- berculosis	15.7%	17.1%	16.9%	1.1%	10.7%

Tuberculosis only:

Whole carcasses condemned	—	—	—	—	1
Carcasses of which some part or organ was condemned	5	—	—	—	315
Percentage of the number inspected affected with tuberculosis .. ..	.09%	—	—	—	1.3%

Cysticercosis

Carcasses of which some part or organ was condemned	3	—	—	—	—
Carcasses submitted to treat- ment by refrigeration	3	—	—	—	—

The Meat Inspection Regulations, 1963 came into force in October, 1963, so we have now had the experience of working under the Regulations for over a year. The main object of the Regulations is to make meat inspection an obligation upon Local Authorities and to enable them to levy a charge for meat inspection, and to require that all meat inspected be marked by the inspecting officer. As it has for many years been the practice in Lincoln to inspect all meat killed in the City, apart from the staffing difficulties to which I referred in my introduction to this report, there has been no undue difficulty in implementing the Regulations.

Cysticercus Bovis

This is the 16th year in which routine inspection has been carried out for the detection of *cysticercus bovis*.

Viable cysts were found in 3 animals.

The following table shows the incidence of infection of all bovines inspected to be .05%. This is a decrease on the 1963 figures of 15 animals representing 0.23% 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>	
233	5,664	—	3	—	—	0.5%

The cysts were located in the animals as follows:

Head	..	..	2
Heart	..	..	1

The carcasses and remainder of the offal of the 3 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.

Over the years there has been a welcome reduction in the percentage of infection which in 1955 was 2% and is now at the low figure of .05%.

Degenerated cysts were also found in 12 animals located as follows:

Head	..	..	8
Heart	..	..	4

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	..	..	7	3	1	0½
Offals	..	..	7	7	3	11
Other Food	..	..	4	12	1	11¾
Fish	..	..	—	5	2	3
			19	8	0	12¼

The amount of foodstuffs condemned in 1963 was 26 tons 12 cwt. 3 st. 4¾ lbs. This continues the trend which has been apparent in the last few years towards a considerable reduction in the amount of food condemned. This is largely due to the decline in the incidence of bovine tuberculosis which has resulted from the tuberculosis eradication scheme.

Slaughter of Animals Act, 1958

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

CITY OF LINCOLN
EDUCATION COMMITTEE

ANNUAL REPORT
ON THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR ENDED 31st DECEMBER, 1964

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, 1964

Chairman of the Education Committee:

Councillor K. RAWDING, J.P.

Members of the Education Committee:—

Alderman SIR FRANCIS HILL, C.B.E., LITT.D., LL.D.	Councillor W. PIXSLEY*
Alderman J. W. RAYMENT, J.P.	Councillor S. J. POTTER*
Alderman E. J. RICHARDSON, J.P.	Councillor K. RAWDING, J.P.
Alderman C. E. SNOOK, J.P.*	Councillor J. H. SPENCE
Councillor H. B. ADAMS*	Councillor J. T. WARD
Councillor F. BLACKBOURN*	Councillor A. S. WOOLHOUSE
Councillor W. S. EITE*	Councillor S. WILSON
Councillor G. G. ELSEY, J.P.	The Right Rev. Monsignor E. H. ATKINSON, v.g.
Councillor H. EVANS*	The Rev. C. G. BALHATCHET, M.A.*
Councillor J. W. D. GARDINER*	Miss E. L. BUTCHER, M.A.
Councillor D. P. GOSSOP*	The Rev. Canon A. M. COOK, M.A.*
Councillor W. E. HERBERT	Mr. D. J. LOGAN
Councillor Mrs. H. M. KERRY*	Mrs. T. F. TAYLOR
Councillor W. S. MACLEAN, M.C., L.D.S.*	Mrs. M. A. TOOMER
	Mr. E. H. TUTTY

Chief Education Officer: Mr. F. A. STUART, M.A., D.P.A.

* The Rev. C. G. Balhatchet was appointed to the Education Committee in November, 1963, Councillor H. Evans in February, 1964, Councillors F. Blackbourn, J. W. D. Gardiner and W. Pixsley in May, 1964, and Councillor D. Gossop in July, 1964. Councillor Mrs. H. M. Kerry ceased to be a member in December, 1963, Councillors W. S. Eite, W. S. Maclean and S. J. Potter in May, 1964, and Councillor H. B. Adams in June, 1964. Alderman C. E. Snook died on the 16th August, 1964, and The Rev. Canon A. M. Cook in April, 1964.

SPECIAL SERVICES COMMITTEE

Chairman:

Alderman E. J. RICHARDSON, J.P.

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

* Councillor H. Evans was appointed to the Special Services Committee in February, 1964, and Councillors F. Blackbourn and J. W. D. Gardiner were appointed in May, 1964. Councillor Mrs. H. M. Kerry ceased to be a member of the Committee in December, 1963, Councillors W. S. Maclean and S. J. Potter in May, 1964, and Councillor H. B. Adams in June, 1964.

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 1964.

The school population (13,111) was almost the same as in the previous year and therefore remained at the high level of recent years. The number of live births in the City was 1,414 and this was the fourth year in succession that the number exceeded 1,400. It is apparent, therefore, that in the next two years the number of school entrants will be approximately 15% more than has been the number in recent years and plans for dealing with this increase will need to be made by both the Education and the School Health Departments.

The pattern of routine medical inspection continued as in previous years and of the total of children examined (3531), 1063 defects were found which required treatment. The majority of the defects were visual, orthopaedic or affecting the ear, nose and throat.

The arrangements for the annual testing of vision, started in 1963, were continued in 1964 and the results of this scheme have fully justified the intrusions necessarily made into the crowded school programme. During the year 142 children were referred for treatment and 262 were placed under observation and these figures, which do not include the children found with defective vision at routine medical inspection, clearly show the considerable decrease in the number of children who required treatment in the year following the introduction of the scheme for annual testing of vision when 249 children were referred for treatment and 558 were placed under observation.

The only development in the Audiometry Service during the year was the introduction of extremely portable "Quick Check" audiometers for screening tests of hearing in school. Pure-tone audiograms of those children who failed the screen test were carried out in the School Clinic premises. The accuracy of the audiograms was occasionally questioned when the children were referred to the Audiology Clinic at the County Hospital and almost certainly any inaccuracies were due to the lack of a sound-proof room for testing. It is hoped that such a room will be provided in the near future.

