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CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDED 31st DECEMBER, 1966

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



CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDED 31st DECEMBER, 1966

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 Annual Report on the health of the City for the year 1966.

There was a further decrease in the number of births in Lincoln during 1966 — 1298 compared with 1354 in 1965. Despite the fact that there were fewer births, the attendances at the Infant Welfare Clinics were, in fact, slightly higher than in the previous year and during the past ten years have more than doubled. However, only one purpose-built Clinic is available and premises which were never designed for the purpose still have to be used each week. No progress was made during 1966 in the provision of any additional purpose-built clinic premises.

There was a slight reduction in the illegitimate birth rate, 8.71 compared with 9.08 in 1965.

The District Midwifery Service had to deal with fewer home confinements than in the previous year but the work of the midwives was not reduced as there was an increase in the number of early hospital discharges. Some of these mothers and babies returned home on the 3rd day after delivery in hospital, but the usual time was between the 5th and 7th day after delivery.

A difficulty which has been inherent in the District Midwifery Service in the past has been that of contacting a midwife when she was attending a confinement or undertaking nursing in a house without a telephone. This difficulty has now been overcome by the provision of radio-control equipment which came into use in December, 1966. This provision has not only increased the efficiency of the Service but has also made the midwives' work less arduous and allows greater freedom when "on call".

The Home Nursing Service continued to have a full staff and no change took place during the year. The Night Nursing Service which is financed by the Marie Curie Memorial Foundation has now been in operation for two years and has proved to be a most valuable service to patients and relatives. This service relieves to some extent the Night Attendant Service (organised by the Home Help Organisation), and the Hospital Service as certain patients are enabled to remain at home who might otherwise require a hospital bed.

The service for incontinent persons was extended during the year to include the provision of protective undergarments, in addition to pads for the bed.

The Chiropody Service was fully extended throughout the year and for some time now it has been obvious that additional staff was needed. A third full-time Chiropodist was appointed in December, 1966.

There was no major epidemic of infectious disease during the year, in fact, apart from measles, no infectious disease created any particular problem. It was pleasing to note that for the second year in succession, whooping cough was almost non-existent in Lincoln. The incidence of tuberculosis has been decreasing for many years and the reduction in the number of cases was particularly noticeable during 1966. Only 13 new cases (11 pulmonary and 2 non-pulmonary) were notified during the year and this was by far the smallest number of notifications ever received in Lincoln. The decrease in the incidence of this disease is due to many factors and it is difficult to elucidate which is the most important factor. However, the B.C.G. vaccina-

tion programme which has been carried out for over 10 years is undoubtedly one of the principal reasons for the decline in the incidence of tuberculosis.

The Mental Health Service has undergone considerable development in recent years and the latest addition to the service was the provision of a Special Care Unit which was completed during the latter part of 1966. This Unit is attached to the Junior Training Centre and will cater for up to ten severely mentally handicapped children. The Mental Health Service further benefitted from the provision of a Hostel for subnormal males. This Hostel was open throughout 1966 and certain difficulties experienced in the first year of its operation have now been overcome successfully. The provision of this Hostel has solved many of the problems which formerly arose when the only accommodation for subnormal men who had no home was either in a hospital for the subnormal or in lodgings which often proved to be unsatisfactory. Similar provision for subnormal females is equally necessary and it is hoped that suitable accommodation will be available at an early date.

Representations have been made by the Psychiatric Hospital Authorities on several occasions in the past few years for the establishment of a Hostel for the Mentally Ill who no longer need hospital treatment but who are not able to lead a fully independent life. The need for such a Hostel cannot be denied and it is hoped that this provision will be possible in the not too distant future. However, I feel I must point out that Lincoln, with a concentration of mental hospitals both for the mentally ill and mentally subnormal in its immediate neighbourhood, tends to attract a disproportionate number of mentally disordered persons discharged from hospital and being a County Borough has to provide the community services notwithstanding the fact that many of these patients may never have previously resided in the City. This is a factor which has to be taken into account not only in connection with the provision of Hostel accommodation but one which affects the whole range of the Local Authority Mental Health Services.

Mention has been made in previous Reports of the many difficulties with which the Ambulance Service has to contend. The increased provision of specialised units in several distant hospitals, the conveyance of patients to and from the Day Unit at St. George's Hospital in Lincoln and the fact that children have to be brought daily to the Special Care Unit have produced a further increase in the work of the stretcher-case vehicles.

The Women's Cytology Clinic for the early detection of cancer of the cervix which was started in Lincoln in December, 1964 has been an outstanding success and three sessions are now held each week. The waiting period for an appointment at the two morning clinics was minimal but at the end of the year there was a four month waiting period for an appointment at the evening clinic, proving that evening clinics are the most convenient for women to attend. Further evidence has accrued supporting the original view that many women particularly at risk are not attending the Clinic and this points to the need for the establishment of a domiciliary service so that these women who are often the less privileged members of the community have the benefit of this service.

In accordance with Ministry of Health Circular 1/67, I have to record that the City Council rejected on 19th July, 1966, the Health Committee's recommendation to increase the fluoride content of the water supply to one part per million. This was the fourth occasion on which the Health Committee had recommended this measure and the third occasion when it was rejected by the Council.

Three members of the nursing staff, Miss K. Luke, Senior Health Visitor, Miss R. M. Crawford, Health Visitor and Miss P. M. Taylor, School Nurse retired during 1966. Each had been with the Department for many years and had given valuable service.

Dr. K. M. C. Gillen resigned at the end of June on being appointed to a post in the Hospital Service.

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 of the Health Committee, Alderman E. J. Richardson, J.P. for his continued interest and support.

R. D. HAIGH,

Medical Officer of Health.

City Health Department, Beaumont Fee,
Lincoln.

June, 1967.

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HEALTH COMMITTEE, 1966

THE RIGHT WORSHIPFUL THE MAYOR
COUNCILLOR FRANK ROY ECCLESHARE, J.P.

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

Council Members:

Councillor F. T. Allen	Councillor P. W. Archer
Councillor H. Evans	Councillor Mrs. S. J. Townend
Councillor Mrs. M. R. Sookias	Councillor B. H. Kendall

Other Members:

Dr. T. M. O'Brien	Mr. G. H. Kelsey
Mr. M. R. O. Barlow	Miss M. Witting
Mr. G. K. Lord	Mrs. E. N. Ward

Maternity and Child Welfare Sub-Committee

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

Council Members:

Councillor F. T. Allen	Councillor Mrs. S. J. Townend
Councillor Mrs. M. R. Sookias	Councillor P. W. Archer

Other Members:

Mrs. M. Eagle	Miss L. Mumby
---------------	---------------

Mental Health Services Sub-Committee

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

Council Members:

Councillor F. T. Allen	Councillor Mrs. S. J. Townend
Councillor Mrs. M. R. Sookias	Councillor P. W. Archer
Councillor J. A. Martin	

Other Members:

Dr. N. Crook	Mr. G. H. Kelsey
Mrs. M. Eagle	Mr. T. C. Smith

Necessitous Cases Sub-Committee

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

Councillor F. T. Allen	Councillor Mrs. M. R. Sookias
Councillor P. W. Archer	Councillor Mrs. S. J. Townend

Prosecutions Sub-Committee

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

Councillor F. T. Allen	Councillor Mrs. M. R. Sookias
Councillor P. W. Archer	Councillor Mrs. S. J. Townend

STAFF OF THE CITY HEALTH DEPARTMENT, 1966

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:

P. E. ELWOOD, M.B., B.Ch., B.A.O., D.P.H., D.R.C.O.G.

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

KATHLEEN M. C. GILLEN, M.B., Ch.B., D.P.H., D.R.C.O.G., D.C.H.
(part-time to 30th June)

MARIANNE CHRISTINE HIRST, M.B., Ch.B.
(from 7th November)

Principal School Dental Officer:

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

School Dental Officers:

J. ICETON, L.D.S.

M. R. HIRST, B.D.S., B.Sc. (from 21st February, 1966)

D. G. HUTCHISON, B.D.S. (part-time to 15th February, 1966)

Mrs. J. HUTCHISON, L.D.S. (sessional to 1st March, 1966)

Dental Auxiliary:

MRS. S. M. HORSEMAN

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:

B. OVERSBY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE INSPECTOR'S
CERT. R.S.H.

J. M. TODD, CERT. P.H.I.E.B., MEAT AND FOOD CERT., R.S.H., SMOKE INSPECTOR'S
CERT. R.S.H., D.I.P. PUBLIC HEALTH ENGINEERING. (to 8th May)

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.

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

G. W. KIRK, CERT., P.H.I.E.B. (from 11th July)

M. V. SMITH, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H. (from 1st August)

Pupil Public Health Inspectors:

N. PANTLING

P. A. COBBETT

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.) (to 7th January)
 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.) (to 8th October)
 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. M. HOLROYD, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.) (part-time to 16th December)
 MISS M. A. BRIDGE, S.R.N., S.C.M., H.V. (CERT.) (from 4th July)
 MISS S. A. EAST, S.R.N., B.T.A. (CERT.) H.V. (CERT.) (from 4th July)
 MRS. J. M. DUNHAM, S.R.N., S.C.M. (Student from 3rd October, 1966)

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.
 MRS. I. K. JOYCE, S.R.N., S.C.M., Q.I.D.N. (to 14th August)
 MRS. R. M. SHIELDS, S.R.N., S.C.M. (to 5th November)
 MISS J. FORD, S.R.N., S.C.M.
 MRS. R. PARK, S.R.N., S.C.M.
 MRS. B. MICHAEL, S.R.N., S.C.M.
 MISS J. WALKER, S.R.N., S.C.M. (from 1st June)
 MISS J. E. SEAGER, S.C.M., C.N.N. (from 1st August)

District Nurses:

MISS J. BARSLEY, S.R.N., Q.I.D.N.
 MRS. M. COLE, S.R.N., Q.I.D.N.
 MRS. M. A. ATKINSON, S.R.N., Q.I.D.N.
 MISS L. M. DAWSON, S.R.N., S.C.M.
 MRS. K. DREWERY, S.R.N., Q.I.D.N.
 MISS J. GRIFFITH, S.R.N., Q.I.D.N.
 MRS. A. HOWLETT, S.R.N., Q.I.D.N.
 MRS. N. SMITH, S.R.N., S.C.M., Q.I.D.N.
 MRS. N. TOYNE, S.R.N., Q.I.D.N.
 MRS. F. WALMSLEY, S.R.N., Q.I.D.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.
 MR. C. J. NORTHCOTT, 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. (to 15th February).
 MRS. A. SAYWELL, S.R.N. (part-time, from 23rd February)

Day Nursery:

Matron	MISS B. E. TAYLOR, S.R.N., S.R.F.N.
Deputy Matron	MISS R. CAULTON, C.N.N.
Warden	MISS D. F. PARKER, C.N.N.
Nursery Nurses	MISS E. M. E. DRIFFILL, C.N.N.
	MRS. J. GOODWIN, C.N.N. (to 4th February)
	MRS. S. ELLIOTT, C.N.N.
	MISS ANNE COWANS, C.N.N. (from 1st August)
	MISS J. E. BERGIN, C.N.N. (from 1st March)

Chiropodists:

MISS S. M. MALT, M.ch.s.
 J. F. WEBSTER, L.Ch., S.R.Ch.
 MRS. E. PAWSON, M.ch.s. (part-time from 29th July to 31st December)
 R. W. SAVAGE, S.R.Ch. (from 29th December)

Adult Training Centre:

Manager:	W. ZIELONKA, R.M.N., N.A.M.H. (DIPLOMA) (to 31st March)
	J. RUSHFORTH, R.M.N. (from 1st April)
Assistants	MRS. M. VALTERS
	MRS. I. M. WEARE (to 16th December)
	W. B. FLATTERS
	E. F. NORRIS
	R. COX

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. F. M. HEATH, N.N.E.B. (CERT.) (to 15th April)
	MRS. S. DANIELS (to 21st January).
	MRS. M. TWIGG (from 25th January to 31st December)
	MISS S. A. WADSLEY (from 25th April)
	MISS J. PICKWELL (Student from 19th September)

Hostel for Mentally Sub-Normal Adult Males:

Warden:	J. H. GEERLING, R.N.M.S.
Matron:	MRS. L. GEERLING
Deputy Warden:	T. W. WINGELL (part-time from 16th April)
Deputy Matron:	MISS M. SAGE (from 28th February to 11th June)
	MRS. N. FISHER (from 12th June).

Mental Welfare Officers:

J. B. GRACEY, S.R.M.N., S.R.M.N.D. (Senior Mental Welfare Officer)
 R. MASON, S.R.N., R.M.N., B.T.A. (CERT.)
 MRS. C. A. WOOLLARD, B.A. DIPL. IN SOCIAL STUDIES (to 20th August)
 MRS. D. M. ROBSON, R.M.N.
 MISS M. McDUGAL, R.M.N. (from 1st September)

Ambulance Service:

Ambulance Officer	V. R. NORTH, F.I.A.O.
Deputy Ambulance Officer	H. LEEMING
Clerk	MISS J. M. WALLS
Clerk/Telephonist	MISS M. HOWE
Driver/Attendants: 29 (at the end of the year)	

Home Help Service:

Organiser	MISS H. BALDWIN, M.I.H.H.O.
Assistant Organiser	MISS M. E. TREVIS, M.I.H.H.O. DIP.
Clerks	MISS S. E. MOYSES
	MRS. W. B. TURNELL (part-time from 25th January)
Helps at the end of the year: Whole-time 13; Part-time 121	

Pests Officer:

A. H. WALKER

Rodent Operators:

H. CHEETHAM (to 23rd September)
 R. WOOLFITT
 A. S. WOOLHOUSE (from 17th October)

Dental Surgery Assistants:

MRS. B. GANDER
 Mrs. M. Wallis
 Miss P. Smalley (from 1st July)
 Mrs. V. Pottergill (from 28th February)

Dental Health Education Officer:

MRS. J. ABELL

Lay Administrative Assistant:

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

Clerks:

A. C. TAYLOR
 N. F. McLEOD
 C. BECK
 MISS M. A. BOYNTON
 MISS S. M. JOHNSON
 MISS E. KETTLEBORO
 MISS I. M. COOK
 MRS. E. S. CROFT (to 28th January)
 MISS L. BOGG (from 6th January)
 MRS. M. RUDGE (from 1st June)
 MISS L. J. STOCKS
 MISS P. SULLIVAN (to 30th June)
 MRS. E. PICKWELL (from 1st January)
 MISS B. BURN (to 9th September)
 MISS A. BURNETT (clerk/receptionist Chiropody clinic from 12th September)
 MISS M. STIFF (from 18th July)
 MRS. E. GROCOCK (part-time clinic clerk)
 MRS. A. M. DEAN (part-time clinic clerk)
 MRS. J. LEE (part-time from 14th February)
 MRS. P. J. ELLIS (Dental Clinic)

STATISTICAL INFORMATION

GENERAL STATISTICS

Area of City in acres	7,517
Number of dwelling houses, 1st April, 1966	25,667
Rateable Value, 1st April, 1966	£2,678,447
Sum represented by a penny rate	£10,700

VITAL STATISTICS

Population (estimate mid-year, 1966)	76,720
Live Births:—	
Number	1,298
Rate per 1,000 population	17.26
Illegitimate Live Births	113
Illegitimate Live Births—per cent of total live births	8.71
Still-births:—	
Number	19
Rate per 1,000 total live and still births	14.43
Total Live and Still Births	1,317
Infant Deaths (deaths under 1 year)	20
Infant Mortality Rates:—	
Total infant deaths per 1,000 total live births	15.41
Legitimate infant deaths per 1,000 legitimate live births	15.19
Illegitimate infant deaths per 1,000 illegitimate live births	17.7
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	9.24
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	9.24
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	23.54
Maternal Mortality (including abortion):—	
Number of deaths	1
Rate per 1,000 total live and still births	0.76
Net Deaths	1024
Death Rate per 1,000 population	13.34
Tuberculosis Mortality Rate, per 1,000 population	0.03
Cancer Mortality Rate, per 1,000 population	2.81
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	17.26	17.7
Still Birth Rate	14.43	15.4
Illegitimate Live Birth Rate per cent of total		
Live Births	8.71	7.9
Maternal Mortality Rate	0.76	0.26
Infant Mortality Rate	15.41	19.0
Neo-natal Mortality Rate	9.24	12.9
Perinatal Mortality Rate	23.54	26.3
Death Rate	13.34	11.7
Tuberculosis Mortality Rate	0.03	0.05
Cancer Mortality Rate	2.81	2.25

COMPARATIVE TABLE—LAST FIVE YEARS

	1962	1963	1964	1965	1966
Population ...	76,930	77,440	77,180	76,910	76,720
Net Live Births ...	1,418	1,412	1,414	1,354	1,298
Still Births ...	25	28	34	13	19
Net Deaths ...	935	913	857	887	1024
Live Birth Rate ...	17.88	18.60	18.69	17.96	17.26
Still Birth Rate ...	17.32	19.44	23.48	9.51	14.43
Infant Mortality Rate ...	23.98	17.70	16.26	21.42	15.41
Neo-natal Mortality Rate ...	14.81	12.04	9.19	16.99	9.24
Maternal Mortality Rate ...	—	0.69	1.38	0.73	0.76
Death Rate ...	12.15	11.79	11.21	11.65	13.34
Tuberculosis Mortality Rate	0.08	0.05	0.05	0.05	0.03
Cancer Mortality Rate ...	2.26	2.09	2.03	2.30	2.81

Births

There were 1,298 live births during the year, 701 males and 597 females. The number of still births was 19 and the number of illegitimate live births was 113.

Deaths

There were 1024 deaths (548 males and 476 females) giving an adjusted death rate of 13.34 per 1,000 population. The ages and causes of death are given in the following tables:

DEATHS IN AGE GROUPS, 1966

		4 wks & under											Total
	Under 4 wks.	1 year	1-4 yrs.	5-14 yrs.	15-24 yrs.	25-34 yrs.	35-44 yrs.	45-54 yrs.	55-64 yrs.	65-74 yrs.	75 & over		
Males ...	8	6	2	5	6	7	15	48	92	164	195	548	
Females ...	4	2	3	2	4	3	7	26	57	109	259	476	
Totals ...	12	8	5	7	10	10	22	74	149	273	454	1024	

The death rate for 1966 was the highest for 21 years. In 1943 the rate was 13.4 and in 1945, 13.34. 98 more males and 39 more females died during 1966 than in the previous year. The following table shows the diseases contributing most to the increase in the number of deaths in 1966 and comparable figures for 1965:—

	1966	1965
Malignant neoplasm		
Lung and bronchus	.. .. 49	37
Breast	.. .. 26	11
Uterus	.. .. 8	5
Other malignant and lymphatic diseases	105	96
Vascular lesions of nervous system	.. 132	106
Coronary disease, angina	.. .. 244	201
Hypertension with heart disease	.. 20	12
Other heart disease	.. .. 97	86

SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1966

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 ...	1	1	-	-	-	-	-	-	-	-	-	1	-	-		
Other ...	1	1	-	-	-	-	-	-	1	-	-	-	-	-		
Syphilitic disease ...	1	1	-	-	-	-	-	-	-	-	-	-	1	-		
Malignant Neoplasm:																
Stomach ...	21	13	8	-	-	-	-	-	-	1	2	4	8	6		
Lung and Bronchus	49	43	6	-	-	-	-	-	-	2	4	11	22	10		
Breast ...	26	-	26	-	-	-	-	-	-	1	4	7	7	7		
Uterus ...	8	-	8	-	-	-	-	-	-	1	1	2	2	2		
Other malignant and lymphatic neoplasms	105	55	50	-	-	-	1	1	1	4	10	15	31	42		
Leukaemia and Aleukaemia ...	7	4	3	-	-	-	-	-	-	-	-	-	4	3		
Diabetes ...	8	3	5	-	-	-	-	-	-	-	1	-	2	5		
Vascular lesions of nervous system ...	132	56	76	-	-	-	-	-	-	-	3	14	38	77		
Coronary disease, angina ...	244	159	85	-	-	-	-	-	-	1	23	48	77	95		
Hypertension with heart disease ...	20	5	15	-	-	-	-	-	-	-	1	2	5	12		
Other heart disease ...	97	29	68	-	-	-	-	-	-	1	1	5	19	71		
Other circulatory disease ...	37	24	13	-	-	-	-	-	-	-	3	8	11	15		
Influenza ...	19	8	11	-	-	-	-	-	-	1	1	2	5	10		
Pneumonia ...	53	29	24	-	4	-	-	-	-	-	2	5	6	36		
Bronchitis ...	58	38	20	-	-	-	-	-	-	-	5	11	21	21		
Other diseases of respiratory system	6	2	4	-	-	-	-	-	-	-	1	1	1	3		
Ulcer of stomach and duodenum ...	5	2	3	-	-	-	-	-	-	1	-	-	1	3		
Gastritis, enteritis and diarrhoea ...	5	4	1	-	-	-	-	-	-	-	-	1	2	2		
Nephritis and Nephrosis ...	8	3	5	-	-	-	-	-	-	1	1	2	-	4		
Hyperplasia of prostate ...	5	5	-	-	-	-	-	-	-	-	-	1	1	3		
Pregnancy, childbirth and abortion ...	1	-	1	-	-	-	-	1	-	-	-	-	-	-		
Congenital malformations ...	7	4	3	4	-	-	-	1	-	1	1	-	-	-		
Other defined and ill-defined diseases	59	31	28	8	-	2	3	2	-	3	5	7	7	22		
Motor vehicle accidents ...	14	9	5	-	-	3	-	4	3	1	2	-	1	-		
All other accidents ...	17	13	4	-	4	-	3	1	1	2	2	-	-	4		
Suicide ...	10	6	4	-	-	-	-	-	4	1	1	2	1	1		
Totals ...	1024	548	476	12	8	5	7	10	10	22	74	149	273	454		

DEATHS FROM CANCER

The deaths from Cancer during the year are shown in the Table below. It will be noted that there were 49 deaths from Cancer of the lung, which represents 4.7% of the total deaths. Of these 49 deaths, 43 were males and 6 were females.

Cancer of the lung mainly affects those in the age group 45 to 75 years and the figures show that it was seven times more common in males than in females and 23% of the total Cancer deaths were due to Cancer of the lung during 1966.

CANCER DEATHS, 1966

<i>Cause of death</i>	<i>No. of deaths</i>	<i>Under 1 yr</i>	<i>1- 5-</i>	<i>15- 25-</i>	<i>35- 45-</i>	<i>55- 65-</i>	<i>75& over</i>	<i>Total</i>					
Malignant Neoplasm	21	{ Males	-	-	-	-	1	2	3	5	2	13	
Stomach		{ Females	-	-	-	-	-	-	1	3	4	8	
Lung and Bronchus	49	{ Males	-	-	-	-	2	2	10	20	9	43	
		{ Females	-	-	-	-	-	2	1	2	1	6	
Breast	26	{ Females	-	-	-	-	1	4	7	7	7	26	
Uterus	8	{ Females	-	-	-	-	1	1	2	2	2	8	
Other Malignant and lymphatic neoplasms	105	{ Males	-	-	1	1	-	1	3	7	18	24	55
		{ Females	-	-	-	-	1	3	7	8	13	18	50
Leukaemia, aleukaemia	7	{ Males	-	-	-	-	-	-	-	2	2	4	
		{ Females	-	-	-	-	-	-	-	2	1	3	
Totals	216	Males	-	-	1	1	-	4	7	20	45	37	115
		Females	-	-	-	-	1	5	14	19	29	33	101

Infant Mortality

There were 20 deaths under 1 year, giving an infant mortality rate of 15.4 per 1,000 live births. Of these infants, two were illegitimate. The infant mortality rate for England and Wales in 1966 was 19.0

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>Total under 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 ...	5	-	-	5	-	-	-	-	5
Congenital Malformations	4	-	-	4	-	-	-	-	4
Pneumonia ...	-	-	-	-	2	-	2	-	4
Accident ...	-	-	-	-	3	-	1	-	4
Other Causes ...	3	-	-	3	-	-	-	-	3
Total ...	12	-	-	12	5	-	3	-	20

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 1966, there were 19 still-births and 12 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 23.54. The rate for 1965 was 24.14.

The perinatal mortality rate for 1966 was slightly lower than usual and was lower than the rate for England and Wales (26.3).

Suicide

During the year there were 10 deaths (6 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 7 (1 male and 6 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	—	—	—	3
Poisoning by Drugs	—	—	—	1	—	—	—	—	1
Drowning ...	—	—	1	—	1	2	1	—	5
Hanging ...	—	—	—	—	—	—	1	—	1
TOTAL ...	—	—	2	2	2	2	2	—	10

LOCAL HEALTH AUTHORITY SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Clinics

The average attendance per session (40.6) at the Infant Welfare Clinics was similar to that in the previous year (40.7) but there was in fact, an increase in the total number of attendances — 26,073 compared with 25,975 in 1965.

Owing to the rapid development of the Birchwood Estate, the need for a clinic to be held weekly instead of fortnightly became apparent during the early part of the year and as from 6th April, 1966 arrangements were made for an Infant Welfare Clinic to be held at St. Luke's Church Hall each Wednesday morning. The highest average attendances during the year were at this Clinic and the Swallowbeck Clinic, 56.7 and 56.0 respectively.

