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CITY AND COUNTY  
BOROUGH OF LINCOLN



ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
FOR THE  
YEAR ENDED 31st DECEMBER, 1970

*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, 1970*

---

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



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

Mr. Mayor, Aldermen and Councillors,

I am pleased to present my Annual Report on the health of the City for the year 1970.

The Registrar-General's Estimate of the population of the City in 1970 was 74,760, a slight decrease compared with the estimate for 1969 (75,570). There was a decrease in the number of live births 1,153 compared with 1,206 in 1969 and it is pleasing to report again that there was a decrease in the number of illegitimate births, 111 compared with 143 in the previous year, although the illegitimate live birth rate per cent of total live births, 10.0, was still higher than that for the Country as a whole (8.0).

One of the most important decisions taken in recent years by the Health Committee was the setting up of a Family Planning Clinic conducted by the Authority's Staff. A gradual expansion of the Family Planning Service is envisaged with clinics held not only at the Central Clinic at Newland but also at the Boultham Park Health Centre and Ravendale Clinic. This should provide a better service for those women living in the northerly and southerly parts of the City. It is also hoped to provide a domiciliary service.

I cannot emphasise too strongly the urgency for the need to reduce the annual number of births in Lincoln and in particular in the whole of Britain. It should be apparent to all thinking people that we have now reached a crisis point in the population increase.

In Britain the excess of births over deaths each year is still 250,000 and Britain is the third most densely populated country in the world. When considering the fact that we have to import half of all our food and with the exception of coal virtually all our raw materials, then it is clearly apparent that the point in time has already been reached when the gross over-population of this island can no longer be supported by our slender resources.

We have to rely on exporting manufactured goods to pay for our imports of raw materials and food and we are facing ever growing competition from other manufacturing countries. We are at present exporting to countries who are themselves becoming industrialised and the time will come when they will not need our exports.

Every child born should have the right to expect a job to go to on leaving school. The excess of births over deaths represents 250,000 new jobs every year, at a time when the number of jobs is declining due to many factors including mechanisation and automation and when there are already almost one million unemployed. The local position in Lincoln mirrors that of Britain as a whole. In the decade 1960 — 1970 the average excess of births over deaths each year was 428 and there are no signs that in Lincoln there will be an additional 400 new jobs available each year in the future. There is at the present time an unacceptable level of unemployment which will be further aggravated by the increasing number of school leavers seeking employment.

The one hopeful sign is that both national and local governments are becoming aware of the urgency of the need to reduce the number of unwanted pregnancies. Survey after survey has shown, and there is abundant supporting evidence, that at least half of all pregnancies are unplanned and unwanted.



Contraceptive techniques have reached a degree of sophistication and effectiveness that the unplanned pregnancy should be an uncommon event. The means are there, what is lacking is the will. Surely no-one would argue with the premise that every baby should be a wanted baby. This is what a family planning service hopes to achieve, and its aims are two-fold namely to ensure that the optimum interval between pregnancies,  $2\frac{1}{2}$  to 3 years, is not reduced and that the total number of children produced is not greater than that which the family and society can support.

It is self evident that no family can exist in our modern society in isolation. A family is dependent on society for many services including Education, Health, Welfare, Social Security benefits, unemployment benefits and many others. Clearly then society should have the right to have a say in the total number of children a family should produce.

When the planet Earth is threatened with ecological disaster largely as a consequence of an unprecedented population explosion it is illogical and, indeed, anti-social to pour money into maternity benefits, child allowances, education and special schooling when a tiny proportion of this money provided for family planning would, with forethought, have resulted in a reduction of the number of unplanned pregnancies and unwanted children. Progress has been made in that in Lincoln in 1961 the excess of births over deaths was 586 whereas the number in 1970 was 246. Further and persistent efforts will need to be made to ensure that the progress continues.

The infant mortality rate (17.0) was slightly less than that for England and Wales (18.0) and the perinatal mortality rate (19.0) also compared favourably with the rate for England and Wales (23.0).

The number of domiciliary confinements continued to decline and in 1970 only 150 women had their babies at home. The staff of the Midwifery Service at the end of the year was four. This is the absolute minimum number required to continue a domiciliary service and despite the presence in Lincoln of a new Maternity Unit, the Lincoln Health Authority still has a duty to provide an adequate number of midwives for attendance on women in their homes during child birth. Although no-one would argue that in many cases hospital confinement is desirable there is, nevertheless, a substantial proportion of women who can be safely confined at home. Furthermore, in view of the increased tendency towards planned early discharge from maternity units, it is essential for a viable domiciliary midwifery service to continue. In addition, the fact that pupil midwives have to receive domiciliary training is another reason for the continuance of this service.

The Infant Welfare Clinics held in 9 Centres in the City continued to be well attended, the average attendance per session being 33. The value of these clinics is without question and possibly the only two criticisms are that many mothers no longer attend the clinics after their children reach the age of one year and that many of the mothers who do attend are conscientious women who would look after their children well in any case, whilst unsatisfactory mothers are very often unwilling to attend the clinics. To deal with these possible criticisms, the Health Visitors make special efforts to encourage reluctant mothers to attend and also to offer an appointment at special Toddlers' Clinics for children in the 3-5 year age group.

Since 1947, there has been only one Day Nursery in the City and although located in the centre of the City, the journey involved in taking young children to and from the Nursery by mothers living in the northerly and southerly parts of the City presents problems, not the least of these being financial. As it is now the pattern of our society that mothers of young children expect



and wish to go out to work, the provision of additional Day Nurseries should receive consideration and no doubt this will be one of the priority projects to be considered by the newly formed Social Services Department.

"Battered Babies" is a term used to describe cases in which a baby suffers injuries inflicted, in most instances, by a parent and following receipt of the Chief Medical Officer's letter on "Battered Babies" in February, a meeting was arranged between representatives of the Local Authority, Hospital Services, General Practitioners and the Police.

This difficult subject was fully discussed and one recommendation made was that the report "The Battered Baby" should be distributed to newly appointed hospital medical staff, the Committee having decided that one of the defects in the services was in the Hospital Casualty Department in which a high turnover of staff resulted in a lack of continuity, and the fact that many are fairly junior and, therefore, may not fully appreciate the significance of certain types of injury to babies and other young children. The fact that the Casualty Officers are particularly concerned is that many General Practitioners, for good reasons, prefer not to become involved with the family difficulties which are present when the battered baby's situation arises. It was also stressed that in any cases of doubt, it would be desirable to admit a child to hospital for investigation of the illness and for investigation of the home and other social circumstances involved. The severity of the injuries should not be regarded as the sole criteria for the admission of the child.

The slight reduction in the number of visits paid by the Health Visitors does not indicate that their work is decreasing. On the contrary, in recent years there has been a continued extension of the scope of the Health Visitor's work and this tends to have the effect either of increasing her total work load, or of decreasing the proportion of work with mothers and young children. The suggestion that some of her work could be done by someone less highly trained might prove to be the answer to this problem. Similarly, as District Nurses become part of community nursing teams, their care, which has in recent years been mainly concerned with the elderly, will be extended to other sections of the community. Relief from a good deal of routine district nursing work by the employment of less qualified State Enrolled Nurses would allow the S.R.N. District Nurse to widen her scope of work and to enter new fields.

There was an increase in the number of deaths from cancer of the lung and bronchus, 57 compared with 43 during the previous year. Premature deaths and disabling illnesses caused by cigarette smoking have now reached epidemic proportions and present the most challenging of all opportunities for preventive medicine in this country. Success in the prevention of diseases caused by smoking can be achieved, but only if the attack is effectively organised and made on many fronts. As stated in the latest Report of The Royal College of Physicians:

"The goal is the preservation of the lives and health of thousands of smokers who would otherwise continue year after year to become ill and to die before their time."

Ten years ago in my Annual Report for 1961, I wrote as follows:—"I completely fail to understand the minds of smokers who continue the habit despite the evidence which has been presented, which leaves little doubt that there is a causal relationship between smoking and cancer of the lung. The evidence is now available and all smokers should consider this and



evaluate the risks. They should then abandon this self-indulgent habit, should attempt to regain their self respect and release themselves from the bondage of nicotine addiction."

These remarks are still true today and even more evidence is available on the deleterious effects of smoking and the facts are established beyond doubt that it is the most important single cause or factor in producing cancer of the lung, coronary thrombosis and chronic bronchitis. The information is so well known, the facts are being presented so often and all evidence has pointed in only one direction, namely that smoking is a highly dangerous practice, however, smokers choose to ignore the facts and continue to smoke whilst the incidence of cancer of the lung continues to rise in men and is rising at an alarming rate in women.

If people decide to choose this form of suicide and continue to smoke in spite of the well known hazards, at least they should recognise that it is a most unpleasant experience for some non-smokers to be in the presence of cigarette smokers and I would go as far as the Chief Medical Officer of The Department of Health has gone and state that I, along with him, look forward to the day "when smoking would only be indulged in in private houses between consenting adults."

It is at least possible that cancer of the lung in non-smokers (which, for obvious reasons is very low) is due to the fact that non-smokers have to spend some of their time in the company of smokers and cannot avoid inhaling a certain amount of cigarette smoke.

An Anti-Smoking Clinic was held at "Beaumont House" for one week in June, 1970. This was an intensive course taking up five evenings and was organised and conducted by an independent Organisation on behalf of the Health Committee. About 75 attended and although the definite figures are not available, it is thought that approximately one-third of this number gave up smoking.

Rubella (German Measles) is generally a mild disease with no serious complications. If, however, it is contracted by a woman in the first three months of pregnancy there is a 10 — 15% risk that the baby may be born with one of the most serious dual handicaps — deafness and blindness. With the ultimate object of protecting all women of child-bearing age from rubella and thus reducing or eliminating the number of infants born with congenital defects, the Department of Health and Social Security issued a Circular on 29th July, 1970 recommending that vaccination against rubella should be offered to all girls between their 11th and 14th birthday.

Past experience has shown that the most satisfactory way of carrying out any vaccination scheme among school children is to perform the vaccination on the school premises. As soon as the vaccine became available, therefore, arrangements were made to vaccinate, with parental consent, 13 year old girls in school. By the end of the year, 262 girls had been vaccinated.

Vaccination against Measles became generally available in May, 1968 and since that date, 3,033 children have been vaccinated (1,213 in 1970).

The Mental Health Services continued very much on the same lines as last year. The adaptations to the Quarry Hostel for females were, by the end of 1970, almost completed and the Hostel was opened in February, 1971. Now that the Authority has a new Junior Training Centre in the process of being constructed, an Adult Training Centre, a Hostel for sub-normal females and a Hostel for sub-normal males, it should not be thought that this will be the end of the provision the Local Authority will have to make.



The number of mentally sub-normal children continues to increase, in fact the number in England and Wales has doubled over the past 12 years, and the community services provided will, therefore, have to increase proportionately.

The number of educationally sub-normal children has increased from 5 per thousand to 8 per thousand in 20 years. The number of slow learners in school is increasing at roughly 1% per annum. These increases in the absolute number and the proportion of children with impaired intellect, in a minute period of biological time, are a matter for great concern.

In order to cater for the increasing number of mentally sub-normal persons and the over-crowding of hospitals for the mentally sub-normal, the national policy is to cater for an increasing number of mentally handicapped children in the community and plans for increasing the number of beds in hospitals for mentally sub-normal, or for rehabilitating existing hospital accommodation are virtually non-existent.

In deciding to place more mentally sub-normal persons in the community, one should have regard to doing the greatest good for the greatest number and no-one should lose sight of the fact that many parents have to tolerate a tremendous burden in providing continuous care month after month, year after year, for a mentally sub-normal child or adult.

It has been customary in the past to mention the ill effects of atmospheric pollution. It is now more prudent, however, to speak about environmental pollution because it is clear that atmospheric pollution is only one of the many types of pollution to which people in this country are subjected.

These are reaching such serious proportions that there is little wonder that Ecologists are becoming increasingly pessimistic about mankind's future. Ecologists' statements are based on "fact" and not "opinion" and in drawing attention to the dangers due to pollution, Ecologists are forceful in pointing out that pollution is entirely due to people and the amount of pollution is directly due to their affluence. There is, therefore, the paradoxical situation of the possibility of the most affluent society becoming the first society to succumb to its own pollution.

In Lincoln it can hardly be said that we have been in the forefront of atmospheric pollution control, as our efforts in the past have left much to be desired. 1975 is supposed to be the date when the whole of Britain will be smoke free, however, Lincoln has no hope of achieving this objective by that date unless there is a completely new attitude and a realisation of the true priorities.

The City Council's decision to increase the amount of fluoride in Lincoln's water supply from 0.05 to 1.0 per million has now been implemented and at the time of writing this report, the whole of the Lincoln area is receiving fluoridated water.

In this connection, I would mention that an enormous amount of help was given by General Practitioners and Hospital Consultants when the fluoridation issue was in question. The Local Medical Committee gave very active support and this was an excellent example of the three branches of the Health Service coming together to ensure that a measure which would beneficially affect the health of the whole community would be accepted. If this degree of co-operation existed in all areas, there would then be little need to make the administrative changes which are due to take place on the 1st April, 1974.

The new Social Services Department was set up on 1st April, 1971, but as the enlarged accommodation required could not be ready for occupa-

tion until June and as the recruitment of the additional staff considered necessary was spread over several weeks, the transfer of the administration of the Mental Health Services and the Day Nursery was delayed until September, 1971. The Home Help Service staff are remaining in the Health Department office although the Service has in fact been taken over by the Social Services Department.

Three long-serving members of the staff retired during the year — Mr. J. C. Martin, Lay Administrative Assistant, Miss E. M. Day, Chief Nursing Officer and Mrs. M. Martin, Senior Health Visitor. I wish them well in their retirement.

In conclusion, I should like to express my sincere thanks to the Health Department staff for their loyal service throughout the year and I hope that the staff transferred to the Social Services Department will have every success in their careers in the future. Finally, I wish to thank the Chairman of the Health Committee, Councillor Mrs. S. J. Townend, for her continued enthusiasm and support.

R. D. HAIGH,  
*Medical Officer of Health.*

City Health Department, Beaumont Fee,  
LINCOLN.

*September, 1971.*



# CONTENTS

	<i>Page</i>
<b>Report of the Medical Officer of Health</b>	
Introduction ... ..	2
Health Committee ... ..	12
Staff ... ..	13
Statistical Information	
General Statistics ... ..	17
Vital Statistics ... ..	17
Comparison of Certain Vital Statistics with Rates for England and Wales	17
Comparative Table—Last Five Years ... ..	18
Births ... ..	18
Deaths in Age Groups, 1970 ... ..	18
Summary of Principal Causes of Death, 1970 ... ..	19
Deaths from Cancer ... ..	21
Infant Mortality ... ..	22
Perinatal Mortality ... ..	22
Suicide ... ..	22
Cremations ... ..	22
Local Health Authority Services	
Care of Mothers and Young Children ... ..	23
Infant Welfare Clinics ... ..	23
Ante-Natal Clinics ... ..	24
Ultra-Violet Light Clinic ... ..	25
Supply of Welfare Foods ... ..	25
Care of Unmarried Mothers ... ..	26
Day Nursery ... ..	26
Nurseries and Child Minders Regulation Act, 1948 ... ..	27
The Battered Baby ... ..	27
Family Planning ... ..	28
Dental Service ... ..	29
Midwifery ... ..	30
Staff ... ..	30
Refresher Courses ... ..	30
Training of Pupil Midwives ... ..	30
Transport ... ..	31
Notifications of Intention to Practise ... ..	31
Distribution of Confinements ... ..	31
Maternal Death ... ..	32
Stillbirths ... ..	32
Radio Control ... ..	32
Analgesia ... ..	32
Chest X-ray of Expectant Mothers ... ..	32
Postnatal X-rays ... ..	32
Early Hospital Discharge ... ..	32
Hospital Booked Cases — Ante-natal Visits ... ..	33
Home Nursing Service for Premature Babies ... ..	33
Notification of Congenital Malformations ... ..	33
Perinatal Mortality Survey, 1970 ... ..	34
Health Visiting ... ..	34
Staff ... ..	34
Training of Hospital Personnel in Social Aspects of Disease ... ..	35
Home Visiting ... ..	35
Health Education ... ..	36
Mothercraft Classes—The Stork Clubs ... ..	36
Mothers' Clubs ... ..	37
Problem Families ... ..	37
Home Nursing ... ..	37
Staff ... ..	37
General Remarks ... ..	37
Domiciliary Cervical Cytology Service ... ..	38
Marie Curie Memorial Foundation Day and Night Nursing Service ... ..	38
Information Meetings for District Nurses ... ..	38

	<i>Page</i>
Vaccination and Immunisation	
Vaccination against Smallpox	38
Combined Immunisation against Diphtheria, Whooping Cough and Tetanus	39
Immunisation against Tetanus only	40
Poliomyelitis Vaccination	40
Measles Vaccination	41
Rubella Vaccination	42
Ambulance Service	43
Staff	45
Illness	45
Competitions	45
Training	45
Vehicles	46
Radio-Control	46
Patients carried by Rail	46
Co-operation with Other Authorities	46
Fuel Consumption	47
Prevention of Illness, Care and After-Care	47
Tuberculosis	49
B.C.G. Vaccination	49
Mass Radiography	49
Immigrants	50
Other Illnesses	50
Follow-up of Registered Blind and Partially Sighted Persons	50
Ophthalmia Neonatorum	50
After-Care of Patients following discharge from Hospitals	51
Provision of Nursing Equipment and Apparatus	51
Chiropody Service	51
Yellow Fever Vaccination	52
Health Education	52
Women's Cytology Clinic	53
Home Help Service	54
Aged and Infirm Persons	55
Tuberculous Cases	56
Administration	56
Visiting	56
Toxaemia of Pregnancy	57
Problem Families	57
Night Attendant Service	57
Special Events	57
Mental Health Services	58
Staff	58
Administration	58
Statistics	58
Mental Illness	58
Compulsory and Informal Admissions	58
Community Care	60
Case Conferences and Discussions	61
Subnormality	61
Social Clubs	61
Junior Training Centre	62
Adult Training Centre	64
St. Hugh's Hostel	67
Quarry Hostel	67



	<i>Page</i>
Control of Infectious Diseases ... ..	68
Notifiable Infectious Diseases ... ..	68
Diphtheria ... ..	69
Scarlet Fever ... ..	69
Measles ... ..	69
Whooping Cough ... ..	69
Dysentery ... ..	69
Food Poisoning ... ..	70
Ophthalmia Neonatorum ... ..	71
Acute Meningitis ... ..	71
Infective Hepatitis ... ..	71
Coxsackie Group A Inspection ... ..	71
Tuberculosis ... ..	71
Notifications ... ..	71
Deaths from Tuberculosis ... ..	72
Summary of Notifications and Deaths over last 10 years ... ..	72
Venereal Diseases ... ..	72
Water ... ..	73
Registration of Nursing Homes ... ..	73
Section 47 of the National Assistance Act, 1948 ... ..	73
Housing ... ..	73
<b>Report of the Chief Public Health Inspector</b>	
Introduction ... ..	76
General Inspections ... ..	78
Dwellinghouses ... ..	78
Drainage ... ..	78
Miscellaneous ... ..	79
Works done under Statutory Notice, or informal action	
Houses ... ..	79
Drainage ... ..	80
Water Closets ... ..	80
Offensive Trades ... ..	80
Provision of Dustbins to Private Premises ... ..	80
Housing Act, 1957 and Public Health Acts	
Informal and Statutory Notices Served ... ..	80
Local Land Charges ... ..	80
Clearance Areas, Demolition and/or Closing Orders	
Rent Act, 1957 ... ..	80
Fertilisers and Feeding Stuffs Act, 1926 ... ..	81
Agricultural Produce (Grading and Marking) Act, 1928 ... ..	81
Trade Descriptions Act, 1968 ... ..	81
Rag Flock and Other Filling Materials Act, 1951 ... ..	81
Pet Animals Act, 1951 ... ..	81
Agriculture (Safety, Health and Welfare Provisions) Act, 1956 ... ..	81
Caravan Sites and Control of Development Act, 1960 ... ..	82
Swimming Baths ... ..	82
Noise Abatement Act ... ..	82
The Offices, Shops and Railway Premises Act, 1963 ... ..	83
Shops Act, 1950 ... ..	83
Clean Air Act, 1956 ... ..	83
Factories Acts, 1961	
Part I of the Act ... ..	86
Prevention of Damage by Pests Act, 1949 ... ..	87
Food and Drugs Act, 1955	
Inspection of Food Premises ... ..	88
Food Poisoning ... ..	88
Food Hygiene Regulations, 1960 ... ..	88
Food Samples ... ..	89
Samples Adulterated or otherwise giving rise to Irregularity ... ..	91
Offences other than those indicated by Sampling ... ..	92

	<i>Page</i>
Milk Supply	
Milk and Dairies (General) Regulations, 1959 ... ..	96
The Milk (Special Designation) Regulations, 1960 ... ..	96
Heat Treated Milk ... ..	97
Raw Milk ... ..	97
Cream ... ..	97
Bacteriological Examination of Milk Equipment ... ..	97
Ice Cream ... ..	97
Preserved Food ... ..	98
Poultry Inspection ... ..	98
Inspection of Meat ... ..	98
Cysticercus Bovis ... ..	99
Foods Condemned ... ..	99
Slaughter of Animals Act, 1958 ... ..	99

### Report of the Principal School Medical Officer

City of Lincoln Education Committee ... ..	102
Introduction ... ..	103
Staff of School Health Department ... ..	105
List of Schools ... ..	107
Statistics ... ..	108
Medical Inspection of School Children ... ..	109
Results of Inspections ... ..	109
General condition of children ... ..	110
Special Inspections ... ..	110
Notes on specific defects ... ..	111
Skin diseases ... ..	111
Visual defects ... ..	111
Ear, Nose and Throat defects ... ..	112
Audiometry Service ... ..	112
Speech Defects ... ..	113
Orthopaedic and postural defects ... ..	114
School Chiropody Service ... ..	115
School cardiac register ... ..	115
Pre-School cardiac register ... ..	116
Provision of School Clinics ... ..	116
Enuresis ... ..	117
Cleanliness of School Children ... ..	117
Infectious Diseases in School Children ... ..	118
Vaccination and Immunisation ... ..	119
Tuberculosis and B.C.G. Vaccination ... ..	120
Provision of School Meals ... ..	121
Handicapped Pupils ... ..	121
Partially Hearing Unit ... ..	123
Children ascertained as unsuitable for Education at School ... ..	124
Special Schools in Lincoln ... ..	124
Nursery Schools ... ..	126
Children and Young Persons Act ... ..	126
Home Teaching ... ..	126
Medical Examination of Teachers and Entrants to Training Colleges ... ..	127
Deaths in School Children ... ..	127
Health Education ... ..	127
Report of Principal School Dental Officer ... ..	128
Dental Health Education ... ..	128
Work of the Child Guidance Clinic ... ..	130



## HEALTH COMMITTEE, 1970

THE RIGHT WORSHIPFUL THE MAYOR  
ALDERMAN MRS. M. R. SOOKIAS, S.R.N.

*Chairman:* COUNCILLOR MRS. S. J. TOWNEND

*Council Members:*

Councillor F. T. Allen	Councillor B. H. Kendall
Councillor R. G. Bracey	Councillor A. H. Taylor
Councillor Mrs. E. M. Dawber	Councillor D. J. Fowler
Councillor Mrs. A. J. Naftalin	Councillor Mrs. C. Wilkinson

*Other Members:*

Dr. T. M. O'Brien	Mr. G. Manning
Miss M. C. Edwards	Mr. E. M. G. Bell
Mr. G. H. Kelsey	

### Necessitous Cases Sub-Committee

*Chairman:* COUNCILLOR MRS. S. J. TOWNEND

Councillor R. G. Bracey	Councillor Mrs. A. J. Naftalin
Councillor B. H. Kendall	Councillor Mrs. C. Wilkinson
Councillor A. H. Taylor	

### Prosecution Sub-Committee

*Chairman:* COUNCILLOR MRS. S. J. TOWNEND

Councillor R. G. Bracey	Councillor Mrs. A. J. Naftalin
Councillor B. H. Kendall	Councillor Mrs. C. Wilkinson
Councillor A. H. Taylor	

## STAFF OF THE CITY HEALTH DEPARTMENT, 1970

### *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:*

G. C. FRANKLIN, M.A., M.B., B.CHIR., D.P.H. (from 2nd March)

### *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*

CATRIONA F. G. SMITH, M.B., Ch.B.

(part-time to 27th October)

### *Principal School Dental Officer:*

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

### *School Dental Officers:*

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

MRS. D. BIRRELL, B.D.S. (to 31st May)

### *Dental Auxiliary:*

MISS M. D. BESWICK (from 1st September)

### *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., D.M.A.

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., SMOKE INSPECTOR'S CERT. R.S.H.

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

P. A. COBBETT, CERT. P.H.I.E.B.

C. BECK, CERT. P.H.I.E.B., SMOKE INSPECTOR'S CERT. R.S.H.

### *Authorised Meat Inspector:*

A. CLAYTON

### *Pupil Public Health Inspectors:*

R. C. HARTFORD

B. F. SPALDING

M. I. SMITH (from 21st September)

### *Chief Nursing Officer:*

MISS E. M. DAY, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.) (Retired 7th August)

MRS. C. A. HANSON, S.R.N., S.C.M., H.V. (CERT.) C.N.N., N.D.D.N. (from 10th August)



*Health Visitors:*

MRS. M. MARTIN, S.R.N., R.S.C.N., H.V. (CERT.) (Retired 31st May)  
 MRS. M. L. DIMBLEBY, S.R.N., S.C.M., H.V. (CERT.).  
 MISS A. H. TAYLOR, S.R.N., S.C.M., R.S.C.N., H.V. (CERT.)  
 MISS G. J. SCOTT, S.R.N., S.C.M., H.V. (CERT.)  
 MISS S. A. EAST, S.R.N., B.T.A. (CERT.) H.V. (CERT.)  
 MISS J. E. GREEN, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.) (part-time)  
 MISS F. BOOTH, S.R.N., S.C.M., H.V. (CERT.), B.T.A. (HONS.), S.R.F.N. (part-time)  
 MRS. P. S. TROUT, S.R.N., S.C.M., H.V. (CERT.)  
 MRS. G. D. LINE, S.R.N., S.C.M., H.V. (CERT.) (from 1st January)  
 MRS. E. F. I. LEGG, S.R.N., S.C.M., H.V. (CERT.) (from 20th July)  
 MRS. L. A. LEE, S.R.N., S.C.M., H.V. (CERT.) (from 21st September)  
 MISS P. C. MITCHELL, S.R.N., S.C.M., H.V. (CERT.) (from 14th September)

*Student Health Visitor:*

MISS M. JORDAN, S.R.N., S.C.M.

*Health Education Officer:*

MRS. C. A. HANSON, S.R.N., S.C.M., H.V. (CERT.), C.N.N., N.D.D.N. (to 9th August)  
 MISS E. C. GALGEY, S.R.N., S.C.M., H.V. (CERT.) (21st September to 11th December)

*Non-Medical Supervisor of Midwives:*

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

*District Midwives:*

MRS. G. M. ENGLISH, S.R.N., S.C.M. (to 30th September)  
 MRS. J. M. VEAR, S.C.M.  
 MRS. R. PARK, S.R.N., S.C.M.  
 MRS. B. MICHAEL, S.R.N., S.C.M.  
 MISS B. LATHAM, S.R.N., S.C.M. (1st July to 30th September)

*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. (to 16th August)  
 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.  
 MRS. V. E. WARD, S.R.N., N.D.D.N. (from 17th August)

*Clinic Nurse:*

MRS. J. A. PRATT, S.R.N. (to 31st December)

*Day Nursery:*

Matron	MISS B. E. TAYLOR, S.R.N., S.R.F.N.
Deputy Matron	MISS R. CAULTON, C.N.N.
Nursery Nurses	MISS E. M. E. DRIFFILL, C.N.N.
	MISS H. B. KINNARD, C.N.N.
	MRS. S. WOOD, C.N.N.
	MISS R. LANGFORD, C.N.N.
	MRS. M. A. HOOLEY, S.E.N. (from 1st July to 11th December)
	MISS R. DRAKES, C.N.N. (from 12th October)
	MRS. E. LIDDLE, C.N.N. (from 2nd January to 9th October)

*Chiropodists:*

R. W. SAVAGE, S.R.Ch.
F. T. SMITH, M.Ch.S.
MRS. D. A. WELLS, S.R.Ch (part-time)
MRS. A. D. BROWN, M.Ch.S. (part-time)

*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.)
MISS M. McDOUGAL, R.M.N.
C. S. DALES, S.R.N., R.M.N., B.T.A. (CERT.)

*Adult Training Centre:*

Manager:	J. RUSHFORTH, R.M.N.
Assistants	MRS. M. VALTERS
	MRS. B. A. JONES (to 22nd August)
	W. B. FLATTERS
	G. E. SMITH
	P. NEWCOMBE
	MRS. A. M. SIMPSON (from 1st September)

*Junior Training Centre:*

Supervisor:	MRS. J. A. WEBB, N.A.M.H. (DIPLOMA), C.T.C. DIPLOMA
Deputy Supervisor:	MRS. E. EITE, S.R.N., C.T.C. DIPLOMA
Assistants	MISS S. A. WADSLEY, C.T.C. DIPLOMA (to 17th July)
	MRS. J. BONSER, C.T.C. DIPLOMA
	MISS S. POOLE, C.T.C., DIPLOMA (from 7th September)
	MRS. W. J. DAWSON
	MRS. R. M. HART

*Special Care Unit:*

MRS. J. A. E. SALISBURY, S.R.N. (part-time)
MRS. B. I. HALE, S.E.N.

*Hostel for Mentally Sub-Normal Adult Males:*

Warden:	J. H. GEERLING, R.N.M.S. (to 15th July)
	J. W. LONGSON, S.E.A.N. (from 1st September)
Matron:	MRS. L. GEERLING (to 15th July)
	MRS. A. M. LONGSON (from 1st September)
Deputy Warden:	R. HARLEY (part-time)
Deputy Matron:	MRS. D. J. COOK



*Ambulance Service:*

Ambulance Officer	V. R. NORTH, F.I.A.O.
Deputy Ambulance Officer	H. LEEMING
Ambulance Liaison Officer:	A. E. RAYSON
Clerk	MISS J. M. WALLS
Clerk/Telephonist	MISS M. HOWE
Driver/Attendants: 31 (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)
Helps at the end of the year: Whole-time 8; Part-time 133	

*Pests Officer:*

A. H. WALKER

*Rodent Operators:*

R. WOOLFITT                      R. D. HIGGINS

*Dental Surgery Assistants:*

MISS M. ASKEW  
 MRS. V. PORTERGILL  
 MISS P. SMALLEY (to 24th April)  
 MISS J. SALTER (from 2nd March)

*Dental Health Education Officer:*

MISS M. F. BRADLEY

*Lay Administrative Assistant:*

J. C. MARTIN, A.R.S.H. (Retired 31st May)  
 MISS M. A. BOYNTON (from 1st July)

*Clerks:*

A. C. TAYLOR  
 N. F. MCLEOD  
 B. F. SPALDING  
 MRS. C. M. DENNY (from 14th September)  
 MISS S. M. JOHNSON  
 MISS E. KETTLEBORO  
 MISS L. J. STOCKS  
 MRS. E. PICKWELL  
 MISS A. BURNETT (to 1st November)  
 MRS. J. BUSH  
 MRS. J. PRIESTLEY (part-time)  
 MRS. E. GROCOCK (part-time clinic clerk)  
 MRS. J. K. MCLEOD (part-time clinic clerk)  
 MRS. P. J. ELLIS (Dental Clinic)  
 MRS. J. M. JONES (to 6th November)  
 MISS K. PAUL  
 MRS. A. M. NEWMARCH  
 MISS J. H. HOWARD (from 7th September)  
 MISS C. NEWCOMBE (from 7th September)  
 MISS A. HOLBORROW (from 2nd November)

## STATISTICAL INFORMATION

### GENERAL STATISTICS

Area of City in acres .. .. .	8,825
Number of dwelling houses, 1st April, 1970 .. .. .	26,538
Rateable Value, 1st April, 1970 .. .. .	£2,888,782
Sum represented by a penny rate .. .. .	£11,700

### VITAL STATISTICS

Population (estimate mid-year, 1970) .. .. .	74,760
Live Births:—	
Number .. .. .	1,153
Rate per 1,000 population .. .. .	15.9
Illegitimate Live Births .. .. .	111
Illegitimate Live Births—per cent of total live births.. .. .	10.0
Still-births:—	
Number .. .. .	15
Rate per 1,000 total live and still births .. .. .	13.0
Total Live and Still Births .. .. .	1,168
Infant Deaths (deaths under 1 year) .. .. .	20
Infant Mortality Rates:—	
Total infant deaths per 1,000 total live births .. .. .	17.0
Legitimate infant deaths per 1,000 legitimate live births .. .. .	17.0
Illegitimate infant deaths per 1,000 illegitimate live births.. .. .	18.0
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) .. .. .	8.0
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) .. .. .	6.0
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births) .. .. .	19.0
Maternal Mortality (including abortion):—	
Number of deaths .. .. .	1
Rate per 1,000 total live and still births .. .. .	0.86
Net Deaths .. .. .	907
Death Rate per 1,000 population .. .. .	12.1
Tuberculosis Mortality Rate, per 1,000 population .. .. .	0.01
Cancer Mortality Rate, per 1,000 population .. .. .	2.65
Area Comparability Factors: Births 1.03 Deaths 1.00	

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

	<i>Lincoln</i>	<i>England and Wales</i>
Live Birth Rate .. .. .	15.9	16.0
Still Birth Rate .. .. .	13.0	13.0
Illegitimate Live Birth Rate per cent of total Live Births .. .. .	10.0	8.0
Maternal Mortality Rate .. .. .	0.86	0.18
Infant Mortality Rate .. .. .	17.0	18.0
Neo-natal Mortality Rate .. .. .	8.0	12.0
Perinatal Mortality Rate .. .. .	19.0	23.0
Death Rate .. .. .	12.1	11.7
Tuberculosis Mortality Rate .. .. .	0.01	0.03
Cancer Mortality Rate .. .. .	2.65	2.39



## COMPARATIVE TABLE—LAST FIVE YEARS

	1966	1967	1968	1969	1970
Population ... ..	76,720	77,150	75,720	75,570	74,760
Net Live Births ... ..	1,298	1,274	1,243	1,206	1,153
Still Births ... ..	19	28	20	17	15
Illegitimate Birth Rate ...	8.71	10.67	12.06	11.9	10.0
Net Deaths ... ..	1024	927	936	914	907
Live Birth Rate ... ..	17.26	17.01	16.91	16.0	15.9
Still Birth Rate ... ..	14.43	21.50	15.83	13.9	13.0
Infant Deaths ... ..	20	39	15	30	20
Infant Mortality Rate ...	15.41	30.6	12.06	24.9	17.0
Neo-natal Mortality Rate ...	9.24	20.41	8.05	14.1	8.0
Maternal Mortality Rate ...	0.76	0.00	0.79	0.0	0.86
Death Rate ... ..	13.34	12.14	12.36	12.1	12.1
Tuberculosis Mortality Rate	0.03	0.04	0.05	0.0	0.01
Cancer Mortality Rate ...	2.81	2.36	2.16	2.2	2.65

**Births**

There were 1,153 live births during the year, 593 males and 560 females. The number of still births was 15 and the number of illegitimate live births was 111.