The work of the Child Guidance Clinic was interrupted during the year by the resignation in September of the Consultant Children's Psychiatrist, Dr. C. J. Wardle. Urgent cases were seen by Dr. J. Goodlad or Dr. J. Harding Price until Dr. G. McK. Nicholl took up duties in February, 1965. The Educational Psychologist, Mr. G. C. Robb, resigned in January and Dr. C. H. Jackson was appointed as his successor in March, 1964.

It is disappointing to have to report that there was a large increase in the number of notifications of whooping cough during 1964. Although this disease particularly affects children under 5 years, 65 cases were notified in children of school age. When it is considered that the whooping cough immunisation programme has now been in operation for over ten years, the re-emergence of this condition in epidemic form is most regrettable. However, there is no doubt that of those children who had been immunised in infancy and were affected, nearly every child had a mild form of the disease whilst non-immunised children suffered a much more serious attack.

No alteration was made in the B.C.G. vaccination programme and the number of children found to be positive on Heaf testing was 6.2%. When the B.C.G. programme was first started, 22% showed a positive reaction and when this is compared with the percentage in 1964, it is clear how great has been the reduction in the incidence of primary tuberculosis in school children in recent years. The fact that the percentage of positive reactions in the 13-14 years age group is only 6% still indicates that it is not necessary to reduce the age at which Heaf testing and B.C.G. vaccination should be carried out.

There was a further regrettable increase in the incidence of verminous infestation in 1964, the incidence being 3% of children inspected. Again, the majority of infestations were confined to a relatively small number of families.

The most outstanding event of the year was the Dental Health Campaign which started on 9th November, 1964 and was planned to continue for four months. This Campaign was long overdue and was particularly necessary in view of the very large proportion of school children (approximately 90%) who were found to require dental treatment on inspection at school. The attention of the Education Committee was drawn to this deplorable fact on many occasions by the Principal School Dental Officer.

The Campaign involved the staff of the School Dental Service in many weeks of careful preparation and many hours of work were undertaken outside normal duty hours. A full account of the Campaign will be given in the Report of the School Health Service for 1965 but by the end of 1964, there was ample evidence that the Campaign was progressing satisfactorily and that the results hoped for would be achieved.

An additional Dental Officer was appointed in May, 1964 and a Dental Auxiliary commenced duty in September. With the appointment of the additional Dental Officer, it was possible for the first time to provide a comprehensive dental service for the children living in the North of the City at the purpose-built dental suite of the Ravendale Clinic on the Ermine Estate.

There was an increase during the year in the number of children dentally inspected, due to the improved staffing position. Again, however, the emphasis was on conservative treatment and an attempt was made to provide the best dental service possible and not merely to treat the largest number of children. The ratio of permanent teeth filled to teeth extracted of 12.5 : 1 and the ratio of deciduous teeth filled 3.4 : 1 are convincing evidence of this endeavour.

During July, a Dental Officer of the Department of Education and Science carried out an inspection of the School Dental Service and the report received was most satisfactory except that attention was drawn to the lack of orthodontic facilities in the Lincoln area. This deficiency in the service has long been apparent and representations had been made in the past to the Regional Hospital Board on this matter. Further representations have therefore been made and there is evidence that in all probability there will be a favourable outcome and that an Orthodontic Service will be established in Lincoln in the foreseeable future.

I should like to express my appreciation of the loyal support given during the year by the staff of the School Health Service and should like to thank the Chief Education Officer and the staff of the Education Department for

their helpfulness and co-operation. My thanks are also due to the members of the Special Services Sub-Committee and in particular to Alderman E. J. Richardson, J.P., Chairman of this Committee, for the keen interest and assistance given to me. I should also like to thank the Mayor, Councillor A. S. Woolhouse, J.P. for the excellent support given by him to the Dental Health Campaign.

R. D. HAIGH.

Principal School Medical Officer

City Health Department,
Beaumont Fee,
LINCOLN.
May, 1965.

STAFF OF SCHOOL HEALTH DEPARTMENT
1964

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:

N. I. Condon, M.B., B.CH., B.A.O., L.M., D.P.H.

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.

D. G. Hutchison, B.D.S. (Commenced 6.5.64)

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

Mrs. J. Hutchison, L.D.S. (Sessional) (Commenced 15.7.64)

Dental Auxiliary:

Mrs. S. M. Horseman (Commenced 7.9.64)

Dental Surgery Assistants:

Mrs. J. Abell

Mrs. S. Berry (Commenced 25.5.64)

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

Mrs. B. Francis (Sessional)

Dental Clerk:

Mrs. E. A. Akrill (Resigned 8.10.64)

Mrs. S. A. Beresford (Commenced 15.10.64)

Consultant Children's Psychiatrist:

C. J. Wardle, M.D., B.S., M.R.C.S., L.R.C.P., D.P.M. (Resigned 4.9.64)

Educational Psychologist:

G. C. Robb, M.A., ED.B., A.B.P.S. (Resigned 17.1.64)

C. H. Jackson, M.A., Ph.D., DIP.Ed., F.B.P.S.S. (Commenced 1.3.64)

Social Worker:

Mrs. R. Fanner, DIP. POL. EC. SOC. STUDIES

Secretaries:

Mrs. J. Hill (Resigned 31.7.64)

Miss L. C. Aylmer (Commenced 9.3.64)

Miss J. Morris (Commenced 27.7.64)

Nursing Superintendent:

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

Senior Health Visitor/School Nurse

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

Health Visitors/School Nurses:

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

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

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.)

Mrs. J. L. Jones, S.R.N., S.C.M., H.V.(Cert.) (Part-time) (Resigned 16.10.64)

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

Miss J. Scott, S.R.N., H.V.(Cert.)

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.)

Mrs. M. Holroyd, S.C.M., H.V.(Cert.) (Part-time) (Commenced 14.12.64)

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.