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

<i>Born in</i>	<i>Born in</i>	<i>Born in</i>	<i>Total</i>
1966	1965	1961-1964	
1126	1127	1882	4135

Of the 4,135 children who attended, 207 were referred for special treatment or advice as a result of a medical examination — either to a general practitioner or a consultant 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 regretted that the building of a new clinic in the Boutham Park area was not started in 1966 due to the restriction on Local Authority expenditure. However, it is hoped that the building of the clinic will be started during 1968 and until its completion, the clinic will be transferred to the new St. Helen's Church Hall when it is opened in June, 1967.

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.
	Tuesday	10—11-30 a.m. (by appointment)
	Friday	2—4 p.m.
Ravendale Clinic, Laughton Way	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.
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.
	Friday	2—4 p.m.
Methodist Church Hall, Swallowbeck	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	Wednesday	10—12 noon

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>	
				1966	1965
M. & C.W. Centre, Newland	p.m. Tues.	51	2318	45.4	52.5
„ „ (by appointment)	a.m. Tues.	16	186	11.6	10.8
„ „	Fri.	51	2095	41.1	48.2
St. Helen's Hall	Mon.	48	1736	36.2	35.2
„ „	Fri.	51	1714	33.6	36.5
St. Giles' Hall	Thur.	52	2564	49.3	43.5
Blenkin Hall	Fri.	51	2044	40.1	42.1
Swallowbeck Hall	Tues.	51	2857	56.0	61.5
Walmer Street Hall	Wed.	52	2281	43.9	47.8
Ewart Street Hall	Mon.	47	2058	43.8	36.2
Ravendale Clinic	Tues.	51	2021	39.6	36.0
„ „ (by appointment)	a.m. Thur.	23	237	10.3	9.6
„ „	p.m. Thur.	52	1352	26.0	24.4
St. Luke's Hall, Birchwood	Wed.	46	2610	56.7	68.2
		—	—	—	—
		642	26073	40.6	40.7
		—	—	—	—

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	Wednesday	2—4 p.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	Thursday Fortnightly	10—12 noon

The attendances at these ante-natal clinics were well maintained although they were slightly less than in the previous year. The ante-natal clinic held on the Birchwood Estate was much appreciated by the young mothers living in the area and arrangements were made to hold a weekly clinic as from January, 1967. The lack of a General Practitioner Obstetrician's surgery on the Birchwood Estate was a source of difficulty as not infrequently, an expectant mother failed to visit her own doctor after the initial booking visit due to the distance involved in travelling to his surgery.

The number of women who attended the ante-natal clinics and the total number of attendances made during the past three years are given in the following table:—

	1966	1965	1964
Total number of women who attended during the year	723	741	823
Total number of attendances	2525	2692	2922

The clinic premises at St. Helen's Church Hall continue to be unsatisfactory but it is hoped that the building of the new Boultham Clinic will be commenced during 1968.

Details of the number attending at each Ante-Natal Clinic during the year are given in the following table:—

	<i>Sessions</i>	<i>Seen by Doctor</i>	<i>*Total Attendances</i>
Newland Clinic	52	372	893
St. Helen's Church Hall ..	52	295	745
St. Luke's Church Hall ..	26	89	258
Ravendale Clinic	48	252	632
	<hr/> 178 <hr/>	<hr/> 1008 <hr/>	<hr/> 2528 <hr/>

* including post-natal visits (3)

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.

To give the best possible service to the expectant mother, it is essential that she attends early enough for this service to be implemented. It is also important that the General Practitioner, Midwife and the various Local Health Authority Services work as a team for the benefit of the women in their care. The completion of the co-operation card carried by each patient is evidence of the degree of co-operation achieved between all who are caring for the expectant mother. 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 doctor and midwife concerned and any abnormality discovered during attendance at the ante-natal clinic is referred to the general practitioner concerned 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:

	1966	1965
Total number of cases treated during the year.. ..	87	65
Total number of attendances	1030	725

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, 78 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:—

	1966	1965
National Dried Milk tins	7,606	8,048
Orange Juice bottles	21,343	21,255
Cod Liver Oil bottles	1,265	1,284
Vitamin A and D Tablets packets	1,741	1,959

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 Diocesan Board for Social Work 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 four cases, the same number as in the previous year. A grant of £350 was made by the Health Committee to the Lincoln Diocesan Board for the year 1966.

The number of illegitimate live births during 1966 was 113 (still births 4) compared with 123 in the previous year. This represents a rate of 8.71% of total live births registered, compared with a rate of 9.08% in the previous year.

Day Nursery

The average daily attendance at the Newland Day Nursery during 1966 was much the same as in the previous year being 38.6 compared with 38.3 in 1965. The average daily attendance throughout the year was as follows:—

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
31.8	34.6	43.6	45.2	43.1	42.1	38.4	33.2	38.9	37.7	39.9	34.2

The number of children on the register at the end of the year was 53.

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 qualified nurses employed in Lincoln Hospitals were also eligible for admission.

Three subnormal children and one physically handicapped child attended during the year. One left at Easter and now attends the Junior Training Centre and the others were still attending the Nursery at the end of the year.

The general health of the children was good and no major epidemics of infectious disease occurred during the year.

The training of Nursery Students continued and four students entered for the N.N.E.B. Certificate and were successful.

The number of students accepted for training was increased in September and three first year students commenced their studies at the Lincoln Technical College (2 days each week). Three second-year girls continued their studies at the Nottingham Nursery Nurses' Training Centre.

On 31st December, 1966, the staff of the Nursery consisted of:—

Matron

Deputy Matron

Warden

4 Nursery Nurses

6 Students (3 first year; 3 second year)

The scale of charges at the Nursery has remained the same for many years, the minimum charge being 1/6d. per day and the maximum charge 10/- per day.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

At the end of the year, one nursery and four child minders were registered under the above Regulations. The nursery is registered for 24 children and two of the child minders in fact run play groups in their own homes. At the end of the year, 18 children were being cared for by registered child minders.

Several registrations were withdrawn for various reasons and although a number of enquiries regarding registration were made during the year, few pursued the matter, especially when the applicants were informed that they could care for one child or two children from the same family without being liable for registration.

DENTAL SERVICE

Chief Dental Officer: G. A. VEGA, B.D.S.

Compared with 1965 the returns for 1966 show a drop in the number of attendances in the maternity service of 9.7%. This, however, is made up for by an increase in attendances of pre-school children of 14.9%. The overall increase in visits in both categories is 4.9%.

Treatment provided shows a corresponding decrease in the maternity section. Fillings are down by 11%, extractions by 4% compared with the previous year, while in the pre-school children an increase of 11% in fillings and 34% in extractions is to be noted. The ratio of teeth filled to teeth extracted in the under 5 age group is 5.9:1. This is an encouraging trend when one realises that 20.3% of the first visits in this age group are emergency cases.

The Maternity and Child Welfare Service also benefits from our Dental Health Education programme and lectures are given throughout the year to Stork Clubs, Toddlers' Clubs etc. The interest shown on the part of the mothers of the young children is most encouraging.

MATERNITY AND CHILD WELFARE

	<i>Children 0-4 inclusive</i>	<i>Expectant and Nursing Mothers</i>
First visit	285	115
Subsequent visits	369	218
Total visits	654	333
No. of additional courses commenced	10	12
Treatment provided		
No. of fillings	656	281
Teeth filled	559	237
Teeth extracted	94	183
General anaesthetics given	23	8
Emergencies	58	16
Patients X-rayed	4	14
Scaling and/or removal of stains	40	36
Teeth otherwise conserved	91	—
Teeth root filled	—	3
Inlays	—	—
Crowns	—	1
No. of courses of treatment completed during the year	196	111
Prosthetics		
Patients supplied with F.U. or F.L.		6
Patients supplied with other dentures		12
No. of dentures supplied		24
Inspections		
No. of patients given first inspection during year	251	103
No. of patients requiring treatment	210	98
No. of patients offered treatment	207	98
No. of sessions devoted to M.C.W. patients		141

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. I. K. Joyce resigned on 14th August and Mrs. R. M. Shields resigned on 5th November, 1966.

Miss J. Walker commenced duties on 1st June and Miss J. Seager on 1st August, 1966.

Refresher Courses and Further Training

The following midwives attended Refresher Courses during the year:

Mrs. R. M. Shields — Newcastle-upon-Tyne, 27th March — 2nd April.
Mrs. R. Park, Miss J. Ford — Hastings, 13th — 19th November.

Training of Pupil Midwives

The training of pupil midwives continued in 1966 in conjunction with the Lincoln Maternity Home. At the end of the year, six District Midwives were on the register of Approved District Teachers. Nine pupil midwives completed their training on the district during 1966 and at the end of the year five pupils were in training.

Tutorial classes are held weekly (usually of two hours duration) and these are conducted by the Non-Medical Supervisor of Midwives. Public Health Lectures were given by the Deputy Medical Officer of Health with the exception of the lecture on vital statistics in relation to perinatal mortality, which was given by the Medical Officer of Health.

During their time working in the field of domiciliary midwifery, the pupils are shown the parts played by the various members of the Public Health Team and the co-operation needed with other branches of the Health Department and the other Social Services. The pupils take part in the "Stork Club" sessions and each pupil is expected to give one of the short talks at these sessions, the subjects chosen being well within their knowledge at this stage of their training.

Transport

Of the midwives on the staff at the end of the year, two are car drivers, three use "scooters" and three ride bicycles. It is hoped that all the midwives will eventually be able to use a car for their work and until this is the case, it is the practice to allow midwives without cars to call on the Ambulance Service for transport during the hours of 10 p.m. to 7 a.m. if required to attend a patient living out of the area normally covered by them. It has been necessary on a few occasions, however, to provide transport during daylight hours, as it is impossible for all the equipment necessary for a delivery to be carried on a bicycle.

Notification of intention to practise

59 midwives notified their intention to practise in the area during the year 1966.

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

25 practised from Hospitals, 17 from Nursing 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 Lincoln births (live and still) occurring during the year 1966 was 1,324, of this number 475 were domiciliary births and 849 hospital confinements. Of the domiciliary births, 6 were delivered by a midwife in private practice and 2 by a general practitioner obstetrician. The number of births registered during the year (Registrar-General's figure) was 1317, compared with 1,367 in 1965 and 1,448 in 1964.

There was again a decrease in the number of cases attended by the District Midwives as shown in the following table:—

Cases attended by District Midwives

1961	..	..	..	618
1962	..	..	..	640
1963	..	..	..	593
1964	..	..	..	554
1965	..	..	..	518
1966	..	..	..	468

The midwives paid 12,169 visits during 1966, compared with 12,548 visits in 1965.

The reduction in the domiciliary confinements is due partly to the fact that there were fewer births in 1966 and to the fact that all patients "at risk" were booked for hospital delivery. The Matron of the Lincoln Maternity Home and her Staff have been most co-operative in accepting every expectant mother for whom the Medical Officer of Health has recommended hospital delivery, whether the reason be medical, obstetrical or social.

There were 19 stillbirths in 1966 compared with 13 in the previous year. The causes of these stillbirths appeared to be as follows:—

Toxaemia of pregnancy	..	7
Accidents of delivery	..	3
Foetal abnormality	..	4
Rhesus incompatibility	..	1
Placental insufficiency with no apparent reason	..	1
Cause unknown	..	3

There were also other causes listed as other probable causes, gross maternal obesity being responsible for the failure to diagnose disproportion in two of the cases of accidents of delivery.

Of the infant deaths, 12 occurred during the first week of life and the causes appeared to be:—

Prematurity	..	..	..	6
Birth injury	..	..	..	4
Rhesus incompatibility	..	..	..	1
Foetal abnormality	..	..	..	1

These causes are those which are thought to be mainly responsible for the deaths of these babies, but in many cases more than one probable cause of death is given. Prematurity is so often accompanied by asphyxia, pulmonary syndrome, cerebral haemorrhage and also occasionally by some degree of foetal abnormality. Toxaemia of pregnancy and prematurity are often associated. It is therefore clear that the way to reduce the stillbirth rate and the perinatal mortality rate in Lincoln is by early and more careful supervision of the expectant mother.

Home Help Service for Cases of Toxaemia

In May, 1966 a request was submitted to the Health Committee that domestic assistance be supplied free in certain cases of toxaemia of pregnancy. This request originated from Lincoln No. 1 Hospital Management Committee after attention had been drawn to the fairly high number of cases of toxaemia occurring in Lincoln.

As a result of this recommendation, the Health Committee decided that a free Home Help Service should be available to primiparae having treatment at home and multiparae having treatment at home or in hospital. The object of this scheme is to enable expectant mothers to have adequate rest either at home or in hospital, this being most essential in the case of toxaemia of pregnancy.

During the period that the Home Help Service is provided for women under treatment at home, the Local Authority midwife visits daily.

Since the commencement of this scheme, help has been given to six expectant mothers, at the request of the general practitioner obstetrician. The home helps attending such cases usually work from 8-30 a.m. to 4-30 p.m.; however, if despite this help the toxaemia should show signs of progressing, these expectant mothers can be transferred to the ante-natal unit at Dormer House, Nettleham Road for more intensive treatment.

Radio-Control

The most progressive step taken in recent years to improve the District Midwifery Service communications system has been the provision of radio-control. In December, 1966, each midwife was issued with a Pye "Pocket-fone" receiver and transmitter and the "base station" was installed in the control room of the Ambulance Station. The procedure now in operation is that a call for a midwife is first made by telephone to the midwife's house/flat and if there is no reply, the request is made to the Ambulance Station Control Centre. The midwife on duty for the particular area is then contacted by radio and if she is already attending a patient or is not available for any reason, the midwife on duty in the adjoining district is summoned. By this method, a midwife can be contacted within minutes of a call being received no matter at what time of day or night. As two of the ante-natal clinics are held in Church Halls where there is no telephone, the radio-system has proved very useful. The midwives are also able to transmit messages either to the Ambulance Station or direct to their colleagues — in an emergency, medical aid can be summoned without the midwife leaving the patient's side.

In the short time that the radio-control system has been in operation, the equipment has proved to be invaluable and it is considered that the expense involved in making this provision has been justifiable.

Analgesia

Trilene analgesia was administered by means of a Cyprane Inhaler in 372 cases; 39 cases where the doctor was present and 33 where he was not present. Pethidine was administered in 308 cases.

Chest X-ray of Expectant Mothers

Under the scheme started in 1954, all expectant mothers who had not had a chest X-ray during the year of the pregnancy or during the previous year were asked to attend for examination and these arrangements continued until October, 1966. However, this scheme was amended as a result of

instructions issued by the Sheffield Regional Hospital Board and as from 21st October, 1966, any expectant mother who has had B.C.G. vaccination at any time or has had a Chest X-ray examination within two years of attending the "booking" clinic is not advised to have an X-ray during her pregnancy. Women who have not had the B.C.G. vaccination or a Chest X-ray during the previous two years are still urged to attend the Chest Clinic for an X-ray examination.

The number of expectant mothers who attended for Chest X-ray during the year was as follows:—

Referred by General Practitioners	35
Referred by Local Authority Ante-Natal Clinics ..	137
Referred by Maternity Hospital Ante-Natal Clinics ..	364
	<hr/>
	536
	<hr/>

Of the 536 expectant mothers X-rayed, 150 lived outside the City.

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

Calcification, healed lesions, etc.	12
Obliteration of costo-phrenic angle	1
Rib abnormalities	3
Bronchiectasis	1
Old Tuberculous cases known to Chest Clinic	2
	<hr/>
	19
	<hr/>

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

1962	1963	1964	1965	1966
620	587	591	633	536

In addition, 26 women attended for a Chest X-ray during 1966 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 6 ante-natal beds at Dormer House and 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. This inadequacy necessitates the investigation of the social circumstances of women who have no medical or obstetrical reason for booking, when the quota of beds have been booked for the month concerned. During the year, 28 requests were made for environmental reports; of these, 14 showed that the social circumstances were suitable for the babies to be delivered at home and 14 showed adverse circumstances.

Early Hospital Discharge

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 tenth day after the birth of their babies must, according to the Rules of the

Central Midwives Board, be in the care of a midwife and they are therefore transferred to the care of the Local Authority Midwife in whose area they reside. The number of early hospital discharges during the past five years were as follows:—

1962	..	..	..	73
1963	..	..	..	116
1964	..	..	..	123
1965	..	..	..	134
1966	..	..	..	191

The number of visits required by each case varies considerably. Some of these mothers and babies return home after 48 hours, but the usual time is between the 5th and 7th day after delivery. This year, a record has been kept of the number of nursing visits paid by the Local Authority Midwives to these mothers and babies, and, in fact, 518 visits were paid during 1966.

Co-operation

It is fortunate that the relations between the Hospital Midwifery Staff and those of the Local Health Authority are as satisfactory as the human failings will allow. Access to information concerning expectant and delivered mothers is important to those concerned with their welfare and this information may be obtained from either the Hospital or Local Health Authority when needed. All reports received by the Local Health Authority are photographed and copies are then sent to the midwives, general practitioners and in some instances, to the hospitals concerned.

A further example of co-operation between the Local Health Authority and the Lincoln Maternity Home is that in the event of a home visit being necessary to a woman booked for delivery in the Maternity Home, this task is undertaken by the Local Authority Midwife for the area in which the patient resides. These visits are usually to give a course of intra-muscular iron therapy. During 1966, 126 such visits were paid by the District Midwives.

No progress was made during the year in the suggested scheme of attachment of the district midwives to general practitioner practices. It would appear appropriate to reconsider this matter when the general practitioners introduce some scheme of zoning of their practices.

Four meetings of the Lincoln and District Advisory Obstetric 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. The Non-Medical Supervisor of Midwives attended the International Congress of Midwives in Berlin, together with the Matron of the Lincoln Maternity Home.

Home Nursing Service for Premature Babies

Miss J. Seager, who joined the staff on 1st August, 1966, holds the certificate for premature baby care. Her appointment was initially as a Premature Baby Nurse/Midwife. In addition to carrying out midwifery duties on the St. Andrew's Area, she is responsible for the care of premature babies nursed at home. She is assisted by three of the district midwives who have also received special training in the care of these small babies — Miss J. Ford (St. Faith's area), Mrs. R. Park (Bracebridge area) and Mrs. G. M. English (Newport area).

During most of the year, these midwives were employed on a rota system to escort premature babies needing admission to hospital, during which journey the portable incubator is used. Since the radio-control system has been introduced, there is no longer a need for a rota system as the premature baby trained midwife on duty in the vicinity can be contacted at short notice.

The work of looking after these small babies involves teaching the parents how to care for them during the time the midwife is not there and this includes making them aware of the dangers of inadequate heating and the special needs of these babies, particularly the extra care and attention to cleanliness required in all its aspects.

Notification of Congenital Malformations

During the year, 20 babies born in 1966 were notified as having congenital malformations observed at birth and details of these malformations are as follows:—

Talipes	..	..	..	..	..	..	..	9
Harelip and cleft palate	..	..	..	..	..	..	..	2
Harelip	..	..	..	..	..	..	..	1
Hydrops foetalis	..	..	..	..	..	..	..	1
Mongolism	..	..	..	..	..	..	..	1
Exomphalus	..	..	..	..	..	..	..	1
Hydrocephalus	..	..	..	..	..	..	..	2
Cervical meningocele	..	..	..	..	..	..	..	1
Spina bifida	..	..	..	..	..	..	..	1
Renal agenesis	..	..	..	..	..	..	..	1
Diaphragmatic hernia	..	..	..	..	..	..	..	1
Hypospadias	..	..	..	..	..	..	..	1
Congenital heart disease	..	..	..	..	..	..	..	1
Other limb deformities	..	..	..	..	..	..	..	2

In some babies, multiple deformities were notified, hence the discrepancy in the number of babies notified as having congenital malformations and the various malformations listed above.

General Remarks

There was again a decrease in the number of births delivered by the district midwives. During the year, there were 16 sets of twins born in Lincoln and a large proportion, of these were initially booked for home delivery. It is the aim of all members of the staff that the mother should be delivered in the safest possible place for herself and her baby. Several women, therefore, including those having multiple pregnancies, were transferred to the Lincoln Maternity Home when some adverse condition was detected either during pregnancy or labour.

All mothers are advised by the District Midwives, usually on the 10th day post-partum, of the impending visit of the Health Visitor for the area in which the mother resides and also the nearest Infant Welfare Clinic. The availability of the cervical cytology investigation is also mentioned. The women are informed that should their general practitioner obstetrician not include this test in their post-natal examination, which he carries out six weeks after the baby's birth, she may, if she so wishes, contact the City Health Department for an appointment at the Cervical Cytology Clinic. A number of women have taken advantage of this information.

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).

Miss M. A. Bridge and Miss S. A. East completed their training as Health Visitors in July, 1966.

Mrs. J. Dunham commenced her training as a Health Visitor at Nottingham in October, 1966.

Post-Graduate Courses

Miss B. Lees and Miss G. J. Scott attended a course in Nottingham arranged by the Health Visitors' Association.

Retirements and Resignations

Miss K. Luke, Senior Health Visitor retired in January, 1966 after 23 years' service with the Authority.

Miss R. M. Crawford, Health Visitor, retired in October after 13 years' service and Miss P. Taylor, School Nurse, retired in February after 30 years' service with the Authority.

Mrs. M. Holroyd, Health Visitor (part-time) resigned in December, 1966.

Training of Hospital Student Nurses in the Social Aspects of Diseases.

Two lectures on preventive medicine and the social services are given by the Superintendent Nursing Officer to each intake of students in the Preliminary Training School.

In their third year of training, the students spend a morning with the Health Visitors, the Public Health Inspectors and the Home Help Organiser. They are also shown the Day Nursery, Nursery Schools, Old People's Homes, the Adult and Junior Training Centres and some aspects of the School Health Service. With the implementation of the new syllabus of Nurse Training, it is envisaged that in 1967, the students will be able to spend a whole day with the staff of the Health Department.

Home Visiting

"The secret of Public Health is in the homes of the people." This was said by Florence Nightingale nearly 100 years ago and is as true today as it was then. The importance of home visiting cannot be overestimated. The slow, sometimes tedious, often unrewarding, occasionally encouraging dissemination of health education bears fruit, if not in this generation, in the next. The Health Visitor must take a long view — she is the family visitor and has a duty not only to the mother and child, although they are her first consideration, but to the school child, the teenager and the grandparent — she knows her families "for better or worse, in sickness and in health" and is thus able to recognise any deviation from the normal, whether physical or mental, and to take steps to prevent if possible, any deterioration in the family situation.

Routine screening tests are carried out for the detection of Phenylketonuria and for children considered to be "at risk". No positive result has so far been

discovered for the former, and for the latter, out of 228 hearing tests performed on children under 5 years, 2 were referred to the E.N.T. Consultant and 17 are being kept under observation. At the end of the year 441 children were on the "at risk" register.

During 1966, 20 British Standard Fireguards were fitted into Corporation houses under the special arrangements whereby tenants agreeing to weekly payments can have them fixed free of charge. It is gratifying to note that 16 of the 20 tenants were resident in areas of the City where perhaps co-operation in this respect would not be expected.

Part of the Health Visitors' work is to educate mothers regarding the importance of vaccination and immunisation of young children. Now that many infectious diseases are becoming increasingly less common, the need for health education measures to prevent them by immunisation is all the more necessary.

Details of the visits paid by the Health Visitors during 1966 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 1966	1,262	4,284
Children born in 1965	944	2,799
Children born in 1961-64	2,599	5,791
Total	4,805	12,874
Persons aged 65 years or over	70	131
Mentally disordered persons	6	23
Persons, excluding Maternity cases, discharged from hospital	3	6
Expectant Mothers	197	231
Visits to other cases	—	1107
Total visits		14,372

Health Education

Health Education has continued on similar lines as in previous years. It has not been possible to increase the scope of Health Education to groups of all ages, although there is a vast potential for this type of work, particularly amongst the teenage and young adult population. One Health Visitor teaches weekly in a Girls' Secondary Modern School and she also gave occasional talks to pupils at another Secondary Modern School. It has not been possible to extend this teaching to other schools, but the Health Department staff are always willing, if invited, to give a talk or lecture on some aspect of health.

The film "To Janet a Son" was shown on two occasions in the evening to young married couples. This was much appreciated and approximately 70 men and women attended at each showing.

Mothercraft Classes — The Stork Clubs

"The Stork Clubs", three in number, continue to be very popular and the attendances during 1966 were as follows:—

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Newland (Monday) ..	114	17	791
Newland (Thursday) ..	58	18	1094
Ravendale (Wednesday)	17	7	371

Mothers' Clubs

The Mothers' Clubs held at Ravendale Clinic, "Beaumont House", Beaumont Fee and Hartsholme Church Hall are increasingly popular. They consist of groups of lively young women, interested in family life and anxious to bring up their children in the best possible manner. It is encouraging to note the enthusiasm with which the Officers and Committee members arrange the programme and organise the meetings. 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.