**Deaths**

There were 907 deaths (481 males and 426 females) giving an adjusted death rate of 12.1 per 1,000 population. The ages and causes of death are given in the following tables:

## DEATHS IN AGE GROUPS, 1970

		4 wks & under											Total
		Under 4 wks.	1 year	1- yr.	5- yrs.	15- yrs.	25- yrs.	35- yrs.	45- yrs.	55- yrs.	65- yrs.	75 & over	
Males	...	6	6	2	—	10	4	12	37	93	162	149	481
Females	...	3	5	1	3	2	4	8	22	39	89	250	426
Totals	...	9	11	3	3	12	8	20	59	132	251	399	907

The following table shows the causes of death most common in 1970:—

## Malignant neoplasm

Lung and bronchus	..	..	..	..	57
Intestine	..	..	..	..	33
Breast	..	..	..	..	18
Other malignant neoplasms	..	..	..	..	90
Cerebrovascular disease	..	..	..	..	113
Ischaemic heart disease	..	..	..	..	239
Other forms of heart disease	..	..	..	..	43
Pneumonia	..	..	..	..	74
Bronchitis and Emphysema	..	..	..	..	38

## SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1970

Cause of Death	Sex	Total all ages	4 wks under and under 1 yr		Age in Years									
			1-	5-	15-	25-	35-	45-	55-	65-	75 & over			
Tuberculosis of Respiratory System ... ..	M	1	-	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm:														
Buccal Cavity etc. ... ..	M	1	-	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Oesophagus ... ..	M	3	-	-	-	-	-	-	-	1	2	-	-	-
	F	3	-	-	-	-	-	-	-	1	1	1	1	1
Stomach ... ..	M	7	-	-	-	-	-	-	1	2	1	3	3	3
	F	7	-	-	-	-	-	-	2	1	4	4	4	4
Intestine ... ..	M	15	-	-	-	-	-	-	2	3	5	5	5	5
	F	18	-	-	-	-	-	-	3	3	4	8	8	8
Larynx ... ..	M	3	-	-	-	-	-	-	2	1	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	1	1
Lung, Bronchus... ..	M	51	-	-	-	-	-	5	4	9	28	5	5	5
	F	6	-	-	-	-	-	-	4	-	-	2	2	2
Breast ... ..	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	18	-	-	-	-	-	3	2	5	4	4	4	4
Uterus ... ..	F	7	-	-	-	-	-	-	4	-	2	1	1	1
Prostate ... ..	M	7	-	-	-	-	-	-	-	-	3	4	4	4
Leukaemia ... ..	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	1	-	-	-	1	1	1
Other Malignant Neoplasms, etc. ... ..	M	22	-	-	-	-	2	3	4	3	5	5	5	5
	F	27	-	-	-	1	-	3	-	5	7	11	11	11
Benign and Unspecified Neoplasms ... ..	M	2	-	-	-	-	-	1	-	-	1	-	-	-
	F	3	-	-	-	1	-	-	-	1	1	-	-	-
Diabetes Mellitus ... ..	M	3	-	-	-	-	-	-	-	-	-	3	3	3
	F	9	-	-	-	-	-	-	1	-	1	7	7	7
Other Endocrine, etc. Diseases ... ..	M	1	-	-	-	-	-	-	-	1	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Anaemias ... ..	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	2	2	2
Mental Disorders ... ..	M	2	-	-	-	-	-	-	-	-	2	-	-	-
	F	3	-	-	-	-	-	-	-	1	-	2	2	2
Multiple Sclerosis ... ..	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	2	-	-	-	-
Other Diseases of Nervous System, Etc. ... ..	M	8	-	-	1	-	2	-	-	1	1	2	1	1
	F	4	-	-	-	-	-	1	-	-	-	-	3	3
Chronic Rheumatic Heart Disease ... ..	M	2	-	-	-	-	-	-	-	-	-	2	2	2
	F	3	-	-	-	-	1	-	1	-	1	-	-	-
Hypertensive Disease ... ..	M	11	-	-	-	-	-	-	-	1	7	3	3	3
	F	13	-	-	-	-	-	-	-	1	6	6	6	6
Ischaemic Heart Disease ... ..	M	145	-	-	-	-	-	2	10	42	51	40	40	40
	F	94	-	-	-	-	-	-	3	6	20	65	65	65
Other Forms of Heart Disease ... ..	M	20	-	1	-	-	1	-	1	3	5	9	9	9
	F	23	-	-	-	-	-	-	-	1	2	20	20	20
Cerebrovascular Disease ... ..	M	54	-	-	-	-	-	-	3	4	26	21	21	21
	F	59	-	-	-	-	-	-	-	3	16	40	40	40
Other Diseases of Circulatory System ... ..	M	17	-	-	-	1	-	-	2	5	3	6	6	6
	F	19	-	-	-	-	-	-	-	2	3	14	14	14
Sub-Total ... ..	M	375	-	1	1	-	4	2	11	30	76	141	109	109
	F	323	-	-	-	1	1	2	7	18	33	69	192	192



## SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1970

Cause of Death	Sex	Total all ages	4 wks Under 4 wks	4 wks and under 1 yr	1-	5-	Age in Years									
							15-	25-	35-	45-	55-	65-	75 or over			
Influenza ... ..	M	4	-	-	-	-	-	-	-	-	1	3	-	-		
	F	4	-	-	-	-	-	-	-	-	-	1	1	2		
Pneumonia ... ..	M	30	-	4	1	-	-	-	-	-	-	2	7	16		
	F	44	-	2	-	-	-	-	-	-	-	2	9	31		
Bronchitis and Emphysema	M	27	-	-	-	-	-	-	-	2	5	9	1	-		
	F	11	-	-	-	-	-	-	-	1	1	3	6	-		
Asthma ... ..	M	-	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-	-		
Other Diseases of Respiratory System	M	3	-	-	-	-	-	-	-	-	-	1	2	-		
	F	6	-	-	-	-	-	-	-	1	-	1	4	-		
Peptic Ulcer ... ..	M	5	-	-	-	-	-	-	-	1	2	1	1	-		
	F	3	-	-	-	-	-	-	-	-	-	1	2	-		
Intestinal Obstruction and Hernia ... ..	M	1	-	-	-	-	-	-	-	-	-	-	1	-		
	F	4	-	1	-	-	-	1	1	-	-	-	1	-		
Cirrhosis of Liver ... ..	M	3	-	-	-	-	-	-	-	-	1	1	1	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other Diseases of Digestive System	M	2	-	-	-	-	-	-	-	1	1	-	-	-		
	F	5	-	-	-	-	-	-	-	-	-	1	4	-		
Nephritis and Nephrosis ...	M	3	-	-	-	-	-	-	-	-	-	-	3	-		
	F	3	-	-	-	-	-	-	-	1	1	-	1	-		
Hyperplasia of Prostate ...	M	3	-	-	-	-	-	-	-	-	-	-	3	-		
Other Diseases, Genito- Urinary System ... ..	M	-	-	-	-	-	-	-	-	-	-	-	-	-		
	F	4	-	-	-	-	-	-	-	1	-	1	2	-		
Other Complications of Pregnancy, etc. ... ..	F	1	-	-	-	-	-	1	-	-	-	-	-	-		
Diseases of Musculo- Skeletal System ... ..	M	1	-	-	-	-	-	-	-	-	-	-	1	-		
	F	1	-	-	-	-	-	-	-	-	1	-	-	-		
Congenital Abnormalities	M	5	3	1	-	-	-	-	-	-	1	-	-	-		
	F	6	1	2	1	2	-	-	-	-	-	-	-	-		
Birth Injury, Difficult Labour, Etc. ...	M	2	2	-	-	-	-	-	-	-	-	-	-	-		
	F	2	2	-	-	-	-	-	-	-	-	-	-	-		
Other Causes of Perinatal Mortality ... ..	M	1	1	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-	-		
Symptoms and ill-defined Conditions ... ..	M	1	-	-	-	-	-	-	-	-	-	-	1	-		
	F	4	-	-	-	-	-	-	-	-	-	-	4	-		
Motor Vehicle Accidents ...	M	7	-	-	-	-	3	1	-	1	1	1	-	-		
	F	2	-	-	-	-	1	-	-	-	-	1	-	-		
All Other Accidents ... ..	M	5	-	-	-	-	2	-	-	1	1	1	-	-		
	F	1	-	-	-	-	-	-	-	-	-	-	1	-		
Suicide and Self-inflicted Injuries ... ..	M	3	-	-	-	-	1	1	1	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-	-		
Total All Causes ... ..	M	481	6	6	2	-	10	4	12	37	93	162	149	-		
	F	426	3	5	1	3	2	4	8	22	39	89	250	-		
			907	9	11	3	3	12	8	20	59	132	251	399		

## DEATHS FROM CANCER

There were 198 deaths from cancer during the year (shown in the table below) compared with 169 during 1969. It will be noted that there were 57 deaths from cancer of the lung, which represents 6.2% of the total deaths. Of these 57 deaths, 51 were males and 6 females.

Cancer of the lung mainly affects those in the age group 45 to 75 years and the figures show that it was eight times more common in males than in females and 28.7% of the total cancer deaths were due to cancer of the lung and bronchus during 1970.

The following is an extract from the Report of The Royal College of Physicians on "Smoking and Health Now":—

"If present smoking habits continue, it has been forecast that there will be some 50,000 deaths from lung cancer each year in England and Wales in the 1980's. If cigarette smoking were to cease there might in twenty years time be no more than 5,000 annual deaths from the disease."

## CANCER DEATHS, 1970

Cause of Death	Sex	Under	Age in Years										75 &	Total
		1 yr.	1-	5-	15-	25-	35-	45-	55-	65-	over			
MALIGNANT NEOPLASM OF														
Buccal cavity, etc.	Males	-	-	-	-	-	-	-	-	-	1	1	1	
	Females	-	-	-	-	-	-	-	-	-	-	-		
Oesophagus	Males	-	-	-	-	-	-	-	1	2	-	3	6	
	Females	-	-	-	-	-	-	-	1	1	1	3		
Stomach	Males	-	-	-	-	-	-	1	2	1	3	7	14	
	Females	-	-	-	-	-	-	-	2	1	4	7		
Intestine	Males	-	-	-	-	-	-	2	3	5	5	15	33	
	Females	-	-	-	-	-	-	3	3	4	8	18		
Larynx	Males	-	-	-	-	-	-	2	1	-	-	3	4	
	Females	-	-	-	-	-	-	-	-	-	1	1		
Lung, Bronchus	Males	-	-	-	-	-	5	4	9	28	5	51	57	
	Females	-	-	-	-	-	-	4	-	-	2	6		
Breast	Males	-	-	-	-	-	-	-	-	-	-	-	18	
	Females	-	-	-	-	-	3	2	5	4	4	18		
Uterus	Females	-	-	-	-	-	-	4	-	2	1	7		
Prostate	Males	-	-	-	-	-	-	-	-	3	4	7		
LEUKAEMIA	Males	-	-	-	-	-	-	-	-	-	-	-	2	
	Females	-	-	-	-	-	1	-	-	-	1	2		
OTHER MALIGNANT NEOPLASMS														
	Males	-	-	-	-	2	3	4	3	5	5	22	49	
	Females	-	-	-	1	-	3	-	5	7	11	27		
Totals	Males	-	-	-	-	2	8	13	19	44	23	109	198	
	Females	-	-	-	1	-	7	13	16	19	33	89		



### Infant Mortality

There were 20 deaths under 1 year, giving an infant mortality rate of 17 per 1,000 live births, compared with a rate of 18 for England and Wales. 7 infants died within the first week of life and 2 died within the 2nd and 4th week of life.

The following table shows the ages and cause of death:

CAUSE OF DEATH	Under 1 wk	1-2 wks	3-4 wks	Total under 4 wks	1-3 mths	4-6 mths	7-9 mths	10-12 mths	Total under 12 mths
Congenital Malformation	3	-	1	4	2	2	-	-	8
Pneumonia	-	-	-	-	4	1	1	-	6
Intestinal Obstruction	-	-	-	-	1	-	-	-	1
Pulmonary Atelectasis	1	-	-	1	-	-	-	-	1
Respiratory Causes	2	-	-	2	-	-	-	-	2
Prematurity	1	1	-	2	-	-	-	-	2
Total	7	1	1	9	7	3	1	-	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 of 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 1970, there were 15 still births and 7 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 19. The rate for 1969 was 26.2. The rate for England and Wales in 1970 was 23.

### Suicide

During 1970, there were 4 deaths (3 male and 1 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 (4 male and 3 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.	
Drowning ...	—	—	1	—	—	—	—	1	2
Hanging ...	1	—	—	—	—	—	—	—	1
Jumping from a height ...	—	—	1	—	—	—	—	—	1
TOTAL ...	1	—	2	—	—	—	—	1	4

### Cremations

The Crematorium in Washingborough Road was completed in November, 1968 and during 1970, there were 849 cremations compared with 780 in the previous year.

The Medical Officer of Health, Deputy Medical Officer of Health and two Assistant Medical Officers are appointed as Medical Referees.

## LOCAL HEALTH AUTHORITY SERVICES

### CARE OF MOTHERS AND YOUNG CHILDREN

#### Infant Welfare Clinics

The average attendance per session (30.0) at the Infant Welfare Clinics during 1970 was slightly lower than in the previous year (33.5), but there was a slight increase in the total number of attendances — 24,814 compared with 24,595 in 1969.

The highest average attendances at any clinic session during the year were at Swallowbeck Church Hall and St. Catherine's Church Hall, 55.4 and 50.6 respectively, and consideration will now have to be given either to the holding of an additional clinic session at one or both of these Church Halls, or to the renting of other premises, possibly in the Bracebridge area, for clinic purposes and the holding of an additional Infant Welfare session once or twice per week. Unfortunately, for several years now it has not been easy to provide medical staff for these clinics. There has been a vacancy on the staff for a full-time Assistant Medical Officer since September, 1967, and although Medical Practitioners have been employed since that date on a sessional basis, this arrangement obviously is not entirely satisfactory.

At the end of the year, the building of the new Health Centre in Boultham Park was progressing satisfactorily with a view to completion in June, 1971. The staff of the Health Department and the three General Practitioners who will be using this new Centre are looking forward to providing a more efficient and comprehensive service to the residents living in that area of the City.

No further progress was made in obtaining better clinic premises for those living in the eastern part of the St. Giles area.

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

<i>Place Held</i>	<i>Day</i>	<i>Time</i>
Maternity and Child Welfare Centre, 34 Newland	Tuesday	2—4 p.m.
	Wednesday	2-30—4 p.m. (by appointment)
	Friday	2—4 p.m.
Ravendale Clinic, Laughton Way	Tuesday	10—12 noon
	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.
Methodist Church Hall, Burton Road	Friday	2—4 p.m.
Methodist Church Hall, Walmer Street, off Monks Road	Wednesday	2—4 p.m.
Holy Cross Church Hall, Skellingthorpe Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
Methodist Church Hall, Swallowbeck	Tuesday	2—4 p.m.
Methodist Church Hall, St. Catherines	Monday	2—4 p.m.
Birchwood Health Centre	Tuesday	2—4 p.m.
	Thursday	2—4 p.m.



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

				<i>No. of Sessions</i>	<i>Total Attend.</i>	<i>Av. Attendance per Session</i>	
						1970	1969
M. & C. W. Centre, Newland	p.m.	Tues.	52	1889	36.3	37.7	
„ „ (by appointment)	p.m.	Wed.	26	194	7.5	7.6	
„ „	p.m.	Fri.	50	1396	27.9	34.4	
Holy Cross Church Hall	p.m.	Mon.	48	1165	24.3	36.6	
„ „	p.m.	Fri.	50	1327	26.5	27.3	
„ „ (by appointment)	a.m.	Thur.	15	130	8.7	—	
St. Giles' Hall	p.m.	Thur.	52	2143	41.2	43.3	
Burton Road Hall	p.m.	Fri.	50	2271	45.4	41.6	
Swallowbeck Hall	p.m.	Tues.	52	2881	55.4	53.2	
Walmer Street Hall	p.m.	Wed.	52	1689	32.5	39.2	
St. Catherine's Hall	p.m.	Mon.	48	2429	50.6	47.8	
Ravendale Clinic	a.m.	Tues.	52	1400	26.9	22.6	
„ „ (by appointment)	a.m.	Thur.	18	193	10.7	8.7	
„ „	p.m.	Thur.	52	1788	34.4	30.3	
Birchwood Health Centre	p.m.	Tues.	52	2061	39.6	31.2	
„ „	p.m.	Thur.	52	1697	32.6	26.6	
„ „ Toddlers' Clinic (by appointment)	p.m.	Fri.	16	161	10.1	6.5	
				737	24814	30.03	33.5

### 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.
Holy Cross Church Hall, Skellingthorpe Road	Thursday	10—12 noon
Birchwood Health Centre	Friday	2—4 p.m.

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:—

	1970	1969	1968
Total number of women who attended during the year .. .. .	201	277	483
Total number of attendances .. .. .	715	896	1786

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

	<i>Seen by Doctor</i>	<i>*Total Attendances</i>
Newland Clinic .. .. .	68	219
Holy Cross Church Hall .. .. .	49	268
Birchwood Health Centre .. .. .	3	24
Ravendale Clinic .. .. .	62	206
	182	717

\*including post-natal visits (2)



The midwife working on the Birchwood area of the City attends the Ante-natal Clinic of the General Practitioner for that area each Wednesday afternoon, when she is on duty.

In the Local Authority Clinics, each patient 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:

	1970	1969
Total number of cases treated during the year . . . . .	45	65
Total number of attendances . . . . .	515	705

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, 41 were school children and 4 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.

There was a further decrease in the number of cartons of National Dried Milk issued during the year, and, as the uptake of welfare foods has steadily decreased during the past ten years (in 1959, 25,640 tins of National Dried Milk and 46,661 bottles of orange juice were issued) it may be necessary in the near future, on economic grounds, to alter the present system whereby a clerk is employed at each Infant Welfare Clinic session with the sole duty of selling welfare foods.

	1970	1969
National Dried Milk . . . . . cartons	2,459	4,054
Orange Juice . . . . . bottles	19,634	20,349
Cod Liver Oil . . . . . bottles	1,078	1,096
Vitamin A and D Tablets . . . . . packets	1,283	1,333



### 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 each case to the Health Department where financial assistance is needed towards the cost of maintenance at a Mother and Baby Home. During the year, grants were made in three cases. A grant of £932 was made by the Health Committee to the Lincoln Diocesan Board for the year 1970/1971.

The number of illegitimate live births during 1970 was 111 (still births 2) compared with 143 in the previous year. This represents a rate of 10% of total live births registered, compared with a rate of 11.9% in the previous year.

### Day Nursery

The average daily attendance at the Newland Day Nursery during 1970 was slightly lower than in the previous year being 39.0 compared with 42.8 in 1969. The average daily attendance throughout the year was as follows:

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
31.6	34.4	35.4	34.6	36.9	41.9	40.3	35.2	43.4	46.4	44.7	42.5

The number of children on the register varied during the year from 43 to 63, the number at the end of the year being 59. Daily attendances varied between 18 and 56.

The criteria for admission remained the same, children being admitted when there was an urgent medical or social need. Children of teachers employed by the Lincoln Education Authority and children of nurses employed in the Lincoln Hospitals were also eligible for admission.

The fees remained the same as in the previous year — minimum 3/- and maximum 15/- per day. From 1st January, 1969, children of parents who are receiving social security benefits are admitted free of charge and on 31st December, 1970, 16 children were in this category.

There was an outbreak of Sonne dysentery in the Nursery in January but only six children were affected and during the rest of the year no major epidemic of infectious disease occurred.

Central heating (gas) was installed in the main Nursery building during the autumn and was finally completed and in use on 16th December, 1970. The work of installation and the subsequent repairs and decorations which were necessary caused a certain amount of inconvenience, particularly in the kitchen, but few complaints were received from the staff who were at times working under most difficult circumstances.

The training of Nursery Students continued and 3 students entered for and passed their N.N.E.B. Examination. Two of these students are now employed as Nursery Nurses at the Maternity Wing of the Lincoln County Hospital. The third is now employed at the Nursery.

The staff held a Coffee Morning on 17th October and, as in previous years, half the proceeds (£26.10.0) were donated to the N.S.P.C.C.

On 31st December, 1970, the staff of the Nursery consisted of:

Matron.

Deputy Matron.

5 Nursery Nurses.

6 Students.



## NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Section 60 of the Health Services and Public Health Act, 1968 amended the Nurseries and Child Minders Regulation Act, 1948 and from that date the scope of the 1948 Act was extended to include premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more in the day and persons, who in their own homes and for reward, look after one or more children under the age of five to whom they are not related, for similar periods.

At the end of the year, 14 premises (mainly Church Halls) were registered and 68 persons were registered as child minders.

Regular Visiting was undertaken by the Chief Nursing Officer or members of the Health Visiting Staff.

There appears to be a growing demand by mothers for the attendance of their children at play groups, and it is likely that a play group will be held, in the future, during at least one morning each week in most Church Halls and Community Centres. Generally, the leaders of these play groups are young housewives and many of them belong to the Association of Pre-School Play Groups.

### **The Battered Baby**

In February, 1970, a letter was received from the Chief Medical Officer drawing attention to the fact that in recent years there has been increasing awareness of the problem of young children who are injured by their parents and suggesting that all agencies concerned with child care, and the police, should consult together to decide what further arrangements should be made to ensure that all necessary protection and assistance can be made available to the child, others at risk in the family and to the parents and other adults.

A meeting was held on 14th September, 1970 and the following recommendations were made:

- (i) If a General Practitioner is presented with a suspicious case he should normally send it to the Casualty Department.
- (ii) Casualty Department staff should be made aware of the problem by ensuring that all newly appointed staff are given a copy of the document "The Battered Baby" immediately on taking up their appointment.
- (iii) A case seen in the Casualty Department should normally be admitted whilst further investigations:
  - (a) of a medical nature; and
  - (b) enquiries about the social background of the family, are made.
- (iv) An effort should be made to ensure that Casualty Departments are aware of the information which can be obtained from Health Departments and from Children's Departments, and that Children's Officers have a statutory duty to investigate cases of this nature.
- (v) Consultant staff should recognise that the need for admission in a case of this nature is not purely a medical need.



## FAMILY PLANNING

Since August, 1969, the Local Health Authority has provided a Family Planning Service. The clinics, at which all recognised methods of contraception are available, are organised and staffed by the Health Department. At the outset, a clinic was held at 34 Newland each Wednesday evening and an I.U.D. clinic was held twice monthly on Thursday mornings. As the demand increased, clinics were held every Thursday morning and occasionally on a Monday evening. It was then decided to hold an additional clinic twice monthly at the Birchwood Health Centre until such time as weekly clinics could be held at the newly built Boutham Park Health Centre.

Any woman resident in the City is eligible to attend these clinics where medical examination and advice are available free of charge. Charges are made for supplies and devices obtained, but if contraception is advisable on medical grounds or because of special needs, these charges can be waived.

The staff of each clinic normally consists of:

- Medical Officer.
- 2 Nurses.
- 2 Clerks.
- Voluntary Helpers.

At the end of the year, two Medical Officers were employed by the Health Department to undertake this work but if the clinic service is to be extended it will be necessary to engage additional medical staff. Unfortunately, women doctors trained in this work and willing and able to conduct evening sessions or take part in a domiciliary service are rarely available. The Department of Health repeatedly urges local health authorities to develop their family planning services but this cannot be achieved without suitably trained staff and the necessary financial resources.

In view of the large number of illegitimate births and of abortions (about half the total) performed on unmarried women, it is felt that family planning services, particularly when they are provided in association with counselling in order to promote a responsible approach to personal relationships and sexual matters, are needed for unmarried people. In fact, no distinction is drawn between the married and the unmarried and any woman may obtain an appointment to attend the Lincoln clinic on application to the Health Department.

During 1970, 451 new patients attended the Clinic and approximately one third of these were unmarried women.

The Department of Health requested that certain statistics regarding the Family Planning Services should be compiled as from 1st April, 1970 and these are summarised in the table below:

<i>No. of new patients seen during period 1st April to 31st December, 1970</i>			
	<i>Married (including the widowed, separated or divorced</i>	<i>Unmarried</i>	<i>Total</i>
Male	1	—	1
Female	232	106	338
Total	233	106	339

*No. of new patients seen during period  
1st April to 31st December, 1970  
who were initially advised to use:*

Sheath	8
Pill	143
Diaphragm	64
I.U.D.	89
Other methods	11
No method advised	27

Total number of attendances during period 1st April to 31st December, 1970 including new patients	.. .. .	1080
Number of clinic sessions held	.. .. .	81

The Family Planning Association continued to hold their Clinics at the Maternity and Child Welfare Centre, 34 Newland where women mainly resident in the County areas attended.

### DENTAL SERVICE

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

Despite setbacks in the Staffing situation over the year we have been able to reverse the trend of 1969 and noticed an increase of awareness amongst pregnant and nursing mothers, of the importance of dental fitness. The number of first visits increased by over 17% as compared to the previous year.

In the pre-school sector the increase was 3.7%. Unfortunately many mothers and children only reach us at a comparatively late stage and too many teeth are lost, extraction being the only treatment possible. This is particularly sad in cases of the Pre-school children, but one would expect a reversal of this trend once the drinking water is fluoridated to the optimum level, and the service stabilised so as to be able to provide the necessary inspection and follow up routine. Intensive Dental Health education has been provided during the year, and that this has been effective is clear from the large number of parents requesting regular examinations for their children.

### MATERNITY AND CHILD WELFARE

						<i>Children 0-4 inclusive</i>	<i>Expectant and Nursing Mothers</i>
First visit	...	...	...	...	...	357	54
Subsequent visits	...	...	...	...	...	225	65
Total visits	...	...	...	...	...	582	119
No. of additional courses commenced	...	...	...	...	...	114	12
<b>Treatment provided</b>							
No. of fillings	...	...	...	...	...	526	84
Teeth filled	...	...	...	...	...	442	80
Teeth extracted	...	...	...	...	...	150	39
General anaesthetics given	...	...	...	...	...	57	4
Emergencies	...	...	...	...	...	64	13
Patients X-rayed	...	...	...	...	...	3	6
Scaling and/or removal of stains	...	...	...	...	...	47	18
Teeth otherwise conserved	...	...	...	...	...	96	—
Teeth root filled	...	...	...	...	...	—	—
Inlays	...	...	...	...	...	—	—
Crowns	...	...	...	...	...	—	—
No. of courses of treatment completed during the year	...	...	...	...	...	283	47



**Prosthetics**

Patients supplied with F.U. or F.L.	...	...	—	2
Patients supplied with other dentures	...	...	—	8
No. of dentures supplied	...	...	—	10
General anaesthetic administered by Dental Officer	...	...	—	2

**Inspections**

No. of patients given first inspection during year	243	42
No. of patients requiring treatment	104	41
No. of patients offered treatment	104	40
No. of sessions devoted to M.C.W. patients	...	87.65

**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.

At the end of the year, three domiciliary midwives were employed.

**Refresher Courses and In-Service Training**

Mrs. B. Michael attended a G.I Refresher Course at Rochampton and Mrs. G. M. English attended a Course at Durham University. Midwives who were free to do so attended the yearly study-day held at the County Hospital.

**Training of Pupil-Midwives**

The training of Pupil-Midwives continued during 1970 in conjunction with the Lincoln Midwifery Training School at the County Hospital.

All Midwives employed by the Local Authority are now Approved District Midwife Teachers, and play a great part in the District training of these Pupils. It is envisaged, in the not too distant future, when the plan of a one year course of Integrated Midwifery Training replaces the present training pattern of Pupil-Midwives, that these midwives will play an even greater part in the clinical teaching of Student Midwives, so far as normal midwifery is concerned. Greater stress will be placed on all aspects of antenatal care, education of the parents, and of the Community Services which are available in this area.

During the year, 14 Pupil-Midwives started their District Training; 12 completed their training, and 15 Pupil-Midwives satisfied the Central Midwives Board Examiners of their ability to become midwives, and so gained entrance to the Roll of Certified Midwives. There were 5 Pupil-Midwives in training in the Domiciliary field at the end of the year.

Tutorial classes are held each week by the Non-Medical Supervisor of Midwives, usually of two hours duration. The reduction in the number of domiciliary deliveries has made more time available for inclusion of a wider aspect of community care in the programme of lectures and visits that is arranged for the Pupil-Midwives. Whilst some Public Health Lectures were given by the Medical Officer of Health and the Deputy Medical Officer of Health, others were given by the various heads of the Departments concerned. Visits were also arranged to see, with other branches of the Health Team, the scope of work that is covered by the Health and associated Departments.

The Pupil-Midwives are expected to attend the Stork Club for their area of the City, weekly, as their duties allow. In addition to taking part in the



preparation of the mothers for their impending confinement, they are expected to give some of the talks and demonstrations, the subjects chosen being well within their scope of knowledge at this stage of their training.

During the year it has been possible for the Pupil-Midwives to visit St. John's Hospital, and attend several 'Case Discussion' sessions with the Mental Welfare Officers. They have also visited Fosse House and De Wint Court, where they were told something of the work done by the Welfare Department in caring for the Elderly and other members of society who need their help.

Visits were paid to the Junior and Adult Training Centres. It has also been possible for the Pupils to assist in the testing of children who, because of events occurring during their period of gestation, or during the time of their birth may have defects which warrant their inclusion in the 'At Risk' Register.

### Transport

At the end of the year, all midwives were car drivers. This made for easier transport of necessary equipment. It also helped with the transport of the Pupil Midwives, and on several occasions the transport of patients to Consultant Clinic appointments was achieved, where refusal to attend would otherwise have resulted.

### Notification of Intention to Practise

Forty-seven midwives notified their intention to practise during 1970. (48 notified in 1969).

Of the Midwives who notified their intention to practise, 5 worked in the domiciliary field, 42 worked in Hospital.

### Distribution of Confinements

The total number of Lincoln Births (live and still) occurring during 1970 was 1,142 compared with 1,221 in 1969 and 1,251 in 1968.