Mrs. K. Pitchford, S.R.N. (Part-time)

Mrs. J. M. Swann, S.R.F.N., C.M.B., (Part-time)

Lay Administrative Assistant:

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

Clerk-in-Charge:

R. W. Hill

Clerks:

Mrs. J. Butler

Miss W. Lucchesi

Mrs. J. E. Gough (Part-time)

LIST OF SCHOOLS

School	No on Register January, 1965	Head Teacher
Nursery		
St. Cuthbert's	46	Miss H. J. Moore
St. Giles	45	Miss H. Church
Primary		
Boultham Junior	400	Mr. A. E. Briggs
Boultham Infant	122	Mrs. K. M. Pearson
Bracebridge Junior	334	Mr. D. J. Logan
Bracebridge Infant	281	Miss T. H. Bewley
Monks Road Junior	393	Mr. W. J. B. Varlow, M.B.E., J.P.
Monks Road Infant	236	Miss M. Smith
Mount Street Infant and Junior Girls'	438	Miss B. M. Jubb
St. Botolph's Infant	61	Mrs. M. Young
St. Giles Junior	457	Mr. F. Pickering
St. Giles Infant	295	Miss A. M. Hard
Skellingthorpe Road Junior	427	Mr. E. S. Wilson
Skellingthorpe Road Infant	372	Miss S. M. Neale
Westgate Junior Boys'	284	Mr. L. J. Meldrum, M.B.E.
Hartsholme Infant and Junior	355	Miss D. J. Neale, O.B.E.
Ermine Infant	297	Miss J. M. Sowerby
Ermine Junior	502	Mr. J. Harrod, B.A.
Eastgate Infant and Junior Girls'	168	Miss M. B. Cullen
St. Andrew's Infant and Junior Girls' and Boys'	198	Miss M. Oliver
St. Faith's Junior	199	Mr. H. J. Sharman
St. Faith's Infant	157	Mrs. M. E. Bradley
St. Martin's Infant and Junior Girls'	77	Miss J. O. Yeates
St. Peter's Boys'	158	Mr. R. E. Wiles
St. Peter's Girls'	139	Mrs. K. West
St. Peter's Infant	176	Mrs. K. West
St. Hugh's R.C.	346	Mr. D. V. Griffiths
Our Lady of Lincoln R.C.	297	Mr. J. Brown
Secondary Modern		
Rosemary	359	Mr. H. K. Lister, B.Sc.
St. Giles Boys'	277	Mr. A. F. Humble, M.A.
Myle Cross Girls'	328	Miss J. K. Gentry
Sincil Boys'	567	Mr. F. Bell, B.Sc.
Spring Hill	406	Miss J. P. Whiteside
Boultham Moor Girls'	563	Miss L. M. Powell
St. Peter and St. Paul	269	Mr. T. P. Groome, B.A.
Bishop King	299	Mr. L. R. W. Thake
Secondary Grammar		
The City	581	Mr. L. R. Middleton, M.A., B.Sc.
South Park High	544	Miss M. J. Widdowson, B.A.
Lincoln	523	Mr. J. Faull, B.Sc.
Christ's Hospital Girls' High	514	Miss M. Leahy, B.A.

Special Schools

St. Catherine's	102	Mr. T. C. Smith, M.A.
Open Air	51	Miss D. E. Willcock, J.P.

Establishments of Further Education

<i>Full-time day students</i>		<i>Principal</i>
Technical College	319	Mr. G. A. Church, B.Sc. A.C.G.I., M.I.MECH.E.
School of Art	149	Mr. K. Gribble, D.F.A.(LOND.), F.R.S.A.

STATISTICS

Population of City	..	..	..	77,180 (mid-year estimate)
*School Population	..	..	..	13,111
Number of Schools	..	..	..	42
Number of F.E. Establishments	..	..	..	2

Maintained Schools in Lincoln

Schools	No. of		No of children on roll		Total
	†Departments	Boys	Girls		
Nursery	2	51	40	91	
Infant	16	1445	1448	2893	
Junior	17	2171	2105	4276	
Special (E.S.N.) ..	1	46	56	102	
Special (Open Air)	1	29	22	51	
Secondary Modern	8	1555	1513	3068	
Secondary Grammar	4	1104	1058	2162	
Technical College	1	173	146	319	
School of Art	1	51	98	149	
	51	6625	6486	13111	

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

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

ROUTINE MEDICAL INSPECTION OF SCHOOL CHILDREN

The routine medical inspection of school children is a vital part of the work of the School Health Service and the pattern of previous years has again been followed whereby children are examined at ages 5, 10 and 14 years approximately.

Some Authorities have replaced the intermediate examination by a selective examination but it is not the present intention in Lincoln to follow this trend. Whilst there may be some advantages in this type of examination, reports from Authorities who operate this scheme indicate that there is no reduction in the overall amount of time devoted to the medical inspection of school children and, furthermore, there is nothing to suggest that a greater proportion of defects are discovered.

3531 children (more than a quarter of the City's school population) were examined during the year and 1063 defects were noted and referred for treatment.

RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 1063 compared with 1024 in 1963.

			Entrants		Leavers		Others		Total	
			*T	*O	*T	*O	*T	*O	*T	*O
Skin	...	...	28	5	46	20	27	6	101	31
Eyes—Vision	...	...	43	57	268	26	129	73	440	156
Squint	...	...	65	14	17	1	41	2	123	17
Other	...	...	11	1	3	7	10	1	24	9
Ears—Hearing...	...	...	14	40	11	15	12	47	37	102
Otitis media	...	...	4	25	2	4	1	3	7	32
Other	...	...	2	3	3	—	1	1	6	4
Nose and Throat	...	...	36	106	6	27	17	40	59	173
Speech	...	...	22	22	3	2	10	2	35	26
Lymphatic glands	...	...	—	38	—	15	—	22	—	75
Heart	...	...	9	13	2	2	3	4	14	19
Lungs	...	...	18	30	9	17	8	9	35	56
Development										
Hernia	...	...	3	3	—	—	4	1	7	4
Other	...	...	4	29	2	—	10	40	16	69
Orthopaedic										
Posture	...	...	—	5	12	11	—	6	12	22
Feet	...	...	11	7	3	1	8	1	22	9
Other	...	...	43	8	27	9	17	4	87	21
Nervous system										
Epilepsy	...	...	2	1	2	—	1	2	5	3
Other	...	...	3	17	5	4	6	10	14	31
Psychological										
Development	...	...	1	10	—	4	—	3	1	17
Stability	...	...	3	16	2	4	4	15	9	35
Abdomen	...	...	1	2	1	—	—	1	2	3
Other	...	...	1	3	5	3	1	8	7	14
			324	455	429	172	310	301	1,063	928

*T—Defects requiring treatment

*O—Defects requiring to be kept under observation

GENERAL CONDITION OF CHILDREN

Of the total number of children examined, 0.6 per cent were classified as being medically unsatisfactory. This represents 21 children out of a total number of 3531 who were examined.

