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CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDED 31st DECEMBER, 1971

*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, 1971

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,
Alderman 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 1971.

The Registrar-General's Estimate of the population of the City in 1971 was 74,090, the third consecutive year in which there has been a slight decrease. The number of live births (1,170) however, was 17 more than in 1970, giving a Birth Rate per 1,000 of 16.3 compared with the rate of 16.0 for England and Wales. Last year, I reported a decrease in the number of illegitimate births (111) but in 1971 there were 148 giving an illegitimate live birth rate per cent of total live births of 13 which is considerably higher than the rate for England and Wales which was 8.

The harmful physical, psychological, social and educational consequences of illegitimacy are well recognised. It is known that only one third of all illegitimate births are to women under the age of 20. It is, therefore, a matter for concern that nationally the number of illegitimate births has steadily increased in the past decade by 20% and Lincoln figures have been in keeping with this trend.

The number of domiciliary confinements continued to decline and in 1971 only 119 women had their babies at home compared with 415 five years ago. Whilst appreciating that the majority of women now prefer to have their confinements in hospital, rather than at home, I feel that they also prefer to be discharged home as soon as possible and would point out that whilst the average length of stay in Maternity Hospitals in the Sheffield Region is 6.5 days, the average length of stay in the Lincoln Maternity Unit and Gainsborough Hospital is 9.7 days.

In my report for 1970, I recorded most of what I had to say about the urgent need for family planning and the establishment of a national policy for the stabilization of the country's population. I will not repeat what I said then but I feel it is worth while mentioning that in the past year the number of people who are now acutely concerned about the prospects before us in this overcrowded island has increased remarkably.

If the excess number of births over deaths continues as at present the future appears bleak and at the time of writing there are nearly one million people unemployed during a time of rampant inflation. This is a combination of factors which is unprecedented and augurs ill for the future.

One of the most important events of the year in the Health Department's Calendar was the opening of the Boultham Park Health Centre in June. This Centre, near the entrance to Boultham Park, is in a most attractive setting. It provides consulting rooms for three General Practitioners in partnership and for a full range of Local Health Authority Services. The City has three purpose-built clinic premises (Ravendale, Birchwood and Boultham) and the most urgent need now is the replacement of the Maternity and Child Welfare Centre at Newland by a modern Health Centre. The City Council and the Executive Council have approved this project in principle and it is hoped that the building of this large Centre will commence in 1973.

A further expansion of the Infant Welfare Clinic service was realised in November when arrangements were completed for the holding of a weekly

session at the Bracebridge Community Centre. This additional session was felt to be necessary in order to relieve the crowded clinics held at St. Catherine's and Swallowbeck. The total attendances at the Infant Welfare Clinics increased to 25,543 in 1971, compared with 24,814 in the previous year. There has also been a considerable increase in the number of pre-school children inspected at the Local Authority's Dental Clinics; 807 visits were made by children under 5 years compared with 582 in 1970 and it is pleasing to report that out of 418 children inspected only 287 required treatment. Continued efforts must be made to urge parents to introduce their children to the Dental Service at an early age.

On 23rd September, following a period of testing, fluoride was added to the City's water supply, and at the end of the year the level of fluoride averaged 0.6 parts per million. Additional fluoridation equipment is to be installed during 1972, when the fluoride level will be increased to 1.0 part per million. Evidence is now being published from various parts in the Country of the reduction in dental caries which has resulted since the introduction of a fluoridated water supply and it is gratifying to report that this health measure is now benefitting the residents of Lincoln.

There was an increase during the year in the number of cases attended by the Home Nurses and the number of visits paid by them. This is, no doubt, due to the fact that patients are now being discharged earlier from hospital, to the care of the community nursing service. The opening of the Boultham Park Health Centre also resulted in an increase in the work undertaken by the District Nursing Service, 177 patients being treated there during the period June to December.

In July, the Joint Committee on Vaccination and Immunisation issued their recommendation that vaccination against smallpox need not now be recommended as a routine procedure in early childhood. This recommendation was possible due to the remarkable progress made by the World Health Organisation in the smallpox eradication programme.

It is hoped that one of the historic scourges of the world will have been entirely eliminated within a few years as a result of co-ordinated international action such as could only have been achieved by a World Health Organisation. The process is not yet complete, however, and continued efforts during the next few years are imperative. It is still recommended that travellers to and from areas of the World where smallpox is endemic or countries where eradication programmes are in progress should be protected by recent vaccination.

Health Departments were established in the 19th Century to deal mainly with Infectious Diseases which now take up a relatively small part of the time of the Health Department Officers. The great decline in the incidence of infectious diseases is very largely due to public health measures such as the provision of a pure water supply, the abolition of slum property with rehousing and the consequent reduction in overcrowding, the vaccination and immunisation programme and the provision of an adequate supply of safe, dried milk for infants. During the past ten years there has been a steady decrease in the number of cases of tuberculosis notified — from 47 cases in 1962 to 3 in 1970. However, in 1971, there were 17 cases notified. There were also 673 cases of measles notified, 95% of which would probably have been avoided had the children been vaccinated. A continuing effort to immunize all susceptible children is necessary if the goal of measles eradication is to be reached. It is particularly important to vaccinate them before they encounter other susceptible children in play-groups, day nurseries, etc.