During 1966, the attendances at these Clubs were as follows:—

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Ravendale	66	38	535
Central "Beaumont House"	76	44	745
Swanpool Hartsholme Church Hall	67	52	791

Problem Families

Work with problem families continues unremittingly and, it seems, often with very little result. Close co-operation exists between various agencies and departments concerned with these families so that as far as possible overlapping of visiting is avoided and the number of visitors involved is limited. The number of families with whom Social Workers are actively engaged is 93, of these approximately 20 are considered to be potential problem families.

The Social Workers Co-ordinating Committee meets every two months under the Chairmanship of the Medical Officer of Health. Officers of the following Corporation Departments attend — Children, Education, Health, Housing and Welfare — together with representatives of the Ministry of Social Security, Ministry of Labour, the Probation Service, National Society for the Prevention of Cruelty to Children, Lincoln Diocesan Board for Social Work, Hospital Almoner Service and the Women's Voluntary Services. Six meetings and one Sub-Committee meeting were held during the year and the problems associated with twenty families were discussed at these meetings.

One problem which the Committee have continually to face is that certain families although in receipt of an allowance from the Ministry of Social Security, which includes an amount for rent, repeatedly fail to keep up their rent payments and are therefore evicted. It would surely be in the interests of these families, if the allowance for rent were paid direct by the Ministry of Social Security to the house owner, which is usually the City Council, and the majority of evictions from Council houses would then be avoided.

Four families were supplied with a Home Help Service free of charge for varying periods during the year. Many more families would no doubt benefit from such assistance but it is not possible to extend this free service due partly to lack of funds, and also due to the difficulty in recruiting suitable persons willing and able to undertake these onerous duties for any length of time.

HOME NURSING

Superintendent Nursing Officer: MISS E. M. DAY

Staff

There were no staff changes during the year and the establishment remained the same as in the previous year, viz: 14 full-time nurses (four of whom are men) and one part-time nurse.

Post-Graduate Courses

Mrs. N. Smith, Mrs. A. Howlett, Miss J. Barsley and Mr. W. Briggs all attended a Course in London arranged by the Queen's Institute of District Nursing. They found this Course to be most interesting and stimulating. Great benefit is derived by the opportunity of discussion with nurses from all over the Country as to methods, treatments and organisation employed by other local authorities.

General Remarks

The general pattern of the District Nursing Service remains unchanged and the type of patient nursed at home remains fairly constant. With the introduction of pre-sterilised syringes and pre-sterilised dressing packs, the latter being obtainable on prescription by the general practitioner, a more efficient and up-to-date service can be given to the patients. Boiling of syringes and needles in a saucepan and baking of dressings in an oven has now, except in an emergency, been virtually eliminated.

The following table shows that there was a slight increase in the number of cases attended (1,245 compared with 1,227 in the previous year) and also a slight increase in the number of visits paid by the Home Nurses:—

	1966	1965	1964
No. of cases attended by the Home Nurses ...	1,245	1,227	1,188
No. of visits paid by the Home Nurses ...	32,815	32,514	32,209
No. of patients aged under 5 at time of the first visit	21	19	22
No. of patients aged 65 years and over at time of first visit	861	765	686

The issue of pads for incontinent patients being nursed at home is now a daily occurrence. Pads are usually collected from the Health Department by relatives or friends of the patient, but in some cases, the pads are delivered by the District Nurses. During 1966, over 120 persons were issued with these pads and five persons were issued with protective clothing following receipt of Ministry of Health Circular 14/66, dated 18th August, 1966, in which local health authorities were empowered to provide protective clothing for any incontinent person who would find such clothing of benefit. To date, with the exception of one case, the disposal of soiled pads has presented no difficulty. However, the installation of an incinerator at the Maternity and Child Welfare Centre, Newland during 1967 will, it is hoped, help to solve any difficulties regarding disposal which may occur in the future.

Marie Curie Memorial Foundation Day and Night Nursing Service

At the end of the year, five State Registered Nurses and one Nursing Auxiliary were employed by the Foundation for the nursing of patients in their own homes at night. During 1966, 33 patients were nursed at home and of these 6 were finally admitted to Hospital. (In the previous year, 23 patients were nursed). All the patients helped by this Service were in the terminal stage of their illness. The Local Authority's District Nurses continued to nurse these patients during the day-time and the provision of a nursing service at night meant that the majority were able to remain in their own homes instead of being admitted to Hospital. The Council made a grant of £250 to the Memorial Foundation during 1966/67.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

Following Ministry of Health advice, records of vaccination against Smallpox are no longer kept by the Health Department for persons over sixteen years of age.

This Annual Report is the third in which it has been possible to compare numbers of primary vaccination in children with the previous policy of primary vaccination in infancy. With the present policy, fewer children are being vaccinated — this is regrettable. There has, however, been an encouraging rise between the 1964 vaccination figure (321) and 1966 (549). Nevertheless, fewer children are being vaccinated as attendances at Infant Welfare Clinics become less frequent as a child grows older.

A summary of the vaccinations carried out during 1966 is as follows:—

Vaccinations	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1966 Total</i>
By Local Health Authority's Staff	6	402	39	447
By General Practitioners ...	15	147	71	233
TOTALS	21	549	110	680
Re-vaccinations				
By Local Health Authority's Staff	—	6	18	24
By General Practitioners ...	—	11	89	100
TOTALS	—	17	107	124

Combined Immunisation against Diphtheria, Whooping Cough and Tetanus

The programme for immunisation against Diphtheria, Whooping Cough and Tetanus remained unchanged in 1966. The primary course consists of a total of four injections given at the 4th, 5th, 6th and 16th month of life. A "booster" injection, without the Whooping Cough antigen is given when the child enters School, and the ready co-operation of head teachers and staff in the arrangements for carrying out the immunisation programme at schools is much appreciated.

This programme of immunisation is, of course, altered to suit any individual case (e.g. if parents prefer single antigens or if there has been delay due to illness).

The number of children immunised in 1966 shows no significant change from the number in 1965, as will be seen from the following table:—

Primary Courses Completed				<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1966 Total</i>	<i>1965 Total</i>
<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...			-	-	4	4	7
Diphtheria-Tetanus	...			5	9	47	61	98
Diphtheria-Tetanus-Pertussis	...			746	135	2	883	820
<i>By General Practitioners:</i>								
Diphtheria-Tetanus	...			-	1	1	2	4
Diphtheria-Tetanus-Pertussis	...			289	50	7	346	318
Diphtheria-Tetanus-Pertussis-Polio	...			-	-	-	-	8
Totals	...	...	...	1040	195	61	1296	1255
Re-inforcing Injections								
<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...			-	-	15	15	49
Diphtheria-Tetanus	...			-	36	658	694	714
Diphtheria-Tetanus-Pertussis	...			-	778	7	785	760
<i>By General Practitioners:</i>								
Diphtheria Immunisation only	...			-	-	3	3	-
Diphtheria-Tetanus	...			-	12	19	31	17
Diphtheria-Tetanus-Pertussis	...			-	150	55	205	235
Diphtheria-Tetanus-Pertussis-Polio	...			-	-	-	-	7
Totals	...	...	...	-	976	757	1733	1782

In an effort to immunise a high proportion of the community, the scheme of home immunisations was continued. Where families are unable to attend an infant welfare clinic or their own general practitioner, a medical officer and health visitor visit the home. This service is greatly appreciated by hard-pressed mothers and is a means of reaching those families who have been most resistant in the past to immunisation propaganda.

Immunisation against Tetanus only

Tetanus immunisation was again offered to primary school children who had not been immunised in infancy, but this number remains small since triple antigen (i.e. antigen containing tetanus toxoid) is almost exclusively used in the immunisation of infants.

Good co-operation exists between the Casualty Department of the County Hospital and the Health Department. It is a simple matter for the state of immunisation of a casualty to be given from the Health Department records to the Casualty Officer. He then decides whether the casualty's immunity is satisfactory and in this way, the use of anti-tetanus serum is kept to a minimum. The Casualty Department informs the Health Department of any tetanus immunisations carried out in the hospital, so that any future immunisation procedure may be modified if necessary.

The following table shows the number of children immunised against Tetanus and receiving booster injections during 1966:—

Primary Courses Completed:				<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1966 Total</i>	<i>1965 Total</i>
By Local Health Authority's Staff				-	-	23	23	32
By General Practitioners				-	-	4	4	5
Totals	-	-	27	27	37
Re-inforcing Injections:								
By Local Health Authority's Staff...				-	1	9	10	11
By General Practitioners				-	-	17	17	12
				-	1	26	27	23

Poliomyelitis Vaccination

It is some years since there was any shortage of Poliomyelitis vaccine and during 1966 supplies of Sabin Oral vaccine were readily available. Salk type vaccine for injection continued to be available on request but the demand for this type of vaccine is now almost non-existent and when the Department's present small stock is exhausted it will not be replenished.

During the Spring and Summer school terms, children in their first year at school were offered a re-inforcing dose of Polio vaccine and 631 children were given a dose of Oral vaccine in school. It is now considered that there are no medical objections to the concurrent administration of Oral Polio vaccine and Diphtheria/Tetanus vaccine and this was done for the first time in 1966. Some of the practical advantages of being able to carry out both vaccinations at one visit being a considerable saving of time, easier clerical work and the minimum disruption of the school's normal routine.

There was no outbreak of Poliomyelitis either nationally or locally and for this reason no open vaccination sessions were arranged, experience having shown that the public do not attend such sessions unless Polio is "in the news". In any case, more than 44,000 people in Lincoln have now been given a primary course of Polio vaccination and there cannot be very many in the age groups most likely to contract the disease who have not had some protection.

The manufacture of quadruple vaccine (Diphtheria/Tetanus/Pertussis/Polio) was discontinued during the year. This type of vaccine was never used by the Department as it was considered to be not wholly satisfactory, apart from being too costly for routine use. The few General Practitioners who used quadruple vaccine when it was first introduced had reverted to the use of Triple Antigen and Oral Polio vaccine even before the manufacture of quadruple vaccine ceased.

The table given below shows the number of persons under the age of 16 given (I) Complete Primary Courses and (II) Reinforcing doses during the year. In addition to these, 151 persons over the age of 16 completed primary courses and the total number of persons given a complete primary course of vaccination since the scheme started is 44,288.

POLIOMYELITIS VACCINATION YEAR ENDED 31st DECEMBER, 1966 Vaccination of Persons under Age 16 Completed during the Year

Table I — Primary Courses Completed

		Year of Birth					Others under Age 16	Total
		1966	1965	1964	1963	1959-62		
By Local Authority	Salk	—	1	—	—	—	—	1
	Sabin	113	627	92	27	78	7	944
By General Practitioners	Salk	—	—	—	—	—	—	—
	Sabin	62	181	28	10	22	6	309
Totals		175	809	120	37	100	13	1254

Table II — Reinforcing Doses

By Local Authority:	Salk	—	—	—	—	—	—	—
	Sabin	—	1	2	1	610	21	635
By General Practitioners:	Salk	—	—	1	—	—	—	1
	Sabin	—	1	19	4	32	9	65
Totals		—	2	22	5	642	30	701

151 persons of 16 years and over completed primary courses during the year
Total number of persons of all ages given primary courses, 44,288.

Vaccination and Immunisation of Children — Lincoln figures compared with National figures

The following table supplied by the Ministry of Health shows the percentage of Lincoln children vaccinated together with the equivalent national figures:—

	<i>Children born in 1965</i>			<i>Smallpox (children under 2) (4)</i>
	<i>Whooping Cough (1)</i>	<i>Diphtheria (2)</i>	<i>Poliomyelitis (3)</i>	
Lincoln	77	77	74	30
England and Wales ...	72	73	68	38

The figures in columns (1) — (3) are calculated to show the percentage of children born in 1965 who have been vaccinated at any time.

Column 4 includes only children who were vaccinated during 1966 and were under 2 years old at the time, and is calculated as a percentage of children born during 1965. This is considered to give a reasonable estimate of the proportion of young children being vaccinated against smallpox.

AMBULANCE SERVICE

Ambulance Officer: V. R. NORTH

During 1966, the ambulance service carried a total of 40,055 patients; in addition, 633 non-patient carrying journeys were undertaken. Mileage involved in this work totalled 152,752.

Patients carried, for whom the Lincoln Authority was responsible, again increased, from 35,109 in 1965 to 39,716 in 1966, an increase of 4,607 patients. Mileage for this work increased by 11,449 miles, from 136,055 in 1965, to 147,504 in 1966.

The steady increase in the work of the service which has been apparent during the past few years continued during 1966, resulting in an increase of 13.1% in the number of patients and 8.4% in mileage during the year. This severe increase was no doubt due to the number of patients carried to the 'day unit' at St. George's Hospital, to which an average of 20 are taken daily, a total of 3,523 patients in the year. A further notable increase during the year was the number of patients transported to and from the Chiropody Clinic, 422 patients during 1966 against 306 in 1965, an increase of 116 patients; mileage for this work increased by 745 miles.

The type of case carried to the 'day unit' strain the resources of the service to the limit, over 80% are double handed sitting cases requiring the attention of two men, and often need help 'getting ready' for the journey. The increase in the number of ambulance cases carried during the year, 16,424 against 12,984 in 1965, an increase of 3,440 was caused by this type of patient.

Emergency work carried out on behalf of the Lindsey Authority persistently increases year by year, therefore during the year it was thought the time was appropriate for a re-appraisal of the agreement between the two authorities. After negotiation it was agreed that, from the 1st of October, 1966 the Lindsey Ambulance Service should be responsible for the county area to the north of the City previously covered by the Lincoln Service for emergency cases, and any assistance required by the county service would be

provided and charged on a mileage basis. During the first three months the agreement was in operation the Lincoln service was called upon for aid in 16 emergencies, covering 215 miles in these operations.

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>	1966		1965		1964	
Ambulance	16740	(16424)	13316	(12984)	11839	(11527)
Sitting	23315	(23292)	22204	(22125)	23034	(22966)
TOTAL	40055	(39716)	35520	(35109)	34873	(34493)
<i>Miles</i>						
Ambulance	69449	(64958)	62155	(57369)	56161	(52156)
Sitting	83303	(82546)	80078	(78686)	81287	(80067)
TOTAL	152752	(147504)	142233	(136055)	137448	(132223)
<i>Miles per Patient</i>	3.813	(3.713)	4.000	(3.875)	3.941	(3.833)

Out of Town Journeys						
1966				1965		
Miles	50/100	100/200	200/300	50/100	100/200	200/300
Journeys	262	94	10	275	64	17

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	147	362	72	2869	3450
February	142	384	61	2323	2910
March	133	379	74	2918	3504
April	138	331	72	2489	3030
May	163	392	66	2731	3352
June	178	337	68	2819	3402
July	137	343	65	2620	3165
August	115	393	48	2728	3284
September	135	300	53	2980	3468
October	115	333	51	2910	3409
November	107	349	45	3196	3697
December	108	347	49	2880	3384
TOTALS	1618	4250	724	33463	40055

The percentage for each section to total cases moved is:

				%
(a) Emergency	..	..	..	4.039
(b) General	..	..	..	10.610
(c) Maternity	..	..	..	1.809
(d) Out-Patients	..	..	..	83.542
				<u>100.000</u>

Case Type				1966		1965	
				Number	Miles	Number	Miles
LINCOLN							
Street Accidents	...	...		701		677	
Home Accidents	...	...		219		166	
Street Illness	...	...		247		247	
Home Illness	...	...		1970		1926	
Mental Illness	...	...		72		59	
Out-Patients	...	...		33453		29048	
Maternity Cases	...	...		643		617	
Infectious Cases	...	...		15		9	
Hospital Transfers	...	...		1364		1333	
Hospital Discharges	...	...		1032		1027	
Totals	...	...		39716	147504	35109	136055
LINDSEY							
Street Accidents	...	...		97		127	
Home Accidents	...	...		5		17	
Street Illness	...	...		12		10	
Home Illness	...	...		101		84	
Mental Illness	...	...		2		1	
Out-Patients	...	...		6		15	
Maternity Cases	...	...		80		128	
Infectious Cases	...	...		-		-
Hospital Transfers	...	...		2		1	
Hospital Discharges	...	...		1		-	
Totals	...	...		306	4474	383	5522
OTHER AUTHORITIES							
Street Accidents	...	...		11		-	
Home Accidents	...	...		2		-	
Street Illness	...	...		-		-
Home Illness	...	...		7		2	
Mental Illness	...	...		-		-
Out-Patients	...	...		4		15	
Maternity Cases	...	...		1		5	
Infectious Cases	...	...		-		-
Hospital Transfers	...	...		1		1	
Hospital Discharges	...	...		7		5	
Totals	...	...		33	774	28	656
NON-PATIENT CARRYING JOURNEYS: MILEAGE INCLUDED IN ABOVE TOTALS							
Analgesia	...	...		2		8	
Midwives	...	...		193		269	
Abortive	...	...		254		186	
Service	...	...		184		124	
Totals	...	...		633		587	

Staff

At the start of the year the number of hours in the working week was reduced from 42 to 40, also during the year a number of staff by reason of long service qualified for extra holiday, therefore, in order to compensate for the loss of man hours the establishment was increased by two driver/attendants.

Mr. R. Herbert, a shift leader with many years ambulance experience and a valued member of the staff, died during the year after a long illness and his place was filled by Mr. D. Scott. At the end of the year the full establishment was as follows:—

Ambulance Officer	1
Deputy Ambulance Officer ..	1
Female Clerk	1
Female Clerk/Telephonist ..	1
Shift Leaders	5
Driver/Attendants	24
	—
TOTAL STAFF	33
	—

Illness

Illness among the staff was rather heavy during the year and 281 days were lost due to sickness involving 24 men.

Training

Lectures and practical demonstrations were made available to members of the staff in many subjects allied to ambulance work, and a number of men undertook first aid refresher courses in accordance with service requirements.

Competitions

Once again all members of the staff were entered in the National Safe Drivers Competition, and awards for 1965 were presented at the ambulance station to those drivers who had qualified.

A team from this service again entered the competition organised by the National Association of Ambulance Officers. Fourteen teams from authorities in Yorkshire, Lincolnshire, Leicestershire, Nottinghamshire, and Derbyshire took part in the competition held at Grimsby, these teams are the elite of the authorities they represent and the competitive standards are extremely high. The team from this service, although unsuccessful, are to be commended on the excellent effort they produced in gaining fourth place in the team test and sixth place in the overall markings.

Equipment

Equipment used in the day to day working of the service was maintained at a high standard throughout the year and no problems were encountered.

The following equipment, held at the ambulance station in a constant state of readiness, is used in the conveyance to hospital of babies requiring oxygen on the journey:—

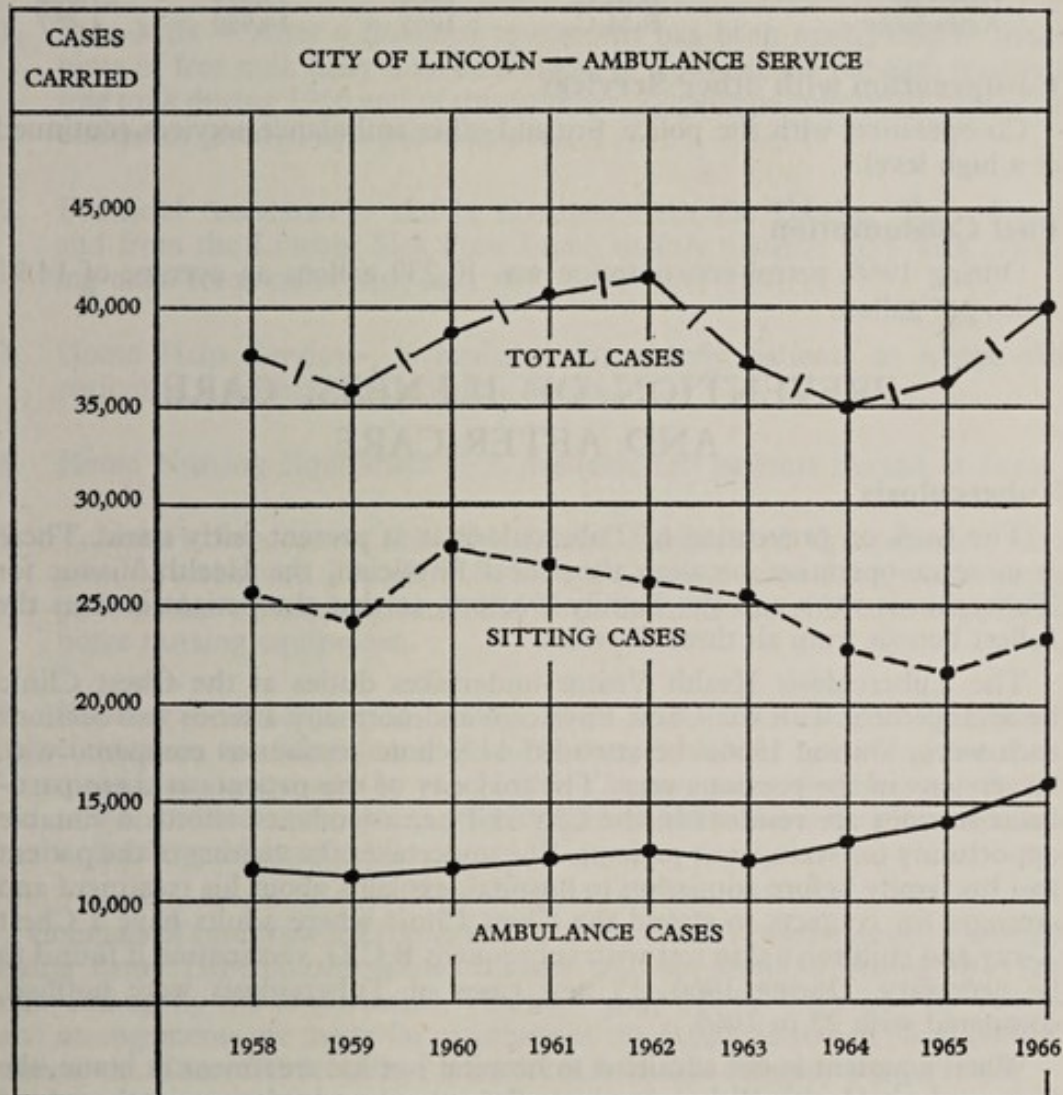
1. An 'Oxygenaire Oxycot' for the use of babies up to six months.
2. A portable incubator, supplying the necessary oxygen concentration and humidity conditions. This incubator is thermostatically controlled and is designed to maintain its heat from the electrical supply of the vehicle during the journey.

Patients Carried by Rail

Railway facilities were used in conveying 83 patients an estimated 6,652 miles.

Transport of Chiropody patients

During the year 422 patients were transported to and from the Chiropody Clinic at Beaumont Lodge, an increase of 116 patients. Mileage increased by 745 to 2,701 miles, this mileage includes 35 abortive journeys.



Vehicles

Many anxious periods were experienced during the year due to a shortage of ambulances, particularly when vehicles were out of town or under repair.

From the statistics of work shown in the preceding chapters, it may be seen that the demand for ambulance transport increased to such a degree that serious problems of supply were encountered. This shortage is particularly evident during the morning and afternoon peak periods when ambulance cases are in the majority.

There were no vehicles replaced during the year, but a carefully planned programme ensured the fleet being maintained at a high standard and no serious breakdowns occurred.

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

<i>Type</i>	<i>Make</i>	<i>Year</i>	(1966) <i>Mileage</i>	(1965) <i>Mileage</i>
Ambulance	Bedford	1958	128,866	113,262
Sitter	Bedford	1958	133,686	124,620
Ambulance	B.M.C.	1960	99,918	83,566
Ambulance	B.M.C.	1961	65,458	56,754
Ambulance	B.M.C.	1962	53,369	38,073
Sitter	B.M.C.	1962	63,920	50,530
Dual Purpose	B.M.C.	1962	62,867	47,927
Hire Car	B.M.C.	1963	72,704	53,014
Hire Car	B.M.C.	1964	53,899	27,682
Ambulance	B.M.C.	1965	14,950	1,457

Co-operation with other Services

Co-operation with the police, fire and other ambulance services continued at a high level.

Fuel Consumption

During 1966, petrol consumption was 10,239 gallons an average of 14.91 miles per gallon.

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 1966, she attended 112 clinic sessions as compared with 98 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 1966, 13 new cases of Tuberculosis were notified, compared with 22 in 1965.

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 1966, the Tuberculosis Health Visitor paid 169 domiciliary visits, compared with 222 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. 25 patients received free milk during 1966 and of this number, 22 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.

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 3 cases in this category during 1966.

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

"The work of the Chest Unit during the year under review has altered little from the few preceding years. The decline in Tuberculosis has resulted in fewer attendances by patients suffering from this disease but this has been offset by the number of attendances of patients suffering from other chest diseases, *i.e.* Asthma, Bronchitis, Bronchiectasis, Cardiac failure and Carcinoma of the lung. The number of cases of the latter does not, unfortunately, show any signs of decreasing.

I should like to make reference to the co-operation I have had from your department during the year."

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 1966 was 102 as compared with 122 in the previous year.

School Children Scheme

Vaccination of school children in the 13-14 years age group was continued in 1966 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 1966 was 89%.