SPECIAL INSPECTIONS

Defect or Disease				Pupils requiring treatment	Pupils requiring observation
Skin ...	...	...	...	12	2
Eyes—vision	...	...	...	214	37
squint	...	...	...	15	1
other...	...	...	...	6	7
Ears—hearing	...	...	...	35	15
Otitis media	...	...	...	—	—
Other	...	...	...	—	3
Nose and Throat	...	...	...	20	7
Speech	...	...	...	7	—
Lymphatic glands	...	...	...	—	—
Heart	...	...	...	3	—
Lungs	...	...	...	32	8
Development—					
Hernia	...	...	...	—	—
Other	...	...	...	8	4
Orthopaedic—					
Posture...	...	...	...	2	—
Feet	...	...	...	16	6
Other	...	...	...	8	3
Nervous system—					
Epilepsy	...	...	...	—	—
Other	...	...	...	1	1
Psychological—					
Development	...	...	...	2	—
Stability	...	...	...	51	5
Abdomen	...	...	...	—	—
Other	...	...	...	19	15
Totals	...	...	...	451	114

NOTES ON SPECIFIC DEFECTS

SKIN DISEASES

There is no indication that the number of cases of verrucae (plantar warts) is likely to decrease in the near future. The treatment of this condition is usually somewhat lengthy and further efforts in the control of the infection will have to be made if the disease is to be eradicated.

VISUAL DEFECTS

The annual testing of children's vision, which was started in Lincoln in 1963, continued throughout the year and the following table shows the result of the year's work.

			<i>Total Tested</i>	<i>Referred for Treatment</i>	<i>For Observation</i>
Infants	..	..	2017	31	60
Juniors	..	..	2968	61	85
Seniors	..	..	3225	50	117
Totals	..	..	8210	142	262

The above figures do not include children tested at routine School Medical Inspections.

The children for observation are those whose eyesight at the time of examination was not perfect but the visual defects were not considered to be serious enough to necessitate referral to the Ophthalmic Clinic. These children are retested at frequent intervals by the School Nurses and are referred for treatment if the vision deteriorates.

Children requiring treatment are referred to the Children's Ophthalmic Clinic at the County Hospital and I am grateful to Mr. A. H. Briggs for the following report on the work of the Clinic during the year.

"The Lincoln County Borough children's attendances at school clinics held at the Lincoln County Hospital have been as follows:—

Children's Eye Clinic

			1964	1963	1962
New cases sent for	..	..	445	567	264
New cases attended	..	..	385	479	222
Old cases sent for	..	..	1619	887	848
Old cases attended	..	..	1203	662	648
New failures	..	..	60	88	42
Old failures	..	..	416	225	200
Glasses prescribed	..	..	736	785	662
Authorised repairs	..	..	218	281	—
Number of clinics held	..	..	161	162	132

Orthoptic Department

			1964	1963	1962
New cases	..	..	134	112	80
Old cases	..	..	1352	1241	1037
Awaiting admission for surgery			2	3	—

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 Centres.

The year 1964 has been remarkable for the fact that the work done for Lincoln children at the clinics here has almost exactly doubled in the space of 12 months but the number of new cases referred in fact fell slightly from 567 to 445: but accumulated arrears of examinations for old patients have been cleared and a great many additional examinations have been carried out at more frequent intervals throughout the year. This work has been possible only because of increases in medical staff and Dr. B. A. Chaudhary

joined the staff of the Lincoln County Hospital as an Assistant Ophthalmologist just over a year ago. With his assistance it has been found possible to keep abreast of the steady flow of new patients and to prevent accumulation of arrears of re-examinations. The waiting list for squint operations is negligible at present and was in fact entirely cleared just before Christmas, 1964.

There have been some notable changes in the work of these clinics during the past fifteen years and it is noteworthy that on rare occasions only now does one encounter any refusal or even reluctance on the part of the parents to permit children to wear glasses — an attitude which was very evident at the inception of the Health Service — indeed it is now becoming increasingly common for parents themselves to think of eye defects as a possible explanation for lack of progress at school and to press for ophthalmic examinations in consequence. The progress which has been made in the treatment of squint has been a source of satisfaction and again it is now unusual to have parental refusal to surgery when this is suggested; on the contrary parents themselves are more and more commonly only too anxious that surgery should be undertaken.

The contribution which has been made by the orthoptic department over the past few years has been of increasing importance both in assistance in precision in diagnosis and measurement and in the pre-operative and post-operative care of patients requiring surgery while most valuable work has been done in the early detection and treatment of amblyopia.

The continued interest of the School Medical Officers and nurses in the ophthalmic care of school children and the ready co-operation of the City Health Department is greatly valued and appreciated."

DISEASES OF THE NOSE AND THROAT

The total number of defects noted during the year was 232 as compared with 178 in 1963. The number of Lincoln children who received operative treatment at the County Hospital in 1964 was 210.

CHILDREN WITH IMPAIRED HEARING AND THE AUDIO-METRY SERVICE

School children are sweep tested as a routine during the first year in school, again during their last year in Junior School and finally before leaving Senior School. Should the sweep test prove unsatisfactory, the child has a pure tone audiometry test which is more delicate and quickly shows up any defects.

Three Quick Check portable audiometers were obtained during the year and one was supplied to each of the nurses who carry out audiometric testing. This type of instrument has been designed especially for sweep testing and due to its light weight and compact construction it can easily be carried about in a bag or briefcase. The nursing staff have received these instruments with mixed feelings, but after using them for some months the general opinion seems to be in favour of them.

All children with abnormal audiograms are referred to Mr. M. Spencer Harrison, F.R.C.S. at the Audiology Unit at the County Hospital, whose co-operation and help is very much appreciated.

Audiometric Tests, 1964

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

Total number tested: 4253.

Number who failed Sweep Tests: 397 = 9.3%

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.	..	..	395
Number awaiting appointments for P.T.A. on 31.12.64			2
Number who failed to attend	..	..	5
Number of children examined by P.T.A.	..	..	390

Result of pure tone audiograms:

Satisfactory	..	..	..	..	..	331
Unsatisfactory	..	..	..	..	..	59

Disposal and treatment of unsatisfactory cases:

Left Lincoln	..	..	..	..	..	1
Arranging treatment privately	..	..	..	..	..	2
Wax removed	..	..	..	..	..	4
For review at Hospital	..	..	..	..	..	13
? Permanent hearing defect (for further investigation)	..	..	..	..	..	1
For observation	..	..	..	..	..	38
						<hr/> 59 <hr/>

SPEECH DEFECTS

Children with speech defects which require treatment are referred to the Speech Therapist at the County Hospital and the following table shows the number of children seen during the year.

New Referrals

Boys	32	} 54
Girls	22	

Old Cases

Boys	61	} 88
Girls	27	

Total	<hr/> 142 <hr/>
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The 142 children seen during the period presented the following defects:—

Nasal speech	1
Defective articulation	97
Stammering	25
Defective articulation and stammering	3
Delayed speech development	10
Sigmatism	3
Deafness	2
No defect	1
	<hr/>
	142
	<hr/>

There was a total of 1711 attendances.