	<i>Live Births</i>			<i>Still Births</i>		
	<i>Dom:</i>	<i>Inst:</i>	<i>Total</i>	<i>Dom:</i>	<i>Inst:</i>	<i>Total</i>
Lincoln Cases:	152	935	1087	1	15	16
Inward Transfers:	-	55	55	-	-	-
	152	990	1142	1	15	16

Of the 152 domiciliary births, 148 were notified by District Midwives, 2 by General Practitioner Obstetricians, and 2 by the Maternity Wing Staff. The number of births (live and still) allocated to Lincoln by the Registrar-General (including inward and outward transfers) was 1,168 compared with 1,223 in 1969, 1,263 in 1968, and 1,302 in 1967. There was again a considerable decrease in the number of cases attended by the District Midwives as shown in the following table:

#### *Cases attended by District Midwives*

1966	..	..	..	468
1967	..	..	..	415
1968	..	..	..	329
1969	..	..	..	235
1970	..	..	..	150



The total number of visits paid by the District Midwives in 1970 was 4,926, compared with 6,691 in 1969 and 8,666 visits in 1968. Of the 4,926 visits paid in 1970, 327 were ante-natal visits to women who were booked to have their confinements in hospitals, 187 in connection with the Premature Baby Home Nursing Service and 644 visits to women who were discharged from hospital earlier than the 10th day post-partum. The actual number of early hospital discharges was 162.

The reduction in the domiciliary confinements was expected, this still being a nationwide trend. The availability of Family Planning advice, and the increased willingness of most women who need this advice to discuss their needs with the midwife and the health visitor is partly the reason for this decrease.

### **Maternal Death**

There was one maternal death during the year. A woman, aged 32 years died in hospital; it was her fifth pregnancy.

### **Stillbirths**

There were 16 Stillbirths in the City of Lincoln during 1970; (17 in 1969).

### **Radio Control**

In December, 1966 each domiciliary midwife was issued with portable radio-controlled equipment and this was in use throughout 1970. All the theoretical advantages of this equipment have been proved in practice and in differing instances the equipment is of benefit to the patient, midwife and family doctor.

### **Analgesia**

Trilene analgesia was administered by means of a Cyprane Inhaler in 63 cases.

### **Chest X-rays of Expectant Mothers**

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

Referred by General Practitioner .. .. .	Nil
Referred by Local Authority Clinics .. .. .	8
Referred by Maternity Wing, County Hospital ..	161
	<hr/>
	169
	<hr/>

Of the 169 expectant mothers X-rayed, 87 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. .. .. .	5
Rib abnormality .. .. .	1
	<hr/>
	6
	<hr/>

### **Postnatal X-rays**

In addition, 23 women attended for chest X-ray post-natally. Of these, 13 resided outside the City.

### **Early Hospital Discharge**

Special arrangements were made following the early discharge of mothers and babies from the Lincoln Maternity Home and R.A.F. Hospital Nocton

Hall. Mothers returning home prior to the tenth day after the birth of their babies must 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 discharges from Maternity Departments to the City area during the past five years was as follows:

1970	1969	1968	1967	1966
163	202	265	162	191

The number of nursing visits paid to these mothers and babies by the Local Authority Midwives was as follows:

1970	1969	1968	1967	1966
644	818	961	554	518

### Hospital Booked Cases — Ante-Natal Visits

It has become part of the domiciliary midwife's duty to visit ante-natally in their own homes, mothers who are to have their babies in the Lincoln Maternity Home or R.A.F. Hospital Nocton Hall. The reason for these visits is usually that the mother shows signs of anaemia, and requires a series of injections to correct this fault. Occasionally, the Area Midwife is asked to check on the condition of an expectant mother who has failed to keep her appointment at the Hospital ante-natal clinic. Daily visits are paid by the Local Authority Midwives to cases of pre-eclamptic toxæmia of pregnancy being assisted at home by the Home Help Service.

The number of visits paid by the Local Authority midwives in 1970 was 327 (1969 — 223).

### Home Nursing Service for Premature Babies

The District Midwives at present employed by this Authority are well trained in the care of the Premature and Dysmature infant. These midwives also escort premature babies needing admission to hospital, during which the portable incubator or oxy-cot is used, depending on the size of the infant being transported. The radio-control equipment enables these nurses/midwives to be contacted easily when their services are required urgently.

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 special attention is given to the provision of adequate heating throughout the 24 hours of the day.

During 1970, 30 premature babies were attended and the visits paid by the midwives were 187, the highest number of visits being paid in the months of February and September.

### Notification of Congenital Abnormalities

During 1970, 32 babies were notified as having congenital abnormalities observed at birth. Details of these abnormalities are as follows:

Hydrocephalus	..	..	..	..	..	2
Anencephalic	..	..	..	..	..	3
Harelip and Cleft palate	..	..	..	..	..	5
Harelip only	..	..	..	..	..	2
Mongolism	..	..	..	..	..	1
Meningocele	..	..	..	..	..	2
Spina bifida	..	..	..	..	..	2
Patent Ductus Arteriosus	..	..	..	..	..	1



Congenital Heart Disease	..	..	..	1
Achondroplasia	..	..	..	1
Webbed toes	..	..	..	2
Four toes on one foot	..	..	..	1
Extra digit	..	..	..	1
Talipes	..	..	..	5
Oesophageal atresia	..	..	..	1
Hypospadias	..	..	..	3
Hydrocele	..	..	..	1

In some babies, more than one deformity occurred, hence the discrepancy in the number of babies notified as having congenital abnormalities and the number of abnormalities listed above.

### Perinatal Mortality Survey, 1970

In 1958, the National Birthday Trust Fund carried out a perinatal survey of all babies born during one week and all perinatal deaths occurring over a period of three months. The results of the survey were of wide interest. The Trust Fund and the Royal College of Obstetricians and Gynaecologists arranged to carry out another survey of all babies born during the week beginning 5th April, 1970 for one week only following the birth.

The midwife responsible for the case was requested to complete a questionnaire of which the first part required an interview with the mother and the remainder could be filled in from the records subject to any necessary consultation with the doctor. The information required included the care of the baby and mother for the first week after delivery as well as ante-natal care and labour.

## HEALTH VISITING

*Chief Nursing Officer: MRS. C. A. HANSON*

### Staff

At the end of the year, the staff consisted of:

- Chief Nursing Officer.
- 9 Health Visitors (full-time).
- 2 Health Visitors (part-time).
- 3 School Nurses.
- 1 Hygienist.
- 1 Clinic Nurse.

Miss E. M. Day, Superintendent Nursing Officer retired on 7th August and Mrs. C. A. Hanson was appointed as Chief Nursing Officer.

Mrs. M. Martin, Senior Health Visitor retired on 31st May. Mrs. G. D. Line and Mrs. E. F. I. Legg joined the Health Visiting Staff on 1st January and 20th July. Miss P. C. Mitchell and Mrs. L. A. Lee completed their training as Health Visitors and commenced duties in the Department on 14th September and 21st September respectively.

Miss M. Jordan commenced her training for the Health Visitor's Certificate at Nottingham University in October, 1970.

Miss D. A. Oliver, School Nurse retired on 15th August and Mrs. M. Dolan was appointed as Hygienist, commencing duties on 5th October, 1970.

### Training of Hospital Student Nurses in the Social Aspects of Disease

Three times a year, third year Student Nurses spend a day with the Health Visitors and Public Health Inspectors, when they are shown, as far as possible, all aspects of these two services. Students much appreciate these visits and are generally surprised at the amount of work which goes on in the community. Apart from these visits during training, their horizons rarely extend beyond the hospital walls and it is quite salutary for them to realise that 90% of the population who are ill are cared for in their own home.

### Home Visiting

This aspect of the Health Visitor's work has continued on the same lines and it cannot be stressed too often that the Health Visitor is the Family Visitor; she is as concerned with the teenager as with the school child, with the grandmother as with the infant. The National Health Service is a comprehensive health service and must provide not only for the diagnosis and treatment of illness but also for information on maintaining good health and avoiding preventable breakdown. The Health Visitor's dual qualification equips her to provide help when it is needed and to stimulate action by those in need of help with difficulties either physical, domestic or social. She is the only worker in the field of visiting groups who may be "at risk", but whose problems are not immediately identifiable; thus the importance of the promotion of health and the prevention of disease cannot be emphasised too strongly and the need for health teaching continually expands.

Details of the visits paid by the Health Visitors during 1970 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 1970 ... ..	1,089	2,667
Children born in 1969 ... ..	662	2,051
Children born in 1965-68 ... ..	2,124	4,762
Total ... ..	3,875	9,480
Persons aged 65 years or over ... ..	62	156
Mentally disordered persons ... ..	6	32
Persons, excluding Maternity cases, discharged from hospital ... ..	13	27
Expectant Mothers ... ..	118	164
Visits to other cases ... ..	—	1235
Total visits ... ..		11,094

The Guthrie Test, carried out by the Hospital or District Midwife on all infants before the infant is six days old, has replaced the routine screening test formerly carried out by Health Visitors for the detection of Phenylketonuria. Any repeat Guthrie Tests are performed by the Health Visitors. No positive result has so far been discovered.

Hearing tests for children considered to be "at risk" continued to be carried out by the Health Visitors until 1st October and thereafter the hearing of ALL babies at the age of nine months is now tested. Two children were referred to the Ear, Nose and Throat Consultant.



There are certain categories of familial history or conditions which occur during the pre-natal or perinatal periods which render a baby "at risk". An "At risk" register is kept of babies born in Lincoln so that their growth and development can be observed.

During 1970, 15 British Standard Fireguards were fitted into Corporation houses under the special arrangement whereby tenants agreeing to weekly payments can have them fixed free of charge.

### Health Education

The Health Education Service has continued to expand during 1970 and the teaching in schools has been maintained. A report on this aspect of the service is given in the Report on the School Health Service. Three of the Health Visitors have taken over from the Health Education Officer the teaching in the junior schools in their respective areas and a full programme of talks to the 10 — 11 year age group is given throughout the school year.

Health Education is now a well established part of the Local Authority Health Service. The Mothercraft Course for Adoptive Parents was given once during the year. Twelve to fourteen couples were invited to attend (on the recommendation of the Lincoln Diocesan Board for Social Work) and talks and demonstrations were given for six consecutive evenings, each session lasting one and a half hours. Films, slides and other equipment were used as visual aids. The subject matter of the talks was normal development of the child up to the age of five years, infant feeding and weaning, bathing and clothing the baby, minor ailments, immunisation and vaccination and home safety. This course still continues once yearly.

Various Women's Organisations and Parent/Teacher Groups requested and received talks on topics ranging from mothercraft, the venereal diseases, sex education for children, the Local Authority Services, etc.

A regular series of displays on the following topics are now a feature in all the Infant Welfare Clinics:

- Immunisation and Vaccination.
- Home Safety.
- Food Hygiene.
- Smoking.
- Mothercraft.

### Mothercraft Classes — The Stork Clubs

There are four Stork Club sessions held each week and attendances during 1970 were as follows:

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Newland (Monday)	54	15	1452
Newland (Thursday)			
Ravendale (Tuesday)	11	10	559
Birchwood (Monday)	6	7	323

These classes continue to be very popular.

Every Wednesday afternoon, Mrs. M. Dimbleby, Senior Health Visitor attended the Ante-Natal Booking Clinic at the Maternity Wing of the Lincoln County Hospital. All ante-natal patients were interviewed individually by Mrs. Dimbleby and were given information about the various Stork Clubs



and invited to attend. Patients outside the City boundary were given information about Mothercraft Classes held in their own locality.

Patients being confined at home received similar information from the General Practitioner or District Midwife.

### **Mothers' Clubs**

The Mothers' Clubs held at Ravendale Clinic, "Beaumont House" Beaumont Fee and Hartsholme Church Hall, continue to be well supported and the members are grateful to the Health Committee for their help regarding premises and to the Health Visitors who give their time and advice.

During 1970, attendances at the Clubs were as follows:

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Ravendale	46	21	378
Beaumont House	52	35	638
Hartsholme Church Hall	83	34	612

### **Problem Families**

Work with these families goes on persistently and resolutely though at times, in many cases, it appears that little has been achieved. However, some families do improve and if family planning can be encouraged so that the number of children is limited, this helps with rehabilitation. The Health Visitors continue to advise these women to attend the Local Authority Family Planning Clinic and be fitted with an intra-uterine device.

Ten families were supplied with a Home Help 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 to the difficulty in recruiting suitable persons willing and able to undertake these duties for any length of time.

At the end of the year, there were considered to be approximately 80 families in the City who could be classified as having special problems and requiring constant supervision by, and assistance from, social workers.

## **HOME NURSING**

*Chief Nursing Officer:* MRS. C. A. HANSON

### **Staff**

The establishment of the Home Nursing Service remained the same as in the previous year, *viz.*: 14 full-time nurses (four of whom are men) and one part-time nurse for emergency duties only.

Mrs. M. A. Atkinson retired on 16th August and Mrs. V. E. Ward, part-time nurse, was appointed her successor, commencing duties on 17th August, 1970.

### **General Remarks**

The general pattern of the district nursing service remains the same, although there is now a tendency to discharge some patients earlier with sutures to be removed at home. A high proportion of cases cared for are elderly and in 1970, of the 1,363 cases, 919 patients were aged 65 years and over at the time of the first visit during the year. Promotion of good relations between the District Nursing Service and the Hospitals is encouraged and it



is hoped that in this way suitable cases for nursing at home will be discharged earlier to the care of the district nurse.

The following table shows that there was a slight increase in the number of cases attended (1,363 compared with 1,297 in 1969) and an increase in the number of visits paid (35,985 compared with 35,174 in 1969).

	1970	1969	1968
No. of cases attended by the Home Nurses ...	1,363	1,297	1,306
No. of visits paid by the Home Nurses ...	35,985	35,174	35,139
No. of patients aged under 5 at time of the first visit during the year ...	23	18	19
No. of patients aged 65 years and over at time of first visit during the year ...	919	905	900

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 1970, over 128 persons were issued with these pads and 63 adults and children were issued with protective clothing, slightly more than in the previous year.

### **Domiciliary Cervical Cytology Service**

Two District Nurses have been trained for this service and are available, when required, to visit women who are unable to attend the Cytology Clinic.

### **Marie Curie Memorial Foundation Night Nursing Service**

This Service continues to operate satisfactorily and at the end of the year, seven State Registered Nurses and two Nursing Auxiliaries were employed for the night nursing of patients in their own homes.

During the year, 34 patients in the terminal stage of illness were nursed at home; of these, 8 were eventually transferred to hospital. In 3 cases, nursing was discontinued after a short period and the remaining 23 were nursed at home until their death. The District Nurses continued to visit these patients during the day-time.

The City Council made a grant of £250 to the Foundation during 1970/71.

### **Information Meetings for District Nurses**

A new venture was introduced during the year to keep district nurses informed of developments in community nursing and nursing trends. The first of these meetings was held in November when the subject for discussion was "Group Practice Attachment." It is hoped to have three or four such meetings annually.

## **VACCINATION AND IMMUNISATION**

### **Vaccination against Smallpox**

Vaccination against smallpox in the second year of life has now been the policy of the Ministry of Health for the past five years — previously infants were vaccinated at three months of age. The scheme has been in operation for a sufficient length of time to assess the results of the change. Approximately 400 children have been vaccinated each year since the change in policy compared with over 700 prior to the change.

A summary of the vaccinations carried out during 1970 is as follows:

Vaccinations	Under 1 year	1-4 years	5-15 years	1970 Total	1969 Total
By Local Health Authority's Staff	6	310	4	320	237
By General Practitioners ...	3	119	35	157	139
TOTALS ... ..	9	429	39	447	376
Re-vaccinations					
By Local Health Authority's Staff	-	8	1	9	2
By General Practitioners ...	-	7	56	63	49
TOTALS ... ..	-	15	57	72	51

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

Ministry of Health Circular 29/68, dated 28th August, 1968, suggested a modification in the programme of immunisations based on the recommendations of the Joint Committee on Vaccination and Immunisation. However, although these suggestions were made in an attempt to simplify the programme, it was felt that there were advantages in retaining the existing schedule and no change has therefore been made in the programme of immunisation for children attending the Infant Welfare Clinics.

The primary course for immunisation against Diphtheria, Whooping Cough and Tetanus 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.

The number of children immunised in 1970 shows no significant change from the number in 1969, as will be seen from the following table:—

Primary Courses Completed	Under 1 year	1-4 years	5-15 years	1970 Total	1969 Total
By Local Health Authority's Staff:					
Diphtheria-Tetanus ...	7	5	33	45	42
Diphtheria-Tetanus-Pertussis ...	603	130	4	737	825
Diphtheria only ... ..	-	-	3	3	-
By General Practitioners:					
Diphtheria-Tetanus ...	1	3	1	5	12
Diphtheria-Tetanus-Pertussis ...	149	93	2	244	223
Diphtheria only ... ..	1	-	-	1	-
TOTALS ... ..	761	231	43	1035	1102
Re-inforcing Injections					
By Local Health Authority's Staff:					
Diphtheria only ... ..	-	-	-	-	24
Diphtheria-Tetanus ...	-	28	851	879	780
Diphtheria-Tetanus-Pertussis ...	-	675	3	678	742
By General Practitioners:					
Diphtheria only ... ..	-	-	1	1	-
Diphtheria-Tetanus ...	-	32	59	91	96
Diphtheria-Tetanus-Pertussis ...	-	141	43	184	211
TOTALS ... ..	-	876	957	1833	1853



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 1970:—

	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1970 Total</i>	<i>1969 Total</i>
<i>Primary Courses Completed:</i>					
By Local Health Authority's Staff...	—	—	3	3	4
By General Practitioners ...	—	2	10	12	1
Totals ...	—	2	13	15	5
<i>Re-inforcing Injections:</i>					
By Local Health Authority's Staff...	—	—	3	3	7
By General Practitioners ...	—	6	103	109	73
	—	6	106	112	80

Vaccination of infants against Tetanus started in 1956 and from this time, school children were also offered protection. It may be assumed, therefore, that the majority of children aged 17 years have now been vaccinated against Tetanus and as they are approaching the age when accidents are more prevalent, it is gratifying to know that should they be involved in an accident, it will not be necessary for them to have anti-tetanus serum with its attendant hazards.

### Poliomyelitis Vaccination

Vaccination against Poliomyelitis continued to be offered to infants at Infant Welfare Clinics and children in their first year at school were offered a reinforcing dose of vaccine.

There has been a tendency for there to be a decline in the total number of persons given a primary course of Poliomyelitis Vaccination during the last few years and this trend was evident in 1970. In recent years the peak year was 1965 when 1,635 persons under the age of 16 were given a primary course of vaccination; this was the last occasion when a 'Polio scare' occurred. Since that time there has been no outbreak of Polio worthy of comment in the national press and when the disease is not "in the news" it is difficult to



maintain public interest in vaccination. It must be borne in mind that the majority of young persons under the age of 16 have by now been vaccinated and the first priority now must be to vaccinate infants in their first year of life and to ensure as far as possible that children starting school are given a reinforcing dose of vaccine.

The table given below shows the number of persons under the age of 16 years given: I. Complete Primary Courses and II. Reinforcing Doses during the year.

#### **POLIOMYELITIS VACCINATION YEAR ENDED 31st DECEMBER, 1970**

**Table I — Primary Courses Completed**

	<i>Year of Birth</i>					<i>Others under Age 16</i>	<i>Total</i>
	1970	1969	1968	1967	1963-66		
By Local Authority ...	76	591	66	27	49	3	812
By General Practitioners ...	33	153	32	4	10	2	234
Totals	109	744	98	31	59	5	1046

**Table II — Reinforcing Doses**

By Local Authority ...	—	—	—	1	879	18	898
By General Practitioners ...	—	12	45	10	103	19	189
Totals	—	12	45	11	982	37	1087

#### **Measles Vaccination**

Vaccination against Measles became generally available in May, 1968, and Ministry policy at that time was to give priority to children aged 4, 5 and 6 years who had not had the disease. Having vaccinated as many children as possible in the priority age group, vaccination was then offered to children aged 1 to 3 years and, by the end of 1969, vaccination of infants aged approximately 18 months was being carried out as a routine at Infant Welfare Clinics; this policy was continued in 1970.

There was at first a marked reluctance among parents to bring their children to be vaccinated against Measles and this reluctance has not even now entirely been overcome. However, about the middle of the year a sharp outbreak of Measles both nationally and locally, and the consequent publicity, resulted in a vastly increased demand for vaccination and temporary difficulty was experienced in obtaining supplies of vaccine. Of the 1,213 children vaccinated during the year by Local Authority Staff and General Practitioners more than half — 614 children — were vaccinated during the third quarter of the year (July, August, September). Only one manufacturer is currently offering Measles vaccine in this Country and allocation of available supplies is controlled by the Department of Health and Social Security.

It is hoped in the future to offer Measles vaccination to infants at approximately 1 year old and eventually to achieve a vaccination rate of over 80%. In this way it is believed that the disease will gradually be eradicated.

The following table shows the number of children vaccinated against Measles in 1970:

	<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
	1970	1969	1968	1967	1963-66		
By Local Authority ...	3	237	346	117	138	11	852
By General Practitioners ...	1	49	114	60	124	13	361
Total ...	4	286	460	177	262	24	1213



### Rubella Vaccination

In July information was received from the Department of Health and Social Security to the effect that the Joint Committee on Vaccination and Immunisation had recommended that vaccination against Rubella (German Measles) should be offered to all girls between their 11th and 14th birthdays. The purpose of the recommendation was to ensure that as many girls as possible should be offered protection against Rubella by vaccination before reaching child-bearing age because of the known association of certain foetal abnormalities with Rubella infection in pregnancy. The circular further stated that vaccine would be made available and requested Local Health Authorities to arrange a vaccination programme, giving priority to girls in their 14th year. Vaccine was to be supplied to Local Authorities free of charge until 31st March, 1971, after which date vaccine would be obtained through the normal trade channels.

Past experience has shown that the most satisfactory way of carrying out any vaccination scheme among school children is to perform the vaccination on the school premises. It is regrettable but true that many parents will not take the trouble to bring their children to clinics or to the Health Department, but are perfectly willing to consent to their children being vaccinated providing that the parents are not inconvenienced. As soon as the vaccine became available, therefore, arrangements were made to vaccinate 13 year old girls in school. A good response was obtained and parental consent was readily given in most cases. Only a limited supply of vaccine was available, but during the Christmas term 256 girls were vaccinated by Local Authority staff and 6 by General Practitioners.

The table below shows the numbers vaccinated during 1970:

*Rubella Vaccination, 1970*

				<i>Year of Birth</i>			<i>Total</i>
				1955	1956	1957	
By Local Authority	..	..	..	—	82	174	256
By General Practitioners	..	..	..	1	3	2	6
Total	..	..	..	1	85	176	262

The following statistics have been issued by the Chief Statistician of the Department of Health and Social Security indicating at 31st December, 1970, the percentages of children born in 1968 who have completed a primary course of immunisation at any time and the percentage of children who were vaccinated against Smallpox during 1970:

	<i>Percentage of children born in 1968 and vaccinated by 31.12.70</i>			<i>Smallpox (Children under 2)</i>
	<i>Whooping Cough</i>	<i>Diphtheria</i>	<i>Poliomyelitis</i>	
LINCOLN C.B.	83	83	83	23
England	79	81	79	35

## AMBULANCE SERVICE

*Ambulance Officer: V. R. NORTH, F.I.A.O.*

During 1970, the Ambulance Service carried a total of 49,084 patients, an increase of 767 or 1.6% compared with 1969; in addition 579 non-patient carrying journeys were undertaken. Mileage involved in this work totalled 177,600, an increase of 3,670 miles or 2.1% compared with the previous year.

Additional work undertaken by the service during 1970 averaged approximately 14 patients and 71 miles per week, a relatively moderate amount compared with the severe increase during 1969. In order that the problems of the service may be more fully realised, mention must be made of the total increase during the two year period from January, 1969 to December, 1970; work increased during this time by an average of 105 patients and 433 miles per week, or 12.6% and 14.5% respectively.

As approximately 80% of the total work of the service involves the transport of out-patients and this category of work has shown the most consistent increases, all efforts towards economy have been aimed at this branch of work, unfortunately without effect.

The reason for the continuous increase in demand for out-patient transport can only be supplied by hospital management, but it seems likely that the underlying cause may be attributed to more efficient use of hospital beds by replacing 'in-patient treatment' by 'out-patient treatment'.

Particular mention must be made once again of the changing pattern in long distance journey work. Whilst journeys in the 50/100 mile range reduced considerably, those in the 100/200 mile range increased by 86 during 1970 and in the previous year by 45, a total increase in the two years of 131 journeys in this category. Excluding weekends, an average of 1.5 out of city journeys were undertaken daily throughout the year and the strain on the resources of the service from this work cannot be over emphasised; it must be understood that the majority of these cases require the attention of two men who may be absent from the City for long periods and during their absence, understaffed though the service may be, all local work must be covered.

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

**Annual Comparative Table**

<i>Cases</i>	1970	1969	1968	1967
Ambulance	15,488	18,944	17,119	20,588
Sitting	33,596	29,373	26,484	26,475
<b>TOTAL</b>	<b>49,084</b>	<b>48,317</b>	<b>43,603</b>	<b>47,063</b>
<i>Miles</i>				
Ambulance	71,790	75,463	68,436	75,815
Sitting	105,810	98,467	86,638	86,484
<b>TOTAL</b>	<b>177,600</b>	<b>173,930</b>	<b>155,074</b>	<b>162,299</b>
<i>Miles per patient</i>	3.6	3.6	3.5	3.4



Out of Town Journeys						
1970				1969		
Miles	50/100	100/200	over/200	50/100	100/200	over/200
Journeys	155	240	20	235	154	10
	TOTAL 415			TOTAL 399		

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

Month	Emergency	Maternity	General	Out-Patients	Section 28	Total
January	114	45	452	3167	321	4099
February	103	56	398	3117	344	4018
March	120	50	378	3099	311	3958
April	116	55	323	3451	256	4201
May	156	47	359	3321	251	4134
June	147	50	374	3527	356	4454
July	142	46	335	3377	238	4138
August	139	43	341	3035	186	3744
September	148	45	394	3206	369	4162
October	175	42	378	2734	264	3593
November	139	40	410	3502	369	4460
December	136	67	352	3230	338	4123
TOTALS	1635	586	4494	38766	3603	49084

The percentage for each section of total cases is: %

(a) Emergency	..	..	..	3.331
(b) Maternity	..	..	..	1.194
(c) General ..	..	..	..	9.156
(d) Out-Patient	..	..	..	78.979
(e) Section 28	..	..	..	7.340
				100.000

#### PATIENTS CARRIED (Other authorities in brackets)

Categories	1970		1969	
	Number	Miles	Number	Miles
Street Accidents ... ..	416 (64)		441 (43)	
Home Accidents ... ..	325 (8)		315 (6)	
Other Accidents ... ..	451 (5)		396 (5)	
Street Illness ... ..	96 (2)		125 (4)	
Home Illness ... ..	2150 (46)		2108 (56)	
Other Illness ... ..	267 (1)		210 (3)	
Mental Illness ... ..	88 (1)		134 (2)	
Out-Patients ... ..	38744 (22)		37138 (2)	
Maternity Cases ... ..	561 (25)		566 (34)	
Infectious Cases ... ..	61		86	
Hospital Discharges ... ..	928 (3)		989	
Hospital Transfers ... ..	1213 (4)		1729 (9)	
Training Centres ... ..	2252		2469	
Chiropody Clinic ... ..	1351		1447	
Totals ... ..	48903 (181)	177600	48153 (164)	173930
	49084		48317	

<b>NON-PATIENT CARRYING JOURNEYS:</b> (Mileage included in above totals)				
			1970	1969
Flying Squad	...	...	6	5
Midwives	...	...	59	85
Abortive	...	...	307	312
Service	...	...	207	238
579				640

### Staff

Early in the year an Ambulance driver/attendant, Mr. D. G. Walls, resigned from the service. Mr. J. Coppee, Trainee, was promoted to full shift duties and Miss E. Wright was appointed for sitting-case work in his place, raising the number of female drivers to four, the number originally intended. All four women are proving conscientious workers, respected by the men and popular with patients and hospital staff.

At the end of the year total establishment was as follows:

				1970	1969	1968	1967
Ambulance Officer	...	...	...	1	1	1	1
Deputy Ambulance Officer	...	...	...	1	1	1	1
Female Clerk	...	...	...	1	1	1	1
Female Clerk/Telephonist	...	...	...	1	1	1	1
Shift Leaders	...	...	...	5	5	5	5
Ambulance Driver/Attendants	...	...	...	20	20	24	24
Trainee Ambulance Driver/Attendants	...	...	...	2	3	-	-
Female Sitting Case Driver/Attendants	...	...	...	4	3	-	-
TOTAL STAFF				35	35	33	33

### Illness

Illness during the year was comparatively light, 149 days were lost due to sickness involving 6 men; 7 men were absent for periods between 1 and 3 days on uncertificated sickness; 1 man was absent without excuse on one occasion, and one man was granted two periods of compassionate leave of 3 and 2 days respectively; a total of 168 days.

### Competitions

All members of the driving staff were again entered in the National Safe Driving Competition and awards for 1969 were presented to those drivers who had qualified.

### Training

20 driver/attendants qualified for the award of proficiency certificates in accordance with the conditions outlined in Circular No. N.M. 192A, dated 6th June, 1969.

Regardless of problems their absence created, 4 men were sent on training courses of two weeks duration approved by the Local Government Training Board to the Leicestershire County Council Centre. All four men were assessed as competent over the whole range of duties, including accident and emergency work, and will in due course receive proficiency certificates.

During 1971, the two trainee ambulancemen now receiving local instruction will attain the standard required for advanced training at an approved centre.



## Vehicles

During July, serious mechanical faults developed in one of the two vehicles due for replacement and it was withdrawn from service. Fortunately there were no further major breakdowns and the service coped successfully to the end of the year. The two new vehicles on order were still in the hands of the coachbuilders at the 31st of December although delivery was expected early in the new year.

Maintenance continued at a high standard and fleet statistics at 31st December were as follows:

<i>Type</i>	<i>Make</i>	<i>Year</i>	<i>Mileage</i>	
			1970	1969
Ambulance	B.M.C.	1960	163,522	145,993
Ambulance	B.M.C.	1962	127,222	109,836
Ambulance	B.M.C.	1965	65,871	47,140
Ambulance	B.M.C.	1968	47,384	24,491
Dual Purpose	B.M.C.	1962	125,581	109,935
Dual Purpose	B.M.C.	1969	20,632	2,003
Dual Purpose	B.M.C.	1969	25,311	2,937
Dual Purpose	Bedford	1958	155,594	152,654
Sitting Case	B.M.C.	1962	124,252	107,566
Sitting Case	B.M.C.	1968	38,309	23,992
Hire Car	B.M.C.	1964	141,041	130,572

## Radio Control

For many years the developing work of the ambulance service has been geared to the quick and reliable method of communication supplied by the use of radio telephone equipment; it is indeed reasonably certain that this equipment has reduced the number of vehicles and staff that would have been required today by at least 50%.

The radio equipment is now in its tenth year of constant use and can only be described as obsolete. During 1969/70, in spite of regular servicing the instruments became increasingly temperamental, constant breakdowns seriously affected communications and were indeed more of a problem than the increase of work.

There is no indication that the work of the service will reduce during 1971 and unless the difficulties associated with the replacement of the equipment are resolved at an early date, serious consideration must be given to increasing staff establishment.

The pocket radio telephones, used by the District Midwives and a few General Practitioners and controlled from a base station at the ambulance station, continue to provide excellent communications.