The following table gives details of the numbers dealt with during 1966:

Number skin tested	..	..	1152
Number found positive:			
Heaf grades 1 and 2	..	..	85
Heaf grades 3 and 4	..	..	21
Number found negative	..	..	988
Number vaccinated	..	..	987

The number found positive was 9.7% of the number tested, as compared with 7.6% the previous year.

The Heaf positive reactors were graded in accordance with the degree of the reaction. Grades 1 and 2 children were referred to the Mass Radiography Unit in February, 1967. All except three children attended and results were as follows:—No evidence of disease 77, Notified Pul. Tub., 1; found to have had previous B.C.G. (not X-rayed), 4; Grades 3 and 4 children 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	..	..	..	15
Signs of old healed lesions (no further action)	..			3
Suspicious findings on X-ray followed up by Chest Physician	..	..	..	2
Known contact, not X-rayed	..	..	..	1
				—
				21
				—

MASS RADIOGRAPHY

The Lincolnshire Mass Radiography Unit paid a visit to the City from 25th January to 25th February, 1966 and public sessions were held on the Thornbridge Car Park.

The total number of attendances during this survey was 8,134 compared with 11,476 during 1965.

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	3814	4320	8134
No. recalled for large films	36	39	75
No. referred to Chest Clinic	17	11	28
No. of cases of Pulmonary Tuberculosis requiring close clinic supervision or treatment	1	1	2
No. of cases of Pulmonary Tuberculosis requiring occasional supervision	3	1	4
Bronchiectasis	1	1	2
Neoplasm, malignant	2	1	3
Neoplasm, non-malignant	-	-	-
Cardiac abnormality	2	1	3
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 a 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 1966 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 section F(i) of Forms B.D. 8 recommends:—				
(a) No treatment ...	1	-	-	20
(b) Treatment (Medical, surgical or optical) ...	5	-	-	2
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	-	-	-	2

B. OPTHALMIA NEONATORUM

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

After-Care of Patients following discharge from Hospitals

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

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

Provision of Nursing Equipment and Apparatus

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

During the year 583 patients were assisted and 1057 articles of equipment were issued. The comparable figures for 1965 were 524 patients assisted and 967 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 1966 are as follows:

Air rings..	..	..	..	..	..	75
Bath seats	..	..	..	..	..	6
Bath grips	..	..	..	..	..	1
Bed cages	..	..	..	..	..	40
Bed pans	..	..	..	..	..	178
Bed rests	..	..	..	..	..	147
Bed block (sets) ..	..	..	..	..	..	3
Bed tables	..	..	..	..	..	4
Bedsteads	..	..	..	..	..	13
Commodes	..	..	..	..	..	88
Crutches (pairs)	..	..	..	..	..	12
Dunlopillo cushions	..	..	..	..	..	28
Dunlopillo mattresses	..	..	..	..	..	6
Feeding cups	..	..	..	..	..	25
Fracture boards (sets)	..	..	..	..	..	10
Hoists	..	..	..	..	..	2
Mackintosh sheets	..	..	..	..	..	211
Mattresses	..	..	..	..	..	12
Tripod Walking Sticks..	..	..	..	..	..	33
Urinals	..	..	..	..	..	110
Walking Sticks	..	..	..	..	..	6
Wheel chairs	..	..	..	..	..	47
						<hr/>
						1057
						<hr/>

CHIROPODY SERVICE

The Chiropody Clinics are held at "Beaumont Lodge", Beaumont Fee and the majority of patients manage to make their own way to the Clinic. 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 provided for those patients who are unable to attend the Clinic even with the aid of transport and for those over 85 years of age.

The demand for chiropody treatment was greater than ever during 1966 and there is no doubt that the service generally is greatly appreciated. It had been apparent for some time that the existing staff of two full-time chiropodists was insufficient to cope adequately with the number of patients already on the books and it was therefore decided to appoint an additional full-time chiropodist. Mr. R. W. Savage, S.R.Ch. was appointed to fill the vacancy as from 29th December, 1966 and prior to this date, a part-time chiropodist was employed for three sessions per week. The interval between treatments for existing patients was gradually reduced from approximately 13 weeks at the beginning of the year to 9 — 10 weeks at the end of the year.

Every effort was made to keep within reasonable limits the number of patients receiving domiciliary treatment and in cases where it was felt that, with the aid of transport, patients could attend the clinic, they were encouraged to do so. That these methods were to some extent successful is demonstrated by the fact that home visits decreased by 200 in 1966 as compared with 1965.

The examination and treatment of school children for verrucae was again continued, a total of 2,020 examinations and treatments being carried out at schools and in the clinic. In the treatment of verrucae it is usually necessary to see an individual child at regular intervals over a number of weeks, each treatment taking a few minutes only; it is thus possible to treat a large number of children in a comparatively short time and the fact that 2,020 treatments were given to children should not be taken to imply that the same number of treatments could have been carried out on elderly patients, most of whom require a full thirty minutes. Many school children require chiropody treatment quite apart from verrucae but a further increase in staff would be needed before such work could be undertaken.

In order to accommodate the additional chiropodist, it was necessary to provide extra clinic facilities and equipment and it is now possible for all three chiropodists to work in the clinic at the same time. The present arrangements are not ideal, particularly in regard to waiting room accommodation, but are the best which can be provided in the space available.

The following table gives the details of attendances and income received from patients during 1966:—

	<i>No. of Sessions</i>	<i>Total Attendances</i>	<i>Average Attendances per Session</i>	<i>Total Receipts</i>
Morning Clinics	359	2402	6.6	£417 19s. 6d.
Afternoon Clinics	247	1572	6.3	
Home Visits		1241		£113 19s. 6d.
Examination and treatment of school children				£531 18s. 0d.
at school and clinic ... ..	...	...	2020	
Clinic appointments not kept ... ..	...	...	337	

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 1966, 179 vaccinations were carried out and the persons were from the following areas:

Lincoln	39
Lindsey County	59
Kesteven County	53
Holland County	11
Nottinghamshire County	13
Other areas	4
	<hr/>
	179
	<hr/>

HEALTH EDUCATION

The Health Education programme continued on similar lines and little expansion is likely unless increased financial provision is made. However, the appointment of a full-time Dental Health Education Officer during the year and the proposal to appoint a part-time Health Education Officer in 1967 are steps to providing a more comprehensive Health Education Service.

The Health Visitors in their visits to homes and their work in clinics continued to carry out the all important but non-spectacular programme of Health Education. The mothercraft classes conducted at the Maternity and Child Welfare Centre, Newland and the Ravendale Clinic, Laughton Way continued to be well attended as were also the three Mothers' Clubs, however, their usefulness is diminished by the fact that young mothers who most need advice are often the ones who fail to attend.

As far as possible, health education posters and display materials were presented at a time when it was thought they would have the greatest impact — during the summer months the emphasis was on food hygiene and food poisoning whilst during the winter, burning accidents and the need for adequate fire guards received attention.

In June, a special campaign was organised by the Home Safety Committee with its theme "Lock up your Medicines" and a Special Exhibition was held at the Public Library.

Frequent requests have been received for talks to be given by the Health Department Medical Staff on "Fluoridation of the Public Water Supply". These requests have proved rather an embarrassment in view of the Council's repeated rejection of the Health Committee's recommendation that fluoride should be added to the public water supply. However, the Medical Officer of Health, Deputy Medical Officer of Health, Superintendent Nursing Officer, Home Help Organiser, Chiropodist, Public Health Inspectors and the Dental Clinic staff have given talks to various organisations during the year on a variety of topics. A further course on Food Hygiene for food handlers was arranged by the Lincoln Technical College and lectures were given by a Public Health Inspector.

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

Despite the repeated propaganda on the dangers to health due to smoking, the total number of cigarettes smoked shows little change and the rising number of deaths due to cancer of the lung appears to have little salutary effect on those addicted to smoking. However, continued efforts must be made by those involved in Health Education to discourage young people from forming the smoking habit. Those concerned in this work viewed with regret the Government's decision not to enforce "No Smoking" in public places.

WOMEN'S CYTOLOGY CLINIC

As mentioned in my introductory letter to the Annual Report for 1964, a Cytology Clinic for the early detection of cancer of the cervix was started in Lincoln on 8th December, 1964 and from the outset, this clinic has met with outstanding success. For nine months, one session only was held each week but as the number of requests for an appointment became so great, a second weekly session was started on 6th September, 1965, and a third session on 29th November, 1966.

The staff of each clinic consists of a Medical Officer, Nurse and Clerk (all female) and women are seen by appointment, thus ensuring little, if any, delay. When making application, patients are asked to state whether they would prefer to attend a clinic held in the morning or evening and an appointment is given according to the preference stated. Many of the women wishing to attend the clinic are resident in districts adjacent to the City in the areas of the Lindsey and Kesteven County Councils. However, by arrangement with the County Councils, no woman is refused an appointment because she lives outside the City and payment is made by the County Councils for this service being provided by the Lincoln City Council.

Breast examination is also carried out at this Clinic. The women attending are asked to undress and if they have not brought a dressing gown with them, a "shift" is issued. The maximum number seen at any clinic session during the year was 22 and the policy has been to adhere to an appointment system in preference to "open sessions" at which, no doubt, very large numbers of women would attend. Many letters of appreciation have been received from women who have attended this Clinic.

Publicity regarding these clinics by the Lincoln Health Department has been minimal as the various Women's Organisations have shown a keen interest and obviously have urged their members to seek an appointment. However, as it is known that the incidence of cancer of the cervix is highest in the less privileged sections of the community, it is probable that many women particularly at risk are not attending the Clinic and will only be reached by a domiciliary service. It is therefore hoped to start such a service in Lincoln during 1967.

The following table shows the number of women who attended the Clinic during 1966:—

	<i>Lincoln</i>	<i>Lindsey</i>	<i>Kesteven</i>	<i>Total</i>
No. of women who attended Cytology Clinic during 1966	911	176	285	1372
No. of positive smears	8	1	1	10
No. of women awaiting appointments on 31st December, 1966				630

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. The total number of applications for assistance received during the year was 532 but of these, 190 were later cancelled. Nine requests for help in maternity cases did not materialise and 20 were booked for confinements due in 1967.

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:—

	1964	1965	1966
Cases assisted:			
Aged and infirm	581	640	680*
General illness and chronic sick under 65 years	87	94	85†
Mentally disordered	6	17	10
Maternity	49	52	65
Tuberculous	10	5	2
	<hr/> 733	<hr/> 808	<hr/> 842

* includes 38 blind persons † includes 4 blind persons

Hours worked:

Home Helps	116,726	129,155	132,395
Night Attendants	3,663	5,441	5,360
	<hr/> 120,389	<hr/> 134,596	<hr/> 137,755

Home Helps employed at the end of the year:—

Full-time	14	12	13
Part-time	106	127	121
Whole-time equivalent	62	71	77

The part-time helps included ten Night Attendants in 1964, fourteen in 1965 and seven in 1966.

The number of hours worked is 3,159 more than last year's figure (134,596) but is not commensurate with the increase in the whole-time equivalent of staff due to the fact that as from 1st April, 1966, the number of hours worked per week by the whole-time helps was reduced from 42 to 40 hours.

Aged and Infirm Persons

More than 60 persons were given daily help over a long period during the year mainly to light fires, clean grates, assist them to dress and give them breakfast. The number of those who should have regular help exceeds 500 and includes more than 30 persons under the age of 65; the remainder are elderly and frail. Thirteen persons who had help were over 90 years of age (one of whom was blind). Approximately 260 who were supplied with

help at some time during the year were between 81 and 90 years of age and 17 of these were blind. 292 persons were between 71 and 80 years, 14 being blind. Of the remainder, 69 were between 66 and 70 years and of 95 under the age of 65 who were assisted, at least 32 were chronic sick. One had been given help for 9 years and four between 4 and 6 years.

Tuberculous Cases

The number of persons suffering from tuberculosis and requiring the services of a Home Help has decreased considerably in recent years due to the decline in the incidence of this disease. Indeed only two persons suffering from tuberculosis were assisted during 1966 — one of these has had help for nine years and the other has had help for five years. The home helps attending these cases have been employed by the Department for some time and difficulties may be encountered in recruiting suitable helps if new cases arise.

Administration

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

The policy of increasing the home help establishment by the equivalent of six whole-time helps each year has been adhered to and this, together with resignations, 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. It is almost impossible for the Service to run smoothly at all times, as frequently the helps have to be re-directed to cover maternity and emergency cases.

Due to the considerable increase in the number of home helps employed in recent years, the office accommodation is now totally inadequate to meet the need for interviewing and paying the wages of the Helps each week and action to remedy the situation is urgently needed.

Approximately £2,560 was paid to the Department for home help services during 1966 and this amount is by no means substantial when one considers the work which has to be undertaken in order to recover so many small accounts.

Visiting

The importance of home visiting cannot be over-emphasised. 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. During the first three months, the Assistant Organiser was unable to undertake any field work due to the increase in administrative duties. The same situation arose for short periods during the remainder of the year. During 1966, 737 interviews took place in the homes of applicants, including 340 re-visits to householders. A further 158 visits were paid to home helps when working and to their own homes when changes of programme were necessary. More than 63% 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.

Toxaemia of Pregnancy

Six cases of toxaemia of pregnancy were given the services of a Home Help during the year, enabling the mother and family to stay at home. Three of these had already booked a Home Help for two weeks for their confinement.

The scheme for providing a free home help service to primiparae having treatment for toxaemia at home and multiparae having treatment at home or in hospital was introduced in May, 1966.

Problem Families

Assistance was given to four problem families during the year and no charge was made for the Service. It is extremely difficult to allocate Home Helps to assist this type of family. Their problems are numerous and the work, even though rewarding at times, is onerous. In some instances, conditions are so bad that it is necessary to send two Home Helps and it becomes increasingly difficult to enrol and keep home helps willing to work with this type of family.

Night Attendant Service

Demand for the Night Attendant Service was the heaviest for a number of years. 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 and awaiting admission to hospital within a few days, or to persons who were too ill to be removed to hospital.

Recruitment of staff continued during the year, but unfortunately the majority of Night Attendants can only work two, three or four nights a week and much last minute planning was necessary to ensure that the Night Attendants were able to attend when required.

67 cases were assisted during 1966 compared with 53 in 1965 and 38 in 1964. The number of hours worked by the Attendants was 5,360 in 1966 compared with 5,441 in 1965, although the number of cases was 14 more than in 1965.

Home Help Meetings

Five meetings of the Home Help staff were held during the year at which a talk was given by the Home Help Organiser followed by a general discussion. These meetings proved to be most helpful both to the administrative staff and the home helps. Perhaps at some future date it will be possible to have a Training Scheme for Home Helps and to hold Refresher Courses for those employed for 5 years or more. It is worth noting, I feel, that 38 Home Helps have been employed in the Service for more than 5 years and of these 11 have given more than 10 years service.

MENTAL HEALTH SERVICES

The Mental Health Act, 1959

The administration of all matters relating to the mental health of the community is delegated by the Health Committee to the Mental Health Services Sub-Committee. The Sub-Committee consists of five elected members of the Council, and four co-opted members, one of whom is a Consultant Psychiatrist from St. John's Hospital.

In order to establish closer liaison between Local Authorities and St. John's Hospital, a Liaison Committee for Mental Health Services was formed, and the first of these meetings took place at St. John's Hospital, on 14th November, 1966. The members of this Committee include Medical Officers of Health, Senior Mental Welfare Officers and representation for General Practitioners from all areas in the catchment area. Representing the hospital are Consultant Psychiatrists and Hospital Social Workers. The Chairman of this Committee is Dr. H. A. Cole, Medical Superintendent, Rauceby Hospital, and the Secretary is Mr. L. Fletcher, Hospital Group Secretary. As a result of the formation of this Committee there is evidence of closer liaison between this Authority and St. John's Hospital, and in addition General Practitioners are also becoming aware of the valuable services provided by the Mental Welfare Officers.

Staff Changes

Mrs. C. A. Woollard B.A., resigned on 26th August, 1966.

Miss M. McDougal, R.M.N., commenced duties on 1st September, 1966. This Officer attended a residential induction course on mental health at Leeds University from 5th — 16th September, 1966.

Mental Illness

Table 1. Compulsory and Informal Admissions (Previous year's figures in brackets).

	<i>Males</i>	<i>Females</i>
Patients admitted to hospital, Section 29, Mental Health Act, 1959	20 (12)	8 (19)
Patients admitted to hospital, Section 25, Mental Health Act, 1959	15 (15)	28 (31)
Patients admitted to hospital, Section 26, Mental Health Act, 1959	6 (5)	6 (4)
Patients admitted to hospital, Section 60, Mental Health Act, 1959	2 (4)	— (—)
Patients admitted to hospital, Section 5, Mental Health Act, 1959	31 (16)	35 (29)
Patients returned to hospital after absconding Section 39/40	2 (—)	1 (—)
Direct Admissions: By Arrangement with Patient's General Practitioners and Consultant Psychiatrists following domiciliary visits	40 (12)	64 (21)
Total	116 (64)	142 (104)

Community Care of the Mentally Ill and Mentally Subnormal

5,480 home visits were made to patients in the community up to and including 31st December, 1966. This figure showed an increase of 179 compared with the previous year's figure of 5,301. In addition 299 visits were

made to in-patients in hospital. Patients and relatives interviewed in the Mental Health Service office numbered 745.

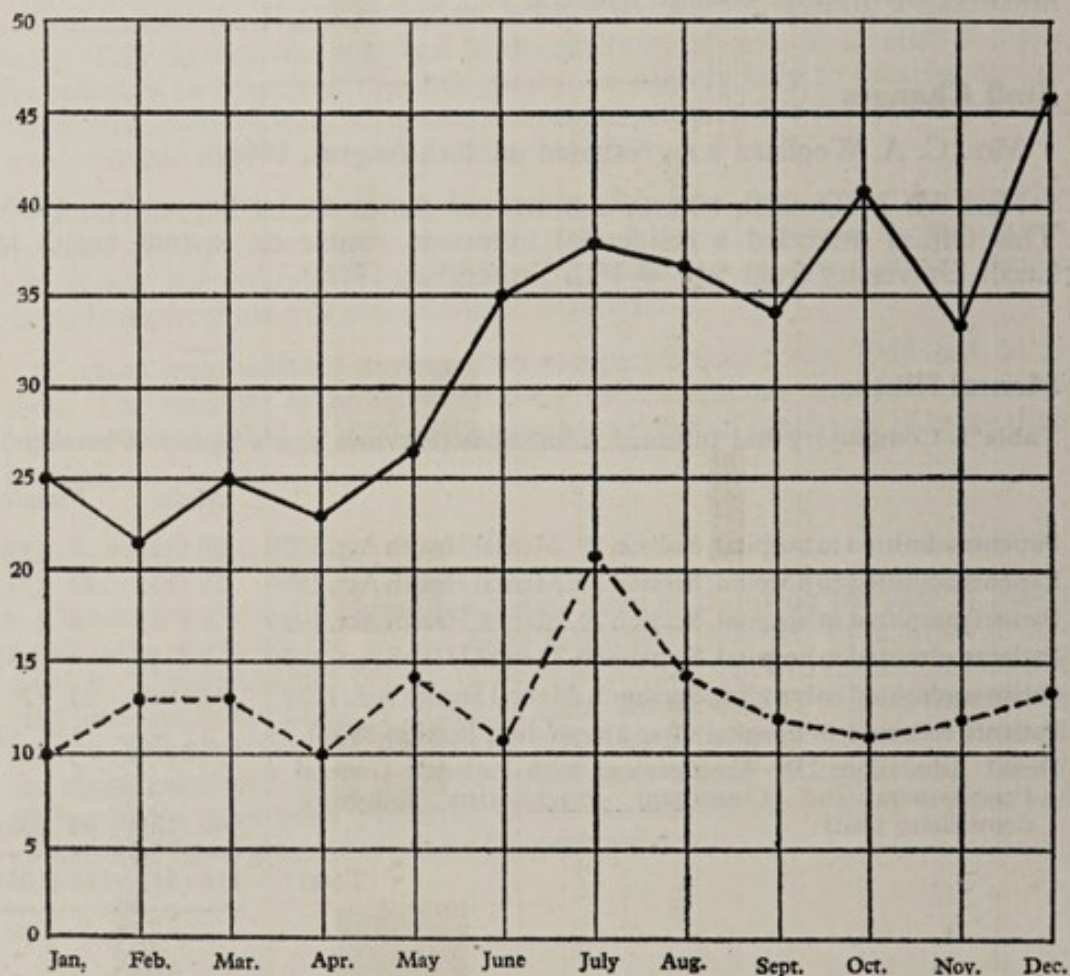
A total of 396 patients were receiving after-care visits at the end of the year, which included 185 subnormal and severely subnormal adults and children.

Each Mental Welfare Officer carries a substantial case load, including a number of problem family cases involving the Mental Health Service in some way or other. The responsibility placed upon the Mental Welfare Officer demands the greatest skill and tact. Cases presenting difficult problems are discussed monthly by the Senior Mental Welfare Officer and the Officers involved.

MENTAL ILLNESS

CASES INVESTIGATED AND ADMISSION PER MONTH DURING 1966

Graph (A)



No. of Cases Investigated (Mental Illness)

386 —————

No. of Patient admitted to Hospital (Excluding
Patients detained after admission for observation)

154 - - - - -

Graph (B)

Number of admissions to hospital according to age and sex.

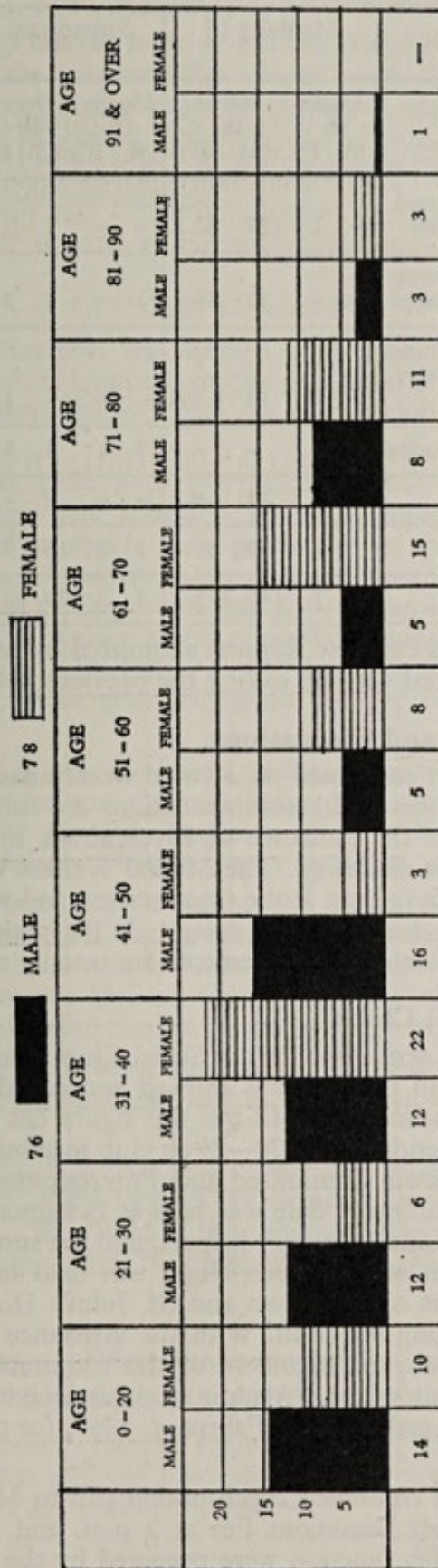


Table 2 Number of persons referred to the Mental Health Service during the year ended 31st December, 1966.

	Mentally Ill				Subnormal				Severely Subnormal				
Referred by:	<i>Under 16 M F</i>		<i>Over 16 M F</i>		<i>Under 16 M F</i>		<i>Over 16 M F</i>		<i>Under 16 M F</i>		<i>Over 16 M F</i>		<i>Total</i>
General Practitioners and Consultant Psychiatrists	-	1	27	32	-	-	1	3	-	-	-	-	64
Hospital — on discharge from in-patient treatment	-	-	37	56	1	-	7	2	-	-	1	-	104
Hospital — after or dur- ing out-patient or day treatment	-	-	13	8	-	-	-	1	-	-	-	-	22
Local Education Authority	-	-	-	-	3	1	1	4	1	-	-	-	10
Police and Courts	2	-	11	8	-	-	2	-	-	-	-	-	23
Other Sources	1	-	52	69	1	2	18	9	4	4	2	1	163
Total	3	1	140	173	5	3	29	19	5	4	3	1	386

Social Histories and Progress Reports submitted by Mental Welfare Officers totalled 184 compared with 88 during the previous year.

Case Conference and Discussions:

Case Conferences continued on a twice weekly basis, as in 1965. Details of home circumstances and recommendations are submitted by the Mental Welfare Officers for the guidance of Psychiatrists in the event of patients being considered for discharge. The Mental Welfare Officer concerned with these cases is usually present at the Conferences, and where possible relatives of the patients are also invited to attend. If the patients are considered fit for discharge the after-care arrangements are usually made at this stage.