Total number of discharges during the year 1964 = 65

In addition to the above figures 12 school children received treatment from the Speech Therapist after being referred through the hospital services.

ORTHOPAEDIC AND POSTURAL DEFECTS

All school children found to be suffering from orthopaedic defects, which, in the opinion of the School Medical Officer, require investigation are referred to the fortnightly clinic, held by Mr. D. F. Thomas, F.R.C.S. in the School Clinic, Beaumont Fee.

Mr. Thomas comments that the work of the clinic is proceeding satisfactorily.

The following is a summary of the work carried out:

	1964	1963	1962
Number of sessions held by the Orthopaedic Surgeon ..	19	21	17
Number of cases seen by the Orthopaedic Surgeon ..	559	560	494
Number of new cases seen by the Orthopaedic Surgeon	119	163	129
Number of cases admitted to the County Hospital ..	8	—	—
Number of cases admitted to Harlow Wood Hospital ..	—	—	—

HEART DISEASE AND RHEUMATISM

Lincoln is one of a number of areas in the Country where Acute Rheumatism occurring in children up to the age of 16 years is notifiable to the Local Authority. Two cases were notified in 1964 (as against none in 1963). Both cases were girls, one aged 8 and one aged 10 years, and both were diagnosed as Rheumatic Chorea.

SCHOOL CARDIAC REGISTER

Three new cases were added to the School Cardiac Register during 1964 making a total of twenty-three cases discovered on routine medical examination.

The diagnoses of these cases are as follows:

(a)	Ventricular septal defect..	..	..	..	10
(b)	Atrial septal defect	..	..	..	1
(c)	Mitral incompetence	..	..	..	1
(d)	Atria ventricularis communis	..	..	..	1
(e)	Pulmonary stenosis	..	..	..	2
(f)	Patent ductus arteriosus	..	..	..	2
(g)	Rheumatic fever with severe carditis	..	..	..	1
(h)	Aortic stenosis	..	..	..	3
(i)	Fallots tetralogy	..	..	..	1
(j)	Ebsteins Tricuspid Atresia	..	..	..	1

Of these 23 cases, 21 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. One child diagnosed as Ventricular Septal Defect, died 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..	..	..	..	7
(b)	Coarctation of the aorta	..	..	..	2
(c)	Pulmonary stenosis	..	..	..	2
(d)	Supra ventricular tachycardia	..	..	..	1
(e)	Fallots tetralogy	..	..	..	2
(f)	Undiagnosed heart lesions	..	..	..	1

One child, diagnosed as a case of Ventricular septal defect during the year, died before the end of the year.

The Principal School Dental Officer is 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).
Ultra-Violet Light Clinic	By appointment.

Other clinics:

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

At Ravendale Clinic, Laughton Way.

Medical Clinic	Thursday morning (by appointment).
Dental Clinic	By appointment.
Emergency cases	Daily at 2 p.m. (without appointment).

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

Minor Ailment Clinics				New Cases	Revisits	1964 Totals	1963 Totals	1962 Totals
Central Clinic	...	...	...	171	588	759	841	941
St. Giles	...	...	...	287	3342	3629	4848	4587
Skellingthorpe Road	...	...	...	664	3629	4293	4538	5870
Sincil Boys	...	...	...	307	1292	1599	1669	2306
				1429	8851	10,280	11,896	13,704
Medical Clinics				...	...	332	124	456
Orthopaedic Clinics				...	...	119	440	559
Dental Clinics				...	...	3370	4933	8303
							7017	5739

NOCTURNAL ENURESIS

The use of the foil and bell alarm has proved its worth in the treatment of bed wetting at night and there are now nine alarms available for issue. Before an alarm 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 results achieved at this age or thereafter are more satisfactory.

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

Age				Cured	Improved	No Improvement	Totals
5	..	..	..	-	1	-	1
6	..	..	..	-	-	2	2
7	..	..	..	2	2	-	4
8	..	..	..	-	-	-	-
9	..	..	..	1	2	-	3
10	..	..	..	1	1	2	4
11	..	..	..	2	1	2	5
12	..	..	..	-	2	1	3
13	..	..	..	1	1	-	2
14	..	..	..	1	1	-	2
15	..	..	..	1	-	-	1
				9	11	7	27

<i>Severity</i>			<i>Cured</i>	<i>Improved</i>	<i>No Improvement</i>	<i>Totals</i>
Each night	..	..	5	10	7	22
3/4 times per week		..	3	1	—	4
Occasionally	..	..	1	—	—	1
			9	11	7	27

Two of the children who showed no improvement and two who showed some improvement were referred to the Child Guidance Unit.

CLEANLINESS OF SCHOOL CHILDREN

PEDICULOSIS

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

1960	1961	1962	1963	1964
2.3%	2.3%	0.9%	2.6%	3.0%

Inspection for the presence of pediculosis.

Number of visits to schools	286
Number of inspections of children	33251
Number of children found to be verminous, however slight	397
Notices issued to parents under Sect. 54 (2) of the Education Act, 1944	201
Cleansing Orders under Section 54 (3)	3

The above figures show that the number of children found to be infested (397) was higher than in the previous year (352). The increase and 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 infestation of children in school.

Good personal habits can and should be taught in the home and the persistence of vermin infestation is due to lack of this training in the homes of those families, which, year after year allow children to attend school in a verminous condition and put other children at risk. Some children from the worst families are repeatedly infested with vermin and records kept during the year show that 5 children were each infested five times, 5 children four times, 14 children three times and 30 children were infested twice during 1964.

SCABIES

I am pleased to be able to report that for the second year in succession no case of scabies occurred in a school child in the City.

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:

				1964	1963	1962
Chickenpox	..	..	..	86	475	307
Dysentery	..	..	..	1	11	58
Measles	..	..	..	456	571	30
Pneumonia	..	..	..	1	-	-
Scarlet Fever	..	..	..	20	15	11
Whooping Cough	..	..	..	65	4	-
Food Poisoning	..	..	..	1	-	-
				<hr/> 630 <hr/>	<hr/> 1076 <hr/>	<hr/> 406 <hr/>

Chickenpox

The cases of chickenpox notified occurred in the second and third quarters of the year. This disease has been notifiable in Lincoln since 1931, but as the continued notification appeared to serve little, if any, useful purpose, it was decided to revoke the order requiring the notification of the disease and the Revocation Order became effective on 31st December, 1964.