## Patients Carried by Rail

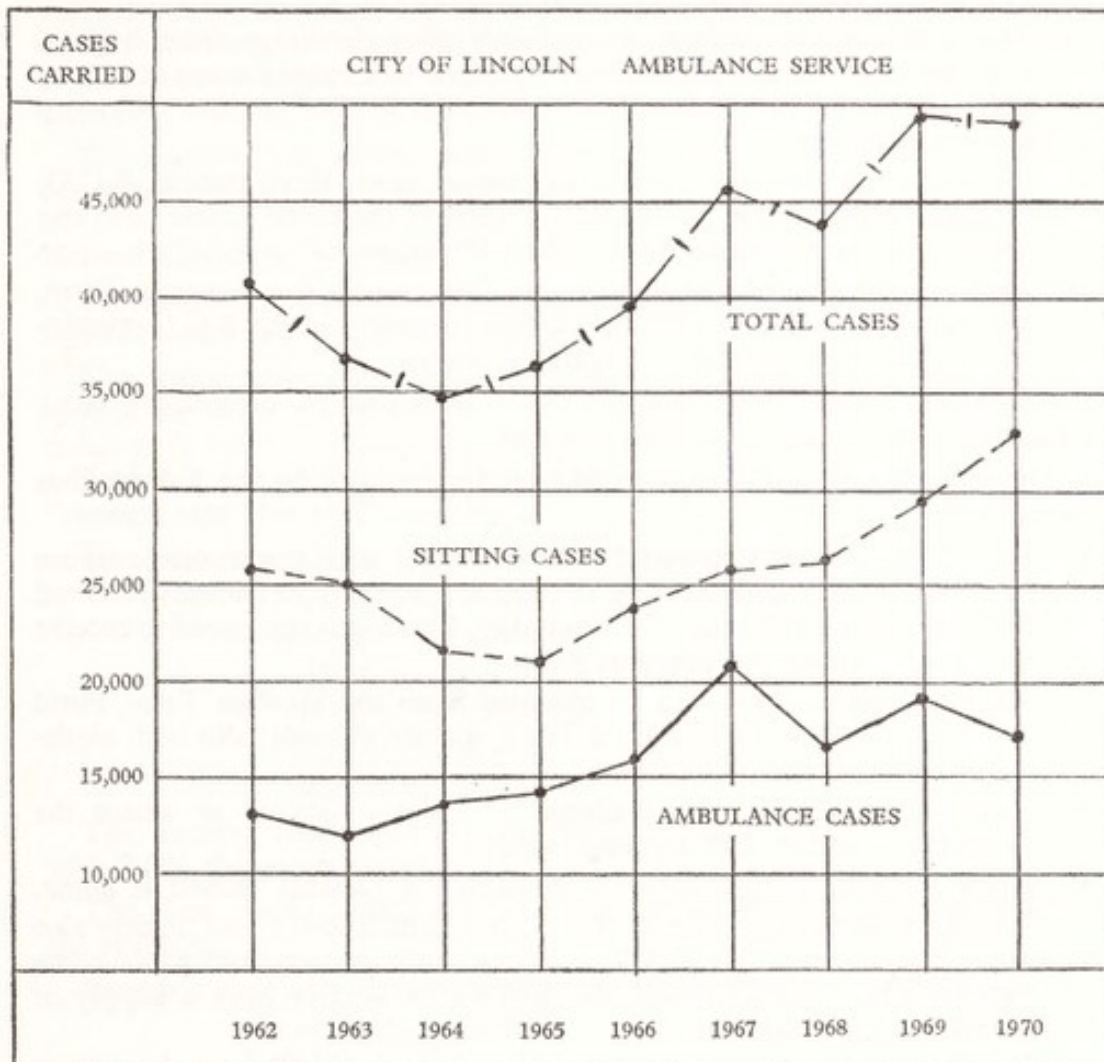
Railway facilities were used in conveying 88 patients an estimated 8,095 miles.

## Co-operation with other Services

Co-operation with Police, Fire and other Ambulance Services continued at a high level.

### Fuel Consumption

During 1970 petrol consumption was 12,069 gallons, an average of 14.72 miles per gallon.



## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Tuberculosis

The need for Tuberculosis preventive work has declined steadily in recent years and a Health Visitor now undertakes the necessary duties in a part-time capacity. In addition to domiciliary visiting she attends at the Chest Clinic 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 1970, 3 new cases of Tuberculosis were notified, compared with 17 in 1969.

When a patient is not admitted to hospital, but has treatment at home, the 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 this 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 1970, the Tuberculosis Health Visitor paid 15 domiciliary visits, compared with 34 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. 13 patients received free milk during 1970 and of this number, 12 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.R.V.S. and British Red Cross Society also provide assistance. The W.R.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 Medical Officer of Health 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 was 1 case in this category during 1970.

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

"The work of the Chest Physicians in 1970 was very much the same as in the previous year. Tuberculosis and its prevention, which had been the prime function of the Chest Unit until a few years ago, was at its lowest level and the majority of cases dealt with were of a non-tuberculous nature.

There has been a noticeable increase in the number of cases of Asthma and Hay Fever; so much so that it may well be considered advisable to run special clinics for these types of cases sometime in the future."



## 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 1970 was 59, compared with 93 in the previous year.

### School Children Scheme

Vaccination of school children in the 13-14 years age group was continued in 1970 under the approved scheme.

The senior schools in the City were visited during the Autumn Term 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 1970 was 91%.

The following table gives details of the numbers dealt with during 1970:

Number skin tested	..	..	924
Number found positive:			
Heaf grades 1 and 2	..	..	48
Heaf grades 3 and 4	..	..	5
Number found negative	..	..	821
Number vaccinated	..	..	818

The number found positive was 6.1% of the number tested, compared with 7.0% 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:

No evidence of disease	..	..	47
Left the district	..	..	1

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

No evidence of disease	..	..	4
Healed lesion	..	..	1

## MASS RADIOGRAPHY

The Lincolnshire Mass Radiography Unit paid a visit to Lincoln from 27th January to 20th February, 1970. The Unit was located in Oxford Street.

The total number of attendances during this survey was 7,394 compared with 9,847 during 1969.

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	..	..	3354	4040	7394
No. recalled for large films	..	..	31	41	72
No. referred to Chest Clinic	..	..	16	11	27
No. of cases of Pulmonary Tuberculosis requiring close clinic supervision or treatment			1	—	1



		<i>Males</i>	<i>Females</i>	<i>Total</i>
Pulmonary Tuberculosis p.p. inactive ..		1	—	1
Bronchiectasis .. .. .		—	1	1
Bronchial Carcinoma .. .. .		2	—	2
Cardiac abnormality .. .. .		2	1	3
Sarcoidosis .. .. .		—	2	2

#### *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.

#### **Immigrants**

During the year information was received in respect of 14 immigrants who were reported as coming to reside in the City. 12 were contacted and, if necessary, given advice regarding the Health Service facilities available to them. It was not possible to trace the other two immigrants at the address given.

### **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 1970 and the steps taken with regard to treatment. Table 'B' shows that there was one notification of ophthalmia neonatorum during the year.

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

		<i>Cataract</i>	<i>Cause of Disability</i>			<i>Others</i>
			<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>		
(i) Number of cases registered during the year in respect of which section D of Forms B.D. 8 recommends:—						
(a) No treatment ... ..	—	—	—	—	13	
(b) Treatment (Medical, surgical or optical) ...	5	4	—	—	10	
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	2	4	—	—	6	

#### **B. OPHTHALMIA NEONATORUM**

(i) Total number of cases notified during the year	...	...	...	...	1
(ii) Number of cases in which:—					
(a) Vision lost ... ..	...	...	...	...	—
(b) Vision impaired ... ..	...	...	...	...	—
(c) Treatment continuing at end of year	...	...	...	...	—

### After-Care of Patients following discharge from Hospitals

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

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

### Provision of Nursing Equipment and Apparatus

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

During the year 507 patients were assisted and 885 articles of equipment were issued. The comparable figures for 1969 were 478 patients assisted and 771 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 1970 are as follows:

Air rings ..	..	..	..	..	..	66
Bath seats ..	..	..	..	..	..	2
Bed blocks (sets)	..	..	..	..	..	2
Bed cages ..	..	..	..	..	..	36
Bed pans ..	..	..	..	..	..	109
Bed rests ..	..	..	..	..	..	138
Bed tables ..	..	..	..	..	..	2
Bedsteads ..	..	..	..	..	..	19
Commodes ..	..	..	..	..	..	103
Crutches (pairs)	..	..	..	..	..	13
Dunlopillo cushions	..	..	..	..	..	15
Dunlopillo mattresses	..	..	..	..	..	1
Feeding cups ..	..	..	..	..	..	8
Fracture boards (sets)	..	..	..	..	..	9
Hoist ..	..	..	..	..	..	1
Inhaler ..	..	..	..	..	..	1
Mackintosh sheets	..	..	..	..	..	107
Mattresses ..	..	..	..	..	..	19
Pram (twin) ..	..	..	..	..	..	1
Ripple Bed ..	..	..	..	..	..	2
Sheets ..	..	..	..	..	..	2
Tripod Walking Sticks..	..	..	..	..	..	27
Urinals ..	..	..	..	..	..	92
Walking Aids ..	..	..	..	..	..	37
Walking Sticks ..	..	..	..	..	..	6
Wheel chairs ..	..	..	..	..	..	67
						<hr/> 885 <hr/>

### CHIROPODY SERVICE

The Chiropody Clinics are held at Beaumont Lodge, Beaumont Fee. Most patients are able to make their own way to the Clinic, but those who by reason of physical disability are unable to use public transport are conveyed to and from the Clinic by the Ambulance Service. In addition to



treatment at the Clinic a domiciliary service is provided for those who are completely housebound and who are unable to visit the Clinic even with the aid of Ambulance transport.

The Chiropody Service operated throughout the entire year with a reduced staff as it proved impossible to fill the vacancy for a whole time Chiropodist. Two part-time Chiropodists continued to work a total of 5 sessions per week and the two whole-time Chiropodists worked an additional 4 sessions per week as overtime; in this way the lack of a whole-time Chiropodist was to some extent minimised.

The number of Clinic appointments not kept again rose and represents approximately 17% of appointments booked. It is thought that many appointments are missed by patients who live on the outskirts of the City because they will not face the long journey to the Clinic, especially in inclement weather. It is hoped that the provision of Chiropody Clinic facilities at the Boultham Park Health Centre, to be opened in 1971 will to some extent alleviate the inconvenience of the long journey for those patients who live in the Birchwood, Hartsholme and Moorland areas of the City with a consequent reduction in the number of failures to attend.

The following table gives the details of attendances and income received from patients during 1970:

	<i>No. of Clinic Sessions</i>	<i>Total Attendances</i>	<i>Average Attendance per Clinic Session</i>	<i>Total Receipts</i>
Clinics	984	6217	6.3	} £1,191 6s. 6d.
Home Visits		1204		
Clinic appointments not kept		1168		

### YELLOW FEVER VACCINATION

In accordance with the Ministry of Health Circular 15/19 (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. This charge was fixed in 1961 when Yellow Fever Vaccination first was carried out by the Department. In November 1969, the Health Committee, having regard to the price and packing of the vaccine, decided that the charge should be revised. After studying a summary of charges made by other authorities the new charges were fixed at £1 5s. 0d. (£1.25) for a single individual, and £2 5s. 0d. (£2.25) for families of up to five persons vaccinated at the same session. The new charges became effective on 1st January, 1970.

The number of persons vaccinated again increased and 298 vaccinations were carried out during the year.

### HEALTH EDUCATION

Mrs. C. A. Hanson relinquished her main duties as Health Education Officer on her appointment as Chief Nursing Officer in August, 1970 but although a successor was appointed on 21st September, she still retains a keen interest in Health Education duties and continues to arrange programmes and to give talks on a wide range of subjects.



The Health Education Service offered to schools was further developed in 1970 and details are given in the Report of the Principal School Medical Officer. Mention of the work undertaken by the Health Visitors is reported on page 36.

The Health Education of young people continues to attract increased publicity and frequent requests were received for talks by the Health Department staff to students and young people on smoking, drug taking, sexual behaviour and venereal disease. The organisations of the middle-aged and elderly also requested talks on health problems. The Women's Organisations were naturally more interested in talks on family planning, cervical cytology and "mental health."

The Public Health Inspectors continued their lectures to food handlers (courses being arranged by the Lincoln Technical College) and films and talks were given to personnel employed in food businesses and to other interested organisations.

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. Regular publicity on the misery of measles and possible complications of the disease was undertaken during the year with a view to persuading parents to have their children immunised.

The Home Safety Committee met at intervals throughout the year and in June, 1970 held a "Road and Home Safety Exhibition" at 186 High Street. The Fire Brigade, Police, County Hospital, East Midlands Electricity Board and other organisations were involved in this most successful exhibition which was opened by the Deputy Chief Constable of the Lincolnshire County Constabulary. Films were shown and many leaflets distributed to the two thousand people who visited the exhibition.

After 42 years of publication, the distribution of the monthly journal "Better Health" which for many years had been available at the "Stork Clubs", Clinics, Offices, etc., was discontinued in December, 1969 for financial reasons.

During June, an Anti-Smoking Clinic was held on five consecutive evenings at the Junior Training Centre. This Clinic was widely advertised and the Local Press were particularly helpful in publicising the campaign. The two hour programme of group-therapy was conducted each evening by volunteers of the Health Education Department of the Seventh-day Adventist Church. All who attended the Clinic found the course helpful and by the end of the week it was thought that about one third had given up the smoking habit.

Another problem of a totally different nature, but one which should be a target for health education in the future is obesity. The elimination of smoking and to a lesser extent obesity would result in a vast improvement in the health of the nation.

### **WOMEN'S CYTOLOGY SERVICE**

The Lincoln Women's Cytology Clinic is held at the Maternity and Child Welfare Centre, 34 Newland on Monday and Tuesday morning and Tuesday evening. 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. Many of the women wishing to attend the clinic are resident in districts adjacent to the City in 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 provided by the Lincoln City Council. Some women travel over 20 miles to attend the Clinic in Lincoln.

During 1970, 147 clinic sessions were held and the maximum number seen at any clinic session was 27. The number of new applications received during the year was 1,395, compared with 1,093 in 1969.

The following table shows the number of women who attended the Cytology Clinic during 1970:

				<i>Lincoln</i>	<i>Lindsey</i>	<i>Kesteven</i>	<i>Total</i>
No. of women who attended the clinic during 1970	..	..	..	1201	290	535	2026
No. of positive smears	..	..		5	—	1	6

Although the clinics are well attended, it is known that many women particularly at risk are not attending the clinic for various reasons. In order to help these women, a domiciliary service (on a small scale) was started in August, 1967. Two of the District Nurses have been trained to carry out the smear test and are available to make domiciliary visits to women known to the Health Visitors and recommended by them for the domiciliary service.

## HOME HELP SERVICE

*Organiser:* MISS H. BALDWIN

The administrative staff of the Home Help Service consists of the Home Help Organiser, the Assistant Home Help Organiser, one full-time clerk and one part-time clerk.

The total applications received during the year was 467. 313 new cases were assisted and at least 168 applications were cancelled owing to various reasons. The heaviest demand for help was from January to June.

It has been apparent during the past two or three years that in Lincoln particularly the pattern of help needed has changed, and more requests are now received for increased help from many who have had only a little help in the past for a number of years.

There are many elderly people who prefer to stay in their own homes, despite the loneliness and the hardships they have to endure, and it is regretted that more domestic help cannot be given to them. The volume of applications for help continues to be made at such a rate that by the time some of them can be dealt with by the Organiser or her Assistant the person no longer requires help. Even if a visit could be made within a few days of the application being received, it would often not be possible to allocate help owing to the work involved administratively. Many of these requests for domestic assistance come from anxious friends or other persons and the applicant is rarely consulted. Some are made in a hurry and a home help is not the solution to their particular problem. Quite a number do get over the emergency and records show that abortive visits would have been made if immediate help had been available.

The following table shows the growth of the service during the past three years and the number of hours worked by the Home Helps (excluding travelling time, etc.):

Cases assisted:	1968	1969	1970
Aged and infirm .. .. .	720	740	814
General illness and chronic sick under 65 years .. .. .	102	115	123
Mentally disordered .. .. .	20	21	12
Maternity .. .. .	39	25	11
Tuberculous .. .. .	6	4	3
Blind .. .. .	42	39	44
	<hr/> 929 <hr/>	<hr/> 944 <hr/>	<hr/> 1007 <hr/>
Hours worked:	1968	1969	1970
Home Helps .. .. .	137,069	129,176	135,463
Night Attendants .. .. .	5,864	5,651	5,038
	<hr/> 142,933 <hr/>	<hr/> 134,827 <hr/>	<hr/> 140,501 <hr/>

Home Helps employed at the end of the year:—

Full-time .. .. .	13	11	8
Part-time .. .. .	136	133	133
Whole-time equivalent .. .. .	78	73	76

The part-time Helps included 12 Night Attendants in 1968, 12 in 1969 and 11 in 1970.

The number of hours worked increased considerably. There were many more cases to cover and the appropriate number of helps were appointed. Some people could only have help alternate weeks, others were left for longer periods, in spite of extra helps being appointed.

The number of full-time helps in 1969 was reduced to 11 and by the end of 1970 was 8 and it was not possible to increase this figure as suitable persons willing to undertake full-time duties could not be recruited.

The average number of hours help given to a case during 1970 was 134, in 1969, 137 hours and in 1968, 147 hours. This means that on an average each case is having less than 3 hours help a week throughout the year and less than they had in 1967.

### Aged and Infirm

More than 30 persons had regular daily help over a long period during the year mainly for fire lighting or preparing breakfast. The number of those who should have help at least once a week exceeds 600 and includes about 60 under the age of 65. The remainder are elderly and frail. 18 who had help were over 90 years of age (2 of whom were blind). Approximately 320 who were supplied with help at some time during the year were between 81 and 90 (16 being blind) 390 persons were between 71 and 80 (13 being blind). Of the remainder 94 were between 66 and 70, 5 of these were blind. The condition of more than 60 is unlikely to improve.

There is still a problem regarding allocation of immediate help to persons being discharged home after a fairly long stay in hospital. The houses are often cold and damp and it appears it is not the responsibility of any particular department to make sure that the houses are warm, dry, clean and there is food available. Often the person is discharged at short notice, or in some



cases discharge is postponed; this tends to add confusion to any service which is stretched to its limits.

### **Tuberculous Cases**

The number of persons suffering from tuberculosis and requiring the services of a Home Help varies each year. Of the 3 assisted during 1970, 1 was short-term and 2 were long term. There is not the demand for Home Helps to assist this type of case as there was in the past, owing to the lower incidence of cases in the City.

### **Administration**

The Home Help Service has an important part to play in the care of the sick, elderly and infirm persons in their own homes and it is hoped that eventually adequate help may be given to as many as possible to enable them to remain in their own homes for as long as it is practicable for them to do so. Many young chronic sick have to manage with many less hours' help than is adequate for them, owing to the fact that there is a charge for this service, and as they will require help for an indefinite number of years, dare not request more help in case they cannot meet the cost. Help for these people is not for an 'emergency' which many could afford, but is likely to be required for the remainder of their lives.

The Home Help establishment was reduced in 1968 and has remained the same since that date, yet the demand for the service is as heavy as ever.

18 Home Helps resigned, 3 retired during the year and 6 Night Attendants resigned. The recruitment and appointment of Home Helps increase the work of the administrative staff and it would appear helps are not staying in the service as long as those who joined between 1955 and 1966.

It seems appropriate at this time to record that 8 helps have been in the service for 14 years or more; 13 between 10 and 13 years and 56 between 5 and 9 years.

Recruitment is not always easy and although many apply for employment relatively few are considered to be suitable. It is particularly difficult to obtain recruits for certain areas of the City.

Illness amongst the Home Helps is inevitable, but on the whole is not excessive when one considers the type of work they undertake.

Owing to the growth of the Service, the office accommodation is totally inadequate to meet the need for interviewing and paying the wages of the home helps each week and action to remedy this situation is urgently needed.

Approximately £3,617 was paid to the Department for the Home Help Service during 1970 and this amount is by no means substantial when one considers the work undertaken to recover so many small amounts.

### **Visiting**

The importance of home visiting cannot be over-emphasised. It is desirable to visit each case before help is sent out, to follow up the case to ensure adequate help is being received and also that help is not continuing when it is no longer necessary.

During 1970, 347 interviews took place in the homes of applicants and a further 406 visits to homes to re-assess the charge for the service and/or to check the continuing need. A further 99 visits were made to the home helps when working and to their homes when changes of programme were necessary. This number also included visits made in the evening or week-ends to Night Attendants either to take instructions for a new case or to cancel an original arrangement.



Approximately 70% of the recipients of help were granted a free service and the remainder paid something towards the cost of the service. It is essential that all should have regular visits from this department and without frequent visiting, there could be some abuse of the service. In the majority of instances the helps give more time to the recipients than is shown on the records and frequently do shopping in their own time.

On 3 occasions during the year, Student Nurses accompanied the Organiser to observe cases where Home Helps were working and noted the care which could be given to people in their own homes. On one occasion students received instruction in the office.

### **Toxaemia of Pregnancy**

During the year, 7 cases of toxaemia of pregnancy were given the services of a Home Help in order that these expectant mothers might have complete bed rest until the baby is born; only 2 were home confinements.

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 10 families, no charge being made for the service. All were short term, mainly due to the fact that home helps who are not trained to assist problem families, tire and wish to be relieved of such duties when they cannot see good results of their efforts.

The problems associated with this type of family 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 to assist one problem family.

### **Night Attendant Service**

Demand for this service continues and appreciation of the service was acknowledged by many to whom help was given. The service was supplied in the majority of cases to relieve 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 too ill to be removed to hospital.

Recruitment continues, but unfortunately the majority of Night Attendants can only work two or three nights a week and rarely at weekends, therefore much last minute planning is necessary to ensure that the Night Attendants are able to attend when required.

63 cases were assisted during 1970 compared with 48 in 1969 and 59 in 1968; the number of hours worked by the Attendants was 5,038.

24 had Night Attendant Service only and 39 had day and night help. These figures give an indication of how many people were able to remain in their own homes even though they were at times, very ill.

### **Special Events**

The highlight of the year was a Reception given by the Mayor, Ald. Mrs. M. R. Sookias, for all Home Helps and Night Attendants. This was held at The Adult Training Centre, Long Leys Road and was greatly appreciated by all who attended. This was the first time home helps had been so recognised and the occasion did a great deal to raise their morale.

The City of Lincoln home helps were invited, along with home helps from other neighbouring authorities, to a Rally of Kesteven Home Helps held at Grantham on 16th May. An omnibus was hired and 17 helps along with the Organiser had a very enjoyable day and were entertained to tea.



## MENTAL HEALTH SERVICES

*Senior Mental Welfare Officer: J. B. GRACEY*

### Introduction

As the result of the recommendations contained in the Seebohm Report and subsequent Act of Parliament, a new Social Services Department will become effective as from 1st April, 1971.

### Staff (Mental Health)

The staff consists of a Senior Mental Welfare Officer and three Mental Welfare Officers (two male and one female), and one full-time clerk. There were no changes during the year.

### Administration

All matters relating to the Mental Health Service were administered by the Health Committee.

A twenty-four hour service was maintained during the year. This of course, is worked on a duty rota basis, whereby an officer is on call from 5-30 p.m. to 8-30 a.m. to receive emergency requests for assistance from hospitals, doctors, police, patients, and various other agencies. At week-ends an officer is on call from Friday, 5-30 p.m. to Monday, 8-30 a.m. There was no significant change in the number of referrals or in the number of hospital admissions; the trend towards informal admission to hospital also remains much the same. There was, however, a slight increase in the number of home visits, also visits to the mental health service office by clients was a little higher.

Contact between psychiatrists, doctors and other agencies has been well maintained. Meetings have taken place between the Lincoln Heath Hospital Management Committee and Local Authorities with a view to improving the services and relationships, a special emphasis being placed on the after-care of patients discharged from hospitals.

With a few exceptions all cases referred to the service were assessed by a mental welfare officer, whether resulting in a hospital admission or referral to another agency. Where a need for additional case work has been necessary this has been carried out with the co-operation of other sections of the local authority.

### Statistics

Overall figures show a slight decrease from those of the previous year. The following tables will show the number of cases referred and investigated, and the number of admissions to hospital during the year.

### Mental Illness

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

	<i>Males</i>	<i>Females</i>
Patients admitted to hospital, Section 5, Mental Health Act, 1959	25 ( 21)	42 ( 37)
Patients admitted to hospital, Section 25, Mental Health Act, 1959	14 ( 14)	28 ( 34)
Patients admitted to hospital, Section 26, Mental Health Act, 1959	8 ( 9)	2 ( 7)
Patients admitted to hospital, Section 29, Mental Health Act, 1959	16 ( 18)	19 ( 29)
Patients admitted to hospital, Section 60, Mental Health Act, 1959	- ( -)	- ( -)
Patients returned to hospital after absconding Section 39/40	4 ( 5)	5 ( 2)
Total ...	67 ( 67)	96 (109)
Direct Admissions: By Arrangement with Patient's General Practitioner and Consultant Psychiatrist following domiciliary visit	39 ( 17)	55 ( 34)
Grand total ...	106 ( 84)	151 (143)

## MENTAL ILLNESS

Cases investigated and admissions per month during 1970

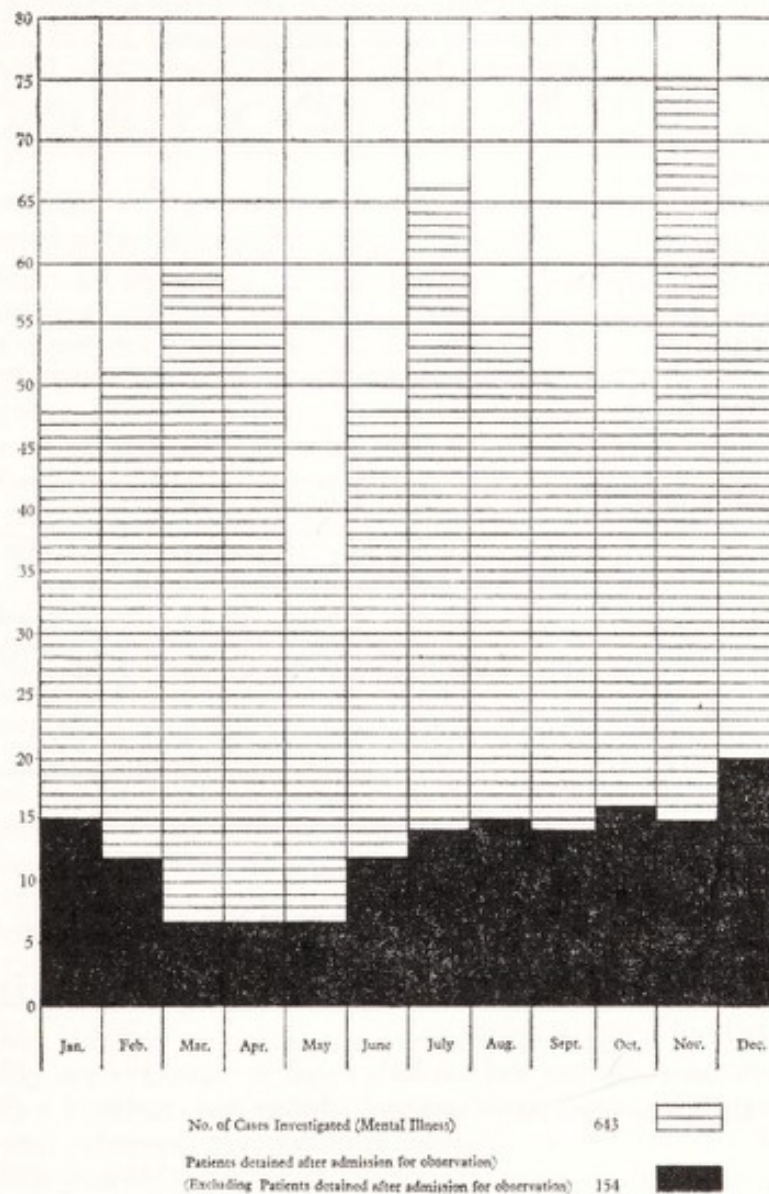


Table 1

This shows the number of males and females (under and over the age of sixteen) admitted to hospital:

<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
<i>under 16</i>		<i>over 16</i>		
3	2	60	89	154



Table 2 Number of persons referred to the Mental Health Service during the year ended 31st December, 1970.

	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	66	107	-	-	4	1	-	1	-	-	180
Hospital — on discharge from in-patient treatment	-	-	29	59	-	-	3	2	-	-	-	-	93
Hospital — in-patient	2	1	25	23	1	1	2	5	-	-	-	-	60
Hospital — after or during out-patient or day treatment	-	-	14	10	-	-	1	-	-	-	-	-	25
Local Education Authority	-	-	-	1	1	2	-	-	1	1	-	-	6
Police and Courts	-	-	10	15	1	-	5	4	-	-	-	-	35
Other Sources	2	-	69	130	6	3	20	11	-	2	-	1	244
Total	4	2	213	345	9	6	35	23	1	4	-	1	643
Social Histories/Progress Reports	1	-	42	58	-	1	3	5	1	1	-	-	112
Total	5	2	255	403	9	7	38	28	2	5	-	1	755

### Community Care

(a) Number of patients receiving after-care at the year end was as follows (last year's figures in brackets):

Mentally ill (children and adults)	..	..	247	(221)
Mentally ill (elderly infirm)	..	..	36	(20)
Subnormal (children and adults)	..	..	137	(131)
Severely subnormal (children and adults)	..	..	49	(52)
			469	(424)

(b) Number of home and office visits (last year's figures in brackets):

	Mentally ill		Subnormal and Severely Subnormal		Total	
Home visits	4640	(4110)	893	(1114)	5533	(5224)
Office visits	673	(602)	355	(331)	1028	(933)

In all cases the consent of the patient is obtained before being placed on after-care, particularly in cases of hospital discharge for it is often found that little is known about this service. Some of our clients have been receiving supervision and after-care for a number of years, in these cases it is an easy task for the Mental Welfare Officer to offer support, and advise when necessary. Frequent conferences are held between the Senior Mental Welfare Officer and Mental Welfare Officers in order that any unusual problems can be discussed and dealt with. Where out-patient appointments are kept by a patient, a progress report is submitted to the hospital.



### **Case Conferences**

Each week case conferences are held at St. John's Hospital, and it is usual for a Mental Welfare Officer, together with relatives of patients to be present. In some instances a home circumstances report is submitted to the hospital several days before the conference takes place. Where hospital discharge is recommended every assistance is offered both patient and relative by the Mental Welfare Officer, who endeavours to ensure that rehabilitation in the community is effected.

### **Subnormality**

This year regular out-patient clinics have been held at the two Training Centres when a Consultant Psychiatrist from Harmston Hall Hospital has seen a number of children and adults. In the majority of cases recommendations have been made for hospital admission but owing to the desperate shortage of permanent beds in subnormality hospitals only the most urgent cases have been accepted, although there has been an increase in the number of short-term cases admitted to hospital to relieve the family situation. St. Hugh's Hostel also accommodated two male adults for a short period. Similar arrangements will be made to accommodate female adult subnormals next year when the Quarry hostel for women is opened.

### **Social Clubs**

There are two social clubs and meetings are held weekly at the Junior Training Centre, Beaumont Fee. A Mental Welfare Officer is in attendance at both clubs.

#### **Beaumont House Social Club**

This club for the mentally subnormal male and female adults meets each Monday evening between 7 p.m. and 9-30 p.m. and about twenty-eight members attend weekly. Refreshments are prepared and served by members of the Women's Royal Voluntary Services — to whom we remain indebted. To cover the cost of refreshments and provide prizes for bingo a charge of sixpence per person is made.

Apart from dancing, which is the main feature of the club, various other indoor games are available. A film show is arranged once each month during the winter; a summer outing to Cleethorpes was made up of about forty members and relatives, accompanied by two Mental Welfare Officers. At the end of the year a Discotheque Party was arranged which was attended by about 68 members, friends and relatives. This was a completely new venture and remains the highlight of the year so far as members are concerned. Many requests have been made for another Discotheque Party.

In order to purchase a new record player for the members, a donation of thirty pounds was made to the club by an interested citizen, who wishes to remain anonymous. This very generous offer is greatly appreciated.

#### **Welcome Club**

This club is attended mainly by those people who have suffered or are suffering from mental illness, although several people from the community have joined to promote the club's interest. A committee formed of club members continues to arrange various activities and outings. Several day trips were enjoyed during the summer months, and excursions were organised to take members to Theatres in both Leeds and Nottingham. A rummage sale was held and the proceeds were handed over to St. Hugh's Hostel, who in turn obtained a fish tank and tropical fish for the residents. It is hoped to



have another rummage sale next year when the proceeds will be given to the Quarry Hostel. Credit must also be given to the club members and mental welfare staff for their hard work in organising and arranging these ventures. One of the unusual features was a visit from the Lincoln Morris Men who entertained members. Apart from these activities there were the usual film shows, dancing and dancing instruction. The year ended with a Christmas Party.

### Junior Training Centre

The Beaumont House Junior Training Centre caters for subnormal children under the age of sixteen years. The children are accommodated in four classrooms and, in addition, a Special Care Unit caters for the more severely handicapped children.

The following table gives the number in the classes at the beginning and end of the year:

		<i>Class 1</i>	<i>Class 2</i>	<i>Class 3</i>	<i>Class 4</i>	<i>Special Care Unit</i>	<i>Total</i>
No. of children attending as at 1st January, 1970	Lincoln	14	10	9	6	7	46
	Kesteven	3	1	—	4	—	8
	Total	17	11	9	10	7	54
No. of children attending as at 31st December, 1970	Lincoln	12	9	10	6	9	46
	Kesteven	3	2	—	2	—	7
	Total	15	11	10	8	9	53

#### *Admissions during 1970:*

	<i>Lincoln</i>	<i>Kesteven</i>	<i>Total</i>
Recommended for admission to Junior Training Centre	6	—	6
Transferred from St. Christopher's Diagnostic Unit	2	—	2
Transferred from Junior Training Centre in other areas	1	2	3
	9	2	11

#### *Discharges during 1970:*

Left district	3	1	4
Transferred to Adult Training Centre	2	2	4
Into hospital care	2	—	2
Transferred to St. Christopher's	1	—	1
Died	1	—	1
	9	3	12

### Staff

The staff of the Centre and Special Care Unit is as follows: Supervisor, Deputy Supervisor, Four Assistant Supervisors, Two Nursing Staff, Cook, Kitchen Assistant (part-time).