Psychiatric Social Clubs

1966 has been an active one for the Social Clubs. On April 18th, the Social Club for mentally ill patients was formed and called The Welcome Club. Membership commenced with 12 but this figure has gradually increased to 35, with average attendances of 20—25 on club meeting nights. The Welcome Club now has its own Committee and Entertainment Committee. At the end of August a Rummage Sale was held at Beaumont Fee, assisted by the Mental Health staff and voluntary helpers, and the sum of £47 was raised for the Club funds. An official Open-Night was held in September, and was attended by patients of the Lawn and St. John's Hospitals, club members and relatives, totalling 96 in all. With the assistance of the Mental Health staff and other interested members of the community, preparations were made to put the pantomime, "Aladdin and his wonderful lamp", into production during the early part of February, 1967, for the benefit of the Club and members.

Both clubs had a combined coach outing trip to Mablethorpe during the summer, coaches left Beaumont Fee at 2 p.m. and returned at 9-30 p.m. Refreshments for this function were prepared by the staff and for once the weather was very kind. Altogether 76 members and friends went on this outing, and all had a very enjoyable time.

The Women's Royal Voluntary Services still provide assistance by preparing the refreshments for the subnormal club, and we are very grateful to the Organiser, Mrs. J. Scott, who so kindly makes the arrangements.

It is hoped to engage the services of a Youth Leader for the subnormal club as it is felt that the responsibility placed upon the Mental Welfare Officers to engage upon suitable activities for these adults is proving too much of a strain for the officers. If, however, we are successful in obtaining the services of a Youth Leader it will be still necessary for a Mental Welfare Officer to be present at all club meetings.

St. Hugh's Hostel

Warden: MR. J. H. GEERLING, *Matron:* MRS. L. GEERLING

St. Hugh's Hostel, Newport was opened in August, 1965 and provides accommodation for adult subnormal youths and men. Numerous improvements to the building were made during the year, including the installation of central heating.

On 1st January, 1966, there were 15 residents in the hostel. During the year, 18 youths and men were admitted, including three who spent up to two weeks at the hostel to enable their parents to go on holiday by themselves. During the year, 17 residents were discharged — 5 being returned to Harmston Hall Hospital as they were found to be unsuitable and of bad behaviour, although all were given ample opportunity to improve themselves. Two of the men returned to St. John's Hospital as they felt out of place and unhappy in the hostel. Four returned home and the remaining six went into private lodgings.

Of the 16 residents living in the hostel on 31st December, 1966, 9 attend the Adult Training Centre and the remainder go out to employment and are wage earning. On the whole the residents get on well together with only occasional minor disturbances which are soon forgotten.

During June, eight men were taken by the Warden and Matron for a week's holiday to Mablethorpe, staying in three holiday chalets made available by the Lincoln Society for Mentally Handicapped Children. The remainder of the men spent a week at a Holiday Camp. They travelled there and back on their own and stayed at the camp without any supervision.

Socially, television is the main attraction but the residents also make use of the games rooms where they play table-tennis, darts, dominoes, billiards and badminton.

There were staff difficulties during the year due to the fact that it was impossible to recruit a resident Deputy Warden and Deputy Matron. However, in April, Mr. T. W. Wingell was appointed as part-time Warden (non-resident) and in June, Mrs. N. Fisher was appointed Deputy Matron, non-resident.

Junior Training Centre — "Beaumont House"

Supervisor: MRS. B. SEARLE

The "Beaumont House" Junior Training Centre caters for children under the age of 16 years and 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, 1966 ..	32	6
Number on register as at 31st December, 1966	34	8

The staff of the Centre consists of:—

Supervisor.

Deputy Supervisor.

3 Assistant Supervisors.

Mrs. M. Twigg was appointed in January to fill the vacancy created by the resignation of Mrs. S. Daniels. Mrs. T. Heath resigned in April and Miss S. Wadsley was appointed as her successor.

During July, two girls from the High School spent a week at the Centre and one of the girls, Miss J. Pickwell, enjoyed the work so much that she decided to make her career teaching mentally handicapped children. She was engaged as a supernumerary member of the staff in September.

For six weeks during January and February, a student from the Sheffield Course attended the Centre as part of her training and during this period a day's visit was made to Newark by some of the pupils.

Medical, dental, hearing and vision examinations were carried out during the year on all the trainees.

On 15th June, the annual day's outing to Mablethorpe was held. Needless to say this was a great success and the children thoroughly enjoyed themselves.

The Nativity Play was held in December and was extremely well attended by relatives and friends. Following this, a Christmas Party was held prior to breaking up for the holiday.

The building of the Special Care unit as an extension to the Junior Training Centre was completed by the end of the year with a view to coming into use in January, 1967.

Adult Training Centre, Long Leys Road

Manager: MR. J. RUSHFORTH

Progress and Activities

Work at the Adult Training Centre continued as in 1965 with contract work and the manufacture of saleable articles as the main activities. Steady progress was made during the year and the diverse programme of work activities was extended or modified only where it was considered an advantage to make changes.

New and cheaper sources of materials of high quality were found and this made it possible to lower the sale price of many articles produced at the Centre. This in turn stimulated demand for these articles and gave more work to the trainees. Demand soon exceeded the Centre's capacity to make the articles and this was the limiting factor.

Two new activities, carwash and firewood bundling, were commenced and proved profitable as well as being a source of interesting and continuous employment for the male trainees.

The yield from the garden was disappointing this year and seemed a poor return for the work carried out. Flowers and pot plants were sold to the public and vegetables were produced for the Centre kitchen.

The principal activities during the year consisted of contract work for two firms and the manufacture of saleable articles. The contract work consisted of the assembling of plastic goods and this provided work for the trainees for most of the year. During the latter half of the year, a contract for the pre-packing of a "free gift offer" for a national periodical was obtained and approximately $1\frac{3}{4}$ million items were packed. Articles manu-

factured at the Centre and sold to the public and Corporation Departments provided useful work throughout the year.

Payments were made to the trainees in the form of attendance and incentive payments.

A social education programme was instituted and one-fifth of the trainees working time was given over to this activity which aims at making the trainees more self-reliant. Progress is slow, but evident.

Interest in the Training Centre's activities was shown by many people in a variety of ways. Visits to the Centre by private individuals and by organised parties from various organisations were frequent throughout the year.

The staff of St. George's Hospital took a lively interest in the Centre and the trainees and this was very much appreciated.

An Open Day was held on 29th June, 1966 which was a great success.

The Parliament Secretary to the Ministry of Health, Mr. C. W. Loughlin, M.P., visited the Centre on the afternoon of 12th October, 1966 and showed a great interest in all the activities.

A Christmas dinner and party were held at the Centre. The Society for Mentally Handicapped Children donated £32 to provide a Christmas present for each trainee and these were given out at the party which all enjoyed.

Admissions and Discharges

The number of trainees on the register at the beginning and end of the year is given in the following table:—

	<i>Lincoln</i>	<i>Kesteven</i>	<i>Lindsey</i>	<i>Holland</i>	<i>Total</i>
Number on register on 1st					
January, 1966	62	1	2	—	65
Admissions	38	2	—	1	41
Discharges	41	2	1	—	44
Number on register on 31st					
December, 1966	59	1	1	1	62

Reason for Admission

Transferred from Junior Training Centre	..	3
Request of Mental Welfare Officer	..	2
Unemployment or lost employment	..	14
Request of Welfare and Health Visitor	..	3
Discharged from hospital	..	8
At parents' or guardians' request	..	4
Request of other Authorities	..	7
	—	41
	—	

Reason for Discharge

Left for employment	..	14
Unco-operative and unsuitable	..	2
Entered hospital	..	13
Suspended	..	3
Non-attendance	..	9
Left district	..	3
	—	44
	—	

Transport

Two buses supplied by Lincoln Corporation Transport Department convey the trainees to the Centre each morning arriving at approximately 9-15 a.m. and return the trainees to their homes in the afternoon, leaving the Centre at 4-45 p.m. One trainee is taken to and from the Centre by ambulance. The other Local Health Authorities make special arrangements for the transport of their trainees to and from the Centre.

Staff

Mr. W. F. Zielonka, Manager left at the end of March, 1966 and Mr. J. Rushforth was appointed as his successor, commencing duties on 4th April, 1966.

Mrs. I. M. Weare, Instructor left on 9th December, 1966.

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>	1962	1963	1964	1965	1966
Diphtheria	—	—	—	—	—
Scarlet Fever	12	16	33	69	19
Erysipelas	—	6	3	2	—
Puerperal Pyrexia	4	2	3	2	—
Ophthalmia Neonatorum ..	—	—	1	—	—
Chickenpox	446	780	141	—	—
Measles	70	1218	1049	461	758
Whooping Cough	2	6	129	2	1
Typhoid Fever	—	—	—	—	—
Para-Typhoid Fever ..	—	—	—	1	—
Dysentery	143	22	2	79	33
Food Poisoning	6	11	10	2	1
Pneumonia	3	6	6	—	2
Meningococcal Infection ..	1	—	—	—	—
Acute Poliomyelitis:					
Paralytic	—	—	—	—	—
Non-Paralytic	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—
Malaria	—	—	—	—	—
Smallpox	—	—	—	—	—

Diphtheria

No case of Diphtheria occurred in the City during 1966, the last notification being in 1950.

Scarlet Fever

19 cases of Scarlet Fever were notified during the year, a considerable reduction on the previous year's figure of 69. All notified cases were visited by a Public Health Inspector as a matter of routine. The disease generally

was of a very mild character and in some cases the patient was not confined to bed.

Measles

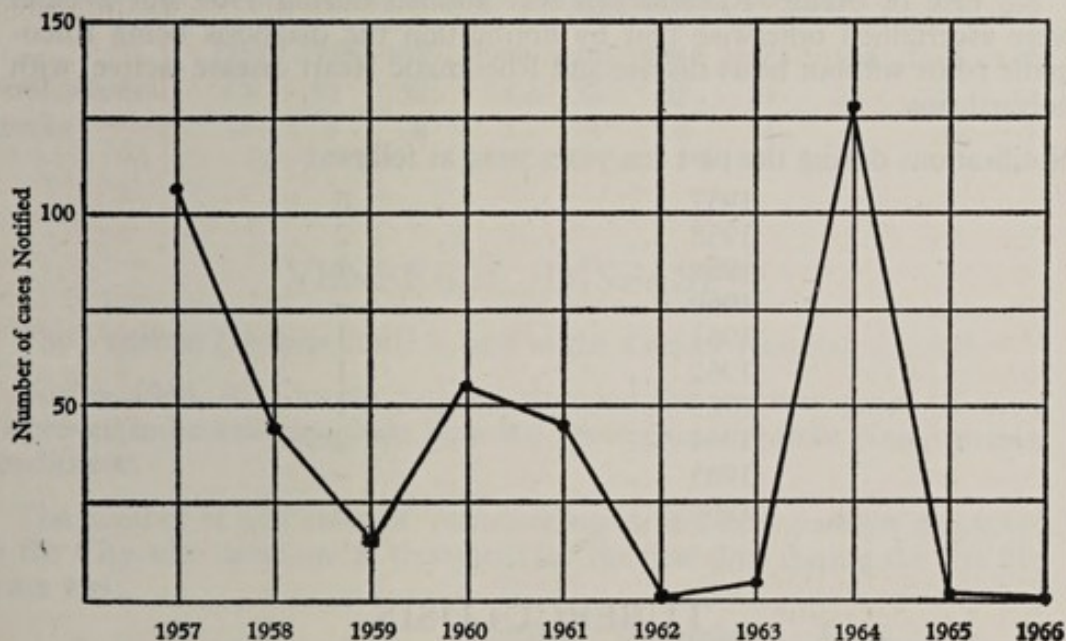
758 cases of Measles were notified during the year compared with 461 in 1965. Most of the cases occurred during the last six months of the year and spread from the Northern part of the City in the late summer months to the Southern parts towards the end of the year. The disease, which was again distributed fairly evenly over all age groups up to 9 years of age, did not display any unusual features.

Whooping Cough

Only one case of Whooping Cough was notified, the lowest number ever recorded. With the exception of 1964, when 129 cases were notified, Whooping Cough in Lincoln has shown a steady decrease since 1960.

The following graph shows the incidence of Whooping Cough in Lincoln during the past ten years:—

INCIDENCE OF WHOOPING COUGH IN LINCOLN
DURING THE PAST 10 YEARS



Dysentery

Dysentery was not so prevalent in 1966 as in the previous year, 33 cases being notified compared with 79 cases in 1965. All the cases occurred in the first five months of the year.

The number of notifications received is not necessarily a true indication of the incidence of Dysentery in the City — people suffering an attack of diarrhoea or vomiting do not always consult a doctor. Nevertheless, the Department usually becomes aware of any significant increase in the number of cases of diarrhoea and it is fair to say that the City as a whole was remarkably free from this type of infection during the latter half of the year.

Pneumonia

Two cases of Acute Pneumonia were notified, both females, one aged 55 and the other aged 85 years.

Food Poisoning

Only one case of Food Poisoning was notified during the year and this was confirmed by the Public Health Laboratory, the infecting organism being *Salmonella typhimurium*. Seven cases of Food Poisoning were ascertained otherwise than by notification, the infecting organisms being *S. typhimurium*, *S. brandenburg* and *Staph. aureus*.

Poliomyelitis

No case of Poliomyelitis was notified during 1966 and this was the sixth successive year in which no case has occurred in Lincoln.

Acute Rheumatism Regulations 1953 to 1959

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 1959 extend the operation of the 1953 Regulations for an indefinite period.

No case of Acute Rheumatism was notified during 1966 but 2 cases were ascertained otherwise than by notification the diagnosis being Rheumatic pains without heart disease and Rheumatic Heart disease (active) with polyarthritis.

Notifications during the past ten years were as follows:

1957	..	..	..	8
1958	..	..	..	2
1959	..	..	..	1
1960	..	..	..	—
1961	..	..	..	1
1962	..	..	..	1
1963	..	..	..	1
1964	..	..	..	2
1965	..	..	..	—
1966	..	..	..	—

TUBERCULOSIS

Notifications

The number of notifications received during the year was 13 (11 pulmonary and 2 non-pulmonary) as compared with 22 (18 pulmonary and 4 non-pulmonary) in the previous year. The age and sex distribution of the notified cases are shown in the following table:

		0—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
RESPIRATORY								
Males	...	—	—	2	3	3	—	8
Females	...	—	—	1	1	1	—	3
		—	—	3	4	4	—	11

			0—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
MENINGES AND C.N.S.									
Males	—	—	—	—	—	—	—
Females	—	—	—	—	—	—	—
			—	—	—	—	—	—	—
OTHER FORMS									
Males	—	—	—	—	2	—	2
Females	—	—	—	—	—	—	—
			—	—	—	—	2	—	2

The number of notifications received during the year was the lowest recorded.

Deaths from Tuberculosis

Two deaths occurred during 1966 due to Tuberculosis; a male aged 62 years died from Pulmonary Tuberculosis and a male aged 26 years died from Tuberculous Meningitis.

Summary of Notifications and Deaths over last 10 years

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Notifications ...	63	53	52	39	38	47	23	24	22	13
Deaths ...	11	5	8	3	3	6	4	4	4	2

VENEREAL DISEASES

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

During 1966, 92 Lincoln patients attended for the first time. Of these 23 proved to be suffering from Venereal Disease and 69 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>
1962	5	23	28
1963	1	18	19
1964	1	27	28
1965	1	23	24
1966	5	18	23

I feel it is important to give separate figures for the sexes and for the year 1966, these were as follows:

	<i>Males</i>		<i>Females</i>	<i>Total</i>
Syphilis	3	2
Gonorrhoea	14	4
				5
				18

No contact tracing was undertaken by the Health Department staff.

WATER

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

“The quality of water supplied to the City continues to maintain its high standard for domestic use and other purposes.

The weekly bacteriological examinations of the raw water from the pumping station have retained their usual satisfactory level.

Regular chemical examinations have been made and these show very little variation.

Continuous chlorination has been maintained as a prophylactic measure. No additional treatment has been found necessary”.

Details of the natural occurring Fluoride content in the Lincoln water supply are given below:—

<i>Date of Analysis</i>	<i>Fluoride as Fluorine parts per million</i>
March, 1966	0.08
July, 1966	0.04
November, 1966	0.05
December, 1966	0.05

Considerable progress has been made in recent years in reducing the number of houses without an indoor water supply. When a survey was made in 1950, 1170 houses in the City were without an indoor tap and since that date, 1000 houses have been provided with an indoor supply, 144 houses have been dealt with in confirmed clearance areas and approximately 20 houses are to be dealt with in the existing clearance programme. It is believed that there are 7 houses in the City on a well supply but with an indoor tap and sink. One house without an indoor water supply is owned and occupied by an old-age pensioner who does not wish any change to be made.

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.

SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948

During 1966, no formal action was taken under the provisions of Section 47 of the National Assistance Act.

In fact no action has been taken under this section since 1962.

HOUSING

The total number of houses erected in the City was:

		1966	1965
		<hr/>	<hr/>
(a) By the Local Authority	..	282	351
(b) By private enterprise	..	28	22
		<hr/>	<hr/>
Total	..	310	373
		<hr/>	<hr/>

SECTION 17 OF THE NATIONAL ASSISTANCE ACT, 1948

Section 17 of the National Assistance Act, 1948, provides for the payment of allowances to persons who are unable to work on account of illness or disability. The section is divided into two parts, (a) and (b), which relate to different types of allowances.

BOI SING

The total number of persons entitled to the following allowances is as follows:

Year	(a) By the Local Authority	(b) By private insurance	Total
1950	281	25	306
1951	291	25	316

The following table shows the number of persons who have been granted allowances under Section 17 of the National Assistance Act, 1948, for the years 1950 and 1951.

ANNUAL REPORT OF THE NATIONAL ASSISTANCE COMMISSION FOR THE YEAR 1951

The Commission has the honour to acknowledge the receipt of the report of the Local Authorities on the operation of the National Assistance Act, 1948, for the year 1951. The report contains a detailed account of the work done by the Local Authorities in providing assistance to persons in need, and of the progress made in the implementation of the Act.

The Commission is pleased to note the continued efforts of the Local Authorities to improve the system of national assistance, and to ensure that the needs of persons in need are met. The Commission is also pleased to note the progress made in the implementation of the Act, and in the provision of allowances to persons who are unable to work on account of illness or disability.

The Commission is grateful to the Local Authorities for their co-operation and assistance in the work of the Commission, and for the information they have provided in their reports.

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT

FOR THE YEAR

1966

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.
July, 1967.

Mr. Mayor, Aldermen and Councillors,

I have pleasure in presenting the report on the work of the Public Health Inspectors during the year 1966.

There were two staff changes. Mr. J. Todd left us to take up an appointment with the Isle of Axholme Rural District Council in May, and Mr. J. M. V. Smith joined the department as meat inspector in August. During most of the year we were two inspectors short on establishment, and advertising brought no response. Consequently it was decided to leave these positions vacant at present, in the expectation that when two of our pupils take their final examinations next year we may be able to fill one or both of them.

I refer in the body of the report to work done under the Offices and Shops Act. The bulk of initial inspections has now been done, only about fifty registered businesses remain to be inspected at the end of the year, and it has been possible to give more attention to re-inspections, and thus evaluate just what has been achieved so far. There is no doubt that this Act is proving a most valuable piece of legislation and even in the comparatively short time it has been in operation great improvements have been made in the working conditions of a large number of people.

The clearance of sub-standard houses has continued steadily, 118 being represented. This may seem a small figure compared with what is being done in many industrial areas, but in Lincoln we have a peculiar problem in that whilst we have quite a proportion of unfit properties, they do not occur in the large areas that is common in most towns that developed extensively in the early nineteenth century, but tend to be scattered throughout the City in small groups within areas of better property. This creates problems both in the making of clearance areas, and in the subsequent redevelopment.

In recent years there has been a long delay between representation and confirmation of clearance areas, for reasons outside the control of this department, but it is pleasing to be able to report that a more satisfactory progress is now being made, and this year we had public enquiries in five areas, and Ministry confirmation was received in respect of eight areas, involving 322 houses.

Some work of an experimental nature was done this year in connection with the pigeon problem. The increase in the pigeon population in cities is becoming a source of nuisance, and a potential danger to public health throughout the country generally. Not only do these birds foul buildings and public places, but it has been established that they do carry diseases which are communicable to man. Many ways of dealing with pigeons have been devised, but we decided to try the effect of trapping, using a type of trap devised by the Ministry of Agriculture, and by the end of the year a total of 827 pigeons had been caught by this method and humanely destroyed.

Whilst with present staff limitations it is impossible to offer a pigeon destruction service to the general public, it is felt that our efforts have made a useful contribution to the keeping of the wild pigeon population within reasonable limits.

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

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

I am, Your obedient servant,

J. JONES.

Chief Public Health Inspector.

PUBLIC HEALTH 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
 Noise Abatement Act, 1960
 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.	..	..	..	..	..	1360
Disinfections carried out	..	..	..	..	..	4
Housing Act, 1957 — inspections	..	..	..	..	..	1643
Disinfestation	..	..	..	..	..	196
Treatments carried out	..	..	..	..	..	135
Water Supply	..	..	..	..	..	27
References to Water Board	..	..	..	..	..	11
Improvement Grants	..	..	..	..	..	71
Dangerous structures, references to City Engineer	..	..	..	..	..	21
Rent Act	..	..	..	..	..	9
Infectious diseases — enquiries	..	..	..	..	..	583
— re specimens	..	..	..	..	..	607
Dustbins	..	..	..	..	..	114
Houses in multiple occupation	..	..	..	..	..	9
Overcrowding	..	..	..	..	..	7
Accumulations	..	..	..	..	..	112
Agricultural Holdings — sanitary conveniences	..	..	..	..	..	7

DRAINAGE

No. of visits	..	..	..	..	..	793
No. of drains tested	..	..	..	..	..	98
No. of drains cleared	..	..	..	..	..	228
References to City Engineer	..	..	..	..	..	87

OTHER PREMISES

Factories — Mechanical	..	..	..	..	..	134
Non-Mechanical	..	..	..	..	..	1
Building and Engineering works	..	..	..	..	..	2

								<i>No. of visits</i>
Canal boats .. .. .	..	..	..	..	..	..	..	5
Caravan sites .. .. .	..	..	..	..	..	..	..	7
Moveable dwellings .. .. .	..	..	..	..	..	..	..	8
Hairdressers .. .. .	..	..	..	..	..	..	..	35
Interviews .. .. .	..	..	..	..	..	..	..	710
Offensive trades .. .. .	..	..	..	..	..	..	..	3
Offices, Shops and Railway Premises Act .. .. .	..	..	..	..	..	..	..	1116
Pet animal shops .. .. .	..	..	..	..	..	..	..	9
Plots of waste land .. .. .	..	..	..	..	..	..	..	85
Rodents and other pests .. .. .	..	..	..	..	..	..	..	126
Public conveniences .. .. .	..	..	..	..	..	..	..	12
Schools .. .. .	..	..	..	..	..	..	..	5
Swimming Baths .. .. .	..	..	..	..	..	..	..	158
Swine, fowls and other animals .. .. .	..	..	..	..	..	..	..	18
Places of public entertainment .. .. .	..	..	..	..	..	..	..	7
Unclassified .. .. .	..	..	..	..	..	..	..	1026
ATMOSPHERIC POLLUTION								
No. of observations .. .. .	..	..	..	..	..	..	..	40
Visits to boiler houses .. .. .	..	..	..	..	..	..	..	20
Visits to atmospheric pollution stations .. .. .	..	..	..	..	..	..	..	922
Other visits .. .. .	..	..	..	..	..	..	..	62
SMOKE CONTROL AREAS								
Survey visits .. .. .	..	..	..	..	..	..	..	nil
Contravention visits .. .. .	..	..	..	..	..	..	..	36
Other visits .. .. .	..	..	..	..	..	..	..	34
MISCELLANEOUS								
Gas — .. .. .	..	..	..	..	..	..	..	4
„ — references to Gas Board .. .. .	..	..	..	..	..	..	..	4
Noise abatement .. .. .	..	..	..	..	..	..	..	64
UNFIT DWELLINGHOUSES								
No. of dwellinghouses inspected and recorded under Sections 17 or 42 of the Housing Act, 1957 .. .. .	..	..	..	..	..	..	..	363
No. of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. .. .	..	..	..	..	..	..	..	117
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 .. .. .	..	..	..	..	..	..	..	124
REMEDY OF DEFECTS								
No. of dwellinghouses rendered fit in consequence of informal action by the Local Authority .. .. .	..	..	..	..	..	..	..	97
Works carried out by service of Statutory or Informal Notice								
HOUSES								
Repairs to:								
Roofs .. .. .	..	..	..	..	..	..	..	51
Spouts .. .. .	..	..	..	..	..	..	..	32
External walls .. .. .	..	..	..	..	..	..	..	19
Chimneys .. .. .	..	..	..	..	..	..	..	11

Internal wall and ceiling plaster	..	..	..	..	23
Damp walls	..	..	..	..	25
Doors	..	..	..	..	19
Windows	..	..	..	..	26
Floors	..	..	..	..	21
Fireplaces	..	..	..	..	7
Staircases	..	..	..	..	2
Sinks and wastepipes	..	..	..	..	3
Yard or passage paving	..	..	..	..	4

DRAINAGE

No. of visits	..	..	..	..	..	793
No. of drains tested	..	..	..	..	..	98
No. of drains cleared	228
References to City Engineer	87

WATERCLOSETS

Repaired	24
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Offensive Trades

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

Rag and Bone Dealer	..	..	..	..	..	..	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 45 dustbins were provided and 65 were renewed.