Dysentery

Only one isolated case was notified during the year.

Measles

Measles tends to occur in epidemic form every two years, but as will be seen from the table, almost as many cases were notified in 1964 as in the previous year. It would appear that the biennial epidemic has started somewhat earlier than expected.

Scarlet Fever

The number of cases of scarlet fever notified during the year is the highest number notified since 1960. Most of the cases were mild in character.

Whooping Cough

There has been a very large increase in the number of cases notified during the year. All notified cases are visited by a Public Health Inspector and it was found that the severity of the disease varied according to the immunised state of the patient. Those children who had completed a full course of four injections, had a very mild form of the disease, whereas nearly all those who had not been immunised, suffered from the florid form of whooping cough. There is no doubt that full immunisation, whilst not preventing the disease, ensures that a child develops it in a very mild form only.

Poliomyelitis

No case of poliomyelitis was notified during the year and this satisfactory state of affairs is undoubtedly the result of the polio vaccination programme. No case has been notified in the City since 1960.

Diphtheria

No case of diphtheria has been notified in the City since 1949.

VACCINATION AND IMMUNISATION

Immunisation against Diphtheria, Whooping Cough and Tetanus

As in past years school entrants have been offered primary immunisation against diphtheria 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:

	<i>By L.A.</i>	<i>By GPs</i>	<i>Total</i>
Diphtheria only	6	—	6
Diphtheria and Pertussis	—	—	—
Diphtheria and Tetanus	115	1	116
Diphtheria, Pertussis and Tetanus	4	5	9
Tetanus only	38	13	51
Pertussis and Tetanus	—	—	—
Reinforcing injections:	<i>By L.A.</i>	<i>By GPs</i>	<i>Total</i>
Diphtheria only	70	—	70
Diphtheria and Pertussis	—	—	—
Diphtheria and Tetanus	640	4	644
Diphtheria, Pertussis and Tetanus	19	56	75
Tetanus only	6	7	13

Poliomyelitis Vaccination

A fourth (or booster) dose of Sabin poliomyelitis vaccine is now offered to children on school entry as a routine, and it is the practice in Lincoln to complete the programme before the end of the summer term.

During the year, 910 children were given fourth doses of vaccine at school, as against 913 in 1963.

TUBERCULOSIS

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

	1960	1961	1962	1963	1964
Pulmonary tuberculosis ..	2	1	11	2	3
Tuberculous meningitis ..	—	—	—	1	—
Tuberculosis, other forms ..	—	1	1	—	—
Totals ..	2	2	12	3	3

B.C.G. VACCINATION

The reduction in the incidence of Tuberculosis is in no small measure the result of the B.C.G. Scheme. B.C.G. vaccination commenced in Lincoln in 1956 and the children offered protection were in the 13-14 year old age group.

The following table shows the result of the work carried out during the year:

	1964	1963
Consent Rate, November Survey	79%	78%
Number skin tested	810	1019
Number found positive	50	70
Number found negative	735	935
Number vaccinated	734	935
Positive reactors		
Grades 1 and 2	24	37
(These children were referred to the Mass Radiography Unit and all except one child attended. No evidence of disease was found).		
Grades 3 and 4	26	33
These children were X-rayed at the Chest Clinic with the following result:		
No evidence of disease	16	
Signs of old healed lesions	6	
Old T.B. case known to Chest Clinic ..	1	
Suspicious findings on X-ray followed up by Chest Physician	3	
	—	
	26	
	—	

The objects of the B.C.G. scheme are firstly to increase the resistance of the individual to tuberculosis and secondly, to follow up those families whose children give a positive reaction. It is necessary to know whether the B.C.G. vaccination is having the desired effect, namely to increase resistance to disease, as measured by the hypersensitivity. During the year a random sample of children were re-tested a year after B.C.G. vaccination and the following table shows the result of the tests:—

	1964	1963
Number tested	103	74
Positive	96	70
Negative	1	1
Absent for test reading	6	3

STUDENTS' SCHEME. This scheme, started in 1960, is slowly coming to an end as there can now be very few students who were not tested when aged 13 years and vaccinated if found necessary. No student was tested during 1964 as against 11 in 1963.

PROVISION OF SCHOOL MEALS

The number of meals provided during the year ended 31st December, 1964, was as follows:

	1964
To Nursery, Primary and Secondary Schools etc.	1,346,488
To Staff and Helpers	119,841
	—
	1,466,329
	—
Number of Free Meals supplied	92,726

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

Breakfasts	..	..	..	..	..	..	3,429
Dinners	..	..	..	..	..	..	11,565
Teas	..	..	..	..	..	..	3,372

Breakfasts and teas were discontinued during the year.

On a selected day in 1964, the number of children taking milk under the 'Milk-in-Schools Scheme' was 10,117, which represents approximately 84% 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 Sighted	..	..	..	..	..	1
Partially Hearing	..	..	..	..	..	1
Physically Handicapped	..	..	..	..	..	1
Maladjusted	..	..	..	..	..	1
Educationally subnormal	..	..	..	..	..	39

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
------------------------------	----	----	----	---

Partially sighted

6 children are in special schools:

East Anglian School, Great Yarmouth	..	..	..	4
Exhall Grange, Coventry	..	..	..	1
St. Vincents School, Liverpool	..	..	..	1

Deaf

4 children are in special schools:

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

Partially hearing

6 children are in special schools:

Maud Maxfield School, Sheffield	..	..	..	2
Deaf Unit, Boultham School	..	..	..	4

Educationally subnormal

127 children are in special schools or classes:

St. Catherine's, Lincoln	..	..	..	101
Special classes (Junior)	..	..	..	24
Rudolph Steiner	..	..	..	1
Hindley Hall School, Northumberland	..	..	..	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.

Colthurst House School, Cheshire	1
----------------------------------	----	----	----	---

Maladjusted

3 children are in special schools

Breckonborough School, Thirsk	..	..	..	1
Shotton Hall School	..	..	..	1
Meadows House, Kent	..	..	..	1

Physically handicapped

21 children are in special schools:

Lincoln Open Air	..	..	..	14
Thieves Wood, Mansfield	..	..	..	1
Irton Hall School Cumberland	..	..	..	1
Delarue School, Tonbridge	..	..	..	1
Hesley Hall, Doncaster	..	..	..	3
Exhall Grange School, Coventry	..	..	..	1

Speech Defect

1 child is in a special school

Deaf Unit, Boultham School	1
------------------------------------	---

Delicate

40 children are in special schools:

Lincoln Open Air	39
Laleham School, Broadstairs	1

The following handicapped pupils were awaiting admission to special schools in December, 1964:

Educationally subnormal	24
Physically Handicapped	1
Maladjusted	4
Delicate	2
Speech Defect	1

The 24 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 HEARING UNIT

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

Report on the work of the Partially Hearing Unit

At the close of 1964, four boys and one girl of an age range four to eight years were in full time attendance at the Partially Hearing Unit. One of these children is a resident of Lindsey whilst the remainder are Lincoln children.