### Transport

40 children were transported by 2 Corporation 'buses accompanied by 2 members of staff; 6 children from the Special Care Unit were conveyed by a specially converted ambulance and 7 Kesteven children were brought by taxi.

## Visitors

During the year the Centre was visited by Student Teachers, Nursery Nurses, Student Nurses and other interested bodies.

Students from the Nottingham Diploma Course for Teachers of Mentally Handicapped Children spent six weeks' teaching practice in the Centre. This not only provides necessary training for the students, but is valuable for the contribution made by the students bringing new ideas and a fresh approach to the teaching of the sub-normal child.

The girls of Lincoln House, Boultham Moor Secondary School maintained their interest in the Centre and presented a cheque as a result of their efforts; part of the money contributed was used to buy a transistor radio for the Special Care Unit and books and records were purchased with the remainder.

A group of girls from South Park High School visited the Centre; soft toys which had been made by the girls were given to the children in the Special Care Unit and Class 1.

'Visitors of the year' were undoubtedly 'The Spinners'. The four members of this popular folk group visited the Centre one morning and the children thoroughly enjoyed singing the songs which they had previously learned from records.

## Visits and Special Activities

With the exception of the Special Care Unit, all classes attend the public library and choose books to use in school. Groups of children have visited the Castle, Cathedral, Museum, Usher Art Gallery, Fire Station, Railway and 'Bus Stations, Cafes, supermarkets and travelled farther afield by train to Newark. All outside activities were financed from the Special Treats Fund, each class receiving a percentage of the money made at the Christmas Fair.

24 children were taken to R.A.F. Swinderby where they visited the cinema and had tea, all provided by Flight 5, R.A.F., Swinderby.

Two members of staff and one voluntary helper took 10 children to Mablethorpe where they spent 6 days in chalets owned by the Lincoln and District Society for Mentally Handicapped Children. The Society also gave a donation towards the 6 days' holiday expenses. The Annual Day's Outing was on 19th June when 32 children and staff joined the party already at Mablethorpe.

All the children took part in the Christmas Concert which was well attended by parents and friends.

The children were delighted to have the Mayor and Sheriff at their Christmas Party and the Mayor assisted Father Christmas in handing out gifts for the children.

Anticipating the transfer of responsibility for Junior Training Centres from Health to Education in April, 1971, the Lincoln Education Department invited the Junior Training Staff to attend a two day Music Course dealing specifically with Music and the Handicapped Child at St. Christopher's School. This proved to be a most helpful and informative Course and the children were eager to take part in activities learnt on the Course. 1970 has seen the preparation of plans for the new school to be situated on South Park and it is hoped this will provide the space and facilities lacking in the present building.



## **The Adult Training Centre, Long Leys Road, Lincoln**

*Manager: J. RUSHFORTH*

### **Activities during 1970**

Activities at the centre consisted of the following:

1. Contract work supplied from local firms.
2. The manufacture for sale of articles at the centre.
3. Metalwork.
4. Firewood cutting, packing and bundling for sale.
5. Gardening and sale of produce.
6. Social and Physical Education.

### **Contract Work**

Five firms supplied work to the centre during 1970 and despite a lack of continuity in the amounts supplied, provided useful and varied employment for the trainees.

All work was supervised and the trainees acquired work habits, improved abilities and simple skills which are the main reasons for this activity.

Outwork was completed to the standards set by each firm and returned by the specified dates. Each firm expressed satisfaction with the assembled articles.

Earnings from this activity totalled £2,072 2s. 9d.

### **The manufacture of articles for sale at the Centre**

Progress in this activity was maintained throughout the year and the demand for the centre's products was overwhelming. Despite this, the quality and finish of all articles remained excellent.

Lincoln Corporation Central Store and the local hospitals continued to buy a substantial amount of products such as mops, panscourers, bathstools, etc.

The diversity of and large demand for the centre's products enabled more of the trainees to use the workshop equipment and power tools with a resulting gain in improved ability and confidence. Waste was kept to a very low level indeed.

Earnings from the manufacture and sale of products totalled £2,150 5s. 9d.

### **Metalwork**

This activity developed as a source of useful employment with the addition of new equipment, namely an electric welder and a shearing machine which allowed for more ambitious projects to be started. Orders for coffee tables using welded mild steel became commonplace and by the end of the year experience had been gained in the making of saleable articles, such as gates, ornamental arches, magazine racks, plant troughs, fish tanks and metal framed tables.

Earnings from this activity totalled £67 6s. 0d.

### **Firewood cutting, packing and bundling for sale**

Orders for packed, bundled and bags of chopped firewood increased again in 1970 and gave employment to the trainees throughout the entire year.

Shops, schools, children's homes, day nurseries and private individuals were supplied from the centre.

Cheaply bought demolition timber remained the chief source of the wood supply and the bags required for packing were obtained in bulk from a Market Rasen firm.



All trainees employed on this activity worked hard and appeared to gain considerable satisfaction from the task.

Earnings from the sale of chopped firewood totalled £529 1s. 6d.

### **Gardening and sale of produce**

There was satisfactory progress with this activity during 1970.

Planned use of the centre's gardens, plus the addition of a 8 ft. x 40 ft. centre built polythene covered greenhouse and more cold frames almost doubled the amount of produce grown and sold.

The trainees employed in the gardens worked very well and the grounds belonging to the centre were always well kept due to their efforts.

Earnings from the sale of produce totalled £418 10s. 11d. which compares favourably with the total of £240 16s. 2d. in 1969.

The total income from all remunerative activities undertaken during 1970 was £5,237 6s. 6d. of which £575 15s. 4d. were sales to Corporation Departments.

### **Social and Physical Education**

The main object of the social education programme during 1970 was to instruct all the trainees to understand and use the new decimal currency and in order to achieve this in a practical way it was decided to open and stock an actual shop on the centre's premises, which would retail such items as coffee and confectionery of all descriptions.

The trainees would staff the shop and sell the goods to all customers and in so doing would handle money under actual conditions while being instructed and supervised.

Accordingly the shop was opened with stock purchased from wholesale sources and became an immediate success.

All profits from the sale of goods were paid into an amenities fund set up to provide for the trainees' comforts, outings, etc.

A new electric cooker was rented for the nominal sum of 1/- per annum and added to the educational facilities of the domestic science unit and used to instruct the trainees in simple cookery.

Periods were devoted to subjects of social competence and books supplied by the Public Libraries Loan Service were constantly available to the trainees and were in constant use.

Eighteen trainees were selected and attended the evening classes in Basic English held at the Sincil Boys' and the Myle Cross Girls' Schools.

### **Trainees Payments**

Payments to trainees in the form of attendance payments and incentive bonus totalled £1,891 18s. 0d.

### **Admission and discharge of trainees**

The number of trainees entered on the register on 1st January, 1970 was 86, details as below:

	<i>Lincoln</i>	<i>Kesteven</i>	<i>Lindsey</i>	<i>Total</i>
Number on register on 1st January, 1970 .. ..	77	6	3	86
Admitted during year ..	32	8	—	40
Discharged during year ..	24	2	3	29
Number on register on 31st December, 1970 .. ..	85	12	—	97



**Reason for Admission**

Request of Mental Welfare Officer .. .. .	24
Unemployed .. .. .	1
Request of parent or guardian .. .. .	4
Request of other authorities .. .. .	6
Transfer from Junior Training Centre .. .. .	4
Request of Children's Officer .. .. .	1

**Reason for Discharge**

Left for employment .. .. .	6
Unco-operative or unsuitable .. .. .	1
Left the district .. .. .	2
Entered hospital .. .. .	6
Parent or guardian's request .. .. .	4
Own accord .. .. .	4
Deceased .. .. .	2
Attending a Lindsey Adult Training Centre .. .. .	1
To Welfare Homes .. .. .	2
Marriage .. .. .	1

**Transport**

Two Lincoln Corporation Transport buses carried the majority of attending trainees to the centre each morning and returned them to their homes in the late afternoon. From 1st July two of the male instructors travelled on the buses in the capacity of guides.

Three physically disabled trainees were transported by ambulance.

Twelve trainees residing in the Kesteven area were transported by taxis.

All trainees residing in the Lindsey area made their own arrangements for transportation.

**Remarks**

Visits to the centre by private persons and organised groups were commonplace throughout 1970 and students from the Lincoln School of Nursing, St. John's Hospital, Harmston Hospital, Bishop Grosseteste College and Lincoln College of Technology saw the centre and its work.

Pupils from the Rosemary Secondary Modern School who were in their final year and due to leave school came to the centre 2 afternoons per week to study the centre and its work and were made welcome in every way.

Mr. Watkinson, the D.R.O. employed by the Department of Employment and Productivity visited the centre every Thursday afternoon to speak with the trainees and discuss employment with them.

An Open Day held during Mentally Handicapped Week this year was very successful with many interested persons visiting the centre.

The National Society for Mentally Handicapped Children organised a County sports meeting at Grimsby Sports Stadium in June and a team was sent from the centre to represent Lincoln. The meeting was a great success and was thoroughly enjoyed by all, as was the trainees' midsummer outing to Cleethorpes and Mablethorpe this year.

The Lincoln branch of the Multiple Sclerosis Society sought and received permission to hold their meetings at the centre and in consequence used the hall one evening in every month throughout the year for their functions.

The Right Worshipful The Mayor and the City Sheriff visited the Centre on 17th December.

A Christmas party was held on the 18th December to complete the year and this social occasion was thoroughly enjoyed by all who attended.

### St. Hugh's Hostel

*Warden:* MR. J. W. LONGSON

*Matron:* MRS. A. M. LONGSON

#### Staff

Mr. and Mrs. J. W. Longson commenced duties as Warden and Matron of the hostel on 1st September, 1970, following the resignation of the previous holders of these appointments, Mr. and Mrs. J. H. Geerling, who left on 1st June, 1970.

#### Residents

At the beginning of the year there were nineteen residents, and during the year there were ten admissions and ten discharges, plus one emergency admission which resulted in hospital admission. There were only two admissions for short-term care — one of these was to allow an elderly mother to have a holiday with her family, the other one arose because of illness but became a permanent admission following separation of the parents. One resident of several years' stay at the hostel was admitted to St. John's Hospital. At the end of the year there were eighteen residents and a place is being kept for the resident admitted to hospital upon his discharge.

The following tables show the reasons for admission and discharge:

#### (a) Admissions

Discharged from Harmston Hall Hospital .. ..	5
From home or lodgings .. ..	5
From completion of short-term care .. ..	1

#### (b) Discharges

Completion of short-term care .. ..	2
Obtained lodgings .. ..	8
Part III accommodation .. ..	2
Hospital admission .. ..	1

One of the residents was married in June, 1970 and now lives with his wife in a rented house within the City.

Two of the residents are in regular employment, but the remainder attend the Adult Training Centre.

#### Holidays

All the residents, with the exception of two, had a week's holiday in a chalet owned by the Lincoln Mentally Handicapped Society. Of the other two, one went to a Holiday Camp (accompanied by an ex-resident of the hostel), and the other resident remained in the hostel.

#### Christmas

The hostel was visited by the Mayor and City Sheriff on 23rd December and residents were entertained by the Lincoln Borough Silver Band and Lincoln Morris Dancers. On Christmas Day presents were distributed to all residents from the staff of the hostel and Lincoln Morris Dancers.

### The Quarry Hostel

In October, 1969, the Health Committee recommended that "The Quarry" Wragby Road be purchased for use as a Hostel for Mentally Subnormal Women.



This large house, in extensive grounds, was purchased by the Lincoln Diocesan Association for Moral Welfare in 1943 for conversion into a Maternity Home for Unmarried Mothers and was used for that purpose until its closure in November, 1969.

Although the available accommodation for bedrooms, lounges, kitchen and dining facilities was considered reasonable, the quarters for resident staff were totally inadequate. The installation of a new central heating system and radiators, but using existing boilers, and certain fire precautions were recommended and most of the rooms required re-decoration. Plans for all the necessary alterations were drawn up by the Director of Planning and Architecture's Department and the work of adaptation was due to be completed by January, 1971.

The Hostel will provide accommodation for 24 mentally subnormal women and two flats for resident staff.

## 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>	1966	1967	1968	1969	1970
Diphtheria .. ..	—	—	—	—	—
Scarlet Fever .. ..	19	12	23	17	12
Measles .. ..	758	262	813	17	179
Whooping Cough .. ..	1	38	11	2	14
Typhoid Fever .. ..	—	—	—	—	—
Para-Typhoid Fever .. ..	—	—	—	—	—
Dysentery .. ..	33	31	6	13	172
Food Poisoning .. ..	1	1	6	6	11
Ophthalmia Neonatorum .. ..	—	—	—	—	1
Acute Meningitis .. ..	—	—	4	2	21
Acute Poliomyelitis:					
Paralytic .. ..	—	—	—	—	—
Non-Paralytic .. ..	—	—	—	—	—
Acute Encephalitis .. ..	—	—	—	—	—
Malaria .. ..	—	—	—	—	—
Smallpox .. ..	—	—	—	—	—
Tuberculosis:					
Pulmonary .. ..	11	9	7	13	2
Non-Pulmonary .. ..	2	2	1	4	1
†Infective Hepatitis .. ..	—	—	404	58	13

†Notifiable from 15th February, 1968.

### **Diphtheria**

No case of Diphtheria occurred in the City in 1970, the last notification being in 1950.

### **Scarlet Fever**

12 cases of Scarlet Fever were notified during the year; 4 cases were children of pre-school age and 8 cases were school children. As in recent years, the disease was very mild in character necessitating only brief absences from school.

### **Measles**

179 cases of Measles were notified in 1970. This may seem to be an unduly large increase over the previous year's total of only 17 cases notified. It is, nevertheless, necessary to go back to 1962 to find a smaller number of notifications (70 cases), and compared with some of the epidemic years of the past (1,218 cases in 1963, 1,049 cases in 1964, 758 cases in 1966, 813 cases in 1968) the 1970 figure of 179 is quite unremarkable. In my report for 1969 I pointed out that the effectiveness of any immunisation programme cannot be assessed on the results for one year alone; it takes up to 10 years to build up a "herd immunity" and only then, if the disease continues to flourish can it be said that "herd immunity" has not been achieved and that vaccination has been unsuccessful. Up to the present time this has not occurred — Diphtheria, Whooping Cough and Poliomyelitis have been eliminated and there is no reason to believe otherwise than that Measles also will in due course become a disease of the past.

In the normal course of events, the biennial epidemic of Measles would have been expected to start in Lincoln towards the latter end of 1969 and to have overlapped into the first half of 1970. It is of interest to note that this did not happen and that all but 15 of the 179 cases occurred during the second half of 1970, mainly from August onwards, and, at the time of writing this minor epidemic appears likely to continue well into 1971. 66% of the cases were children under school age; this in itself is remarkable as in previous years the majority of cases have occurred in the 5 — 9 years age group.

### **Whooping Cough**

14 cases of Whooping Cough were notified during the year. 4 of the children concerned had not been immunised and 2 children had not completed the course of immunisation. The 8 remaining children were stated to have been fully immunised but in only four of these cases could records be found and it is quite possible that the others had not, in fact, been immunised. One child of 8 years, who unquestionably had been fully immunised in infancy, had a very severe attack of Whooping Cough; his 5 year old sister also fully immunised had a very mild form of the disease at the same time. Whilst it is not unusual for an immunised child to contract the disease in its mild form, it is rare for a child who has had the full course of injections to have Whooping Cough in its florid form.

### **Dysentery**

172 cases of dysentery were notified during the year, the highest number ever recorded and a considerable increase on recent years. All except 3 cases occurred in the first four months of the year and the majority of the cases lived on the Birchwood estate. Comparatively few adults were affected, the disease appearing mainly in children aged between 4 and 11 years old. Isolated cases were found in 16 schools in the City, but most of the school



children affected attended Birchwood Infant and Middle schools and in many instances the isolated cases in other schools were family contacts of Birchwood children.

For a number of years the policy with regard to excluding children from school has been to exclude the affected child until he has received treatment from his General Practitioner and has passed formed stools for at least one week; the child then is permitted to return to school even though he may still be excreting positive specimens; it is thought that there is little if any danger in this practice, always provided that the child is clinically well. Some cases of Dysentery exhibit a marked resistance to treatment and the patient excretes positive faeces for weeks; in these circumstances it is unrealistic to exclude a child from school until negative specimens are obtained.

The Medical Officer of Health and the Chief Public Health Inspector visited the Birchwood schools and advised the staff regarding general hygiene and disinfecting toilets.

The Medical Officer of Health wrote to the Head Teachers of all the Nursery Schools and Primary Schools drawing attention to the outbreak and requesting their help in preventing the further spread of infection. The points raised in the letter included:

1. Any child known to have diarrhoea to be returned home and the parents asked to consult the family doctor.
2. To ensure that all children wash their hands thoroughly, using anti-bacterial washing cream, after each visit to the toilet.
3. Regular swabbing at least four times a day, by the caretaker, of all items in the toilet using disinfectant supplied by the Education Department. A child with Dysentery and Diarrhoea infects the toilet seat, his hands and, through his hands, the toilet chain, door knobs and tap handles, and disinfection of these items assists materially in combating the spread of infection to other children.

When the schools reopened after the Easter holiday (14th April), the infection had practically petered out and only 13 more cases were notified during the remainder of the year.

It is satisfactory to note that throughout this period, when so many cases of Dysentery occurred in young children, only 6 cases were reported in children attending the Day Nursery. This speaks well for the stringent precautions taken by the Matron and Staff of the Day Nursery.

### Food Poisoning

11 cases of Food Poisoning were notified and 9 of these cases were confirmed by the Public Health Laboratory. 10 further cases were ascertained otherwise than by notification. The infecting organisms were:

Salmonella typhimurium	..	..	..	..	6
Staphylococcus aureus	..	..	..	..	3
Salmonella stanley	..	..	..	..	1
Salmonella mendosa	..	..	..	..	1
Salmonella panama	..	..	..	..	1
Salmonella agona	..	..	..	..	5
Salmonella enteritidis	..	..	..	..	2

There were 3 family outbreaks involving 6 individuals and 13 sporadic cases.

Only rarely is it possible to trace the source of infection in cases of Food Poisoning. By the time the Department becomes aware of a case, the suspected food has either been eaten or thrown away and nothing is available for analysis. All notified or otherwise ascertained cases of Food Poisoning are visited by a Public Health Inspector who, in addition to trying to trace the source of infection, gives advice on food storage and handling and general kitchen hygiene.

### **Ophthalmia Neonatorum**

1 case of Ophthalmia Neonatorum was notified, the first since 1964.

### **Acute Meningitis**

21 cases of Acute Meningitis were notified during the year and all but 2 cases were patients in St. George's Hospital, Lincoln. All the cases occurred in children and the causal organisms were stated to be:

Mumps .. .. .	9 cases
Meningococci .. .. .	1
Pneumococci .. .. .	1
Haemophilus Influenzae .. .. .	2
Unspecified Virus .. .. .	8

Mumps has never been a notifiable disease and therefore no figures regarding annual incidence can be given. However, from information gleaned from several sources, it was obvious that there was an epidemic of mumps during 1970 and a particular feature was the large number of cases of mumps meningo-encephalitis that occurred. One had the distinct impression that the mumps virus in 1970 was extremely neurotropic.

### **Infective Hepatitis**

13 cases of Infective Hepatitis were notified in 1970. This figure compares favourably with the previous year's total of 58 cases. 3 of the cases were members of the same family, the remaining 10 cases were not in any way connected. Human normal immunoglobulin continued to be available for administration to the family contacts of cases of Infective Hepatitis but General Practitioners appeared reluctant to take advantage of this.

### **Coxsackie Group A Infection**

Several cases of Coxsackie Group A Type A 16 infection occurred during the summer months. The infection was "Hand, Foot and Mouth Disease" and the majority of the cases occurred in the south of the City, although other areas were affected. With the decline in the incidence of many of the bacterial diseases and some of the virus diseases, it may well be that other viruses are going to become more prevalent in the future. There is no reason for alarm about this and the most important potential threat is the mutation of the Influenza A virus to a virulent strain.

## **TUBERCULOSIS**

### **Notifications**

The number of notifications received during the year was 3 (2 pulmonary and 1 non-pulmonary), compared with 17 (13 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
<b>RESPIRATORY</b>								
Males ...	...	—	—	—	—	1	1	2
Females ...	...	—	—	—	—	—	—	—
		—	—	—	—	1	1	2
<b>MENINGES AND C.N.S.</b>								
Males ...	...	—	—	—	—	—	—	—
Females ...	...	—	—	—	—	—	—	—
		—	—	—	—	—	—	—
<b>OTHER FORMS</b>								
Males ...	...	—	—	—	—	—	—	—
Females ...	...	—	—	—	1	—	—	1
		—	—	—	1	—	—	1

### Death from Tuberculosis

There was one death attributed to tuberculosis during 1970; a male, aged 77 years, died from pulmonary tuberculosis.

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

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Notifications ...	38	47	23	24	22	13	11	8	17	3
Deaths ...	3	6	4	4	4	2	3	4	—	1

## VENEREAL DISEASES

The Venereal Diseases Clinic is held at "Lindum Lodge", Sewell Road, Lincoln.

During 1970, 190 patients attended for the first time and of these 66 were found to be suffering from Gonorrhoea and 124 from other venereal conditions. Of the 66 cases of Gonorrhoea, 43 were males and 23 females.

It is disturbing to record the increasing number of women who are being infected with gonorrhoea, as is shown in the following table:

1966		1967		1968		1969		1970	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
14	4	25	13	23	10	47	16	43	23

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>
1966	..	..	5
1967	..	..	1
1968	..	..	2
1969	..	..	2
1970	..	..	—
			18
			38
			33
			63
			66

The number of cases of Gonorrhoea is the highest in Lincoln since 1946, when there were 66 cases. These figures support the view that in this Country today, more people have venereal disease than at any time during the past 25 years. There is no doubt that apart from the provision of easily available, free and well-organized facilities for diagnosis and treatment, the most

effective means of control of Venereal Disease is the speedy identification and tracing of sources of infection and infected contacts. Unfortunately, this problem of tracing contacts is most difficult and therefore tends either to be ignored or disregarded.

## WATER

I am indebted to Mr. R. Douse, Engineer and Manager, Lincoln and District Water Board for the following brief report:

"The water supply to the City has maintained its usual high standard during the past year.

Regular chemical and bacteriological samples have been taken and these show that the supply has retained its normal satisfactory level.

Chlorination of the water supply has been maintained as a prophylactic measure and additional treatment has not been found necessary."

Progress in the installation of fluoridation plant continued during the year. The apportionment of cost to the Lincoln City Council during 1970/71 was estimated to be £290. 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>
January, 1970	0.1
June, 1970	<0.1
August, 1970	<0.1
November, 1970	<0.1

## REGISTRATION OF NURSING HOMES

Homes Registered during the year	..	..	1
Homes on the Register at end of year	..	..	3
Number of beds provided: Maternity	..	..	-
Others	..	..	55

The three Homes registered are as follows:

Eastholme Nursing Home, 75 South Park.

Plevnor Nursing Home, 8 The Avenue.

Monks Leys Nursing Home, 17 Lindum Terrace.

## SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948

During 1969, 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 1967.

## HOUSING

The total number of dwellings erected in the City was:

	1970	1969
(a) By the Local Authority ..	151	286
(b) By private enterprise ..	65	101
Total ..	216	387





CITY AND COUNTY  
BOROUGH OF LINCOLN



ANNUAL REPORT

FOR THE YEAR

1970

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.

*September, 1971.*

Mr. Mayor, Aldermen and Councillors,

I have pleasure in presenting the report on the work of the public health inspectors during 1970.

The year 1970 was designated as European Conservation Year and quite suddenly 'Environment' and 'Pollution' became the fashionable words and were used in many quarters as if they had been newly invented. Perhaps in some of these quarters they were new. Public Health Inspectors with a history of over a century of trying to do their little bit to combat pollution and improve the environment may look rather cynically at some of the people who have been so quick to jump on to the environmental band wagon, but nevertheless they must welcome the increased awareness of these matters now being shown both in official circles and by the general public. It is to be hoped that the many conferences and the flood of articles, papers and speeches that have been generated by European Conservation Year will be followed by vigorous action; as in my opinion pollution of our environment is second only to the population explosion — with which it is so closely connected — as the greatest menace now threatening our civilisation.

One of the aspects of pollution that we have had some success in dealing with in this country in recent years has been clean air, and it is particularly unfortunate that this Conservation Year should coincide with a shortage of solid smokeless fuel that halted temporarily the expansion of smoke control; and in some areas of the country caused the suspension of existing areas. However, probably due to some extent to the mild winter, the threatened shortage of fuel was not so severe as was anticipated. In the East Midlands generally, and in Lincoln in particular, there was no shortage at all, in spite of the closure during the year of one local producer of gas coke, namely the Lincoln Gas Works.

In the City some progress in smoke control continues and by April next year 2,226 acres, or just over a quarter of the area, will be smokeless. This does not appear too unsatisfactory until it is appreciated that it only includes about 2,570 houses out of a total of over 26,000. The impression persists that Lincoln is a clean city, and, therefore, need not bother to clean up its air. Consequently, the amount of money allocated for this important public health measure is tiny in the first instance, and if economies are needed is one of the first items to be cut out of the budget. It is true that we do not have the dirty industry that afflicts many less fortunate areas, but we have as many domestic chimneys in proportion to our population as in other places, and the domestic chimney accounts for almost 80% of smoke pollution. We have a beautiful City and this should provide an incentive to make it a clean City also. As it is we are falling badly behind in the clean air stakes. The 1969/70 year book of the National Society for Clean Air lists 66 local authorities who plan to make the *whole* of their areas smoke controlled by the mid 1970s. This list includes many large cities, for example Liverpool, Manchester, Leeds, Nottingham and Leicester, and is followed by a further list of 33 authorities who hope to become completely smokeless between 1975 – 1980. At our present rate of progress it will be over 100 years before Lincoln joins this list, and if the City does not soon begin to take clean air more seriously it could, by being left behind by other urban areas, become one of the more highly polluted areas of the country.



During the year 238 houses were represented, eight for closing and the remainder for demolition and clearing. Whilst we do not have the masses of unfit houses in Lincoln which occur in some industrial cities, we do have sufficient to keep us busy for the next few years at the present rate of clearance. Many of the larger urban areas which had a vast legacy of unfit houses are nearing the end of their slum clearance programme. As a consequence of this, the emphasis is switching to some extent to the improvement of areas which, if allowed to deteriorate, could become the clearance areas of the future. The 1969 Housing Act provides for the creation by local authorities of general improvement areas in which the houses are improved by means of improvement grants, provided with bathrooms, inside water closets and other amenities, assistance given for necessary repairs, and the whole area given a face lift by such things as street improvement, traffic regulation, open spaces and tree planting. It was decided that if possible a General Improvement Area should be created in Lincoln, and after considering several possible areas one was selected in the Burton Road, Rasen Lane vicinity. A committee of officers was set up to deal with this project and at the end of the year was getting down to work on the necessary details. It must be emphasised that general improvement areas are not an alternative to clearance in areas of housing which are now unfit, but a policy of area improvement could well diminish the need for clearance of properties in years to come. Desirable as this is, it is not, of course, the main object of general improvement areas, which is the provision of healthier and more pleasing conditions for the people living therein and for improving the environment of the City as a whole.

The local government manual workers' strike during the year demonstrated how finely balanced are the environmental health factors which we all take so much for granted. Lincoln did not suffer so much as many built up areas, but even so the accumulation of refuse which built up in various places created a potential health hazard which had to be closely watched. There were the usual rumours of hoards of rats, and one of contamination of the river from the sewage works causing smells at the Glory Hole — the river would have had to flow backwards to achieve this — but fortunately the strike came to an end before any damage to public health could occur. Nevertheless it was an anxious time for all concerned.

On looking back over recent annual reports I find that it is a long time since any mention was made in my preamble of work done in connection with food and food premises. The amount of space devoted to this in the main body of the report should, however, make clear what a large proportion of the time of the public health inspectors is spent ensuring that food is prepared and sold under hygienic conditions and that the food itself is wholesome both in composition and quality. As is the case with so many of our preventive services, this is something that goes on all the time and of which the public as a whole is largely unaware.

Finally I would like to pay tribute to the loyal help I have had from all the staff and the co-operation I have received from staffs of other departments.

I would also thank the Medical Officer of Health and the Chairmen and members of the public health and housing committees for the support I have received from them during the year.

J. JONES,  
*Chief Public Health Inspector.*



## PUBLIC HEALTH INSPECTION OF THE AREA

The Public Health Inspectors are 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 (Parts)  
 Clean Air Acts, 1956 and 1968  
 Factories Act, 1961  
 Fertilisers and Feeding Stuffs Act, 1926  
 Food and Drugs Act, 1955  
 Trade Descriptions Act, 1968 (foodstuffs)  
 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.	..	..	..	..	..	871
Disinfections carried out	..	..	..	..	..	2
Housing Acts, 1957 to 1969	..	..	..	..	..	967
Disinfestation	..	..	..	..	..	359
Treatments carried out	..	..	..	..	..	198
Water Supply	..	..	..	..	..	32
References to Water Board	..	..	..	..	..	18
Improvement Grants	..	..	..	..	..	202
Dangerous structures, references to City Engineer	..	..	..	..	..	16
Rent Act	..	..	..	..	..	1
Infectious diseases — enquiries	..	..	..	..	..	1900
— re specimens	..	..	..	..	..	1216
Dustbins	..	..	..	..	..	66
Houses in multiple occupation	..	..	..	..	..	3
Overcrowding	..	..	..	..	..	8
Accumulations	..	..	..	..	..	335

#### DRAINAGE

No. of visits	..	..	..	..	..	1049
References to City Engineer	..	..	..	..	..	152

#### OTHER PREMISES

Factories — Mechanical and Non-Mechanical	..	..	..	..	..	141
Building and Engineering Works	..	..	..	..	..	7
Caravan sites	..	..	..	..	..	27
Moveable dwellings	..	..	..	..	..	3
Hairdressers	..	..	..	..	..	22
Interviews	..	..	..	..	..	873
Offensive trades	..	..	..	..	..	2

	<i>No. of visits</i>						
Offices, Shops and Railway Premises Act .. .. .	..	..	..	..	..	..	869
Pet animal shops .. .. .	..	..	..	..	..	..	23
Plots of waste land .. .. .	..	..	..	..	..	..	83
Rodents and other pests .. .. .	..	..	..	..	..	..	127
Public conveniences .. .. .	..	..	..	..	..	..	27
Schools .. .. .	..	..	..	..	..	..	8
Swimming Baths .. .. .	..	..	..	..	..	..	169
Places of public entertainment .. .. .	..	..	..	..	..	..	4
Unclassified .. .. .	..	..	..	..	..	..	1083
<b>ATMOSPHERIC POLLUTION</b>							
No. of observations .. .. .	..	..	..	..	..	..	43
Visits to boiler houses .. .. .	..	..	..	..	..	..	20
Visits to atmospheric pollution stations .. .. .	..	..	..	..	..	..	746
Other visits .. .. .	..	..	..	..	..	..	52
<b>SMOKE CONTROL AREAS</b>							
Survey visits .. .. .	..	..	..	..	..	..	2081
Contravention visits .. .. .	..	..	..	..	..	..	93
Grant visits .. .. .	..	..	..	..	..	..	109
<b>MISCELLANEOUS</b>							
Gas — .. .. .	..	..	..	..	..	..	22
„ — references to Gas Board .. .. .	..	..	..	..	..	..	6
Noise abatement .. .. .	..	..	..	..	..	..	132
<b>UNFIT DWELLINGHOUSES</b>							
No. of dwellinghouses inspected under Sections 17 or 42 of the Housing Act, 1957 .. .. .	..	..	..	..	..	..	320
No. of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. .. .	..	..	..	..	..	..	220
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 .. .. .	..	..	..	..	..	..	94
<b>REMEDY OF DEFECTS</b>							
No. of dwellinghouses rendered fit in consequence of informal action by the Local Authority .. .. .	..	..	..	..	..	..	36
<b>Works carried out by service of Statutory or Informal Notice</b>							
<b>HOUSES</b>							
Repairs to:							
Roofs .. .. .	..	..	..	..	..	..	19
Spouts and fallpipes .. .. .	..	..	..	..	..	..	12
External walls .. .. .	..	..	..	..	..	..	7
Chimneys .. .. .	..	..	..	..	..	..	2
Internal wall and ceiling plaster .. .. .	..	..	..	..	..	..	24
Damp walls .. .. .	..	..	..	..	..	..	7
Doors .. .. .	..	..	..	..	..	..	5
Windows .. .. .	..	..	..	..	..	..	15
Floors .. .. .	..	..	..	..	..	..	13
Staircases .. .. .	..	..	..	..	..	..	1
Sinks and wastepipes .. .. .	..	..	..	..	..	..	4
Yard or passage paving .. .. .	..	..	..	..	..	..	4



**DRAINAGE**

No. of drains tested	..	..	..	..	..	..	50
No. of drains cleared	..	..	..	..	..	..	240

**WATERCLOSETS**

Repaired	..	..	..	..	..	..	21
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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 28 dustbins were provided and 37 were renewed.