In all 2,821 premises have now been provided with dustbins by the Council.

Housing Act, 1957 and Public Health Acts**INFORMAL AND STATUTORY NOTICES SERVED**

Informal Notices outstanding December, 1965	..	..	63
Informal Notices served 1966	..	..	116
Informal Notices complied with 1966	..	..	128
Informal Notices outstanding December, 1966	..	..	51
Statutory Notices outstanding December, 1965	..	..	13
Statutory Notices served 1966	..	..	21
Statutory Notices complied with 1966	..	..	22
Statutory Notices outstanding December, 1966	..	..	12
No. of complaints received and recorded at the Health Department	..	..	613

Local Land Charges

1,536 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	9
No. of buildings closed	3
No. of houses included in Clearance Areas demolished ..	150
No. of houses represented in Clearance Areas	109
No. of Clearance Areas represented	3

Rent Act, 1957

The Housing Committee considered one application for a certificate of disrepair which was granted.

No applications for cancellation of certificates were received.

Action under Statutory Powers

Housing Act — No. of dwellinghouses in respect of which notices were served requiring repairs	19
No. of dwellinghouses in which defects were remedied after service of formal notices	
(a) by owners	1
(b) by local authority	9
Public Health Act — No. of dwellinghouses in respect of which notices were served requiring defects to be remedied	2
No. of dwellinghouses in which defects were remedied after service of formal notices:	
(a) by owners	1
(b) by local authority	3

Fertilisers and Feeding Stuffs Act, 1926

Twenty-one samples were taken under the provisions of the above Act. They consisted of formal samples of fertilisers and all were satisfactory.

Agricultural Produce (Grading and Marking) Act, 1928

Appropriate steps were taken to acquaint shopkeepers and market traders with the requirements of the above Act during visits to their premises.

Merchandise Marks Acts 1887 to 1953

Periodic checks for contraventions of the above Acts are made on shopkeepers and stall holders. During the year 2,388 visits were made and 35 verbal warnings given, chiefly about failure to mark tomatoes correctly.

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 conformed with the requirements of the Act.

Pet Animals Act, 1951

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

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

No action was found necessary during the year.

Caravan Sites and Control of Development Act, 1960

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

Canal Boats

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

Swimming Baths

Regular visits have been made to the four swimming baths attached to schools and to the open air public bath, while they were in use, to test the water for the presence of free chlorine. Only one of these baths, that at South Park High School, is enclosed, enabling swimming to be undertaken throughout the year.

Westgate School bath was again very much in demand during the school summer holidays. The parents of children at Skellingthorpe Junior School provided supervision to allow the bath to be used during the summer holidays and this proved very popular.

A total of 232 samples of swimming bath water were submitted to the Public Health Laboratory for bacterial examination. There were six samples with high counts but in no case was there any evidence of faecal pollution. Two of the samples related to South Park School, two to Skellingthorpe Road Junior School, one to Lincoln School and one to Boutham Baths.

Shops Act, 1950

255 visits were made under this Act, which since the coming into force of the Offices, Shops and Railway Premises Act is now almost wholly concerned with such matters as hours of closing and employment of young persons. The revocation, mentioned in my last report, of all local half day closing orders, whilst making the operation of the Act more reasonable from the shopkeepers point of view, has made enforcement rather more difficult. However, this only adds one more difficulty to the enforcement of an Act which bristles with anomalies, and which is long overdue for revision and amendment.

The Offices, Shops and Railway Premises Act, 1963

A further 140 premises were registered under the Act in 1966, and at the end of the year there was a total of 945 on the register. 372 premises received a full general inspection, making a total of 897 since the Act came into force. Altogether 1,116 visits were paid to registered premises during the year.

The total number of visits has increased, mainly because with the bulk of initial inspections having been done, more emphasis has been placed on re-inspection, to ascertain that contraventions noted on the initial visits have been complied with.

It is pleasing to be able to record that by the end of the year approximately 70% of the registered premises in the City complied with the Act. During the year letters were sent to 208 occupiers regarding contraventions, and revisits to premises ascertained that before the year was out 167 of these had complied absolutely with our requests.

It may be of interest to list the main types of contravention found by numbers of premises.

Unsatisfactory sanitary accommodation	..	..	..	..	110
Unsatisfactory washing facilities	..	..	..	..	79
Lack of first aid equipment	..	..	..	..	75
Potentially dangerous floors, passages and stairs	..	..	..	130	
Lack of cleanliness	..	..	..	..	37
Inadequate heating	..	..	..	..	94
Inadequate lighting	..	..	..	..	20
Inadequate Ventilation	..	..	..	..	8
Potentially dangerous machinery	..	..	..	..	6
Overcrowding	..	..	..	..	1
Absence of satisfactory clothing accommodation	..	..	..	20	
Unsatisfactory sitting facilities	..	..	..	..	2
Lack of eating facilities in shops	..	..	..	..	7

During the period October to December a special survey was made of a representative number of premises specifically to check the suitability and sufficiency of lighting, and a technical report was submitted to the Ministry. Under Section 8 of the Act, the Minister of Labour has power to make regulations specifying standards of lighting. He has not as yet done so, and presumably the information provided by this type of survey is needed to enable him to decide whether or not regulations are necessary. In general it was found that parts of offices and shops to which the public had access were reasonably well lit, other parts varied considerably, and staircases, rather surprisingly in view of the possibility of accidents, were often poorly lit.

Fewer accidents were notified than in the previous year, and with such a small number being received — or rather being notified — it is not possible to draw any reliable conclusions. One satisfactory feature however was the fact that no accident occurred as a result of the use of dangerous machinery, and this may very well be due to employers and employees being more aware of the dangers involved in using machinery.

Noise Abatement Act, 1960

Several complaints of excessive noise have been made to the department during the year. These have mainly been about industrial noise, although we have had a few complaints of noise from social clubs, noisy neighbours etc. It has been possible so far to deal with these satisfactorily on an informal basis.

One pleasing feature has been the co-operation the department has had generally from industry in trying to eliminate causes of complaint. In many local industrial processes there are great technical difficulties in keeping noise to an acceptable minimum, but we have found firms are prepared to go to considerable trouble and expense to try and do so. Whilst one must not be complacent in this matter and it must be admitted that there is still a tremendous amount of noise from local industry, the position would be infinitely worse, were it not for the measures that are being actively taken for its reduction.

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 Ministry of Technology. The figures are set out below, and are comparable with those for 1965, with no significant upward or downward trend. We have now been taking volumetric measurements for five and a half years, and for the first few years the figures for smoke gradually fell, whilst those for sulphur tended to increase. We now seem to be going through a period of stability and as far as smoke pollution is concerned, it may well be that we can look for little further reduction until the Corporation decides to create more smoke control areas.

Smoke Control Area

The Hartsholme area continues to function well, and as more houses are built at Birchwood the number subject to smoke control continues to increase. Unfortunately, once again, the Corporation decided not to extend smoke control to other areas of the City.

Industrial Smoke

Eighty-two visits were paid to boiler plants and industrial premises. Industrial emissions have not been a great problem to the department during the year as most of the plants are well maintained and operated.

Details of fifteen new installations were notified, and in the case of eleven of these, prior approval was requested, and granted by the Health Committee. Thirteen chimney heights were notified, and were approved, in seven of these cases after modification of the original proposals.

ATMOSPHERIC POLLUTION

MONTHLY AVERAGE VALUES

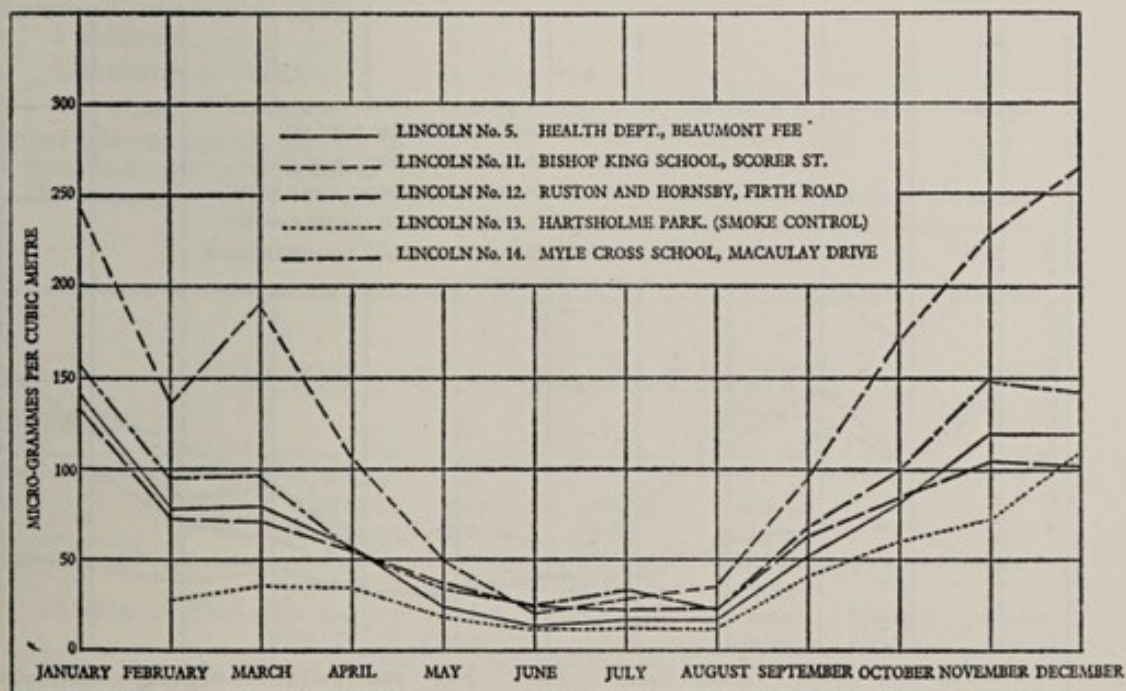
Microgrammes per cubic metre

Smoke Concentration, 1966

Station Number.	5	11	12	13	14
January	140	242	132	—	156
February	77	134	71	27	93
March	79	188	70	35	94
April	55	106	53	34	54
May	22	49	36	18	33
June	13	20	22	14	23
July	16	27	22	14	31
August	17	34	22	13	22
September	51	93	61	39	66
October	80	168	81	60	99
November	120	227	103	72	149
December	120	264	101	58	142

SMOKE POLLUTION RESULTS

SHOWING MONTHLY CONCENTRATIONS



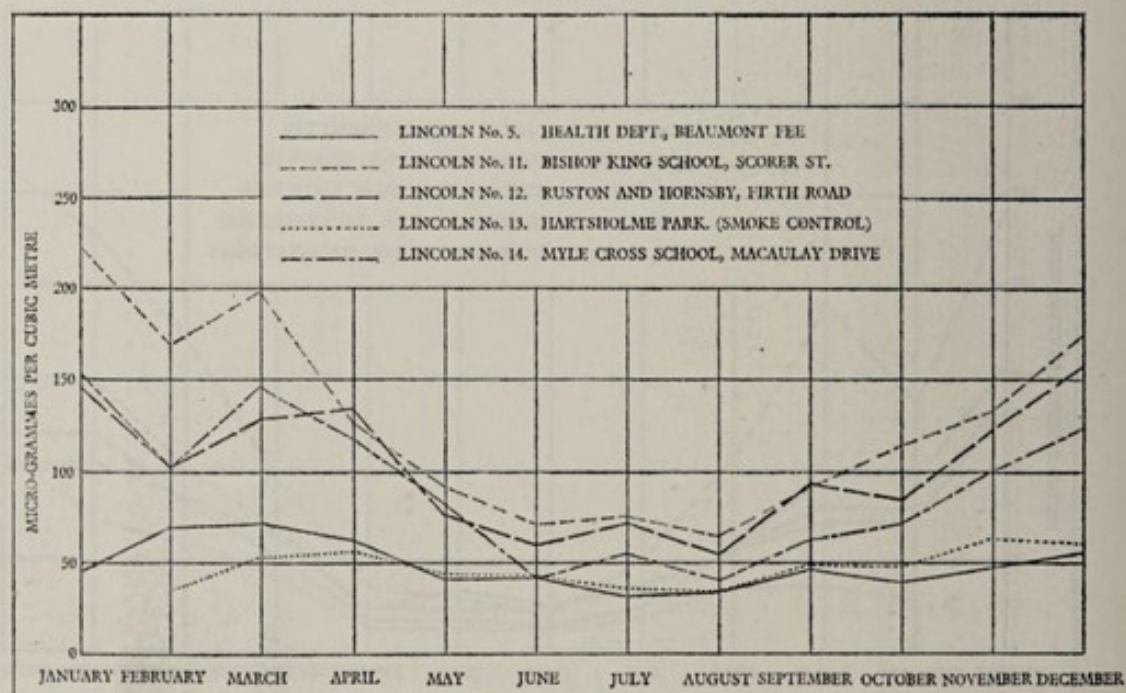
ATMOSPHERIC POLLUTION **MONTHLY AVERAGE VALUES**

Microgrammes per cubic metre

SO₂ Concentration

Station Number.			5	11	12	13	14
January	..	..	45	224	141	—	153
February	..	..	69	169	101	35	101
March	..	..	71	199	129	53	146
April	..	..	61	127	133	56	118
May	..	..	40	90	77	44	81
June	..	..	41	68	59	42	41
July	..	..	30	74	70	35	53
August	..	..	32	64	53	32	40
September	..	..	45	90	91	49	62
October	..	..	38	115	83	48	70
November	..	..	47	132	122	63	100
December	..	..	54	173	156	60	123

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	11	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	272	134	12	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	9	2	—	—
TOTAL	292	137	12	—

CASES IN WHICH DEFECTS WERE FOUND:

Particulars	Found	Number of cases in which defects were found			Number of cases in which prosecutions were instituted
		Reme- died	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	15	14	—	—	—
Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	15	14	—	—	—

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 send- ing lists to the Council	No. of prose- cutions for failure to supply lists	No. of instances of work in unwhole- some premises	Notices served	Prose- cutions
Wearing Apparel Making, etc.	9	—	—	—	—	—
Curtains & Furniture Hangings	2	—	—	—	—	—

Prevention of damage by Pests Act, 1949

Properties other than Sewers	Type of Property	
	<i>Non</i>	<i>Agricultural</i>
	<i>Agricultural</i>	<i>Agricultural</i>
1. Number of properties in district ..	32,290	38
2. (a) Total number of properties (including nearby premises) inspected following notification	609	-
(b) Number infested by (i) Rats ..	398	-
(ii) Mice ..	92	-
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification ..	6,805	7
(b) Number infested by (i) Rats ..	19	-
(ii) Mice ..	-	-

Sewers

4. Were any sewers infested by rats during the year? Yes

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

Bakehouses	36
Bakers & Confectioners	33
Butchers	287
Cafes	108
Chemists	17
Dairies	166
Fish-Shops/Stalls	94
Fried Fish Shops	70
Food Factories	28
Grocers and General Provisions	290
Greengrocers	28
Ice Cream Shops	59
Hotel Kitchens	15
Licensed Premises	72
Markets	100
Meat Vans	215
Milk Shops	139
Mobile Shops	19
School Canteens	38
Factory Canteens	31
Poultry Processing	60
Snack Bars	68
Slaughterhouses — Public	689
Private	818
Social clubs	7
Stalls	1038
Sweet Shops	13
Wholesale warehouses	135
Food Inspections other than meat	16111

Food Poisoning

Food poisoning and suspected food poisoning investigations	9
Clinical specimens submitted for bacteriological examination	19

Food Hygiene Regulations, 1960

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

Bakers and Pastrycooks	17
Confectioners	100
Butchers	74
Fishmongers	11
Fried Fish Shops	41
Chemists	26
Cafes, Restaurants and Snack Bars	33
Public Houses	95
Wine and Spirit Merchants	7
Hotels	41
Greengrocers and Fruiterers	53
General Grocers	205

As a result of continued routine inspection of food premises in the City the following improvements were made:—

Food rooms cleaned and redecorated	12
Equipment cleaned or renewed	9
Protection of food from risk of contamination	6
Wash basins provided or renewed	2
Hot water provided	7
Locker accommodation for outdoor clothing provided	4
Sanitary accommodation cleansed and redecorated and defects remedied	4
Adequate ventilation	4
Sinks provided or renewed	10

A course for food handlers was held in the Autumn at the Lincoln 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 students could, if they wished, take the examination in food handling and food hygiene of the Royal Institute of Public Health and Hygiene. Twelve students attended the course, ten took the examination and obtained the certificate of the Institute. In addition short courses, talks and film shows have been given to personnel employed in food businesses in the City.

In the latter half of the year the Food Hygiene (Market Stall and Delivery Vehicles) Regulations were issued to come into force in January, 1967. This has entailed a considerable amount of work in obtaining modifications and improvements at both the central markets in the City and to ensure that the regulations would be complied with by the first of January.

Food Samples

257 samples of food and drugs were procured and submitted to the Public Analyst who certified 249 samples genuine and 8 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 3.35

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	4	174	174	4	178
Almond Marzipan ..	-	1	1	-	1
Apple Sauce	-	1	1	-	1
Apricot Pie Filling ..	-	1	1	-	1
Beef Curry with Rice ..	-	1	1	-	1
Beef Sausages	1	10	9	2	11
Boneless Chicken in Jelly ..	-	1	-	1	1
Bubble Gum	-	3	3	-	3
Butter	-	2	2	-	2
Candy Filled Water Pistol ..	-	1	1	-	1
Caramels	-	1	1	-	1
Cheese Spread and Shrimp ..	-	1	1	-	1
Chicken Fritters	-	1	1	-	1
Choc. Top Lemon Flavoured Yoghurt	-	1	1	-	1
Cochineal Food Colour ..	-	1	1	-	1
Coffee	-	1	1	-	1
Cola and Rum	-	1	1	-	1
Cream	-	1	1	-	1
Curry Powder	-	1	1	-	1
Egg Custard	-	1	1	-	1
Fish Cakes	-	1	1	-	1
Frankfurters	-	1	1	-	1
Glace Cherries	-	1	1	-	1
Haddock Grillets	-	1	1	-	1
Instant Curry	-	1	1	-	1
Kidney Soup	-	1	1	-	1
Lemon Curd Tarts	-	1	1	-	1
Lemon Sauce Mix	-	1	1	-	1
Lemon Meringue Tarts ..	-	1	1	-	1
Mayonnaise	-	1	1	-	1
Mince	-	1	1	-	1
Morello Cherry Jam ..	-	1	1	-	1
Parmesan Cheese	-	1	1	-	1
Pork Pie	-	1	1	-	1
Pork Sausages	-	15	14	1	15
Raisin Flavoured Cordial ..	-	1	1	-	1
Raspberry Jam Tarts ..	-	1	1	-	1
Raspberry Jelly	-	1	1	-	1
Rock	-	1	1	-	1
Salad Cream	-	1	1	-	1
Sausage Rolls	-	3	3	-	3
Sherbert Fingers	-	1	1	-	1
Single Dairy Cream ..	-	1	1	-	1
Skinless Pork Sausage ..	-	1	1	-	1

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulterated</i>	<i>Total</i>
Steakburgers with onions ..	-	1	1	-	1
Steak and Kidney Pie ..	-	1	1	-	1
Sweet Cigarettes	-	1	1	-	1
Sweet Penknives	-	1	1	-	1
Tonkwilla Tonic	-	1	1	-	1
Whistle Wetter Freeze Drink ..	-	1	1	-	1
White Pepper	-	1	1	-	1
	5	252	249	8	257

Samples Adulterated or Otherwise giving rise to irregularity

(a) Administrative Action Taken

Of the 8 samples adulterated or otherwise giving rise to irregularity 1 was taken formally and 7 informally.

(b) Legal Proceedings

No legal proceedings were taken.

(c) Informal Action

1. Boneless Chicken in Jelly. An informal sample was found to contain 70.4% of meat. Deficient in meat to the extent of 12%.
Matter taken up with importers who in turn have been in touch with the Dutch packers. In November, 1965 the amount of meat in the tins was increased by 5 grams to ensure a meat content of 80%.
Existing stocks withdrawn from sale.
2. Milk. An informal sample from the bulked milk of two churns was reported by the Analyst to contain milk-fat 3.10%, milk-solids other than milk-fat 8.40% and to be slightly deficient in milk-solids other than fat. The Freezing Point (Hortvet) showed the presence of a trace of added water.
3. Milk. Follow-up formal samples from the producer referred to above were reported on as follows:—
 - (i) Milk-fat 3.52%.
Milk-solids other than milk-fat 8.74%.
 - (ii) Milk-fat 2.83%.
Milk-solids other than milk-fat 8.41%.
Deficient in milk-fat to the extent of 5.6% and also slightly deficient in milk-solids other than fat.

As a result of delay in transit on British Rail of these samples they were too sour for the determination of the Freezing Point.
A visit to the farm revealed a small leak in the in-churn cooler. Subsequent informal samples were found to be genuine. Letter of warning sent by Health (Prosecutions) Sub-Committee.
4. Milk. An informal sample from the bulked milk of three churns contained milk-fat 2.95%, milk-solids other than milk-fat 8.60% and was thus slightly deficient in milk-fat. A further informal sample was taken and proved genuine.
5. Beef Sausage. An informal sample was found to contain 34.5% of fat and 21.2% of fat free meat. The amount of fat in sausages should not exceed 50% of the total meat content so that this sample contained an excess of fat. Letter sent to manufacturers. Subsequent informal sample found to be genuine.

6. Milk. An informal sample from one churn contained milk-fat 4.05%, milk-solids other than milk-fat 8.00% and was thus deficient in milk solids other than milk-fat to the extent of 5.5%. The Freezing Point (Hortvet) showed the deficiency to be due to natural causes.
7. Beef Sausage. An informal sample was found to contain 48.1% of meat. Beef sausage should contain at least 50% of meat. Sample thus slightly deficient in meat. Letter sent to manufacturers. Subsequent informal sample found to be genuine.
8. Pork Sausage. An informal sample was found to contain 64.3% of meat. Pork sausage should contain at least 65% of meat. Sample thus slightly deficient in meat. Letter sent to manufacturers. Subsequent informal sample found to be genuine.

Offences other than those indicated by sampling

Legal Proceedings

Food and Drugs Act, 1955

1. Sold a mouldy cherry Genoa cake. Fined £10.
2. Sold a tin of pork sausages containing a cockroach. Fined £10.
3. Sold a loaf of bread containing a cigarette end. Fined £5 and £10 10s. 0d. costs.

Informal Action

1. Small piece of string in bread roll. Production of bread rolls practically completely automated. Fault in sieving machinery. Warning to manufacturer of rolls.
2. Complaint that bacon supplied not of country requested. Bacon not available as it had been exchanged. Matter taken up with shopkeeper to prevent similar incidents occurring.
3. The attention of the Department was drawn to the condition of six milk bottles. Four were from consumers in the City and contained respectively, a small piece of cardboard, a yellow smear on the inside, a crack in the bottle and a minute portion of cement mortar on the bottom of the bottle. The two bottles supplied to consumers outside the City were from schools and contained foil caps. Warnings were issued.
4. Fresh eggs alleged to have caused illness. Examination of the remaining eggs by the Public Health Laboratory gave negative results.
5. Tea said to have peculiar taste, but not on every brewing. Nothing abnormal found and tasters still alive!
6. Five complaints were received regarding canned meat. Three were of discolouration, which was due to natural sulphiding in two cases and in the other to specks of coagulated blood particles. Mould was the culprit in the other complaints and was caused by fine pinholes in the cans, not obvious when handling. The attention of the firms concerned was drawn to the matters.
7. Packet of flavoured food containing moth. Appeared to have gained access after packaging. Complainant did not wish to pursue the matter.
8. Mineral water said to have pungent smell and objectionable taste. Bottle not available, having been returned to salesman. Examination of a number of similar bottles at the shop did not reveal anything unusual. No further action.