These children integrate with the hearing children during play periods, meal times and suitable lessons such as dancing and Physical Education, but receive individual teaching with specialised amplifying equipment to ensure satisfactory speech and language development and progress in the basic school subjects. As the eldest boy is of junior school age, arrangements have been made for him to attend the Boultham Junior School for two sessions weekly to enable him to take part in handwork and games with children of his own age.

Weekly periods of auditory training are also being given to a Lincoln pre-school deaf boy aged 2 years 6 months.

The teacher in charge of the class has visited the Audiological Clinic at the County Hospital for one afternoon each week to assist in the assessment of children visiting the Clinic and to give auditory training where necessary. The children attending the Partially Hearing Unit join the hearing classes of the school during these afternoons. During 1964, four portable Auditory Trainers have been loaned to the hospital for use by the parents at home in the training of their pre-school deaf children. These are proving very beneficial.

The ten children wearing hearing aids and attending ordinary schools in Lincoln have been seen at regular intervals throughout the year to check their hearing aids, advise their parents where necessary and ensure that their hearing, use of their aids and lip reading ability are satisfactory.

CHILDREN ASCERTAINED AS UNSUITABLE FOR EDUCATION AT SCHOOL

Ten children were ascertained during 1964 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, 1964	..	..	53
Number of children admitted during 1964	..	..	2
Number of children discharged during 1964	..	..	23

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

General Debility	..	..	..	..	..	29
Bronchitis	..	..	..	..	..	4
Asthma	..	..	..	..	..	5
Sequelae of Poliomyelitis	..	..	..	..	..	2
Congenital Heart	..	..	..	..	..	2
Cerebral Palsy	..	..	..	..	..	2
Orthopaedic defect	..	..	..	..	..	3
Miscellaneous	..	..	..	..	..	6

A number of the children in the above categories have been 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 100 boys and girls aged 11 years and upwards.

	<i>Boys</i>	<i>Girls</i>
Number on roll in December, 1964	.. 46	55
Number admitted during 1964	.. 12	11
Number discharged during 1964	.. 14	8

NURSERY SCHOOLS

The average attendances during the year were as follows:

	<i>Average Attendance</i>
St. Cuthbert's Nursery School	37.85
St. Giles Nursery School.. .. .	38.49

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

312 children were examined for Employment outside School hours as compared with 246 in the previous year, mainly for the purpose of licensing for newspaper delivery. Of this number no 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.

17 children with the following medical conditions were taught at home during the year:

Orthopaedic defects	6
Tuberculosis	5
Miscellaneous	6

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

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

44 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 six children during the year. The causes of death were as follows:—

Asthma	1
Duodenal Ulcer	1
Heart defect	2
Leukaemia	1
Fibrocystic disease	1
	—
	6
	—

HEALTH EDUCATION

Lectures, illustrated by films and slides, have been given to senior girls by Health Visitors during the year. The subjects covered included: personal hygiene, care of babies and young children, principles of first aid and home nursing, Local Authority Welfare Services and School Health, safety in the home, family and personal relationships. The last two subjects evoked the most response and interest. In all, 48 sessions were devoted to Health Education by the Health Visitors.

The Deputy Principal School Medical Officer, when requested to do so by secondary schools, gave talks illustrated by films on the subject of Smoking and Lung Cancer.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The appointment of a third full-time Assistant Dental Officer in May, enabled Ravendale Dental Clinic to be brought in operation on a full-time basis and the northern section of the City is now adequately served.

The appointment of a further part-time Assistant Dental Officer has resulted in an increased number of evening sessions. These sessions continue to be favoured by Grammar School pupils, particularly as attendance does not result in the loss of academic tuition.

Having successfully qualified in her final examinations, a Dental Auxiliary commenced duties in September, and is operating at the Central Dental Clinic.

These appointments brought the operative staff of the School Dental Service to one Principal School Dental Officer, two full-time and two part-time Assistant Dental Officers, and one Dental Auxiliary. Although this is the most favourable state the staffing position has been in for many years, it does not yet reach the recognised ratio of one Dental Officer to three thousand children. Advertisements for a fourth Assistant Dental Officer have been unsuccessful.

During July, a Dental Officer of the Department of Education and Science carried out a detailed inspection of our Service. In the resultant report, only one point was mentioned where the Service had failed to satisfy the Department's requirements — namely, the percentage of children inspected at routine school dental inspections during 1963.

With the poor staffing situation at that time, it was not possible to inspect and treat all the school population. However, with the increase in staff, I am pleased to be able to report that the percentage inspected at routine inspections has risen from 32.6% in 1963 to 59.33% in 1964. The percentage when clinic inspections are included is 69.04%. It is confidently hoped that this figure will be further improved in the next year, when the benefit of the additional staff is felt for the whole period.

Of the children routinely inspected, 82.73% were found to require dental treatment compared with 87.5% in 1963 — a slight improvement. However, when those inspected at clinics are included, the figures rise to 84.73% — still very much higher than the national average of 62.05%.

It is only when a full complement of dental officers is attained and when they have completed the accumulated treatment required, and are able to inspect and treat all children within the year, that we can really hope for an improvement in this high percentage.

In an endeavour to reduce the amount of treatment required, a Dental Health Campaign was launched to improve the standard of personal oral hygiene and tooth care.

Following seven months of detailed planning and preparation the Campaign was opened by the Mayor of the City in November. Indications to date are that the Campaign is progressing satisfactorily, and has aroused interest amongst the general public. This is due in no small measure to the enthusiasm of Head Teachers and the most valuable support of the "Lincolnshire Echo".

Assessment Tests have been arranged, and the true degree of success cannot be known until these are complete after the close of the Campaign in March 1965.

A detailed and critical report on the Campaign will be presented when the results of these tests are known. It would be unwise to attempt an arbitrary assessment at this stage.

No matter what the result, it is hoped that it will be possible to maintain a "low level" dental health education programme on a permanent basis. To withdraw from the field of education at the close of the Campaign would be a mistake. Only by the constant dissemination of information and knowledge — particularly to the younger children — will a lasting improvement be attained.