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

Informal Notices outstanding December, 1969	..	..	..	..	..	28
Informal Notices served 1970	..	..	..	..	..	70
Informal Notices complied with 1970	..	..	..	..	..	52
Informal Notices outstanding December, 1970	..	..	..	..	..	46
Statutory Notices outstanding December, 1969	..	..	..	..	..	6
Statutory Notices served 1970	..	..	..	..	..	13
Statutory Notices complied with 1970	..	..	..	..	..	15
Statutory Notices outstanding December, 1970	..	..	..	..	..	4
No. of complaints received and recorded at the Health Department	..	..	..	..	..	865

**Local Land Charges**

1,563 enquiries were received from the Town Clerk's Department in connection with requisition for a search under the Land Charges Act, 1925.

**Clearance Areas, Demolition and/or Closing Orders**

No. of demolition orders made	..	..	..	..	..	2
No. of closing orders made	..	..	..	..	..	8
No. of buildings closed	..	..	..	..	..	5
No. of houses included in Clearance Areas demolished	..	..	..	..	..	228
No. of houses represented in Clearance Areas	..	..	..	..	..	210
No. of Clearance Areas represented	..	..	..	..	..	14

**Rent Act, 1957**

There were no applications for Certificates of Disrepair. One application for cancellation of a Certificate was granted.

**Action under Statutory Powers**

Housing Act — No. of dwellinghouses in respect of which notices were served requiring repairs .. .. .	3
No. of dwellinghouses in which defects were remedied after service of formal notices	
(a) by owners .. .. .	4
(b) by local authority .. .. .	—
Public Health Act — No. of dwellinghouses in respect of which notices were served requiring defects to be remedied .. .. .	10
No. of dwellinghouses in which defects were remedied after service of formal notices:	
(a) by owners .. .. .	3
(b) by local authority .. .. .	4

**Fertilisers and Feeding Stuffs Act, 1926**

Nineteen samples were taken under the provisions of the above Act.

The samples consisted of eleven formal samples of Feeding Stuffs and eight of Fertilisers.

One sample of Fertiliser was deficient in potash to the extent of 3% and a warning was issued to the manufacturer. The attention of the producer was drawn to one sample of Feeding Stuffs containing an excess of protein which was not to the prejudice of the purchaser.

This Act is being replaced by the Agriculture Act, 1970 and the part of it dealing with feeding stuffs and fertilisers comes into operation on a date to be appointed by the Ministers.

**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.

**Trade Descriptions Act, 1968**

This Act is administered by the Public Health Inspectors, in so far as it concerns foodstuffs, and a constant check is made on food displayed for sale to see that the Act is complied with. During the year 2,333 visits were made for this purpose.

**Rag Flock and other Filling Materials Act, 1951**

Six premises are registered under the above Act. During the year 6 samples of filling materials were submitted for examination. One of the samples was unsatisfactory. Representations were made to the manufacturers of the material concerned.

**Pet Animals Act, 1951**

During the year eight pet animal shops were licensed after an inspection in each case to see that the premises complied with the Act, and further routine inspections were carried out in the course of the year.

**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 are three caravan sites in the City — one residential and two recreational — all continued to be run in a satisfactory manner.

The coming into force of Part II of the Caravan Sites Act, 1968, on April 1st made it a duty of the City Council to make some provision for gypsies and other itinerant travellers resorting to the area. The census taken by the police of the number of gypsies frequenting the City between April, 1969 and March, 1970 showed that there is a regular gypsy population which does vary in numbers but averages out at about six families and thirty people. At present gypsies tend to camp on the outskirts of the City, either in Skellingthorpe woods or on the old airfield, although we have had them camping near the City centre on Great Northern Terrace. They do create some nuisance, and in the present state of the law it is very difficult to force them to move. Once an approved site has been established however the Council could apply to the Minister for powers to make unauthorised camping anywhere but on this site an offence.

The Council decided to establish a site for fifteen caravan standings, and after considering several potential sites, finally selected one on the East side of the Cow Paddle. This site is not owned by the Corporation and at the end of the year negotiations for its purchase were proceeding.

### **Swimming Baths**

The four swimming baths attached to schools and the open-air public baths have been visited regularly while in use and the water tested.

Swimming continues to be a popular form of recreation in the City but the facilities provided do not adequately meet the demand, with the result that a strain is imposed on the existing resources. This was particularly noticeable at Westgate where it was necessary to restrict the numbers using the bath due to breakdowns of the filtration plant which is having to be replaced. Bacteriological examination of samples of the water in the pools showed high counts on seven occasions at Westgate, three at South Park and two at Skellingthorpe Road Junior School.

A total of 297 samples were taken during the year and, apart from the samples referred to above, the remainder were satisfactory. All the samples were examined at the Public Health Laboratory.

### **Noise Abatement Act, 1960**

During the year 13 complaints were received regarding alleged excessive noise. All were investigated. One was not substantiated and the remainder can be divided into the following categories.

Industrial	..	..	..	6
Commercial	..	..	..	2
Domestic	..	..	..	4

In all cases but one action by the public health inspectors resulted in the nuisance being either completely remedied or appreciably improved. The only exception was a noise of domestic origin where an abatement notice had to be served and further action may be called for. The most common cause of complaint is noise from musical instruments followed by a variety of industrial noises.



### Offices, Shops and Railway Premises Act, 1963

There are at present 989 registered premises in which this Act is enforced by the public health inspectors. During the year 571 of these received a general detailed inspection, and a total of 869 visits were made under the Act.

On the whole, co-operation from the employers in seeing that the necessary standards were maintained has been good. It was only necessary to write to employers on eighteen occasions and the following list showing the main contraventions and the number of premises concerned may be of interest.

Unsatisfactory sanitary accommodation .. .. .	7
Failure to maintain floors and walls in proper condition ..	7
Suitable temperature not maintained .. .. .	5
No first aid materials provided .. .. .	4

Altogether 42 contraventions of the Act were discovered which compares very favourably with last year's total of 61.

It would appear that employers are becoming more aware of their responsibility to report accidents as 31 notifications were received during the year compared with 17 last year. Most of these were investigated. Although no prosecutions ensued several written warnings were given.

One of the more serious accidents involved damage to an assistant's fingers by the blade of a bacon slicer. The machine was fitted with proper guards but was not secured to the top of the table on which it was placed. When the machine was in use it moved on the formica-topped table and the assistant, endeavouring to move the machine back into position without switching it off, had his left hand carried on to the blade.

As far as passenger lifts are concerned little difficulty has been experienced in implementing the provisions of the Regulations but this is not so with other hoists and lifts. A number of antique pieces of apparatus have come to light and it is rare to find that they have been inspected by a competent person. Invariably work is needed to put them into a safe condition.

### Shops Act, 1950

The Offices, Shops and Railway Premises Act now covers the health and welfare of shop employees, and the Shops Act now only deals with such matters as permitted days and hours of opening and the employment of young persons. 429 visits were made to shop premises during the year in connection with this Act.

### Clean Air Act, 1956

#### Measurement of Atmospheric Pollution — National Survey

Measurements of smoke and sulphur dioxide continued to be taken at five selected sites in the City by the use of volumetric instruments.

The sites are chosen to give the level of air pollution in districts of the City of different character, *i.e.* town centre, built up residential area, industrial area, mixed industrial and residential development.

The results are sent to the Ministry of Technology each month.

The figures are set out below and indicate that compared with 1969 there was a slight reduction in smoke pollution but the level of sulphur dioxide remained about the same.

The levels of atmospheric pollution in Lincoln are far too high and are in many cases worse than those in industrial towns throughout the country. The main culprit is the domestic fire which is responsible for 80% of total



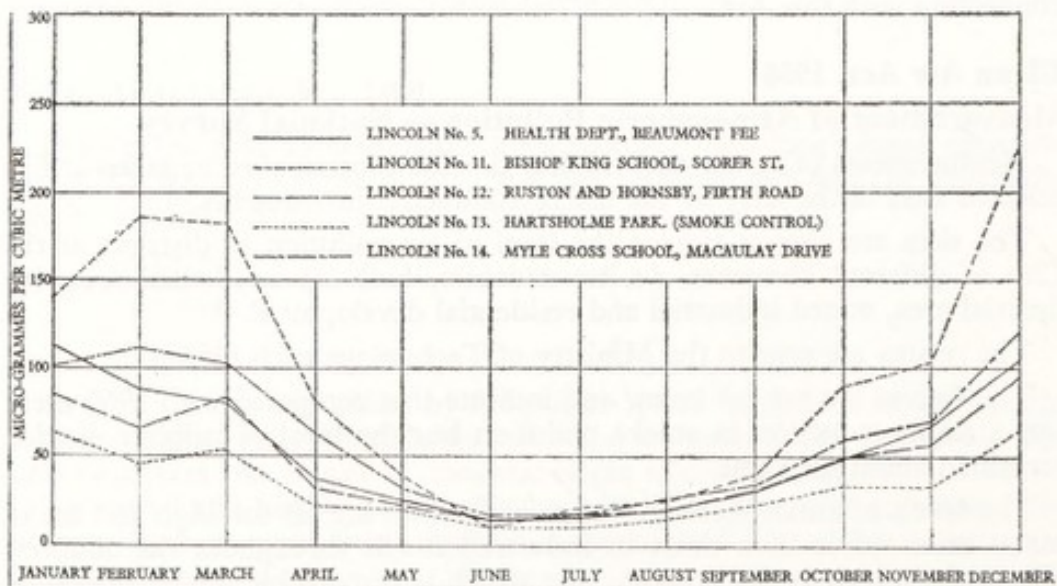
pollution and unless there is a vigorous policy for the establishment of further smoke control areas we cannot hope for any substantial decrease in smoke, sulphur dioxide and other pollutants in the City atmosphere.

### SMOKE CONCENTRATION

*Micrograms per cubic metre*

Month	Station Number				
	5	11	12	13	14
January	111	139	83	62	101
February	87	184	65	44	111
March	79	179	82	52	102
April	36	80	31	22	62
May	25	38	23	20	33
June	13	10	13	10	16
July	15	22	17	11	17
August	19	25	19	15	26
September	29	40	30	23	35
October	48	90	48	33	59
November	67	103	56	34	70
December	104	225	93	64	120

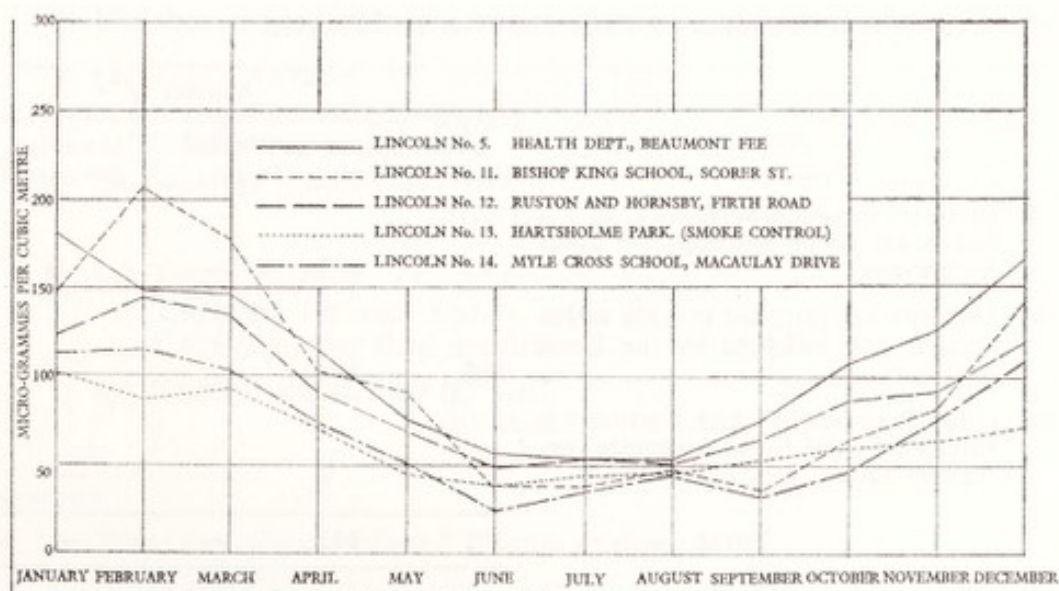
### SMOKE POLLUTION RESULTS SHOWING MONTHLY CONCENTRATIONS



**SO<sub>2</sub> CONCENTRATION***Micrograms per cubic metre*

Month	Station Number				
	5	11	12	13	14
January	.. .. 180	145	122	101	112
February	.. .. 149	206	144	86	114
March	.. .. 144	175	132	92	102
April ..	.. .. 114	102	91	71	73
May ..	.. .. 74	91	69	44	51
June ..	.. .. 56	37	49	37	23
July ..	.. .. 53	37	53	42	34
August	.. .. 53	47	51	45	44
September	.. .. 73	35	64	53	31
October	.. .. 107	63	86	60	46
November	.. .. 126	81	92	63	75
December	.. .. 164	142	120	71	108

**SULPHUR DIOXIDE RESULTS**  
**SHOWING MONTHLY CONCENTRATIONS**





### Smoke Control Areas

The Hartsholme (No. 2) Smoke Control Order came into force in April this year. The Swanpool (No. 3) Smoke Control Order was confirmed by the Minister on January 22nd, 1970 and will come into operation in April, 1971.

The present position and progress with regard to smoke control areas is indicated below.

<i>Area</i>	<i>Date of operation</i>	<i>Acreage</i>	<i>No. of premises</i>
1. Birchwood	1st September, 1962	1,389	1,650
2. Hartsholme	1st April, 1970	101.847	775
3. Swanpool	1st April, 1971	735.75	249

Industrial smoke has not been a problem during 1970, only two plants with obsolete equipment giving any serious trouble, and improvements to these are to be carried out at the instigation of this department. Co-operation with local industry continues to be very good.

13 notifications of new fuel burning installations were received and prior approval was given in 8 cases. 4 chimney heights were notified and approved — in some cases after modification.

During the winter months a course for the Diploma in Air Pollution Control of the Royal Society of Health was completed, and a further course was commenced in the Autumn. These courses were organised by this Department in co-operation with the Education Department, and the lectures were given by public health inspectors from Lincoln, North Kesteven and Southwell.

## FACTORIES ACT, 1961

### *Part I of the Act*

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

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspection</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	13	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	285	138	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	7	7	—	—
TOTAL ... ..	305	148	—	—

## CASES IN WHICH DEFECTS WERE FOUND:

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

No outworkers lists were received during the year.

**Prevention of Damage by Pests Act, 1949 (Copy of Return sent to Ministry of Agriculture, Fisheries and Food)**

Properties other than Sewers	Type of Property	
	Non Agricultural	Agricultural
1. Number of properties in district ..	32,854	50
2. (a) Total number of properties (including nearby premises) inspected following notification .. ..	1,208	—
(b) Number infested by (i) Rats ..	413	—
(ii) Mice ..	167	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification ..	8,498	—
(b) Number infested by (i) Rats ..	17	—
(ii) Mice ..	6	—
<b>Sewers</b>		
4. Were any sewers infested by rats during the year? .. ..	Yes	



## FOOD AND DRUGS ACT, 1955

### Inspections of Food Premises

Bakehouses	..	..	..	..	52
Bakers & Confectioners	..	..	..	..	79
Barbecues	..	..	..	..	16
Butchers	..	..	..	..	682
Cafes/Restaurants	..	..	..	..	233
Canteens — Factory	..	..	..	..	58
Chemists	..	..	..	..	9
Dairies	..	..	..	..	166
Delivery Vehicles	..	..	..	..	2
Fish Shops (Wet)	..	..	..	..	127
Fish Shops (Fried)	..	..	..	..	95
Food Factories	..	..	..	..	22
Food Inspections other than meat	..	..	..	..	14922
Greengrocers	..	..	..	..	296
Grocers and General Provisions	..	..	..	..	486
Ice Cream Shops	..	..	..	..	378
Kitchens — Hotel	..	..	..	..	33
Hospital	..	..	..	..	4
School	..	..	..	..	64
Welfare	..	..	..	..	22
Licensed Premises	..	..	..	..	183
Markets	..	..	..	..	77
Meat Vans	..	..	..	..	289
Milk Shops	..	..	..	..	288
Mobile Shops	..	..	..	..	67
Poultry Processing	..	..	..	..	210
Slaughterhouses — Public	..	..	..	..	719
Private	..	..	..	..	777
Snack Bars	..	..	..	..	123
Social clubs	..	..	..	..	15
Stalls	..	..	..	..	3819
Sweet Shops	..	..	..	..	67
Wholesale warehouses	..	..	..	..	175

### Food Poisoning

Food poisoning and suspected food poisoning investigations	..	..	..	..	30
Clinical specimens submitted for bacteriological examination	..	..	..	..	78

### Food Hygiene Regulations, 1960

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

Bakers and Pastrycooks	..	..	..	..	20
Confectioners	..	..	..	..	99
Butchers	..	..	..	..	73
Fishmongers	..	..	..	..	11
Fried Fish Shops	..	..	..	..	41
Barbecues	..	..	..	..	5
Cafes, Restaurants and Snack Bars	..	..	..	..	54
Public Houses	..	..	..	..	86

Hotels .. .. .	12
Wine and Spirit Merchants .. .. .	40
Greengrocers and Fruiterers .. .. .	53
General Grocers .. .. .	195
Chemists and Drug Stores .. .. .	23

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

Food rooms cleaned and redecorated ..	15
Walls and ceilings replastered .. ..	5
Sinks provided .. .. .	12
Hot water provided to sink .. .. .	3
Wash hand basin provided .. .. .	3
Hot water provided to wash hand basin ..	2
Soap, brush, towel etc., provided to wash hand basin .. .. .	3
Sanitary conveniences repaired .. ..	6
Sanitary conveniences redecorated and cleaned	5
Wash hand notices provided .. .. .	2
First aid equipment provided .. .. .	1
Locker accommodation provided .. ..	2
Hoist repaired .. .. .	1
Staircase cleaned .. .. .	1
Ventilation improved .. .. .	1
Lighting improved .. .. .	1

Courses for food handlers are given by the public health inspectors at the Lincoln College of Technology. These consist of general instruction in clean and safe food handling but the syllabus is so designed that students can, if they wish, take the examination in food hygiene and the handling of food of the Royal Institute of Public Health and Hygiene. A lecture on safety in the food trades is now being included in the syllabus. In addition short courses, talks and film shows have been given to personnel employed in food businesses and to other interested organisations.

### Food Samples

289 samples of food and drugs were procured and submitted to the Public Analyst who certified 275 samples genuine and 14 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 3.8.

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

Nature of Sample	In-		Adulter-		Total
	Formal	formal	Genuine	ated	
Milk .. .. .	.. -	154	148	6	154
Sausages Beef .. .. .	.. -	16	16	-	16
Sausages Pork .. .. .	.. 1	26	23	4	27
Assorted jelly sweets .. .. .	.. -	1	1	-	1
Beef Spread .. .. .	.. -	1	1	-	1
Butter .. .. .	.. -	1	1	-	1
Bloater Paste .. .. .	.. -	1	1	-	1
Boned Chicken in jelly .. .. .	.. -	1	1	-	1
Baking Powder .. .. .	.. -	1	1	-	1
Blackcurrant and Liquorice sweets .. -	.. -	1	1	-	1



<i>Nature of Sample</i>	<i>Formal</i>	<i>In- formal</i>	<i>Genuine</i>	<i>Adulter- ated</i>	<i>Total</i>
Blackcurrant jelly .. ..	1	1	1	1	1
Band-O-Pop sweet Lollypops ..	1	1	1	1	1
Cake Decorations .. ..	1	1	1	1	1
Candy Pipes .. ..	1	1	1	1	1
Chicken Breast in jelly .. ..	1	1	1	1	1
Chicken Fritters .. ..	3	2	1	3	3
Cheese and Onion Buffs .. ..	1	1	1	1	1
Cheese Spread with Smoked Salmon ..	1	1	1	1	1
Chicken Spread .. ..	1	1	1	1	1
Chunky Steak and Onions with gravy ..	2	2	2	2	2
Coffee Mate .. ..	1	1	1	1	1
Creamed Rice Pudding .. ..	1	1	1	1	1
Crab Paste .. ..	1	1	1	1	1
Chunky Steak with gravy .. ..	1	1	1	1	1
Chicken Soup .. ..	1	1	1	1	1
Cheese Spread .. ..	1	1	1	1	1
Chunky Steak and Kidney with gravy ..	1	1	1	1	1
Cochineal .. ..	1	1	1	1	1
Crab Spread .. ..	1	1	1	1	1
Dairy Cream .. ..	1	1	1	1	1
Double Cream .. ..	1	1	1	1	1
Fish Cakes .. ..	3	3	3	3	3
Fresh Cream .. ..	2	2	2	2	2
Hamburgers with gravy .. ..	2	1	1	2	2
Hamburgers, Beans and Sausages in sauce ..	1	1	1	1	1
Jam .. ..	2	2	2	2	2
Japs .. ..	1	1	1	1	1
Lamb Tongues with gravy .. ..	1	1	1	1	1
Lemonade Shandy .. ..	1	1	1	1	1
Lemon Cordial and Lager .. ..	1	1	1	1	1
Buttercream Fairy Cakes .. ..	1	1	1	1	1
Barbecue Sauce Mix .. ..	1	1	1	1	1
Chicken Croquettes .. ..	1	1	1	1	1
Mayonnaise .. ..	1	1	1	1	1
Minced Steak and Onions in gravy .. ..	1	1	1	1	1
Minced Beef with Onions and gravy .. ..	1	1	1	1	1
Meat Pudding .. ..	1	1	1	1	1
Oregano Flavouring .. ..	1	1	1	1	1
Plum Tomatoes .. ..	1	1	1	1	1
Polish Salami .. ..	1	1	1	1	1
Potted Meat .. ..	1	1	1	1	1
Pure Apple Juice .. ..	1	1	1	1	1
Lemon Flavouring .. ..	1	1	1	1	1
Rock Fancy Sweets .. ..	1	1	1	1	1
Rose Hip Syrup .. ..	1	1	1	1	1
Raspberry Milk Shake Flavouring .. ..	1	1	1	1	1
Raspberry Jam .. ..	1	1	1	1	1
Salad Cream .. ..	1	1	1	1	1
Sausage Rolls .. ..	2	2	2	2	2
Stewed Steak with gravy .. ..	4	4	4	4	4
Sardine Spread .. ..	1	1	1	1	1
Salmon Spread .. ..	1	1	1	1	1
Sausage Meat .. ..	1	1	1	1	1

Nature of Sample				Formal	In- formal	Genuine	Adulter- ated	Total
Steak and Kidney Pies	..	..	..	-	4	4	-	4
Snowballs	..	..	..	-	1	1	-	1
Skimmed Soft Milk Cheese	..	..	..	-	1	1	-	1
Seasoning Salt	..	..	..	-	1	1	-	1
Tomato Ketchup	..	..	..	-	1	1	-	1
Tomato Puree	..	..	..	-	1	1	-	1
Tinned Steak and Kidney Pie	..	..	..	-	1	1	-	1
Turkey Spread	..	..	..	-	1	1	-	1
U.H.T. Cream	..	..	..	-	1	1	-	1
White Pepper	..	..	..	-	1	1	-	1
Brandy	..	..	..	-	1	1	-	1
Gin	..	..	..	-	1	1	-	1
Rum	..	..	..	1	-	1	-	1
Shandy	..	..	..	-	1	1	-	1
Whisky	..	..	..	1	1	2	-	2
Vodka	..	..	..	1	-	-	1	1
				4	285	275	14	289

### Samples adulterated or otherwise giving rise to irregularity

#### (a) Administrative Action Taken

Of the 14 samples adulterated or otherwise giving rise to irregularity 2 were taken formally and 12 informally.

#### (b) Legal Proceedings

No legal proceedings were taken.

#### (c) Informal Action

Hamburgers with gravy. Informal sample containing 51.4% of meat, being deficient in meat to the extent of 14.6%. Retailer ceased stocking this particular line.

Pork Sausage. Informal sample containing 51.87% of meat and was thus deficient in meat to the extent of 20.2%. A subsequent formal sample contained 62.4% meat, being deficient in meat to the extent of 4%. The Prosecutions Sub-Committee decided to send a letter of warning to the manufacturers.

Chicken Fritters. Informal sample contained 31.5% meat and should contain not less than 35% of meat. The deficiency in meat was 10%. A subsequent formal sample proved to be satisfactory.

Milk. Informal sample taken from a producer and found to contain 3.85% milk-fat and 8.01% of milk-solids other than milk-fat. Freezing Point (Hortvet) minus 0.522°C showed the presence of added water. The matter was investigated and a subsequent informal sample was taken and proved genuine.

Milk. This informal sample from a producer contained 4.00% milk-fat and 8.20% of milk-solids other than milk-fat. Freezing Point (Hortvet) minus 0.524°C showed the presence of a small amount of added water. The matter was investigated and a subsequent informal sample was taken and proved genuine.



Milk. This informal sample from a producer contained 3.80% milk-fat and 8.40% of milk-solids other than milk-fat. The sample was slightly deficient in milk-solids other than milk-fat and the Freezing Point (Hortvet) showed the presence of a small amount of added water. The matter was investigated and a subsequent sample was found to be genuine.

Milk. An informal sample from a producer's bulk supply contained 3.40% milk-fat and 8.33% of milk-solids other than fat. The sample was too sour to determine the Freezing Point (Hortvet). A subsequent sample was found to be genuine.

Pork Sausage. This informal sample contained 63.5% of meat and was thus slightly deficient in meat content. This matter was taken up with the manufacturer and a subsequent sample proved to be genuine.

Pork Sausage. An informal sample contained 60.7% of meat. Pork sausage must contain not less than 65% of meat and was thus deficient in meat. The matter was investigated and a subsequent sample proved to be genuine.

Milk. This producer's milk contained 3.48% milk-fat and 7.62% milk-solids other than milk-fat. The Freezing Point (Hortvet) showed the presence of added water. An investigation was carried out and a subsequent sample was found to be satisfactory.

Vodka. A formal sample which should have contained 65.5% of proof spirit was found to contain 64.5% of proof spirit. The sample was slightly deficient in proof spirit and the matter was taken up with the suppliers.

Milk. An informal sample from a producer which contained 5.4% milk-fat and 7.9% milk-solids other than fat. The Freezing Point (Hortvet) and the ash content showed the deficiency to be due to natural causes. A subsequent sample was satisfactory.

Potted Meat. An informal sample which contained 62.3% meat and 37.7% excess water. Manufacturer advised about method of preparation and warning issued. Ceased describing his produce as 'potted meat'.

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

### *Legal Proceedings*

#### **Food and Drugs Act, 1955**

1. Sold a mouldy pork pie. Fined £20 5s. 0d.
2. Sold silverside of beef as rump steak. Fined £65 0s. 0d.

### *Informal Action*

During the year 77 complaints were received about the condition of food-stuffs which is an increase of 23 on last year's figures. Those relating to foreign bodies were numerically the same as in 1969, but there was an increase in the number of foods affected with mould or whose fitness was questioned. The complaints can be divided into the following categories, 25 relating to foreign bodies, 23 to fitness, 23 to mould, 3 to dirty containers, 2 to food below standard and another to food not of the nature demanded.

Thorough investigations were carried out into all complaints and in some cases these were involved and protracted, particularly when the food was imported. Approximately half of the complainants requested no formal



action. In two cases legal proceedings were taken and the details are given above. Every effort was made by the investigating inspector to prevent similar incidents occurring again, and also to improve food hygiene practices where necessary.

Details of the complaints are as follows:

1. Eight complaints were received about the condition of milk or milk bottles. One bottle contained part of a plastic spoon, one a small piece of glass and another a hair grip, and three had dirt marks on the interior. The bottles had obviously been misused by the public and had, unfortunately, got into circulation again. Warnings were issued. Analysis of the remains of a pint of milk alleged to be watered did not substantiate the complaint, nor did tests applied to milk said to curdle on boiling.
2. The twenty-three articles of food affected with mould ranged from 4 sliced loaves, a meat and potato pie, 2 steak and kidney pies, 2 x  $\frac{1}{2}$  lb. packets of butter, 2 pork pies, 2 fruit cakes, cream slice, bread roll, swiss roll, baby food, 2 fruit pies, meat spread, chocolate éclair, trifle sponges to a jar of jam. Incorrect stock rotation, defective seals, torn wrappings, unwillingness of complainants to be involved in legal action and difficulty in establishing where the fault lay, were some of the reasons which had to be considered in dealing with these cases. Wherever possible, appropriate action was taken. It is interesting to note that as a result of representations, one foreign manufacturer whose code marking was on the underside of the lid of the food containers which could not be read without taking off and damaging the lid, now stamps it on the outside label.
3. Tin of mandarin oranges containing a blowfly. The matter was taken up with the importers who said that they had found a satisfactory standard of hygiene at the cannery when they inspected it.
4. Foreign body in a tin of corned beef. Laboratory examination revealed that the object was glandular material surrounded by adipose tissue which — though harmless — should have been removed prior to the canning of the product. The importers recompensed the complainant.
5. Fish finger containing foreign matter. Examination showed that the material was a small piece of fish skin. Complainant reimbursed.
6. Potatoes with discoloured flesh. Investigation showed they were infected with a condition known as net necrosis and neither the shopkeeper nor wholesaler would have any reason to suspect the potatoes were not in sound condition.
7. Bottle of orange squash alleged to have caused sickness and diarrhoea. Laboratory examination revealed nothing untoward and faecal specimens were negative.
8. Cooked chicken leg with stale smell. Improvements found to be needed in the method of display after cooking and for closer supervision of the shop assistants inspection. A warning was issued. Reimbursement was made to the complainant.
9. Stewed steak with gravy which appeared to be minced and said to have peculiar taste. Nothing abnormal noticed by 'tasters'. Investigation at the factory revealed that the cause of the mincing was a partial blockage of the pumping system which occurs fairly frequently and necessitates the pump being broken open and cleared.



Cans in a similar condition to the one complained of indicate that cleaning is required and are usually rejected. Obviously this one had been overlooked. Complainant recompensed.

10. Feather embedded in a bread loaf. A rather unusual complaint in view of the high standard of hygiene maintained at the bakery and the precautions taken to ensure that birds do not enter the factory and particularly the production area. Recompense made to complainant.
11. Digestive biscuit containing a hair. Examination showed that the offending object was a synthetic fibre. The matter was taken up with the manufacturers.
12. Three custards said to be stale. No irregularity could be found and they tasted perfectly fresh. Custards at the shop were also found to be fresh. It appeared that the shop assistant at first said that they were sold out, but on looking round found some, which the complainant thought might have been stale ones.
13. Two complaints about fish cakes, one alleged to taste bitter, and the other to be a peculiar colour and to have an offensive smell. Inspectors who tasted them found nothing unusual in their condition. Complainants reimbursed.
14. Bread loaf with piece of string embedded in it. Most probably the string came from one of the hand protectors used for handling tin trays. Warning issued.
15. Foreign bodies embedded in cheese. Laboratory examination showed them to be particles of rubber, probably derived from a disintegrating rubber gasket and gaining access to the cheese during some stage of its production. Manufacturer's attention drawn to the matter.
16. Steak and onion pie said to contain a piece of elastic. On examination the material was found to be similar to the netting commonly used for rolled meat. Warning issued and complainant recompensed.
17. Liver served in mixed grill said to taste bitter. On examination the appearance, smell and taste were found to be normal. No further action.
18. Tin of minced beef and onion said to contain a spent match. Difficult to understand how it could have passed through the mincing process without being destroyed or got into the tin subsequently in view of the precautions taken. Complainant reimbursed.
19. Chocolate containing maggots. Found to be larval stage of a confectionery pest. The chocolate had been kept at home for some time in conditions suitable for the development of the pest and, whilst stock control was satisfactory, too much reliance had been placed at the shop concerned in the belief that sealed goods could not become infested.
20. Frozen chicken with 'off taste' after cooking. No abnormal smell or flavour observed when submitted to 'tasters'! Refund made by retailer concerned.
21. Soft condition of a packet of potato crisps. Appeared to be due to 'wet packing' on the part of the manufacturer. Reimbursement made.