9. Beetle in packet of food. Extensive investigation revealed a delay in distribution and doubt as to whether this was the fault of the warehouse or the supplier of the goods. Warnings given.
10. Chicken smelling offensively three days after purchase. The chickens at the shop were found to be fresh, with deliveries three times a week. Incident closed with reimbursement of purchase price.
11. Tin of peaches containing a mouldy slice. Prolonged investigations with the importers and foreign canners and bacteriological tests pointed to the condition being due to a faulty vacuum seal.
12. Ham roll said not to contain ham and having too much fat. A better quality roll requested from the supplier. Appeared to be isolated case as stocks were found to be satisfactory.
13. Three complaints were received of mouldy pork pies. One was due to unsatisfactory coding, in another case the coded wrapping had been destroyed, and the other complainant did not wish to pursue the matter. Action taken to improve coding.
14. Small cakes said to be stale. Checking showed that cakes were over-baked.
15. Two swiss rolls with jam and cream fillings alleged to have peculiar taste. Laboratory investigation revealed that in one the jam was slightly fermented and its shelf life had been over run by a few days. The shop keeper's attention was drawn to the importance of correct rotation of stocks.
16. A complaint of a feeling of nausea after eating flavoured cheese spread was thoroughly investigated by the manufacturer's laboratory, and also by the local Public Health Laboratory Service. Nothing of real significance to explain the objectionable flavour emerged except a high thermotolerant count. Stocks withdrawn.
17. Fly in part of a ham and egg roll. High standard of hygiene maintained and no evidence of fly infestation at the shop concerned. Complaint withdrawn.
18. During the warm weather the attention of the Department was drawn to mould on five sliced wrapped bread loaves, 2 sausage rolls and 1 steak and kidney pie. It is pertinent to remark that present day bread loaves with their soft and moist crumb are attractive to moulds, and the housewife should look after her bread as carefully as she does her perishables. Appropriate action was taken in all cases.
19. Sour roast pork. Remaining stock found to be sound. The Health (Prosecutions) Sub-Committee decided to send a strong letter of warning to the shopkeeper concerned.
20. Tin of grapefruit containing a maggot. Probably larval stage of a fruit-infesting fly. Matter taken up strongly with the importers and foreign packers.
21. Stale chocolate roll. A case of the shelf life of the product being exceeded due to failure to ensure correct rotation of stock. Severe letter of warning to shopkeeper.
22. Insect in bread roll. Investigation revealed that the insect appeared to be part of a flour moth. High standard of hygiene maintained at bakery concerned. Additional checks on all flour sieves introduced. Letter of warning.

23. Chocolate malt cake showing mould growth. Examination showed that the mould was a member of the *Aspergillus glaucus* group, a common contaminant of cake. It appeared that storage under moist conditions during the warm weather then being experienced had reduced the normal shelf life. Supplies withdrawn.
24. Bread loaf with red mould between some of the slices. A mould which flourishes in bakeries and against which the most stringent precautions have to be taken. Bacteriologists called in by firm concerned and remedial action undertaken.
25. Pork luncheon meat with "off" flavour. Bought day prior to complaint. Investigation at the shop showed that every possible care was taken with made-up meats and a high standard of hygiene was maintained. Purchaser recompensed.
26. Farm produced butter with a peculiar taste. May have been due to type of food given to the cows. Trader changed source of supply. Warnings to producer and trader.
27. Mould on Veal, ham and egg pie. High standard of hygiene maintained by shop concerned at all stages of processing, including refrigerated display. Firm warned.

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	..	..	..	..	128
No. of dairies on the Register	..	..	..	..	6

The Milk (Special Designation) Regulations, 1960.

No. of dealers licences to use the designation "Untreated"	2
No. of dealers (Pasteuriser's) licences	.. .. 2
No. of dealers licences to use the designation "Pasteurised"	.. 79
No. of dealers licences to use the designation "Sterilised"	.. 101

356 samples of designated milk were submitted for examination and of these 3 samples failed to pass the test prescribed by the appropriate Regulations.

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

The following tables give the information in more detail:

HEAT TREATED MILK:

Designation	No. of samples	Passed Meth. Blue Test	Phosphatase	Failed Meth. Blue Test	Phosphatase	Passed Turbidity	Failed Turbidity	Unsatisfactory Samples No.	%
Pasteurised	148	144	148	2	—	—	—	2	1.35
Pasteurised (School)	58	56	57	—	1	—	—	1	1.72
Pasteurised (Channel Islands)	84	84	84	—	—	—	—	—	—
Sterilised	57	—	—	—	—	57	—	—	—
	347	284	289	2	1	57	—	3	.86

2 samples of Pasteurised Milk and 2 samples of Pasteurised (School) Milk were not submitted to the Methylene Blue Test as the overnight atmospheric shade temperature exceeded 70°F and the test was thus rendered void.

RAW MILK:

Designation	No. of samples	Methylene Blue Passed	Methylene Blue Failed	Unsatisfactory No.	Samples %
Untreated (Farm Bottled)	9	9	-	-	-

Cream

61 samples of cream were submitted for bacteriological examination, 50 samples were satisfactory, and 11 samples unsatisfactory.

Examination for Tubercle Bacilli and Brucella Abortus

6 samples of Untreated (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.

	No. of specimens	Satisfactory	Unsatisfactory
Milk bottles ..	504	494	10
Milk churns ..	48	43	5
Milk Plant Swabs	36	34	2

Ice Cream

No. of premises registered for sale 321

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

Grade	Provisional Time taken to reduce Methylene Blue	No. of samples	Percentage
1	4½ hours or more	55	80.88
2	2½ to 4 hours	6	8.82
3	½ to 2 hours	1	1.48
4	0 hours	6	8.82

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 and not more than 20% into grade 3, and none into grade 4.

Orange Drink

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

Preserved Food

83 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 48,759 compared with 48,742 last year, an increase of 17. There has been a falling off in the number of cattle and pigs slaughtered compared with 1965, but this has been balanced by an increase in the number of sheep.

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

	Cattle					
	<i>excl. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	
Number killed	5,024	185	38	18,801	24,711	
Number inspected	5,024	185	38	18,801	24,711	
<i>All Diseases except Tuberculosis:</i>						
Whole carcasses condemned	3	5	7	22	41	
Carcasses of which some part or organ was condemned	992	9	1	307	1,219	
Percentage of the number inspected affected with disease other than tuberculosis	19.8%	7.5%	21.1%	1.75%	5.10%	
<i>Tuberculosis only:</i>						
Whole carcasses condemned	—	—	—	—	—	
Carcasses of which some part or organ was condemned	1	—	—	—	394	
Percentage of the number inspected affected with tuberculosis	0.02%	—	—	—	1.59%	
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	51	9	—	—	—	
Carcasses submitted to treatment by refrigeration	20	4	—	—	—	

Cysticercus Bovis

Routine inspection for this disease has now been carried out for eighteen years. The welcome reduction in the percentage of infestation of previous years has not been maintained and this year a considerable increase at both the City Abattoir and the private slaughterhouse dealing with cattle has occurred. The percentage of viable cysts found in cattle at both premises is roughly the same. One can only speculate as to the reason for the increase, but it certainly underlines the need for continued vigilance on the part of meat inspectors. It would, however, appear that some cattle producers in this country and overseas are neglecting to take remedial measures to control the spread of the disease by draining and treating their pastureland.

Viable cysts were found in 24 animals.

The following table shows the incidence of infection of all bovines inspected to be:—

<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>Cattle</i>	<i>Cows</i>	<i>Cattle</i>	<i>Cows</i>	<i>Cattle</i>	
185	5,024	4	20	—	—	0·6%

The cysts were located in the animals as follows:—

Head	..	..	14
Skirt	..	..	2
Heart	..	..	8

The carcasses and remainder of the offal of the 24 animals were placed in cold storage at a temperature of 20°F for three weeks or 14°F for two weeks in accordance with The Meat Inspection Regulations, 1963.

Degenerated cysts were also found in 36 animals located as follows:—

Head	..	..	16
Skirt	..	..	3
Heart	..	..	17

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	12	2	3½
Offals	..	..	10	3	7	12½
Other Food	..	..	20	15	0	5
Fish	..	..		5	6	11
			38	17	1	4

Slaughter of Animals Act, 1958

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

One person was prosecuted for shooting a pig whilst not licensed as a slaughterman and convicted, being fined £7.

CITY OF LINCOLN
EDUCATION COMMITTEE

ANNUAL REPORT
ON THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR ENDED 31st DECEMBER, 1966

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, 1966

Chairman of the Education Committee:
Councillor S. WILSON

Members of the Education Committee:

Alderman W. E. HERBERT	Councillor W. PIXSLEY
Alderman SIR FRANCIS HILL, C.B.E., LITT.D., LL.D.	Councillor J. H. SPENCE
Alderman J. W. RAYMENT, J.P.	Councillor J. T. WARD
Alderman E. J. RICHARDSON, J.P.	Councillor S. WILSON
Councillor P. W. ARCHER, J.P.	The Rt. Rev. Monsignor E. H. ATKINSON, v.g.
Councillor G. T. BLADES (from May, 1966)	The Rev. B. A. BAKER (from November, 1966)
Councillor G. G. ELSEY, J.P.	Mr. D. J. LOGAN
Councillor H. EVANS	The Rev. T. M. MORROW (until September, 1966)
Councillor J. W. D. GARDINER	The Rev. Canon N. S. RATHBONE, M.A.
Councillor D. P. GOSSOP (until May, 1966)	Miss J. E. SKINNER, M.A.
Councillor B. H. KENDALL	Mrs. T. F. TAYLOR
Councillor R. M. LUCAS (from May, 1966)	Mrs. M. A. TOOMER
Councillor T. MURPHY	Mr. E. H. TUTTY
Councillor Mrs. A. J. NAFTALIN (until May, 1966)	

SPECIAL SERVICES COMMITTEE

Chairman of the Special Services Committee:

Alderman E. J. RICHARDSON, J.P.

Members of the Special Services Committee:

Alderman E. J. RICHARDSON, J.P.	Councillor W. PIXSLEY
Councillor G. G. ELSEY, J.P.	Councillor J. H. SPENCE
Councillor H. EVANS	Councillor J. T. WARD
Councillor J. W. D. GARDINER	The Right Rev. Monsignor E. H. ATKINSON, v.g.
Councillor D. P. GOSSOP (until May, 1966)	Mr. D. J. LOGAN
Councillor R. M. LUCAS (from May, 1966)	Miss J. E. SKINNER, M.A.
	Mrs. M. A. TOOMER

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

I submit my Annual Report on the health of the school children in the City and the work of the School Health Department during the year 1966.

The school population (13,417) showed a slight increase on that for the previous year (13,249).

The pattern of routine medical inspection continued as in previous years and 3,434 children were examined during the year. 981 defects were found which required treatment and visual defects accounted for more than half of the total number; the remainder were mainly orthopaedic defects and defects affecting the ear, nose and throat. More children were found to be suffering from gross obesity and though the number is small and may not be significant, this is a trend which is undesirable.

The arrangements for the annual testing of vision continued and during the year, of the 7,309 children tested, 148 were referred for treatment and 288 were placed under observation. These figures represent the number of children found to have defects which would not otherwise have been detected if the scheme for the annual testing of vision had not been introduced. In addition, 534 children were found at routine medical inspections to have defective vision which required treatment. The figures obtained in the past four years during which annual testing of vision has been carried out prove beyond doubt the value of this measure and the number of children now in school with undetected visual defects must be very low indeed.

The health of the children on the whole remained very good throughout the year. Infectious diseases were not unduly prevalent. 314 cases of measles, 18 cases of scarlet fever and 13 cases of dysentery were notified during the year. It is gratifying to report that no case of whooping cough occurred in a school child for the second year in succession. The last case of Diphtheria occurred in Lincoln in 1950 and it is worthwhile remembering the benefits conferred by immunisation against this disease in infancy and on school entry and noting that a continued effort will be required to maintain the proportion of immunised children at the optimum level. No definite progress was made during the year in the prevention of Measles; however, now that a vaccine is available, it may be desirable to take some action in the near future.

Verrucae infection still persists and occasionally children needed a prolonged course of treatment. The incidence of Scabies remained low in Lincoln and there has been no evidence of an increased incidence in recent years as has been the case in many parts of the country. The incidence of verminous infestation showed a slight decrease compared with that in the previous year, *viz.*, 1.9% of children were infested in 1966 compared with 2.7% in 1965. A more active approach was taken to deal with this condition — 214 notices were issued to parents under Section 54(2) of the Education Act and 11 Cleansing Orders under Section 54(3) were issued. In addition, the parents of two children were prosecuted during the year under Section 54 and found guilty. Again it appeared that a few families were the source of infection of many of the cases.

The concern that has been expressed by various bodies in recent years regarding the co-ordination of the services for handicapped children was

reflected in Circular 9/66 issued by the Department of Education and Science and the Ministry of Health in March, 1966 and as requested, the Local Authority reviewed the services provided for handicapped children and the arrangements made to ensure that there is co-ordination in the care of every handicapped child. It was felt that in Lincoln, which is a compact Authority, few, if any, handicapped children were not known to the officers and full co-operation was being received from the Hospital and General Practitioner Services in the ascertainment of handicapped children. "At risk" registers are kept and all handicapped children are periodically examined by a School Medical Officer whether attending a school in the City or a Special School elsewhere. It was considered that few improvements were necessary for the co-ordination of the Education, Health and Welfare Services for handicapped children and young persons; however, I would like to mention that the Local Authority School Health Service is not available to the three independent schools in the City and it may be that at some future date consideration should be given to extending the Service to include the independent schools.

It is pleasing to report the substantial improvement found in the condition of children's teeth in 1966. During this year, for the first time since 1948, the School Dental Service was able to inspect the teeth of the whole school population and offer treatment to those children who were found to have defects. At school inspection in 1966, 50.6% of the children required treatment compared with 66.6% in 1965 and 82.7% in 1964. The obvious conclusion to be drawn from these figures is that the Dental Health Campaign in 1964/65 was an outstanding success. However, a campaign of this type will not be fully effective unless it is followed up by a permanent scheme of Dental Health Education and this has been implemented. There is excellent co-operation from the Head Teachers in this work, without which any health education scheme could not be effective.

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 his continued interest and support.

R. D. HAIGH,

Principal School Medical Officer.

City Health Department,
Beaumont Fec,
LINCOLN.
May, 1967.

STAFF OF SCHOOL HEALTH DEPARTMENT

1966

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:

P. E. Elwood, M.B., B.CH., B.A.O., D.R.C.O.G., 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:

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

Dental Officers:

J. Iceton, L.D.S., R.C.S.

M. R. Hirst, B.D.S., B.Sc. (Commenced 21.2.66)

D. G. Hutchison, B.D.S. (Part-time, Resigned 15.2.66)

Mrs. J. Hutchison, L.D.S. (Sessional, Resigned 1.3.66)

Dental Auxiliary:

Mrs. S. M. Horseman

Dental Surgery Assistants:

Mrs. S. Blyth (Resigned 1.2.66)

Mrs. B. Gander

Mrs. V. Portergill (Commenced 28.2.66)

Miss P. Smalley (Commenced 1.7.66)

Mrs. M. Wallis (née Sheriff)

Dental Health Education Officer:

Mrs. J. Abell

Dental Clerk:

Mrs. P. J. Ellis

Consultant Children's Psychiatrist:

G. McK. Nicholl, M.A., M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologist:

C. H. Jackson, M.A., PH.D., DIP.ED., F.B.P.S.S.

*Social Worker:*Mrs. R. Fanner, B.Sc.(Econ.), DIP.POL.EC.SOC. STUDIES
(Resigned 31.3.66)

Secretaries:

Miss L. C. Aylmer

Mrs. J. Fowle (Resigned 28.2.66)

Miss P. Secker (Commenced 12.4.66)

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.)
(Resigned 7.1.66)

Miss J. Williamson, S.R.N., S.C.M., H.V. (Cert.) (as from 8.1.66)

Health Visitors/School Nurses:

Miss M. A. Bridge, S.R.N., S.C.M., H.V. (Cert.) (Commenced 4.7.66)

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.) (Resigned 8.10.66)

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

Miss S. East, S.R.N., B.T.A. (Cert.), H.V. (Cert.) (Commenced 4.7.66)

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

Mrs. M. Holroyd, S.R.N. S.C.M., H.V. (Cert.) (Part-time, Resigned 16.12.66)

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.) (Promoted Senior H.V. 8.1.66)

School Nurses:

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

Mrs. K. Pitchford, S.R.N. (Full-time from 15.2.66)

Mrs. A. Saywell, S.R.N. (Part-time, Commenced 23.2.66)

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

Mrs. J. M. Swann, S.R.F.N., S.C.M.

Miss P. M. E. Taylor, S.R.N., S.C.M., Q.I.D.N. (Resigned 14.2.66)

Lay Administrative Assistant:

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

Clerk-in-Charge:

R. W. Hill

Clerks:

Mrs. J. Butler (Part-time, Resigned 15.7.66)

Mrs. B. Colam (Part-time, Commenced 7.2.66)

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

Miss W. Lucchesi (Resigned 30.9.66)

Mrs. E. Pickwell (Part-time, 1.1.66 to 31.1.66)

Miss C. Sykes (Commenced 26.9.66)

LIST OF SCHOOLS

School	No on Register January, 1967	Head Teacher
Nursery		
St. Cuthbert's	49	Miss S. A. Kerslake
St. Giles	45	Miss H. Church
Primary		
Birchwood Infants	304	Mrs. M. Sewell
Boultham Junior	354	Mr. A. E. Briggs
Boultham Infant	146	Miss R. E. Morris
Bracebridge Junior	368	Mr. D. J. Logan
Bracebridge Infant	288	Miss T. H. Bewley
Monks Road Junior	380	Mr. H. J. Sharman
Monks Road Infant	278	Miss M. Smith
Mount Street Infant and Junior Girls'	469	Miss B. M. Jubb
St. Botolph's Infant	94	Mrs. M. Young
St. Giles Junior	469	Mr. F. Pickering
St. Giles Infant	331	Miss J. O. Yeates
Skellingthorpe Road Junior	427	Mr. E. S. Wilson
Skellingthorpe Road Infant	412	Miss S. M. Neale
Westgate Junior Boys'	257	Mr. L. J. Meldrum, M.B.E.
Hartsholme Infant	203	Miss D. J. Neale, O.B.E.
Ermine Infant	266	Miss J. M. Sowerby
Ermine Junior	461	Mr. J. Harrod, B.A.
Eastgate Infant and Junior Girls'	151	Miss M. B. Cullen
St. Andrew's Infant and Junior	177	Miss M. Oliver
St. Faith's Junior	234	Mr. K. I. Cook
St. Faith's Infant	187	Mrs. M. Blakeman
St. Martin's Infant and Junior Girls'	88	Mrs. D. P. E. M. Cook
St. Peter's Junior	225	Mr. R. S. Forbes
St. Peter's Infant	248	Mrs. K. West
St. Hugh's R.C.	304	Mr. D. V. Griffiths
Our Lady of Lincoln R.C.	302	Mr. J. Brown
Secondary Modern		
Rosemary	387	Mr. H. K. Lister, B.Sc.
St. Giles Boys'	294	Mr. L. R. W. Thake
Myle Cross Girls'	367	Miss J. K. Gentry
Sincil Boys'	583	Mr. F. Bell, B.Sc.
Spring Hill	393	Miss J. P. Whiteside
Boultham Moor Girls'	588	Miss L. M. Powell
St. Peter and St. Paul	348	Mr. T. P. Groome, B.A.
Bishop King	320	Mr. A. Booth, B.A.
Secondary Grammar		
The City	558	Mr. L. R. Middleton, M.A., B.Sc.
South Park High	552	Miss M. J. Widdowson, B.A.
Lincoln	522	Mr. J. Faull, B.Sc.
Christ's Hospital Girls' High	512	Miss M. Leahy, B.A.

Special Schools

St. Catherine's	22	Mr. T. C. Smith, M.A.
Open Air	48	Miss D. E. Willcock, J.P.
St. Christopher's	112	Mr. F. H. Fraser

Establishments of Further Education

<i>Full-time day students</i>		<i>Principal</i>
Technical College	148	Mr. G. A. Church, B.Sc. A.C.G.I., M.I.MECH.E.
School of Art	146	Mr. K. Gribble, D.F.A.(LOND.), F.R.S.A.

STATISTICS

Population of City	..	..	..	76,720 (mid-year estimate)
* School Population	..	..	..	13,417
Number of Schools	..	..	..	43
Number of F.E. Establishments	..	..	..	2

Maintained Schools in Lincoln

Schools	No. of † Departments	Boys	No of children on roll Girls	Total
Nursery	2	58	36	94
Infant	17	1828	1770	3598
Junior	16	1930	1895	3825
Special (E.S.N.) ..	2	77	57	134
Special (Open Air) ..	1	27	21	48
Secondary Modern ..	8	1686	1594	3280
Secondary Grammar ..	4	1080	1064	2144
Technical College ..	1	62	86	148
School of Art	1	64	82	146
	52	6812	6605	13417

* 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

One of the most important aspects of the work of the School Health Service is the routine medical inspection of school children. The selective intermediate examination has not been introduced in Lincoln and the pattern of previous years has been followed, whereby children are examined at five, ten and fourteen years approximately.

3,434 children (3,697 in 1965) were examined during 1966 and 981 (1,094 in 1965) defects were noted and referred for treatment. The percentage of children with defects was 28.6, a slight reduction on the previous year (29.7).

As usual, visual defects accounted for more than half (55.7%) of the total number of defects noted during the year. This percentage is virtually the same as last year (55.2%). Orthopaedic defects were 13.5% (10.8% last year) of the total, skin defects 6.9% (10.1%), hearing defects 6.2% (4.5%) and nose and throat defects 5.9% (10.3%).

One condition which appears to be increasing in numbers is obesity and, whereas in previous years one or two cases have been observed, this year 4 children (1 Junior and 3 Seniors) were referred for treatment, whilst 9 children (4 Juniors and 5 Seniors) were required to be kept under observation.

About half-way through the year one of the School Medical Officers decided that she would test for sugar the urine of each child she saw at future routine medical inspections and this procedure was started after the summer vacation. The procedure is quite simple; with the official notice of the child's medical inspection a note is sent asking the parent to supply a specimen of the child's urine for testing. This is tested with a test strip by the School Nurse at the time of the examination and the Medical Officer records the result on Form 10M. Of the 235 children tested in this way, one was referred for treatment.

RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 981 compared with 1094 in 1965.

		Entrants		Leavers		Others		Total	
		*T	*O	*T	*O	*T	*O	*T	*O
Skin	...	23	4	16	9	29	6	68	19
Eyes—Vision	...	35	38	269	23	114	45	418	106
Squint	...	72	13	10	4	34	4	116	21
Other	...	4	—	2	2	7	—	13	2
Ears—Hearing...	...	31	37	7	17	9	10	47	64
Otitis media	...	4	16	2	2	—	5	6	23
Other	...	1	2	3	1	4	—	8	3
Nose and Throat	...	41	73	6	4	11	14	58	91
Speech	...	26	31	—	2	4	—	30	33
Lymphatic glands	...	—	31	—	1	—	4	—	36
Heart	...	10	19	6	7	2	3	18	29
Lungs	...	10	30	2	10	2	6	14	46
Development									
Hernia	...	2	4	1	6	—	—	3	10
Other	...	4	26	4	2	4	24	12	52
Orthopaedic									
Posture	...	—	1	3	2	2	—	5	3
Feet	...	18	13	17	5	28	3	63	21
Other	...	37	8	13	2	15	1	65	11
Nervous system									
Epilepsy	...	—	—	—	2	3	1	3	3
Other	...	5	18	—	2	8	5	13	25
Psychological									
Development	...	1	4	—	2	1	3	2	9
Stability	...	6	14	—	—	2	12	8	26
Abdomen	...	1	—	—	—	—	1	1	1
Other	...	1	1	6	6	3	5	10	12
		332	383	367	111	282	152	981	646

*T—Defects requiring treatment

*O—Defects requiring to be kept under observation

GENERAL CONDITION OF CHILDREN

Of the total number of children examined, 0.20 per cent were classified as being medically unsatisfactory. This represents 7 children out of a total number of 3,434 who were examined.

SPECIAL INSPECTIONS

Defect or Disease				Pupils requiring treatment	Pupils requiring observation
Skin ...	...	...	...	13	2
Eyes—vision	...	...	...	132	44
squint	...	...	...	12	1
other...	...	...	...	11	6
Ears—hearing	...	...	...	15	21
Otitis media	...	...	...	1	—
Other	...	...	...	—	—
Nose and Throat	...	...	...	15	6
Speech	...	...	...	8	3
Lymphatic glands	...	...	...	—	—
Heart	...	...	...	6	—
Lungs	...	...	...	25	5
Development—					
Hernia	...	...	...	—	—
Other	...	...	...	2	1
Orthopaedic—					
Posture...	...	...	...	—	—
Feet	...	...	...	18	4
Other	...	...	...	11	4
Nervous system—					
Epilepsy	...	...	...	1	1
Other	...	...	...	—	—
Psychological—					
Development	...	...	...	—	—
Stability	...	...	...	61	10
Abdomen	...	...	...	1	1
Other	...	...	...	13	10
Totals	...	...	...	345	119

NOTES ON SPECIFIC DEFECTS

SKIN DISEASES

Verrucae (plantar warts) still persist and 208 new cases attended for treatment during the year, the children concerned making a total of 1,233 visits to the Clinics. In addition, many cases were dealt with by General Practitioners and Chiropodists.

Eight cases of impetigo were treated during the year and 42 children with other skin diseases attended for treatment.

VISUAL DEFECTS

Annual vision testing was introduced in Lincoln in 1963 and is no longer thought of as something new or experimental, but is now an accepted part of the routine work of the School Health Service.

The Vision Screening instrument which was purchased last year has proved to be a valuable asset and is particularly useful in schools where there is insufficient distance for the conventional type of vision test or where the lighting is inadequate. The machine is simple to operate and requires no maintenance apart from an occasional replacement lamp.