The figures relating to the treatment provided by the School Dental Service are given in the accompanying tables and reflect the improved staffing position.

The ratio of permanent teeth filled to teeth extracted is 12.51:1 (16.45:1 1963), and the ratio in respect of deciduous teeth is 3.40:1 (2.13:1 1963). The overall ratio is 6.99:1 (6.43:1 1963), 8.61:1 (7.40:1) when extractions for orthodontic purposes are discounted. Whilst the improvement in the deciduous and overall ratios are to be welcomed, the fall in the permanent teeth ratio must be regretted.

Commencing on 1st January 1965, the statistics will be presented in a different form. This is one of the first results of the reorganisation within the Ministry of Education and Science mentioned in my last report. Whilst entailing a certain amount of additional clerical work, the new presentation of data will present a much fuller picture of the state of the children's teeth.

I should like to thank the members of the dental staff for their efforts during the year — particularly to those who have given so many hours of their own time to the Dental Health Campaign — and the Principal School Medical Officer and his staff for the interest, co-operation and assistance. I should also like to express my appreciation for the advice and encouragement of the Chairman of the Special Services Committee, and the assistance and interest of the Chairman and members of the Education Committee.

C. K. FENTON EVANS

Principal School Dental Officer.

Summary of Dental Inspections and Treatment carried out during 1964

	1964	1963
Number inspected at routine school inspections ..	7577	4097
Number requiring treatment	6269	3585
Number referred for treatment	5888	3406
Number treated after school inspections	2163	1287
Number of treatments continued from previous year	—	163
Number treated as specials	831	742
Number inspected at clinics	449	347
Number referred after inspection at clinics ..	405	331
Total number inspected	8857	5186
<hr/>		<hr/>
Total number treated	3370	2523
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Half-days devoted to school inspections	50	28
Half-days devoted to treatment (including Dental Auxiliary)	1175	1012
Total number of attendances	8303	6870
Number of fillings in permanent teeth	7984	5960
Number of permanent teeth filled	6484	5069
Number of fillings in deciduous teeth	3094	2015
Number of deciduous teeth filled	2715	1754
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Total number of fillings	11078	7975
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Extractions (i) Permanent	518	308
(ii) Deciduous	797	821
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Total number of extractions	1315	1129
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Total number of teeth extracted for orthodontic purposes	247	207
General Anaesthetics	23	4
Other operations (i) Permanent	1300	1143
(ii) Deciduous	809	579
<hr/>		<hr/>
Total of other operations	2109	1722
<hr/>		<hr/>
Radiographs	590	305
Dentures	13	13

ORTHODONTIC TREATMENT

Cases continued from 1963	17
Cases commenced in 1964	33
<hr/>	
Cases receiving treatment during 1964	50
Cases completed	} 24
Cases suspended or moved out of area	
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Cases continued in 1965	26
Number of cases treated by means of appliances during 1963	45
Number of removable appliances fitted	38
Number of fixed appliances fitted	—
Total of orthodontic attendances	277

WORK OF THE CHILD GUIDANCE CLINIC

Dr. C. J. Wardle terminated his appointment as Consultant in Child Psychiatry for North Lincolnshire on 31st August, 1964 to take up a similar post in Devon.

I am indebted to Dr. Wardle for the following report of the work of the Child Guidance Unit for the period 1st January to 31st August, 1964.:—

"During this period the service continued to thrive and the need was confirmed to expand the medical, psychological and social work staffing of the service. The need for in-patient facilities and for facilities for special education for maladjusted pupils was also confirmed. The very heavy case load continued throughout the eight month period and the number of cases seen represents a slight increase in referrals and attendances when compared with the same period in the previous year.

This is the fifth and last report of the Consultant in Child Psychiatry and in it he would like to express his thanks for the goodwill and co-operation he has enjoyed from everybody concerned with children while in North Lincolnshire. It was with regret that he left the area, particularly at a time when the service was becoming well established. The factors which swayed in deciding to take up another post were opportunity for teaching and the ample in-patient facilities which were offered: the absence of in-patient facilities in Lincolnshire place a great strain on the Consultant and make his work more difficult and perhaps less rewarding than it might be".

Summary of the work during the period

Referrals

A total of 59 cases were referred to the Child Psychiatrist during the period 1st January to 31 August, 1964 and all had been seen before he left. Table 2 details the number of interviews undertaken. The majority of the cases were referred by General Practitioners. The types of cases, the age and sex distribution and other descriptive data are similar to those detailed in other reports and will not be detailed here.

Table 1

Where the cases were seen	
Lincoln	59
—	—
	59
—	—

Table 2

Dr. WARDLE'S Interviews			
<i>Clinic</i>	<i>Parent</i>	<i>Child</i>	<i>Total Interviews</i>
Lincoln	600	973	1,573

Table 3

Source of Referral					
General Practitioner or Consultant	..	..	..	..	31
School Medical Officer	..	..	..	..	15
Children's Department	..	..	..	..	2
Educational Psychologist	..	..	..	..	8
Others	..	..	..	..	3

Table 4

Reason for Referral						
Anti Social conduct	..	..	..	..	..	11
Neurotic	..	..	..	..	..	8
Disordered Elimination	..	..	..	..	..	8
School Difficulties	..	..	..	..	..	13
Referred Action	..	..	..	..	..	8
Psychosomatic	..	..	..	..	..	3
Other	..	..	..	..	..	8

During the four month period 1st September to 31st December, 1964, patients were seen by Dr. J. F. R. Goodlad and Dr. J. Harding Price. The following Tables 1a to 4a include the figures for this period.

Table 1a

Where cases were seen	
Lincoln	(Lincoln cases) 12

Table 2a

Dr. GOODLAD'S Interviews			
	<i>Parent</i>	<i>Child</i>	<i>Total</i>
Lincoln	15	17	32
Dr. PRICE'S Interviews			
Lincoln	26	23	49

Table 3a

Source of Referral						
General Practitioner	..	..	..	..	..	15
School Medical Officer	..	..	..	..	..	5
Children's Department	..	..	..	..	..	1
Educational Psychologist	..	..	..	..	..	1
Others	..	..	..	..	..	3
						—
						25
						—

Table 4a

Reason for Referral						
School Difficulties	..	..	..	..	..	2
Brain damaged	..	..	..	..	..	3
Psychosomatic	..	..	..	..	..	1
Attempted Suicide	1
Behaviour problem	2
Enuresis	2
Other	1

Table 4. - *Estimated values of the*

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