22. Foreign body in bread loaf. Examination showed it was a cockroach. Bakery was being treated with insecticide. Complainant unwilling to be involved in legal action. Loaf replaced.
23. Maggots in marshmallow. Found to be larval stage of *ptinus tectus*, a pest of chocolate confectionery. A small amount of stock which was found to be infested was surrendered. Advice given and warning issued.
24. Damaged packet of cake mix. Appeared to be due to attack by mice. Matter taken up with manufacturers.
25. Packet of crispbread infested with the Biscuit Beetle, *Stegobium paniceum*. Investigation revealed bad stock rotation. Severe warning issued.
26. Birthday cake containing a rubber band. Appeared to be one of the bands used to hold the carton frames together prior to assembly. Warning issued. Complainant recompensed.
27. Breakfast cereal containing foreign bodies. Examination revealed that they were small fragments of rubber but the source could not be identified. High standard of hygiene maintained by manufacturer. Packet replaced.
28. Eggs with unpleasant odour. It was found that a bad egg had broken and its decomposing contents had contaminated the shells of the others, giving rise to the objectionable smell. Warning issued and complainant recompensed.
29. Cigarette end in frozen cod. Smoking strictly forbidden in the factory concerned and satisfactory hygiene standards maintained. Warning issued.
30. Decomposing ham hock. Investigation showed that a high standard of hygiene was being maintained. All meat on display and in storage was in good condition. Warning given.
31. Tin of imported tomatoes containing a grub. Found to be larval stage of common insect pest. Refund made.
32. Jelly-like substance and dirt in lemon drink. Laboratory examination showed normal fruit flesh particles and atmospheric soiling, which may have occurred as a result of a blow to the cap. Complainant reimbursed.
33. Caterpillar in a tin of broad beans. Investigation revealed that despite all the precautions taken at the factory concerned, this foreign body had escaped the attention of the inspection staff. Recompense made to the complainant.
34. Packet of flour containing insect eggs. Examination showed the foreign matter to be the frass or excreta of an unidentified moth larva. As the flour had been in the possession of the complainant for over 9 weeks, it was difficult to say when it had become infested.
35. Pre-packed potatoes with some in a state of decomposition. Undue delay had occurred in this isolated case somewhere along the distribution line, but not on the part of the retailer. Refund made.
36. Dark colour of baked beans in meal supplied by local cafe. Appeared to be due to prolonged cooking or reheating. Advice given to proprietor.



37. Fly embedded in chocolate coating of cake. Anti-fly measures in use at the bakery concerned, and good hygiene standard maintained. Warning issued and complainant recompensed.
38. Two tins of discoloured corned beef. Examination of tins in stock showed them to be in perfect condition. One complainant's tin was probably damaged on the opening strip, and in the other case the meat appeared to have been overcooked. Refunds were made.
39. Meat and potato pie with a piece of paper under the crust. Examination showed that the paper was silicon paper similar to that used for lining baking trays. Replacement made.
40. Bar of chocolate containing grubs. On investigation they were found to be larvae of the *Ephestia* moth, a common pest of chocolate. May have been the result of bad stock rotation. Complainant reimbursed.
41. Bacon joint smelling 'off'. Brought to the department six days after purchase. Good coding system and high standard of hygiene maintained by shop concerned. Code on joint did not accord with alleged date of purchase. Reimbursement made to complainant.
42. Jellied meat with peculiar taste. 'Tasters' found the meat wholesome but well spiced. Shopkeeper changed his supplier.
43. Tinned pineapple with 'off' smell. Pineapple found to be satisfactory but some staining evident on interior of can. Refund made.
44. Frozen chicken with 'off' smell. Frozen chickens displayed unrefrigerated. Advice given to shopkeeper. Complainant reimbursed.
45. Absence of chunky meat in steak and kidney pie which, on investigation, was found to be due to difficulties in production. The Analyst found the meat content of a similar pie to be satisfactory.

### 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	..	..	..	..	144
No. of dairies on the Register	..	..	..	..	6

#### *The Milk (Special Designation) Regulations, 1960.*

No. of dealers licences to use the designation "Ultra Heat Treated" .. .. .	3
No. of dealers (Pasteuriser's) licences .. .. .	2
No. of dealers licences to use the designation "Pasteurised" ..	99
No. of dealers licences to use the designation "Sterilised" ..	109

399 samples of designated milk were submitted for examination at the Public Health Laboratory, Lincoln and passed the tests prescribed by the appropriate Regulations.

The following tables give the information in more detail:

#### HEAT TREATED MILK:

Designation	No. of sam- ples	Passed		Failed		Void	Passed Turbidity	Failed
		Meth. Blue test	Phos- phat- ase	Meth. Blue test	Phos- phat- ase			
Pasteurised	131	129	131	—	—	2		
Pasteurised (School)	80	77	80	2	—	1		
Pasteurised (Channel Islands)	99	95	99	1	—	3		
Sterilised	85	—	—	—	—	—	85	—
	395	301	310	3	—	6	85	—

#### RAW MILK:

Designation	No. of samples		Methylene Blue Passed	Failed	Void
Untreated (Farm cartoned)	...	...	4	2	1

#### Cream

86 samples of cream were submitted for bacteriological examination, 78 samples were satisfactory and 8 samples were unsatisfactory.

#### 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 number of specimens were submitted to the Public Health Laboratory.

	No. of specimens	Satisfactory	Unsatisfactory
Milk bottles ..	498	491	7
Milk churns ..	60	60	—
Milk Plant Swabs	40	39	1
Tankers ..	59	57	2

#### Ice Cream

No. of premises registered for sale .. .. 286

Details of the 76 samples which were examined at the Public Health Laboratory, Lincoln are given below.

Provisional Grade	Time taken to reduce Methylene Blue	No. of samples
1	4½ hours or more	63
2	2½ to 4 hours	11
3	½ to 2 hours	2
4	0 hours	—

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.



### Preserved Food

84 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.

### Poultry Inspection

1. Number of poultry processing premises .. 1
2. Number of visits to premises .. .. 210
3. Number of birds processed during the year 936,000 approx.
4. Types of birds processed .. .. Turkeys, Hens,  
Broilers, Capons
5. Percentage of birds rejected as unfit for  
human consumption .. .. 2.35%
6. Weight of poultry condemned as unfit for  
human consumption .. .. Tons Cwts St Lbs  
19 11 0 12
7. During the year daily visits to the poultry processing establishment were made to ensure the requirements of the Food and Drugs Act, 1955, Food Hygiene (General) Regulations, 1960 and Slaughter of Poultry Act, 1968 were being observed and that all carcasses and viscera for human consumption were in a fit condition. The number of birds slaughtered made it impracticable for the Public Health Inspectors to examine every bird or carcass but there exists a spotting system whereby all suspect carcasses are set aside for subsequent examination by the Public Health Inspector.

### Inspection of Meat

In addition to the City Abattoir there are two private slaughterhouses operating in the City. The number of food animals slaughtered at these premises was 47,344, compared with 43,434 last year, an increase of 3,910. This is particularly welcome in view of the falling off which has occurred in recent years. The following table shows the incidence of tuberculosis and other diseases in the various classes of animals.

	<i>Cattle excl. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Number killed .. ..	5,750	73	30	14,988	26,503
Number inspected .. ..	5,750	73	30	14,988	26,503

#### *All Diseases except Tuberculosis and Cysticercosis*

Whole carcasses condemned	3	3	1	7	38
Carcasses of which some part or organ was condemned	1,838	11	1	531	5,285

#### *Tuberculosis only:*

Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	469

#### *Cysticercosis*

Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	5	—	—	91	—
Carcasses submitted to treat- ment by refrigeration	5	—	—	—	—

*Cysticercus Bovis*

Routine inspection for this disease has now been carried out for 22 years. Although the percentage infection of all bovines is slightly down on the previous year, the number of cysts found indicate the need for continued vigilance in meat inspection. Five viable cysts and 104 degenerate ones were found. The total of 109 cysts shows that a large number of cattle were exposed to this disease and underlines the need for control measures on the part of producers.

The following table shows the incidence of viable 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>Cattle</i>	<i>Cows</i>	<i>Cattle</i>	<i>Cows</i>	<i>Cattle</i>	<i>Cows</i>	
5,750	73	5	—	—	—	0.09

The cysts were located in the animals as follows:—

Head	..	..	..	5
------	----	----	----	---

The carcasses and remaining offal were placed in cold storage at a temperature of 20°F for 3 weeks or 14°F for two weeks in accordance with The Meat Inspection Regulations, 1963.

Degenerate cysts were also found in 104 animals located as follows:

<i>Cattle</i>				
Head	..	..	..	53
Heart	..	..	..	44
Skirt	..	..	..	7

**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	5	6	13
Offals	..	..	..	..	19	6	1	10
Canned Meat	..	..	..	—	—	10	6	0
Other Canned Foods	..	..	..	3	2	7	11	
Cooked Meat and Meat Products	..	..	..	—	1	1	6	
Fish	..	..	..	—	4	7	3	
Fruit and Vegetables	..	..	..	3	1	0	13	
Frozen Foods	..	..	..	1	7	2	8	
Poultry	..	..	..	19	11	0	12	
Other Food	..	..	..	2	7	4	2	
					56	18	7	8

**Slaughter of Animals Act, 1958**

35 licences to slaughter or stun animals in a slaughterhouse were issued.





CITY OF LINCOLN  
EDUCATION COMMITTEE

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ANNUAL REPORT  
ON THE  
SCHOOL HEALTH SERVICE  
FOR THE  
YEAR ENDED 31st DECEMBER, 1970

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



**CITY OF LINCOLN  
EDUCATION COMMITTEE  
YEAR ENDED 31ST AUGUST, 1970**

*Chairman of the Education Committee:*

Alderman SIR FRANCIS HILL, C.B.E., Litt.D., LL.D.

*Vice-Chairman of the Education Committee:*

Councillor C. R. IRELAND (to May, 1970)

Councillor R. D. HORNER (wef. May, 1970)

*Members of the Education Committee:*

Alderman W. E. HERBERT	Councillor P. J. ROE
Alderman SIR FRANCIS HILL, C.B.E., Litt.D., LL.D.	Councillor A. H. TAYLOR
Councillor P. W. ARCHER, J.P.	Councillor Mrs. S. J. TOWNEND
Councillor R. G. BRACEY, B.Sc.	Councillor Mrs. C. WILKINSON, J.P., S.R.N. (wef. May, 1970)
Councillor G. G. ELSEY, J.P. (wef. May, 1970)	Councillor Mrs. P. M. WOODS (to May, 1970)
Councillor F. E. H. HORN (to May, 1970)	The Rt. Rev. Mgr. Canon E. H. ATKINSON, v.g.
Councillor R. D. HORNER	The Rev. B. A. BAKER
Councillor C. R. IRELAND	The Very Rev. The Hon.
Councillor B. H. KENDALL, A.B.S.	O. W. FIENNES, M.A., Dean of Lincoln
Councillor C. S. LADMORE	Mr. C. T. ALDERSON
Councillor W. D. LYALL (wef. May, 1970)	Mr. D. J. LOGAN
Councillor G. A. MILLS	Mrs. C. M. SEELY
Councillor Mrs. A. J. NAFTALIN, A.L.A.	Miss J. E. SKINNER, M.A.
Councillor R. J. READ, M.B., B.chir. (Cantab.) (to May, 1970)	Mr. E. H. TUTTY

**SPECIAL SERVICES COMMITTEE**

(known as Schools Committee wef. May, 1970)

*Chairman of the Special Services Committee:*

Councillor Mrs. S. J. TOWNEND (to May, 1970)

Councillor R. D. HORNER (wef. May, 1970)

*Members of the Special Services Committee:*

Alderman W. E. HERBERT	Councillor A. H. TAYLOR (to May, 1970)
Alderman SIR FRANCIS HILL, C.B.E., Litt.D., LL.D.	Councillor Mrs. S. J. TOWNEND
Councillor F. E. H. HORN (to May, 1970)	Councillor Mrs. P. M. WOODS (to May, 1970)
Councillor R. D. HORNER	The Rt. Rev. Mgr. Canon
Councillor C. R. IRELAND	E. H. ATKINSON, v.g. (to May, 1970)
Councillor B. H. KENDALL, A.B.S. (to May, 1970)	The Very Rev. The Hon.
Councillor W. D. LYALL	O. W. FIENNES, M.A., Dean of Lincoln
Councillor Mrs. A. J. NAFTALIN, A.L.A.	Mr. D. J. LOGAN
Councillor P. J. ROE	Miss J. E. SKINNER, M.A.
	Mrs. C. M. SEELY

## TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

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This report gives an account of the work of the School Health Service and gives a general picture of the health of the school children of the City during the year 1970.

The service continued substantially on the same lines as in 1969 and the school population of 13,821 showed little change.

The pattern of routine medical inspections continued as in previous years and 3,632 children were examined during 1970. As a result of these examinations, 1,068 defects were found which required treatment.

The commonest defect found was that of faulty vision and 357 children were ascertained as being in need of treatment. In carrying out the work of routine testing of vision, one is impressed by the fact that it is rare for a child to complain about his vision and it is uncommon for a parent to notice and draw attention to a child's defective vision. Without the routine testing many children would remain in school with an unrecognised defect and would fail to benefit from the education provided. This is an example of one of the principal reasons for the existence of the School Health Service — namely to ensure that school children are medically fit to obtain maximum benefit from the education services. Other examples can be given, but the two special senses — hearing and vision — are the most important.

The fact that Lincoln's screening facilities for both hearing and vision are comprehensive and leave little room for improvement gives cause for satisfaction. However, there is considerable difficulty in ensuring that spectacles are worn as and when prescribed and resistance is commonly met from children and, more surprisingly, not infrequently from the parents. Also, there is a high failure to attend rate at the County Hospital's Ophthalmic Clinic. This indicates that appearance is thought by many to be more important than function and along with almost every other biological phenomenon this is certainly not the case.

Infectious diseases caused no major problem although 95 cases of dysentery and 60 cases of measles were notified. The increase in the number of cases of measles occurred in the latter months of 1970 and continued to reach epidemic proportions in the early months of 1971. This increase was unexpected since an effective vaccine against measles had been available since 1968. However, it is known that the proportion of children vaccinated is below that necessary for significant herd immunity and only if parents begin to realise that measles is potentially a serious disease and bring their children at one year of age for measles vaccination will this unpleasant and damaging disease disappear. Unless 80% of children can be vaccinated soon after their first birthday, measles will continue and the efforts of those who spent many years of research to perfect the vaccine will have been wasted.

There was no improvement in the standard of cleanliness of school children, in fact there was an increase in the incidence of head louse infestation. The prevention of this condition is simple, namely regular hair washing at least twice a week. Nothing more than soap and water is needed and relatively few families are now without adequate washing facilities. It is comparatively easy for a local authority to provide houses with suitable facilities for washing,



but modifying a family's behaviour patterns is inherently difficult and progress in this matter lags far behind that of building construction. The belief that providing adequate housing accommodation would solve a family's problems was proved to have been mistaken by M'Gonigle in 1936 and little evidence to the contrary is available even now. The increase in infestation resulted in a 30% increase in the issue of head lotion.

A few years ago there were several deficiencies in the health services for school children amongst which were a shortage of Dental Officers, no orthodontic service, no speech therapy service, no effective chiropody service, inadequate facilities for physically handicapped children. I am happy to report that these deficiencies no longer exist. The special school for physically handicapped children was opened in September and will accommodate 80 physically handicapped and delicate children and 10 children in the nursery unit. This school will provide excellent facilities for the increasing number of children with a variety of physical handicaps, the commonest type of which is paraplegia and incontinence. The number of children with this condition is certain to increase in future years and not all of them will be suffering from meningomyelocele (spina bifida) sequelae though they will be in the majority. In view of the fact that there is no prospect in the foreseeable future of preventing this disability, the most one can do is to provide the best facilities for treatment and management of the affected children. Possibly the most important aspect of this is to pay particular attention to the psychological needs of the child.

There is now a fully effective orthodontic service provided by the Sheffield Regional Hospital Board which serves Lincoln and the surrounding county areas and which provides consultant help for the school dental officers, although they carry out a considerable amount of routine orthodontic work themselves. The speech therapy service is again adequately staffed after a lapse of many years.

The school dental service continued to provide a service, the statistics of which compared favourably with the national average. In the past five years or so there has been a dramatic reduction in the numbers of children who were found to require treatment on dental inspection. However, it will be necessary to continue the Dental Health Education programme indefinitely and its success depends in large measure on the interest and co-operation of head teachers which has always been forthcoming. Dental caries is, theoretically, almost entirely preventable although we are a long way from achieving this ideal at present.

I should like to express my thanks to the staff of the School Health Service for their enthusiastic support and to the Chief Education Officer and the relevant staff of the Education Department for their help and co-operation.

R. D. HAIGH,

*Principal School Medical Officer.*

City Health Department,  
Beaumont Fee,  
LINCOLN.  
July, 1971.

STAFF OF SCHOOL HEALTH DEPARTMENT  
1970

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*Principal School Medical Officer:*

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

*Deputy Principal School Medical Officer:*

G. C. Franklin, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.  
(Commenced 2.3.70)

*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:*

Mrs. D. D. Birrell, B.D.S. (Resigned 31.5.70)

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

*Dental Auxiliary:*

Miss M. D. Beswick (Commenced 1.9.70)

*Dental Surgery Assistants:*

Miss S. M. Askew

Mrs. V. Portergill

Miss J. Salter (Commenced 2.3.70)

Miss P. Smalley (Resigned 24.4.70)

*Dental Health Education Officer:*

Miss M. F. Bradley

*Dental Clerk:*

Mrs. P. J. Ellis (Resigned 31.12.70)

*Consultant Children's Psychiatrist:*

John S. Edmondson, M.B., CH.B., D.P.M.

*Educational Psychologists:*

Miss E. Sanders, M.A., Dip.Ed.

Miss W. Stephenson, B.Sc., Dip.Psych. (Ed.) (Commenced 1.9.70)

*Social Workers:*

Mrs. Y. M. Jackson (Resigned 30.6.70)

Miss E. O'Carroll, B.Sc.

Mrs. J. M. West, B.A. (Part-time) (Commenced 1.9.70)

*Secretaries:*

Miss H. Grout (Commenced 8.7.70)

Miss J. Lee (Commenced 6.5.70)

Mrs. P. Carrotte (Resigned 30.6.70)

Mrs. A. Swindells (Resigned 28.2.70)



*Chiropodist:*

Mrs. A. D. Brown, M.CH.S. (Part-time)

*Speech Therapist:*

Mrs. J. S. Henton, L.C.S.T., R.P.A. (Commenced 1.9.70)

Mrs. P. Wight, Dip.I.P.A., L.C.S.T. (Part-time)

*Chief Nursing Officer:*

Miss E. M. Day, S.R.N., S.C.M., Q.I.D.N., H.V. (Retired 8.8.70)

Mrs. C. A. Hanson, S.R.N., S.C.M., H.V., C.N.N. (Commenced 10.8.70)

*Senior Health Visitor/School Nurse:*

Mrs. M. Martin, S.R.N., R.S.C.N., H.V. (Retired 31.5.70)

Mrs. M. L. Dimbleby, S.R.N., S.C.M., H.V. (from 1.6.70)

*Health Visitors/School Nurses:*

Mrs. M. L. Dimbleby, S.R.N., S.C.M., H.V. (Senior H.V. from 1.6.70)

Miss S. East, S.R.N., B.T.A., H.V.

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

Mrs. L. A. Lee, S.R.N., H.V. (Commenced 21.9.70)

Mrs. E. F. I. Legg, S.R.N., S.C.M., H.V. (Commenced 20.7.70)

Mrs. G. D. Line, S.R.N., H.V. (Commenced 1.1.70)

Miss P. C. Mitchell, S.R.N., S.C.M., H.V. (Commenced 14.9.70)

Miss J. Scott, S.R.N., H.V.

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

Mrs. P. S. Trout, S.R.N., S.C.M., H.V.

*School Nurses:*

Mrs. M. Dolan, S.R.N. (Commenced 5.10.70)

Miss D. A. Oliver, S.R.N., S.C.M. (Retired 10.8.70)

Mrs. K. Pitchford, S.R.N.

Mrs. J. Pratt, S.R.N., S.C.M. (Resigned 31.12.70)

Mrs. A. Saywell, S.R.N.

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

*Health Education Officer:*

Mrs. C. A. Hanson, S.R.N., S.C.M., H.V., C.N.N. (to 9.8.70)

Miss E. C. Galgey, S.R.N., S.C.M., H.V. (from 21.9.70 to 11.12.70)

*Lay Administrative Assistant:*

J. C. Martin, A.R.S.H. (Retired 31.5.70)

Miss M. A. Boynton (from 1.7.70)

*Clerk-in-Charge:*

R. W. Hill

*Clerks:*

Miss C. A. Carratt (Commenced 26.5.70)

Mrs. B. Colam (Part-time) (Resigned 31.5.70)

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

Miss C. Sykes

## LIST OF SCHOOLS

School	No on Register January, 1971	Head Teacher
<b>Nursery</b>		
St. Cuthbert's	47	Miss C. Sharpe
St. Giles	45	Miss H. Church, M.B.E.
<b>Primary</b>		
Birchwood Infant	345	Miss Y. A. Lowe
Birchwood Middle	434	Mr. W. A. Fletcher, L.C.P.
Boultham Junior	409	Mr. K. I. Cook
Boultham Infant	130	Miss R. E. Morris
Bracebridge Infant	124	Miss J. Whiticker
Eastgate Infant	131	Miss M. B. Cullen
Ermine Infant	278	Miss J. M. Sowerby
Ermine Junior	481	Mr. J. Harrod, B.A.
Hartsholme Infant	226	Miss D. J. Neale, O.B.E.
Manor Leas Middle	367	Mr. D. J. Logan
Manor Leas Infant	408	Miss U. Perry
Monks Road Junior	365	Mr. H. J. Sharman, Dip.P.Ed., J.P.
Monks Road Infant	261	Miss S. M. Walker
Moorland Primary	366	Miss S. M. Neale
Mount Street Infant	347	Miss B. M. Jubb
Our Lady of Lincoln R.C.	286	Mr. J. Brown
Skellingthorpe Road Junior	402	Mr. E. S. Wilson
St. Andrew's Infant and Junior	230	Mr. R. Shackleton
St. Botolph's Infant	112	Mrs. A. Goldsmith
St. Faith's Junior	249	Miss F. H. Bocket
St. Faith's Infant	174	Mrs. M. Blakeman
St. Giles Junior	472	Mr. S. B. Hall
St. Giles Infant	262	Miss J. O. Yeates
St. Hugh's R.C.	270	Mr. D. V. Griffiths, A.R.C.M.
St. Martin's Infant and Junior	117	Mrs. D. P. E. M. Cook
St. Peter's Junior	214	Mr. R. S. Forbes
St. Peter's Infant	248	Mrs. K. West
Westgate Junior	348	Mr. J. Pritchard
<b>Secondary Modern</b>		
Bishop King	346	Rev. A. R. Chester
Boultham Moor Girls'	587	Miss I. Gilbert
Myle Cross Girls'	340	Miss J. K. Gentry
Sincil Boys'	544	Mr. H. K. Lister, B.Sc.
St. Giles Boys'	303	Mr. L. R. W. Thake
St. Peter and St. Paul	312	Mr. T. P. Groome, B.A.
<b>Secondary Grammar</b>		
Christ's Hospital Girls' High	587	Mrs. S. M. Wood, B.A.
Lincoln	520	Mr. J. C. Faull, B.Sc., A.R.C.S.
South Park High	583	Miss M. J. Widdowson, B.A.
The City	563	Mr. L. R. Middleton, M.A., B.Sc.
<b>Comprehensive</b>		
Yarborough High	763	Mr. E. Wilson, B.A., M.Ed.



**Special Schools**

St. Christopher's	150	Mr. J. Haile
St. Francis	62	Mr. D. G. Williams

**Establishments of Further Education**

<i>Full-time day students</i>		<i>Principal</i>
College of Technology	245	Mr. G. A. Church, B.Sc., A.C.G.I., C.ENG., F.I.MECH.E.
College of Art	78	Mr. P. I. Williams D.F.A. (London)

**STATISTICS**

Population of City .. .. .	74,760 (mid-year estimate)
*School Population (January, 1971) ..	13,821 +
	323 Further Education
Number of Schools .. .. .	43
Number of F.E. Establishments ..	2

**Maintained Schools in Lincoln**

Schools	No. of †Departments	No of children on roll		Total
		Boys	Girls	
Nursery .. .. .	2	54	38	92
Primary .. .. .	32	4135	3826	7961
Nursery Classes Attached to Infant Schools ..	4	48	37	85
Special (Partially Hearing Unit) .. .. .	1	7	3	10
Special (Children's Unit, Lawn Hospital) ..	1	10	3	13
Special (E.S.N.) .. ..	1	98	52	150
Special (Physically Handi- capped) .. .. .	1	42	20	62
Secondary Modern ..	6	1237	1195	2432
Secondary Grammar ..	4	1083	1170	2253
Comprehensive .. ..	1	364	399	763
College of Technology ..	1	127	118	245
College of Art .. ..	1	22	56	78
	<hr/> 55	<hr/> 7227	<hr/> 6917	<hr/> 14144

\* 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.

**PROVISION OF SCHOOL MEDICAL SERVICES TO CHILDREN ATTENDING INDEPENDENT SCHOOLS IN THE CITY**

Since the 1st January, 1969, the services of the School Health Department have been available to children attending private schools in the City. There are three independent schools in Lincoln with a total of 546 children on the rolls, plus 20 children in a Nursery Class. Approximately half of the children reside outside the City boundary.

## 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 and the pattern of previous years has again been followed whereby children are examined at five, ten and fourteen years approximately. The selective examination of junior school children has not been introduced in Lincoln.

3,632 children (3,538 in 1969) were examined during the year and 1,068 (1,019 in 1969) defects were noted and referred for treatment.

Of the total number of defects noted during the year, visual defects accounted for 48.8% (52.4% in 1969), skin defects 18.6% (16.6% in 1969), orthopaedic defects 10.1% (11.9% in 1969), ear, nose and throat defects 6.8% (6.6% in 1969) and hearing defects 3.0% (3.2% in 1969).

Obesity is still a problem with the present day school child and of the children inspected during the year, 1.34% were found to require treatment or observation for this condition. The figures are as follows:

			<i>Treatment</i>		<i>Observation</i>	
			<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
Infants	..	..	—	—	2	3
Juniors	..	..	—	2	6	17
Leavers	..	..	—	5	5	9
Totals			—	7	13	29
			—	—	—	—

## RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 1068 compared with 1019 in 1969.

			<i>Entrants</i>		<i>Leavers</i>		<i>Others</i>		<i>Total</i>	
			<i>*T</i>	<i>*O</i>	<i>*T</i>	<i>*O</i>	<i>*T</i>	<i>*O</i>	<i>*T</i>	<i>*O</i>
Skin	...	...	49	6	72	2	78	2	199	10
Eyes—Vision	...	...	32	24	201	11	124	19	357	54
Squint	...	...	87	15	18	2	50	3	155	20
Other	...	...	5	1	2	1	2	—	9	2
Ears—Hearing...	...	...	12	82	3	22	4	32	19	136
Otitis media	...	...	9	36	1	5	2	9	12	50
Other	...	...	—	—	—	1	1	1	1	2
Nose and Throat	...	...	50	79	10	9	13	30	73	118
Speech	...	...	32	33	—	1	2	4	34	38
Lymphatic glands	...	...	1	19	—	2	—	4	1	25
Heart	...	...	3	18	2	3	11	3	16	24
Lungs	...	...	11	29	1	9	4	16	16	54
Development										
Hernia	...	...	7	2	1	—	—	1	8	3
Other	...	...	10	57	3	4	7	22	20	83
Orthopaedic										
Posture	...	...	1	9	3	7	—	8	4	24
Feet	...	...	42	15	11	5	27	5	80	25
Other	...	...	15	4	4	2	5	3	24	9



			Entrants		Leavers		Others		Total	
			*T	*O	*T	*O	*T	*O	*T	*O
Nervous system										
Epilepsy	...	...	2	3	4	1	5	4	11	8
Other	...	...	3	5	-	1	2	5	5	11
Psychological										
Development	...	...	1	9	-	2	2	1	3	12
Stability	...	...	3	61	-	2	7	12	10	75
Abdomen	...	...	2	4	-	-	1	-	3	4
Other	...	...	1	2	2	1	5	1	8	4
			378	513	338	93	352	185	1068	791

\*T—Defects requiring treatment

\*O—Defects requiring to be kept under observation

### GENERAL CONDITION OF CHILDREN

Of the total number of children examined one was classified as medically unsatisfactory. This represents 0.03 per cent.

### SPECIAL INSPECTIONS

Defect or Disease				Pupils requiring treatment	Pupils requiring observation
Skin	...	...	...	9	11
Eyes—vision	...	...	...	83	7
squint	...	...	...	16	-
other...	...	...	...	1	1
Ears—hearing	...	...	...	10	18
Otitis media	...	...	...	-	-
Other	...	...	...	-	-
Nose and Throat	...	...	...	11	5
Speech	...	...	...	1	-
Lymphatic glands	...	...	...	-	-
Heart	...	...	...	-	-
Lungs	...	...	...	-	15
Development—					
Hernia	...	...	...	2	-
Other	...	...	...	-	-
Orthopaedic—					
Posture...	...	...	...	-	-
Feet	...	...	...	6	2
Other	...	...	...	1	-
Nervous system—					
Epilepsy	...	...	...	2	-
Other	...	...	...	-	-
Psychological—					
Development	...	...	...	-	3
Stability	...	...	...	-	29
Abdomen	...	...	...	1	2
Other	...	...	...	1	7
Totals	...	...	...	144	100

## NOTES ON SPECIFIC DEFECTS

### SKIN DISEASES

Skin diseases are more commonly discovered at routine medical inspections than any other defect with the exception of visual and dental defects. Additionally, many children are referred directly from schools and other sources to minor ailments clinics for treatment of skin conditions.

Cases of verrucae continue to predominate at minor ailments clinics and 376 children (320 in 1969) were treated for this condition during the year. In addition, 195 children (134 in 1969) were treated by the School Chiropodist. The total number of attendances made by the children for treatment was 2,897.

Other skin diseases treated at minor ailments clinics during the year were 12 children with scabies (27 in 1969), 6 with impetigo (15 in 1969) and 62 with miscellaneous skin conditions (71 in 1969).

### VISUAL DEFECTS

It has been the practice in Lincoln since 1963 to carry out annual vision testing of all school children. A Keystone Vision Screening machine is used for this purpose and over the years it has proved its worth, particularly in schools where conditions are unsuitable for using the conventional Snellen chart. It is often preferable to use the Sjroen hand card or the illiterate E card for testing the vision of infants.

The following table shows the result of the year's work:

			<i>Total Tested</i>	<i>Referred for Treatment</i>	<i>For Observation</i>
Infants	..	..	1855	15	34
Juniors	..	..	2702	18	35
Seniors	..	..	3480	17	58
			<hr/>	<hr/>	<hr/>
Totals	..	..	8037	50	127
			<hr/>	<hr/>	<hr/>

The above figures do not include children tested at routine and special School Medical Inspections at which 621 children were found to have a visual defect requiring treatment and 84 were placed under observation.

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

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

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

"I am enclosing herewith statistics of the children seen at the Children's Eye Clinics at the County Hospital during the year 1970, with the corresponding figures for 1969.



There has been a noticeable reduction in the number of new cases referred during 1970, but apart from this the figures are very much the same as in the previous year.

I have no special comments to make on the year's work which has followed very much the usual lines."

#### **Children seen at School Clinics at Lincoln County Hospital**

							1970	1969
<b>New Cases:</b>								
Sent for	..	..	..	..	..	..	310	440
Attended	..	..	..	..	..	..	255	347
Failed	..	..	..	..	..	..	55	93
<b>Old Cases:</b>								
Sent for	..	..	..	..	..	..	2522	2504
Attended	..	..	..	..	..	..	1773	1778
Failed	..	..	..	..	..	..	749	726
Discharged	..	..	..	..	..	..	268	223
Complete pairs of single glasses prescribed						..	676	668
Lenses prescribed	..	..	..	..	..	..	31	39
Authorised repairs	..	..	..	..	..	..	256	246
<b>Orthoptic Department</b>								
New Cases seen	..	..	..	..	..	..	172	176
Old Cases seen	..	..	..	..	..	..	1920	1974

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 191 as compared with 194 in 1969. The number of Lincoln children who received operative treatment at the County Hospital in 1970 was 155 (199 in 1969).

#### **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 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 the Ear, Nose and Throat Specialists at the Audiology Unit at the County Hospital, whose co-operation and help is very much appreciated.

### Audiometric Tests, 1970

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

Number of children tested

Infants	..	..	..	..	..	..	..	1967
Junior	..	..	..	..	..	..	..	1135
Senior	..	..	..	..	..	..	..	1101
Total								<hr/> 4203 <hr/>

### 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.	..	..	230
Number who failed to attend	..	..	5
Number of children examined by P.T.A.	..	..	225

Result of pure tone audiograms:

Satisfactory	..	..	..	..	..	97
Unsatisfactory	..	..	..	..	..	128

Disposal and treatment of unsatisfactory cases:

Arranging treatment through G.P.	..	..	..	6
Wax removed	..	..	..	9
For review at Hospital	..	..	..	21
For observation	..	..	..	86
Left Lincoln	..	..	..	6
				<hr/> 128 <hr/>

Number of Audiograms for Speech Therapy purposes  
(included in figures above) 34

### SPEECH DEFECTS

Mrs. P. A. Wight, the part-time Speech Therapist was joined in September, 1970 by Mrs. J. S. Henton, who was appointed on a full-time basis. I am indebted to both Mrs. Wight and Mrs. Henton for the following report on the work of the Speech Therapy service during the year:

"At the beginning of the year the survey of children referred from schools in the City was continued and was substantially completed by Easter, 1970.