Some interest in the Vision Screener has been displayed by neighbouring Authorities and it was loaned for a week in October to a group of General

			<i>Total Tested</i>	<i>Referred for Treatment</i>	<i>For Observation</i>
Infants	..	..	1361	11	58
Juniors	..	..	2540	56	98
Seniors	..	..	3408	81	132
			<hr/>	<hr/>	<hr/>
Totals	..	..	7309	148	288

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 re-tested at frequent intervals by the School Nurses and are referred for treatment if the vision deteriorates.

"I am sending you some statistics for the school children from your area who attended the school clinics held at the Lincoln County Hospital during the year 1966. The figures for the previous year are added for information.

I am grateful as always for the co-operation of your department in supplying all the available information with the patients and in following up the defaulters."

	1966	1965
New Cases:		
Sent for	408	466
Attended	317	376
Failed	91	90
Old Cases:		
Sent for	1594	1739
Attended	1138	1285
Failed	456	454
Discharged	95	198
Glasses prescribed	716	800
Lenses prescribed	143	50
Authorised repairs	143	250
Number of Clinics held	244	221

Orthoptic Department

New Cases attended	..	..	..	..	..	154	172
Total attendances	..	..	..	..	..	1621	1416
Number of children who underwent surgery	..					17	—

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.

DISEASES OF THE NOSE AND THROAT

The total number of defects noted during the year was 149 as compared with 231 in 1965. The number of Lincoln children who received operative treatment at the County Hospital in 1966 was 191.

CHILDREN WITH IMPAIRED HEARING AND THE AUDIO-METRY SERVICE

School children are routinely sweep tested on entering school, again during their last year in Junior School and finally before leaving Senior School. Children whose sweep tests prove to be unsatisfactory are given a pure tone audiometric test.

The construction of a sound-proof room, which was started towards the end of 1965, was completed early in the year. The provision of this room has enabled the nursing staff to produce much more accurate audiograms than has been possible in the past.

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, 1966

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

Number of children tested

Infants	..	..	..	..	..	..	..	1129
Junior	..	..	..	..	..	..	..	1573
Senior	..	..	..	..	..	..	..	1086
Total								3788

Number who failed Sweep Tests: 235=6.2%.

Audiometric Tests, 1966**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.	..	..					222
Number awaiting appointments for P.T.A. on 31.12.66							13
Number who failed to attend	..	..	..	..			12
Number of children examined by P.T.A.	..	..					223

Result of pure tone audiograms:

Satisfactory	..	..	..	..	..	..	164
Unsatisfactory	..	..	..	..	..	..	59

Disposal and treatment of unsatisfactory cases:

Left Lincoln	2
Arranging treatment privately	2
Wax removed	6
For review at Hospital	9
For observation	40
	<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	24	}	35
Girls	11		

Old Cases

Boys	59	}	78
Girls	19		

Total	<hr/> 113 <hr/>
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The 113 children seen during the period presented the following defects:

Defective articulation	64
Stammering	19
Defective articulation and stammer	2
Delayed speech development	22
Sigmatism	5
Nasal speech	<hr/>
Deaf	<hr/>
No defect	1
	<hr/>
	113
	<hr/>

Total attendances during the year=838.

Total number of discharges during the year=30.

In addition to the above figures, 29 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.

I am indebted to Mr. Thomas for the following report on the work of the Orthopaedic Clinic during the year.

The main work at the clinic during the past year has been concerned with postural deformities chiefly at the knees and feet.

The following is a summary of the work carried out:

	1966	1965
Number of sessions held by the Orthopaedic Surgeon ..	19	19
Number of cases seen by the Orthopaedic Surgeon ..	555	433
Number of new cases seen by the Orthopaedic Surgeon	190	125

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 occurred in 1966 and were diagnosed at the County Hospital, one of the cases being Rheumatic Heart Disease (active) with polyarthrititis and the other Rheumatic pains without heart disease. Both cases were girls aged 13 years and 9 years respectively.

SCHOOL CARDIAC REGISTER

Seven new cases were added to the School Cardiac Register during 1966 and there are now 28 cases which have been discovered on routine medical examination.

The diagnoses of these cases are as follows:

(a)	Ventricular septal defect	..	..	..	11
(b)	Atrial septal defect	..	..	..	2
(c)	Mitral incompetence	..	..	..	1
(d)	Atria ventricularis communis	..	..	..	1
(e)	Pulmonary stenosis	..	..	..	5
(f)	Patent ductus arteriosus	..	..	..	2
(g)	Rheumatic fever with severe carditis	..	..	..	2
(h)	Aortic stenosis	..	..	..	1
(i)	Co-arctation of the aorta	..	..	..	2
(j)	Aortic incompetence and V.S.D.	..	..	..	1

Of these 28 cases, 27 are placed in ordinary schools and one in the Junior Training Centre.

One child underwent cardiac surgery during the year.

PRE-SCHOOL CARDIAC REGISTER

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

(a)	Ventricular septal defect	..	..	..	10
(b)	Atrial septal defect	..	..	..	4
(c)	Fallots tetralogy	..	..	..	1
(d)	Undiagnosed heart lesions	..	..	..	1

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 Clinic	Fridays at 2 p.m.
Minor Ailments	Wednesday to Friday 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	Minor ailment clinic Monday, Wednesday and Friday mornings at 9 a.m.
Sincil Secondary Modern Boys'	Minor ailment clinic Wednesday and Friday 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	1966 Totals	1965 Totals
Central Clinic	...	...	...	141	547	688	1035
St. Giles	...	...	...	443	2890	3333	3650
Skellingthorpe Road	...	...	...	333	1493	1826	4960
Sincil Boys	...	...	...	239	1056	1295	1912
				1156	5986	7142	11557
Medical Clinics	...	...	...	287	112	399	469
Orthopaedic Clinics	...	...	...	190	365	555	558
Dental Clinics	...	...	...	3253	6931	10184	9938

NOCTURNAL ENURESIS

This condition is not as uncommon as parents of enuretic children think, and whilst in some cases the condition can be cured by drugs, the foil and bell alarm has proved its worth in the treatment of bed wetting at night. Eight alarms are now available for use, but 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. The best results are achieved with the alarm in children of eight years or older and only in exceptional circumstances is an alarm issued to a child below this age.

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

Age				Cured	Improved	No Improvement	Totals
7	..	..	..	2	-	-	2
8	..	..	..	-	3	1	4
9	..	..	..	2	1	3	6
10	..	..	..	1	1	1	3
11	..	..	..	2	1	-	3
12	..	..	..	-	-	1	1
13	..	..	..	3	1	-	4
14	..	..	..	1	-	-	1
19	..	..	..	-	1	-	1
				11	8	6	25

Severity				Cured	Improved	No Improvement	Totals
Each night	..	..	..	7	4	5	16
3/4 times per week	..	..	..	2	2	1	5
Occasionally	..	..	..	2	2	-	4
				11	8	6	25

CLEANLINESS OF SCHOOL CHILDREN

PEDICULOSIS

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

1962	1963	1964	1965	1966
0.9%	2.6%	3.0%	2.7%	1.9%

Inspection for the presence of pediculosis.

Number of visits to schools	..	..	..	..	..	313
Number of inspections of children	..	..	..	..	..	35604
Number of children found to be verminous, however slight						262
Notices issued to parents under Section 54(2) of the Education Act, 1944	..	..	..	..	..	214
Cleansing Orders under Section 54 (3)	..	..	..	..	..	11

The parents of two children were prosecuted during the year under Section 54 and found guilty. This type of prosecution rarely receives publicity in the local newspapers and the maximum fine of £1 is too small to encourage offending parents to keep their children's hair clean in the future.

The number of children found to be infested during the year was 262 compared with 350 in 1965 and 397 in 1964. Although there has been a gradual reduction in the number of cases of infestation during the past three years, there is no indication that pediculosis will be eradicated in the foreseeable future. A number of parents believe this type of infestation disappeared many years ago and they are horrified when they discover that their own or a neighbour's child has a verminous head. On the other hand, certain families who constitute the source of infestation of children in school accept nits and head lice as part of the normal daily life, and there is often someone in the family who is verminous. Records kept in the past have shown that children in these families are repeatedly infested, in some cases as many as six times in a year.

Head lotion and special shampoos are freely available from School Clinics for children with verminous heads and where it is suspected that parents or older members of the family are infested, the School Nurses distribute extra quantities of shampoo and endeavour to persuade the adults to cleanse their own hair.

The vigilance of the School Nurses is instrumental in keeping the numbers of verminous heads at a low level, but the persistence of this infestation is due to lack of 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.

SCABIES

Two cases of Scabies occurred in school children during the year and were treated by the school nursing staff. In 1965 four cases were reported.

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:

	1966	1965	1964
Dysentery	13	25	1
Measles	314	168	456
Pneumonia	-	-	1
Scarlet Fever	18	46	20
Whooping Cough	-	-	65
Food Poisoning	-	-	1
	<hr/> 345 <hr/>	<hr/> 239 <hr/>	<hr/> 544 <hr/>

Dysentery

Dysentery was less troublesome in 1966 than in the previous year, 13 cases being notified as against 25 in 1965. All the cases occurred in the first five months of the year.

Measles

314 cases of Measles were notified during the year compared with 168 in 1965. Most of the cases occurred during the second half of the year and the disease was distributed fairly evenly over all age groups up to 9 years of age.

Scarlet Fever

18 cases of Scarlet Fever were notified in 1966 and this was considerably less than the previous year's figure of 46. The disease generally was mild in character.

Whooping Cough

No case of Whooping Cough was notified in a school child during the year.

Diphtheria

No case of Diphtheria has been notified in the City since 1950.

Poliomyelitis

No case of Poliomyelitis has been notified in the City since 1960.

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 (5 — 15 year age group)

			By L.A.	By GPs	Total
Triple (D.T.P.)	..	..	2	7	9
Diphtheria/Tetanus	..	..	47	1	48
Diphtheria only	..	..	4	—	4
Tetanus only	..	..	23	4	27

Reinforcing Injections (5 — 15 year age group)

Triple (D.T.P.)	..	..	7	55	62
Diphtheria/Tetanus	..	..	658	19	677
Diphtheria only	..	..	15	3	18
Tetanus only	..	..	9	17	26

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, 825 children were given fourth doses of vaccine at school, as against 919 in 1965. In addition 41 children were given booster doses by their General Practitioners.

TUBERCULOSIS

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

	1961	1962	1963	1964	1965	1966
Pulmonary tuberculosis	1	11	2	3	—	—
Tuberculous meningitis	—	—	1	—	—	—
Tuberculosis, other forms	1	1	—	—	—	—
Totals ..	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:

	1966	1965
Consent Rate, November Survey ..	89%	84%
Number skin tested	1152	968
Number found positive: Grades 1 & 2	85	
Grades 3 & 4	21	
	— 106	71
Number found negative	988	865
Number vaccinated	987	865

Positive reactors

Grades 1 and 2 referred to Mass Radiography Unit.

No evidence of disease	77
Notified Pulmonary Tuberculosis ..	1
Refused or failed to attend	3
Found to have had previous B.C.G. (not X-rayed)	4
	—
	85
	—

Grades 3 and 4 X-rayed at Chest Clinic by large film:

No evidence of disease	15
Signs of old healed lesions:	
For follow-up by Chest Physician ..	2
No further action	3
Known contact, not X-rayed	1
	—
	21
	—

PROVISION OF SCHOOL MEALS

The number of meals provided during the year ended 31st December, 1966, was as follows:

	1966
To Nursery, Primary and Secondary Schools etc.	1,448,306
To Staff and Helpers	126,693
	—
	1,574,999
	—
Number of Free Meals supplied	127,061

On a selected day in 1966, the number of children taking milk under the 'Milk-in-Schools Scheme' was 9,474, which represents approximately 78.1% 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 Officers.
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.

The following handicapped pupils were ascertained during the year:

Physically Handicapped	..	..	..	..	2
Delicate	..	..	..	..	2
Educationally subnormal	..	..	..	..	34
Epileptic	..	..	..	..	1

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 table shows the number of children ascertained as in need of special educational treatment in Lincoln, and the schools in which they are placed:

Blind

1 child is in a special school:

Birmingham Royal Institution	1
------------------------------	----	----	----	---

Partially sighted

10 children are in special schools:

East Anglian School, Great Yarmouth	..	..	6
Exhall Grange, Coventry	..	..	3
St. Vincents School, Liverpool	..	..	1

Deaf

4 children are in special schools:

Royal School for the Deaf, Derby	..	..	2
Maud Maxfield School, Sheffield	..	..	1
Burwood Park School, Surrey	..	..	1

Partially hearing

6 children are in special schools:

Maud Maxfield School, Sheffield	..	..	2
Partially Hearing Unit, Boultham School, Lincoln	..	..	4

Educationally subnormal

126 children are in special schools or classes:

St. Christopher's, Lincoln	..	..	..	..	71
St. Catherine's, Lincoln	..	..	..	..	52
Rudolph Steiner, Aberdeen	..	..	..	..	1
Hindley Hall School, Northumberland	..	..	..	..	1
Seacroft School, Skegness	..	..	..	..	1

Epileptic

One child is in a special school.

Lingfield Hospital School	1
---------------------------	----	----	----	----	---

Maladjusted

3 children are in special schools

Marchant Holliday School, Somerset	..	..	..	..	1
Brookside School, Shropshire	..	..	..	..	1
Clwyd Hall School, Denbigh	..	..	..	..	1

Physically handicapped

23 children are in special schools:

Lincoln Open Air	..	..	..	..	15
Thieves Wood, Mansfield	..	..	..	..	1
Irton Hall School, Cumberland	..	..	..	..	1
Hesley Hall, Doncaster	..	..	..	..	4
Exhall Grange School, Coventry	..	..	..	..	2

Speech Defect

No child required special residential schooling on account of this condition.

Delicate

33 children are in special schools:

Lincoln Open Air	..	..	..	..	32
Laleham School, Broadstairs	..	..	..	..	1

The following handicapped pupils were awaiting admission to special schools in December, 1966:

Educationally subnormal	..	..	..	..	13
Physically Handicapped	..	..	..	..	1
Maladjusted	..	..	..	..	1
Delicate	..	..	..	..	2

PARTIALLY HEARING UNIT

The Unit for Partially Deaf Children at Boutham 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 during 1966

In December 1966, seven pupils were attending the Partially Hearing Unit full-time and two part-time. Of these children, three from the County areas attended full-time.

The Teacher of the Deaf continued to attend the Audiology Clinic at the Lincoln County Hospital for one session weekly to assist in the assessment and training of children of all ages suspected of having a hearing defect.

Eight Lincoln children with hearing aids are attending hearing schools.

CHILDREN ASCERTAINED AS UNSUITABLE FOR EDUCATION AT SCHOOL

Four children were ascertained during 1966 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, 1966	..	..	47
Number of children admitted during 1966	..	..	3
Number of children discharged during 1966	..	..	3

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

General Debility	..	..	..	..	..	17
Bronchitis	..	..	..	..	..	6
Asthma	..	..	..	..	..	8
Sequelae of Poliomyelitis	..	..	..	..	..	1
Congenital Heart	..	..	..	..	..	1
Cerebral Palsy	..	..	..	..	..	5
Orthopaedic defect	..	..	..	..	..	3
Fibrocystic disease	..	..	..	..	..	5
Miscellaneous	..	..	..	..	..	1

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.

DAY SCHOOLS FOR EDUCATIONALLY SUBNORMAL CHILDREN

A purpose built school for educationally subnormal children was completed during 1966 and has replaced St. Catherine's E.S.N. School. The new school will be known as St. Christopher's.

Because the Headmaster of St. Catherine's is due for retirement early in 1967, it was decided to leave the final year students at St. Catherine's until the Headmaster terminated his duties, and the remaining children have been gradually transferred from St. Catherine's to St. Christopher's since 31st October, 1966.

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

The following table shows the numbers of children on the roll of St. Catherine's School during the year:

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number on roll at 1.1.66	48	58	106
Number on roll at 4.11.66	31	41	72
Number on roll at 31.12.66	23	29	52

Further transfers are scheduled for January, 1967 and the only children remaining in St. Catherine's School after this date will be those due to leave at Easter, 1967.

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

The first group of children admitted to St. Christopher's School on 31st October, 1966 consisted of 51 pupils from St. Catherine's E.S.N. School and special classes attached to Primary Schools in the City.

The pupils settled into their new school so well that it was decided to admit a further 20 children from St. Catherine's on 5th December, 1966. These children were in the age range 12 to 13 and, because of this, wood-working and domestic science groups were established.

At the end of the year there were 71 pupils in the school.

A Diagnostic Unit is planned for St. Christopher's and this is due to open at the beginning of the Spring Term in 1967.

NURSERY SCHOOLS

The two nursery schools have been supplemented by nursery classes at two Infants' Schools. The children admitted to the nursery classes have been in the main, children of women who have returned to school teaching. Hartsholme Nursery class did not open until September, 1966 and the average attendance shown is for the period September to December, 1966.

The average attendances during the year were as follows:

	<i>Average Attendance</i>
St. Cuthbert's Nursery School	34.9
St. Giles Nursery School	40.7
St. Botolph's Nursery Class	19.2
Hartsholme Nursery Class	14.5

All children are medically examined on entry and a medical officer visits at regular intervals to see new entrants and to examine other children when required.

THE CHILDREN AND YOUNG PERSONS' ACT, 1933

229 children were examined for Employment outside school hours as compared with 343 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

During 1966 5 children (4 with orthopaedic defects and 1 with psychological problems) were taught at home during the year.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

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

51 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 five children during the year. The causes of death were as follows:

Accident (drowning)	..	..	..	2
Respiratory obstruction	..	..	..	1
Cerebral Abscess	..	..	..	1
Cerebral Haemorrhage and Reticulosis	..	..	..	1
				—
Total	..	..	..	5
				—

HEALTH EDUCATION

The programme of Health Education followed a similar pattern as last year and one Health Visitor devoted 29 sessions to giving lectures, illustrated by films and slides, to senior girls. 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.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

I am able to report an improvement in the state of the children's teeth for the second year in succession.

The percentage of children requiring treatment subsequent to school inspection in 1966 was 50.6% compared with 66.6% in 1965 and 82.73% in 1964. The unavoidable conclusion to be drawn from these figures is that our Dental Health Campaign of 1964 and the subsequent Dental Health Education Programme has helped to bring about a much needed change in attitude to the importance of correct diet, oral hygiene and dental care. It is also to be believed that this effort is of considerable importance in the wider context of General Health Education.

The staffing position has improved and at the close of the year four surgeries were in operation on a full-time basis, three Dental Officers and one Dental Auxiliary being employed.

For the first time since 1948 the service was able to inspect the whole school population and treat those who wished to avail themselves of our services.

The difficulties and delays in the establishment of a specialist orthodontic service within the City resulted in an increase in demand for this type of treatment and it is to be hoped that the services of a consultant orthodontist will be secured in the not too distant future.

I would like to thank the members of my staff for their co-operation during the year and also the Principal School Medical Officer and Chief Education Officer and their respective staffs for their support and encouragement.

G. A. VEGA,

Principal School Dental Officer.

DENTAL HEALTH EDUCATION

Individual class talks on the importance and care of the teeth and dental anatomy have been given to all nursery, infant, junior, secondary modern and special schools, plus one grammar school throughout the year. In addition a number of schools requested films on oral hygiene and further visits were made. The duration of the talks varied from 30 — 80 minutes according to the age of the pupils and the school concerned. Dental health projects were encouraged by several teachers, particularly in the poorer areas of the City and toothbrushes or toothpaste were awarded to the pupils. Approximately 2,000 toothbrushes were distributed as prizes or given to children attending the dental clinic where it was thought there was no toothbrush in the family.

The interest of the pupils in the talks given and the co-operation of the head teachers has been very good.

A selection of posters depicting rules for good oral hygiene were displayed in all schools, Health and Education Departments, Dental Clinics, public notice boards and maternity and child welfare clinics. Also, suitable books and leaflets were made available or distributed.

Summary of Dental Inspections and Treatment carried out during 1966

	1966	1965
Inspections		
(a) First inspection at school (No. of pupils) ..	12387	6020
(b) First inspection at clinic (No. of pupils) ..	860	520
No. of (a) + (b) found to require treatment ..	7138	4410
No. of (a) + (b) offered treatment ..	6302	3390
(c) Pupils re-inspected at school or clinic ..	1953	2857
No. of (c) found to require treatment ..	1110	2001
Sessions		
Sessions devoted to treatment	1614	1374
Sessions devoted to inspection	91	40
Sessions devoted to Dental Health Education ..	370	134½
School Inspections		
Pupils requiring treatment	50.6%	66.6%
Pupils referred	86.39%	54.1%
Accepted treatment	48.51%	46.2%
Attendances and Treatment		
First visit	3253	3474
Subsequent visits	6931	5899
Total visits	10184	9373
Additional courses of treatment	183	256
Fillings in permanent teeth	8086	8754
Fillings in deciduous teeth	4251	2978
Permanent teeth filled	6046	6811
Deciduous teeth filled	3596	2465
Permanent teeth extracted	604	669
Deciduous teeth extracted	1405	923
General anaesthetics	228	105

	1966	1965
Emergencies	631	702
No. of patients X-rayed	291	271
Prophylaxis	1085	412
Teeth otherwise conserved	709	603
No. of teeth root filled	17	24
Inlays	—	6
Crowns	19	20
Courses of treatment completed	2599	2517

Orthodontics

Cases remaining from previous year	28	26
New cases	65	53
Cases completed	73	44
Cases discontinued	1	7
No. of removable appliances	67	61
No. of fixed appliances	2	1
No. referred to hospital consultant	1	—

Prosthetics

Pupils supplied with F.U. or F.L. (first time) ..	3	5
Pupils supplied with other dentures (first time) ..	21	16
No. of dentures supplied	24	21
Anaesthetics administered by Dental Officers ..	1	—

Lincoln averages compared with the national average

	Lincoln %	National %
Percentage inspected at School Inspections (first time in year)	93.48	48.3
Total number inspected at school and clinic (first time in year)	100.0	55.1
Percentage requiring treatment	50.6	67.3
Percentage of school population treated	24.29	17.3

Work per session including Auxiliary

Fillings	7.65	5.6
Extractions	1.24	2.3

Ratio of Teeth Filled to Teeth Extracted

	Lincoln		National
	1966	1965	
Permanent	10.09 : 1	10.2 : 1	5.3 : 1
Deciduous	2.56 : 1	2.67 : 1	0.6 : 1
Overall	4.8 : 1	5.8 : 1	2.2 : 1

(NOTE: When discounting orthodontic extractions, the overall ratio is 5.9 : 1).

WORK OF THE CHILD GUIDANCE CLINIC

I am indebted to Dr. G. McK. Nicholl for the following report of the work of the Child Guidance Clinic during 1966.

"Since my report last year the Child Guidance Services have expanded and the pressure of work has continued. The need for the Child Guidance Services has been shown by the fact that whenever facilities have been offered, these have been immediately swamped with new cases. This has shown the tremendous need in the area.

The number of children at risk in North Lincolnshire has led the Sheffield Hospital Board to advertise for a second consultant to work in the area. He or she will, when appointed, take over Grimsby, Louth and Lincoln Child Guidance Clinics. I shall continue to serve the areas around Gainsborough and Scunthorpe but shall also be involved in the opening of a new unit for twelve seriously disturbed children at the Lawn Hospital. The year 1966 has been one in which, while working at full pressure, the plans for further expansion of the work in 1967 have been carefully laid and worked out.

During the year the work has been handicapped at Lincoln by the shortage of a trained Social Worker. However, we hope that training schemes now being undertaken will produce future candidates for this vitally necessary work.

In accordance with my policy of liaison and working with other agencies numerous meetings have been attended and lectures given. The staff of the residential children's homes have been encouraged to come up with, and discuss, individual children, as well as the wider implications of their work. Probation Officers and Child Care Officers have made use of the facilities offered for discussion about children in their charge. This has I think been useful and is appreciated. I have had an opportunity to lecture to and discuss the work with General Practitioners and was most grateful for this invitation. Lectures to Parent/Teacher Associations and Mothers' Clubs are also regular features.

In conclusion I should like to thank the Social Workers, Educational Psychologists and Clerks in all the areas in which I worked last year for their support and help. Without this loyal team of workers the tasks would be almost impossible. It is thanks to the quality of these workers that such a large amount of work has been accomplished."

New referrals during the year

New cases referred	..	..	..	..	70
New cases seen	..	..	..	..	60
New cases waiting	..	..	..	..	8

Psychiatrist's interviews

With parent	..	..	..	..	275
With child	..	..	..	..	220
					<hr/> 495 <hr/>

Source of Referral

General Practitioner	..	..	..	..	36
Consultant	..	..	..	..	10
School Medical Officer	..	..	..	..	37
Child Care Officer	..	..	..	..	28
Court	..	..	..	..	8
Educational	..	..	..	..	20
Others	..	..	..	..	1

Reason for Referral

School Refusal	..	..	..	..	12
Anti-social behaviour and behaviour difficulties					50
Habit Disorder and Disordered Elimination	..				36
Organic	..	..	..	..	22
Psychosomatic	..	..	..	..	10
Others	..	..	..	..	10