Lack of response from secondary schools and shortage of staff made it impossible to follow up children of secondary school age. An attempt has been made for the rest of the year to deal with the children referred from the primary school population.

All the primary schools and nursery schools were again visited in the autumn term, new cases seen, previous cases reviewed and teaching staff advised. An experimental session at Manor Leas Infant School begun in the summer term was continued, and the service was extended to Birchwood Infant School (1 session), St. Christopher's School (2 sessions) and St.



Francis School (1 session), the remaining children being seen at the Child Guidance Unit. It is proposed to take speech defective children from Our Lady of Lincoln, Ermine and Mount Street Schools into the purpose built room at St. Francis School when this is ready. An attempt was made to set up a short term intensive service at Moorland Primary School, but various difficulties have lessened the success of this experiment.

133 children were referred during the year and almost all have been examined. Of these 103 had articulatory and/or language defects, 12 stammered and 5 had cleft palate. 13 suffered from a combination of these defects of neurological origin.

143 children were discharged during the year. Of these, 8 refused treatment, 2 left school and 13 left the district. 27 were discharged after consultation with parents or after therapy with normal or greatly improved speech, the remainder being discharged as having minor defects or those expected to resolve spontaneously. It should be emphasised, however, that many of these would have benefitted from therapy had sufficient staff and accommodation been available. The rate of defaulters has been unusually low, since cases offered treatment appointments at the Child Guidance Unit have been carefully selected to avoid wastage of professional time.

138 children with defects where intelligibility is partially or severely impaired or non-existent, remain on the waiting list. It is hoped to visit each school at least once a year to re-assess cases and advise teaching staff. 96 children are receiving regular therapy or are under direct supervision. The present case load, therefore, stands at 234."

In addition, Mrs. J. Blower, the Speech Therapist at the Lincoln County Hospital has seen 12 Lincoln school children during the year with the following defects:

Stammer	..	..	..	..	..	2
Dyslalia	..	..	..	..	..	1
Immature speech pattern	..	..	..	..	..	2
Severe defect due to bilateral cleft palate	..	..	..	..	..	1
Defect associated with hearing loss	..	..	..	..	..	2
Miscellaneous defects	..	..	..	..	..	4

## 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 orthopaedic clinic held in the School Clinic, Beaumont Fee.

County children living within a reasonable travelling distance of the City who require orthopaedic supervision and treatment are also seen at the Lincoln Clinic.

Clinics were held at approximately monthly intervals by Mr. B. D. Smith, F.R.C.S., to whom I am indebted for the following report:

"The clinics for the minor orthopaedic ailments in the area have continued during the year and, as last year, they mainly seemed to be complaints such as knock knees and flat feet. There always seems to be a hard core of absenteeism but in many cases I expect this is due to the usual run of child infectious ailments. I feel the clinics should continue in their present form."

The following is a summary of the work carried out:

	1970	1969
Number of sessions held by the Orthopaedic Surgeon ..	15	15
Number of new cases seen by the Orthopaedic Surgeon	103	142
Total attendances (new and old cases) .. .. .	457	447

(The number of cases seen during 1970 includes 5 old cases and 9 new from Kesteven).

### SCHOOL CHIROPODY SERVICE

Mrs. A. D. Brown, M.Ch.S., part-time School Chiropodist, has continued to work two sessions each week and I give below her report:

"In January and February of 1970, the School Chiropody sessions were divided between S.S. Peter and Paul School, Boutham Moor School and Beaumont Fee Clinic. From March onwards it was decided that the clinics should be centred at Beaumont Fee Clinic and Moorland School Clinic. In using these two clinics it was considered that a larger proportion of school children would be able to avail themselves of the service. This arrangement has proved satisfactory and the treatment sessions, of three hours duration, are held twice weekly."

The following cases were dealt with by the chiropodist during the year:

	New attendances		Revisits		Total attendances	
	1969	1970	1969	1970	1969	1970
Verrucae	134	195	300	230	434	425
Athletes Foot	5	3	1	—	6	3
Corns	18	10	1	1	19	11
Nails	5	3	2	—	7	3
Skin Condition	16	2	5	—	21	2
Totals	178	213	309	231	487	444

### SCHOOL CARDIAC REGISTER

No new cases were added to the School Cardiac Register during 1970 and there are now 30 cases which have been discovered on routine medical examination.

The diagnoses of these cases are as follows:

(a) Ventricular septal defect	..	..	..	12
(b) Atrial septal defect	..	..	..	4
(c) Mitral incompetence	..	..	..	1
(d) Persistent ductus arteriosus	..	..	..	1
(e) Pulmonary stenosis	..	..	..	3
(f) Patent ductus arteriosus	..	..	..	2
(g) Rheumatic heart disease with polyarthritis	..	..	..	2
(h) Aorto Pulmonary Window	..	..	..	1
(i) Co-arctation of the aorta	..	..	..	2
(j) Aortic incompetence and V.S.D.	..	..	..	2



Of these 30 cases, 28 are placed in ordinary schools, 1 in St. Francis School and 1 in the Junior Training Centre.

### 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	..	..	..	8
(b)	Aortic stenosis	..	..	..	1
(c)	Congenital heart disease	..	..	..	3
(d)	Patent ductus arteriosus	..	..	..	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	Wednesdays at 2 p.m.
Minor Ailments	Monday, Wednesday and Friday at 8-30 a.m.
Orthopaedic Clinic	By appointment.
Chiropody	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 ailments clinic each morning 9 a.m.
Moorland Primary School	Minor ailments clinic Monday, Wednesday and Friday at 9 a.m.
Chiropody	By appointment.

#### Sincil Clinic

It was decided to close Sincil Minor Ailments Clinic at the end of July because of a gradual reduction in the number of children attending. Children who have usually attended Sincil Clinic in the past are now seen at Beaumont Fee Clinic.

#### 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 Ailments Clinics				New Cases	Revisits	1970 Totals	1969 Totals
Central Clinic	...	...	...	257	664	1921	1312
St. Giles	...	...	...	359	3404	3763	3401
Moorland	...	...	...	419	845	1264	1316
Sincil Boys	...	...	...	209	490	699	1375
				1244	5403	6647	7404
Medical Clinics	...	...	...	183	58	241	356
Orthopaedic Clinics	...	...	...	103	354	457	447
Dental Clinics	...	...	...	2987	3980	6967	6918

### NOCTURNAL ENURESIS

Twelve bell and pad alarms were in use during the year and this type of alarm has proved its worth in the treatment of bed wetting at night. Before an alarm is recommended 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
6 .. ..	2	—	1	3
7 .. ..	1	1	—	2
8 .. ..	1	1	—	2
9 .. ..	4	1	3	8
10 .. ..	4	—	1	5
11 .. ..	—	—	—	—
12 .. ..	1	—	—	1
13 .. ..	2	—	1	3
14 .. ..	2	—	—	2
15 .. ..	—	—	—	—
16 and over .. ..	1	—	—	1
	18	3	6	27

### CLEANLINESS OF SCHOOL CHILDREN

#### PEDICULOSIS CAPITIS

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

1966	1967	1968	1969	1970
1.9%	2.8%	2.0%	1.9%	2.5%



## Inspection for the presence of pediculosis.

Number of visits to schools .. .. .	229
Number of inspections of children .. .. .	34121
Number of children found to be verminous, however slight	350
Notices issued to parents under Section 54(2) of the Education Act, 1944 .. .. .	292
Cleansing Orders under Section 54 (3) .. .. .	27

The number of children found to be infested during the year was 350 compared with 275 in 1969. The proportion of the school population found to be infested remains fairly steady at between 2% and 3%. It is difficult to see how the numbers can be reduced rapidly since there are a few areas of the City where some families are seldom free from infection.

The main difficulty in eradicating this infestation is that, although it is possible to persuade family contacts to be treated, this is not always the case, and parents and older children often constitute the reservoir of infestation.

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.

It is interesting to note the quantity of shampoo and lotion issued in the control of head infestation, and the figures for the last two financial years are as follows:

	<i>Lotion</i>	<i>Shampoo</i>
1969/70	64 litres (14 galls.)	5.040 kg. (11 lbs.)
1970/71	84 litres (18½ galls.)	5.280 kg. (11½ lbs.)

## 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:

	1970	1969	1968	1967
Acute Meningitis .. .. .	11	2	1	—
Dysentery .. .. .	95	4	1	14
Infective Hepatitis .. .. .	8	32	295	—
Measles .. .. .	60	6	251	93
Scarlet Fever .. .. .	8	12	16	6
Whooping Cough .. .. .	7	1	4	19
	<hr/> 189 <hr/>	<hr/> 57 <hr/>	<hr/> 568 <hr/>	<hr/> 132 <hr/>

### Acute Meningitis

Eleven cases were notified during the year, as against two in 1969. Nearly all the children were patients in St. George's Hospital.

### Dysentery

There was a considerable increase in the number of cases of dysentery notified during the year. All 95 cases occurred early in the year and almost all the children lived on the Birchwood Estate. Isolated cases were found in other parts of the City but in many instances they were family contacts of the Birchwood children. The Principal School Medical Officer and the Chief Public Health Inspector visited the Birchwood schools to advise the staff on hygiene in general and the disinfection of toilets in particular.

### Infective Hepatitis

Eight cases were notified in 1970 as against 32 in 1969. Immunoglobulin continued to be available for administration to the family contacts of cases, but no requests were received during the year for this material.

### Measles

Although there has been an increase in the number of cases notified during the year (60 as against 6 in 1969) the number is far less than would have been expected in the normal biennial epidemic which was due this year. One must assume that the reduction in numbers is due to the vaccination programme which has been in progress since the summer of 1968.

### Scarlet Fever

The eight cases notified during the year have followed the pattern of the disease in recent years, and been very mild in character.

### Whooping Cough

There has been an increase in the number of cases notified this year (7 as against 1 in 1969). Whilst occasionally an immunised child develops a mild form of whooping cough, it is usually found that children who contract the disease have never been fully immunised against it.

## 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.)	..	..	4	2	6
Diphtheria/Tetanus	..	..	33	1	34
Diphtheria only	..	..	3	—	3
Tetanus only	..	..	3	10	13

#### Reinforcing Injections (5 — 15 year age group)

Triple (D.T.P.)	..	..	3	43	46
Diphtheria/Tetanus	..	..	851	59	910
Diphtheria only	..	..	—	1	1
Tetanus only	..	..	3	98	101



### Poliomyelitis Vaccination

A fourth (or booster) dose of Sabin poliomyelitis vaccine is now offered to children on school entry as a routine and primary vaccination is offered to those children who have not been protected in infancy. It is the practice in Lincoln to complete the programme before the end of the summer term.

The following table gives a summary of the vaccinations given during the year:

	<i>By Local Authority</i>	<i>By General Practitioners</i>	<i>TOTAL</i>
Primary	52	12	64
Booster	897	122	1019

### Rubella Vaccination

In July, information was received from the Department of Health and Social Security that a vaccine would shortly be available against rubella (German Measles) and that it should be offered to girls in their 14th year.

Rubella is recognised throughout the world as a major threat to women of child bearing age because a woman who has the disease during pregnancy may give birth to a child who is blind, deaf, mentally retarded or with multiple defects. The object of the vaccination programme is to ensure that as many girls as possible are protected before reaching child bearing age.

Arrangements were made for the vaccinations to be given in Lincoln in September, but, due to a temporary shortage of vaccine, the programme did not get under way until towards the end of the year.

The following table shows the number of girls vaccinated by the end of 1970.

	<i>Year of birth</i>			
	1955	1956	1957	<i>Totals</i>
By Local Authority	—	82	174	256
By General Practitioners	1	3	2	6
	1	85	176	262

### TUBERCULOSIS

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

	1965	1966	1967	1968	1969	1970
Pulmonary tuberculosis	—	—	1	1	3	—
Tuberculous meningitis	—	—	—	—	—	—
Tuberculosis, other forms	—	—	—	—	—	—
Totals ..	—	—	1	1	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:

	1970	1969
Consent rate, November survey ..	91%	88%

Work carried out during the year				1970	1969
Number skin tested	..	..	..	924	1073
Number found positive:	Grades 1 & 2			48	68
	Grades 3 & 4			5	4
Positive rate	..	..	..	6.1	7.0
Number found negative	..	..	..	821	952
Number vaccinated	..	..	..	818	951

### Positive Reactors

Grades 1 and 2 referred to Mass Radiography Unit:

No evidence of disease	..	..	..	47	64
Refused or failed to attend	..	..	..	—	3
Left the area	..	..	..	1	1
				—	—
				48	68

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

No evidence of disease	..	..	..	4	4
Signs of old healed lesions:					
For follow-up by Chest Physician	..			1	—
No further action	..	..	..	—	—
				—	—
				5	4
				—	—

## PROVISION OF SCHOOL MEALS

The number of meals provided during the year ended 31st December, 1970, was as follows:

	1970
To Nursery, Primary and Secondary Schools etc.	1,416,009
To Staff and Helpers .. .. .	125,752
	<hr/> 1,541,761
Number of Free Meals supplied .. .. .	232,167

On a selected day in 1970, the number of children taking milk at maintained schools under the 'Milk-in-Schools Scheme' was 6,636, which represents approximately 91.4% of those children entitled to free milk and 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 regular 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:

Deaf	..	..	..	..	..	..	..	1
Physically Handicapped	..	..	..	..	..	..	..	4
Maladjusted	..	..	..	..	..	..	..	6
Educationally subnormal	..	..	..	..	..	..	..	22

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

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

### Partially sighted

5 children are in special schools:

East Anglian School, Great Yarmouth	..	..	..	..	3
Exhall Grange, Coventry	..	..	..	..	1
St. Vincent's School, Liverpool	..	..	..	..	1

### Deaf

2 children are in special schools:

Royal School for the Deaf, Derby	..	..	..	..	1
Mary Hare Grammar School, Newbury	..	..	..	..	1

### Partially hearing

8 children are in special schools:

Partially Hearing Unit, Boultham School, Lincoln	..	..	..	..	8
--	----	----	----	----	---

### Educationally subnormal

122 children are in special schools or classes:

St. Christopher's, Lincoln	..	..	..	..	117
Hilton Grange School, Leeds	..	..	..	..	2
Besford Court, Worcester	..	..	..	..	1
Aldwark Manor, Yorks.	..	..	..	..	1
Milton Hall, Brampton	..	..	..	..	1

**Epileptic**

1 child is in a special school:

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

**Maladjusted**

9 children are in special schools:

Deighton Close, Louth	..	..	..	6
Finchden Manor School, Tenterden	..	..	..	1
Overseal Manor, Derbyshire	..	..	..	1
Arkwright School, Northants	..	..	..	1

**Physically handicapped**

22 children are in special schools:

St. Francis School, Lincoln	..	..	..	21
Chantrey School, Sheffield	..	..	..	1

**Speech Defect**

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

**Delicate**

10 children are in special schools:

St. Francis School, Lincoln	..	..	..	10
-----------------------------	----	----	----	----

The following handicapped pupils were awaiting admission to special schools in December, 1969:

Educationally subnormal	..	..	..	6
Maladjusted	..	..	..	4

**PARTIALLY HEARING UNIT**

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

"I enclose a report of my work for the year 1970."

**Children attending the Unit****Full-time**

<i>Sex</i>	<i>Age</i>	<i>Authority</i>
Male	4 years	Lincoln
Male	5 years	Lincoln
Male	5 years	Lincoln
Male	6 years	Lincoln
Male	7 years	Lincoln
Female	7 years	Kesteven
Female	8 years	Kesteven
Female	8 years	Lincoln
Male	9 years	Lincoln
Male	11 years	Lincoln



**Partially-Hearing children seen for review and remedial help**

Male	8 years	Lincoln
Male	10 years	Lincoln
Male	11 years	Lincoln
Female	13 years	Lincoln
Female	13 years	Kesteven

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

Eight children were ascertained during 1970 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  
ST. FRANCIS SCHOOL**

St. Francis School which was opened on 21st September, 1970, has been established for eighty physically handicapped and delicate children between the ages of five and sixteen — in addition there will be a nursery unit for ten children of pre-school age. Forty of the children will be weekly boarders.

The school is pleasantly situated on the Northern boundary of the City of Lincoln on the main A.15 road and is within easy reach of both the City Centre and open countryside, and the building has been specially designed to meet the educational and medical needs of the children. Specially made or adapted furniture is available. A small adventure playground has been built next to the nursery and infant classrooms and it is hoped to add to this in the future. Specialist rooms include a room for changing and toileting, a medical room, physiotherapy and speech therapy departments. In addition to the five classrooms the school has been provided with craft and domestic science departments. The latter has both purpose built and standard equipment to enable the girls (and boys) to gain experience of using both. There is also a flat where senior pupils have the opportunity to see if they are able to live independently.

The day children will travel in on special transport to arrive by 9-15 a.m. and will depart at approximately 3-40 p.m. The resident children arrive on either Monday morning or Sunday evening according to distance and return home on Friday evening. Normal school holidays are taken.

The number of children in each teaching group is small. Some have a class assistant in addition to a qualified teacher. Remedial work is given priority during the early years to compensate for time lost in hospital. As the children move through the school the range of subjects will be increased according to ability. At secondary level the aim is to give educational opportunity as near to that in ordinary schools. A number of options are offered so that some students concentrate on courses leading to the Certificate of Secondary Education whilst others take special courses adapted to their particular needs. At this stage it will be possible for some students to benefit from the courses being organised at the new Yarborough High School which is due to open in January 1971 and which shares the same campus as St. Francis School.

The school swimming pool, which should be ready by next term, will be of great benefit to all the children. The water will be heated to a high temperature and it will be used both for hydrotherapy and recreational



swimming. A programme of physical education will be provided to suit the needs of each child, subject to medical recommendations. The range of activities offered will be very wide. The two physiotherapists will provide treatment as recommended by consultants.

The residential accommodation is of a very high standard. A good deal of thought has gone into making the bedrooms and day rooms as homely as possible. Bedrooms have divan beds with matching bedspreads and curtains and small chests of drawers are provided for each child. The largest rooms have five beds, some have four and others three. Some senior young people will be able to have their own study-bedrooms.

There is a resident nurse on duty at all times and a doctor will be on call in cases of emergency. The resident children have been registered with a General Practitioner in the City and Dr. G. C. Franklin, Deputy Principal School Medical Officer, visits the school regularly. Housemothers are assigned to certain children and they see to all their needs. Despite this apparent accent on the medical side it is felt that every effort must be made to avoid the school resembling a hospital as many of the young people at St. Francis will have spent long periods in hospital. The aim is to make the atmosphere in the school as normal as possible and the residential wing as much like home as possible.

The old Open Air School was closed at the end of the summer term, the majority of the pupils being transferred to St. Francis School, and on the 31st December, 1970 there were 58 children in St. Francis School from the following Authorities:

		Boys	Girls	Total
<b>Resident Children</b>	Lincoln	—	1	1
	Lindsey	15	2	17
		—	—	—
		15	3	18
<b>Day Children</b>	Lincoln	20	10	30
	Lindsey	—	2	2
	Kesteven	6	2	8
		—	—	—
		26	14	40
<b>TOTAL</b>		41	17	58
		—	—	—

The medical conditions of the children for whom this type of education was necessary were as follows:

	Lincoln		Lindsey		Kesteven	
	Resident	Day	Resident	Day	Resident	Day
Asthma and/or Bronchitis	—	6	1	—	—	1
Spina Bifida ...	1	4	7	1	—	2
Hydrocephalus ...	—	1	—	—	—	—
Muscular Dystrophy ...	—	—	4	1	—	—
Epileptic ...	—	1	—	—	—	—
Cerebral Palsy ...	—	8	3	1	—	—
Accident ...	—	3	—	—	—	—
Von Perthes ...	—	—	—	—	—	1
Haemophilia ...	—	1	—	—	—	2
Debility ...	—	2	—	—	—	—
Amputation of leg ...	—	1	—	—	—	—
Congenital Heart ...	—	1	1	—	—	—
Ectopia Vesica ...	—	—	—	—	—	1
Fibrocystic disease ...	—	2	—	—	—	—
Congenital deformity ...	—	—	—	—	—	1
	1	30	16	3	—	8



### ST. CHRISTOPHER'S SCHOOL

St. Christopher's, a purpose built school for educationally subnormal children was completed during 1966 and a Diagnostic Unit attached to the school was opened in 1967.

The school was slightly enlarged and some general re-organisation took place in September when an extra classroom was added and two new classes were formed. An additional teacher was appointed to take the newly formed Reception Class intended for children aged 6 and 7 years.

From the beginning of September Mrs. J. Henton, Speech Therapist, visited the school one day each week for therapeutic work and to advise teachers on problems which arise in connection with the children's speech development.

At the end of 1970, there were 147 pupils in St. Christopher's School and Diagnostic Unit as follows:

Lincoln E.S.N. children	..	..	..	..	117
Lindsey E.S.N. children	..	..	..	..	21
Kesteven E.S.N. children	..	..	..	..	9

The Diagnostic Unit is proving to be particularly useful in the assessment of those borderline cases whose future placement is somewhat doubtful. In the past there has been no means of accurately assessing these children, but they can now be admitted to the Unit for an indefinite period for observation and testing. Ten children were in the Unit at the end of 1970.

### NURSERY SCHOOLS

The two nursery schools have been supplemented by nursery classes at four Infants' Schools. The children admitted to the nursery classes have been in the main, children of women who have returned to school teaching.

The average attendances during the year were as follows:

	<i>Average Attendance</i>			
St. Cuthbert's Nursery School	..	..	..	38.8
St. Giles Nursery School	..	..	..	37.9
St. Botolph's Nursery Class	..	..	..	21.5
Ermine Nursery Class	..	..	..	14.7
Hartsholme Nursery Class	..	..	..	21.2
Manor Leas Nursery Class	..	..	..	23.0

All children at Nursery Schools 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

269 children were examined for employment outside school hours as compared with 280 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 1970, 4 children were taught at home and the conditions which necessitated home teaching were as follows:

Orthopaedic	..	..	..	..	3
Tuberculosis	..	..	..	..	1



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

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

81 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 one child of school age during the year. The cause of death was microcephaly.

## **HEALTH EDUCATION**

The Health Education facilities offered to schools during 1970 remained much on the same lines as last year.

Use was made of many visual aids such as films, slides and flannelgraphs. Pupils in the secondary modern schools kept note books and junior school children were also encouraged to make note books, with good results.

A full programme of Health Education is well established in one of the secondary modern schools, and a part-time programme in another secondary modern school. The subjects included in the programme are human biology, care and maintenance of the body, what is needed for health, personal hygiene, sex education, mothercraft, the principles of first aid and home nursing, safety in the home, prevention of accidents, Local Authority and Welfare Services, family and personal relationships and special subjects such as the venereal diseases, family planning and smoking.

Health Education talks continue to be an established part of the time-table in seven of the junior schools in the City and talks are given in one other junior school on sex education. A talk is given every two weeks throughout the school year to the 10 — 11 age group. The subjects of the talks are the human body, the various systems of the body, care and maintenance, simple hygiene, food and a balanced diet, prevention of accidents, simple first aid, smoking and community health.

Before sex education talks are given, Head Teachers inform parents by letter and in one school parents are invited to attend the series of talks on sex education. In two other schools mothers are invited to attend for the talk and film given to the girls on menstruation. In each school several parents accept the invitations. Some parents also have an opportunity at Parent/Teacher meetings to see the slides and films used for the sex education talks.

In the Autumn of 1970 Mrs. C. A. Hanson resigned as Health Education Officer and Miss E. Galgey was appointed, commencing duties in September, but staying only one term and resigning in December, 1970.

Four Health Visitors agreed to carry out the Health Education programme under the guidance of Mrs. C. A. Hanson in the Junior Schools in the areas in which they work. It is hoped that they will continue with this and take over the work of Health Education in their respective schools.

The programme of Health Education in the College of Art continues as a permanent addition to the time-table in the liberal studies section with the hairdressing students. The subjects include venereal disease, family planning, smoking, cancer and services concerned with health.

Requests for talks in other schools on special subjects such as child development, Public Health Services, smoking and venereal diseases are always



fulfilled and advice on subject matter, visual aids and other material is given to teachers at schools on request on any subject connected with health and preventive measures.

Arrangements are also made for visits by senior school girls to the Infant Welfare Clinics and Stork Clubs. Talks were given to trainee nursery nurses at the College of Technology on the work of the Health Visitor, Public Health and venereal diseases.

The Health Education programme in schools is now firmly established and will continue to be expanded wherever possible.

### **REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER**

Once more the service had to operate short of staff, both the Central Dental Clinic and the Ravendale branch being adversely affected and thus unable to carry out the scheduled annual school inspection programme and associated treatment procedures. Altogether 10,154 children have been inspected at schools and clinics this year or approximately 73% of the total school population. 43.6% of the children examined at School were found to require treatment, a decline from last year's figures of 40.8%.

There has been an increase in visits to the clinics as compared with last year and these have mainly been of emergency nature and unnecessary high numbers of deciduous teeth have had to be extracted due to aforementioned reasons. There has been a welcome reduction in failed and cancelled appointments which are down from 1.35 to 1.26 visits per session. Our preventive programmes are being continued and expanded. Over 500 topical fluoride treatments were carried out in connection with prophylaxis, mainly directed at At-Risk patients. It is to be hoped that water fluoridation will at last become a reality so as to prevent such a lot of unnecessary suffering among the children and to promote the psychological and physical make up associated with a good dentition.

The modernisation programme embarked upon in 1969 has provided the Central Dental Clinic with two surgeries providing the most recent approach to sterilization, and ergonomics in dental practice, and work is in hand to bring the Ravendale Clinic up to the same high standard. It is to be hoped that these efforts will pay dividends in the form of stability within the establishment and also popularise the service with the patients and parents alike.

The staffing situation improved towards the end of the year. A Dental Auxilliary was appointed and started in post September 1st, 1970. The vacant post for a full-time Dental Officer at Ravendale was filled at the close of 1970 and full-time operation is to commence February 1st, 1971, thus the service is entering the New Year with the best prospects of catching up on lost ground.

I would like to thank my staff for their dedication and loyal support and also the Health and Education Departments for help and advice over the year.

G. A. VEGA,  
*Principal School Dental Officer.*

### **DENTAL HEALTH EDUCATION**

A total of 363 sessions have been spent visiting schools, during this year. Visits were made to both Infant and Junior schools and individual class talks were given and the children participated in many cases by doing Dental Health Posters for display.

During May an exhibition was held at the Annual Youth Show. Manu-



facturers of toothpaste, toothbrushes and Dental Health propaganda gave their support. The theme for the exhibition was Formation, Growth and Care or Neglect. This covered development of tooth structures and importance of diet. Slides and various models were used to illustrate these points. The City's Dental Nurses who were on duty to answer any questions from the public proved to be of great value.

Also during this period individual class talks were commenced in Primary and Secondary Schools on the development, care and importance of a healthy dentition, with the aid of slides. In many schools, including Infant, a follow up has been done by using slides, on the Care and Health of the Mouth. Toothbrushes were distributed to many Infant and Junior Schools; this proved to be most successful.

In the last year much ground has been covered which would have been impossible without the help and co-operation of Head-Teachers, their staff, also the Health Visitors and Dental Nurses.

### Summary of Dental Inspections and Treatment carried out during 1970

Inspections	1970	1969
First inspection at school (No. of pupils) .. ..	8735	10066
No. found to require treatment .. ..	3807	4112
Percentage requiring treatment .. ..	43.6%	40.8%
Percentage referred for treatment .. ..	90.5%	87.1%
Percentage accepted treatment .. ..	45.8%	49.3%
<b>Sessions</b>		
Sessions devoted to treatment .. ..	1198	1389
Sessions devoted to inspection .. ..	65	76
Sessions devoted to Dental Health Education ..	363	400
<b>Attendances and Treatment</b>		
First visit .. ..	2987	2782
Subsequent visits .. ..	3980	4136
Total visits .. ..	6967	6918
Additional courses of treatment .. ..	129	148
Fillings in permanent teeth .. ..	4936	5736
Fillings in deciduous teeth .. ..	1938	2252
Permanent teeth filled .. ..	4091	4825
Deciduous teeth filled .. ..	1670	2008
Permanent teeth extracted .. ..	651	526
Deciduous teeth extracted .. ..	1927	1627
General anaesthetics .. ..	535	458
Emergencies .. ..	857	804
No. of patients X-rayed .. ..	430	377
Prophylaxis .. ..	762	727
Topical fluoride .. ..	500	302
Teeth otherwise conserved .. ..	809	1086
No. of teeth root filled .. ..	28	14
Inlays .. ..	4	3
Crowns .. ..	41	19
Orthodontic extractions .. ..	524	533
Courses of treatment completed .. ..	2551	2787
Failed and cancelled appointments .. ..	1408	1869
	(1.26 per session)	(1.35 per session)



**Attendance and Treatment—continued**

1970

1969

**Orthodontics**

Cases remaining from previous year	.. ..	32	23
New cases	.. ..	70	82
Cases completed	.. ..	69	62
Cases discontinued	.. ..	4	11
No. of removable appliances	.. ..	78	88
No. of fixed appliances	.. ..	11	4
No. referred to hospital consultant	.. ..	8	23

**Prosthetics**

Pupils supplied with F.U. or F.L. (first time)	..	3	1
Pupils supplied with other dentures (first time)	..	24	15
No. of dentures supplied	.. ..	29	21
Anaesthetics administered by Dental Officers	..	2	1

**CHILD GUIDANCE UNIT REPORT**

I am indebted to Dr. J. S. Edmondson for the following report on the work of the Child Guidance Clinic during 1970.

"During the past year at the Child Guidance Clinic saw the appointment of the second Educational Psychologist in the person of Miss W. Stephenson. The effects of this are already proving to be extremely beneficial; now it is possible for schools to be visited more often and possible problems of an educational nature to be discovered at an early stage, so that the possibility of putting education on a firm scientific basis is progressing. Mrs. J. West joined us as a part-time Social Worker in the Autumn. Finally the Clinic has also seen a complete change in the secretarial staff during the past year.

As far as the work of the Consultant in Child Psychiatry is concerned, a comparable number of referrals from last year was seen constituting a total number of 75 new cases and an overall total of 424 attendances. A larger proportion of problems represented behaviour disorders in childhood, although many of these were not of such a severe kind. There were, however, also a large number of cases of psychoneurosis referred to the Clinic and some of these presented a school attendance problem though a large majority could be fairly easily managed.

Quite a proportion of the referrals falling into the psychoneurotic category were instances of depression in childhood now that this diagnostic group is becoming more clearly recognised and defined. Many of these cases present either in the form of school phobia or incipient school phobia and otherwise difficulty or delay in making educational progress, irritability, temper tantrums, behaviour disorders and sleeplessness, and also a regressive clinging attachment to the parents. In most cases these disorders come on fairly abruptly, sometimes following a traumatic event, like a bereavement or breakdown in the family unit, but often rather more insidiously and then the diagnosis is often overlooked.

I have indicated in earlier reports we are still lacking in adequate facilities for the management of children with severe behaviour disorders and although some headway has been made in the provision of facilities for senior maladjusted boys, it is still apparent that these are inadequate, and we are grossly lacking in adequate facilities for maladjusted girls and maladjusted boys for the I.Q. range 60 — 85, that is a very dull secondary modern range

and in the high grade E.S.N. group. Provision would also need to be made for a small number of junior maladjusted boys and girls.

The chief effects of a lack of adequate facilities is that adequate help is often postponed far too long and the child is allowed to become a severe problem before any action is taken. What is clearly necessary is that a diagnosis should be made early and treatment instituted almost immediately. This, in the end may reduce the need for long-term residential management, by achieving the desired effect in a shorter period at an earlier stage in the disturbance.

The total effect of all of this is that in some ways these problems are thrown back on the Children's Department who are not equipped to handle problems of serious maladjustment and in any case, the result is often to provide the child some kind of help in a children's home, and subjects the local schools nearby with an increasing disturbance during school hours, and strictly from a therapeutic point of view this provision of two disconnected environments is not helpful, and the child can quite easily play one environment off against the other if not consciously yet at a psychological level.

You may at this stage be interested in some kind of assessment of the total effect of such provisions as are available. It is clear at this stage that a provision of a school for senior maladjusted boys has, to some extent, taken the edge off the maladjustment problem, and has in a very large measure proved extremely successful, only a very small percentage of children continuing into adult life in a severe state of maladjustment. Adequate services are not yet available for many of these children after their discharge from schools at the age of 16+, and yet many of them begin to make an adjustment to an adult life in a far more effective way than initially would have been expected. When it is remembered that many of these children were extremely disturbed on admission, it is quickly appreciated that the provision of schools of this kind is not only very worthwhile from the point of the emotional needs of the child, but it is also a great advantage for the community as a whole.