In my Report for 1970, mention was made that the Radio Equipment of the Ambulance Service was ten years old, was developing frequent faults and needed renewal. However, it was known that consultations were taking place between the Department of Health and Social Security and the Ministry of Posts and Telecommunications on the possibility of a rationalised frequency plan to facilitate operational co-operation between adjoining services, and the ordering of new equipment for the Lincoln Ambulance Service was postponed until various points had been clarified. New equipment was finally ordered in September, 1971 and delivered in March, 1972. This equipment on the 12.5 kc/s channel spacing and on the high band channel will be entirely suitable for the new national network.

In November, 1971, a report was submitted to the Medical Sub-Committee of the Health and Safety Committee by the Ambulance Officer stating that in view of the increased calls upon the Service, and the training scheme now to be put into operation for ambulance personnel, it was essential that there should be an increase in the establishment of vehicles and drivers. The recommendations were accepted by the Committee and it is hoped that they will be implemented in 1972.

The appearance in May, 1971 of the "Consultative Document on National Health Service Re-organisation" was the first step towards fulfilling the Government's intention to re-organize the National Health Service from 1st April, 1974.

*Two long-serving members of the staff retired during the year — Mrs. N. Smith, District Nurse, and Mr. H. Leeming, Deputy Ambulance Officer. 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 my appreciation of the support given to me by the Chairman of the Health and Safety Committee, Councillor F. T. Allen.

R. D. HAIGH,
Medical Officer of Health.

City Health Department,
Beaumont Fee,
LINCOLN.

September, 1972.

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HEALTH AND SAFETY COMMITTEE, 1971 (as at 31st December)

THE RIGHT WORSHIPFUL THE MAYOR
ALDERMAN FRED BLACKBOURN

Chairman: COUNCILLOR F. T. ALLEN

Council Members: Alderman W. Pixsley
Councillor Mrs. N. Baldock
Councillor Miss J. Bennett
Councillor C. R. Ireland
Councillor J. Plant
Councillor Mrs. S. J. Townend
Councillor J. T. Ward
Councillor Mrs. C. Wilkinson

Prosecution Sub-Committee

Chairman: COUNCILLOR F. T. ALLEN
Alderman W. Pixsley
Councillor Mrs. N. Baldock
Councillor Mrs. S. J. Townend
Councillor Mrs. C. Wilkinson

STAFF OF THE CITY HEALTH DEPARTMENT, 1971

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.

Medical Officers:

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

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

SADIE S. McILROY, M.B., B.CH., B.A.O. (part-time) (from 1.4.71)

Principal School Dental Officer:

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

School Dental Officers:

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

MISS J. GREETHAM, B.D.S. (from 1st February)

Dental Auxiliary:

MISS M. D. BESWICK

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., SMOKE INSPECTOR'S CERT.

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 (to 31st August)

B. F. SPALDING (to 5th September)

M. I. SMITH

R. CURTIS (from 21st September)

Chief Nursing Officer:

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

Nursing Officer:

MRS. M. L. DIMBLEBY, S.R.N., S.C.M., H.V. (CERT.).

Health Visitors:

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) (to 21st May)
 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.) (to 5th September)
 MRS. E. F. I. LEGG, S.R.N., S.C.M., H.V. (CERT.)
 MRS. L. A. LEE, S.R.N., S.C.M., H.V. (CERT.)
 MISS P. C. MITCHELL, S.R.N., S.C.M., H.V. (CERT.)
 MRS. M. AARON, S.R.N., S.C.M., H.V. (CERT.) (from 20th September)

Student Health Visitor:

MISS M. FENTON, S.R.N., S.C.M. (from 1st October)

Health Education Officer:

MISS M. CARTER, M.G.H.E.

*Nursing Officer and**Non-Medical Supervisor of Midwives:*

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

District Midwives:

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.
 MRS. M. LENNON, S.R.N., S.C.M., Q.I.D.N. (from 5th September)

District Nurses:

MRS. J. SHIELDS, S.R.N., Q.I.D.N.
 MRS. M. COLE, S.R.N., Q.I.D.N.
 MISS L. M. DAWSON, S.R.N., S.C.M.
 MRS. K. DREWERY, S.R.N., Q.I.D.N.
 MISS J. GRIFFITH, S.R.N., Q.I.D.N.
 MRS. A. HOWLETT, S.R.N., Q.I.D.N.
 MRS. N. SMITH, S.R.N., S.C.M., Q.I.D.N. (retired 31st December)
 MRS. N. TOYNE, S.R.N., Q.I.D.N.
 MRS. F. WALMSLEY, S.R.N., Q.I.D.N.
 MRS. V. E. WARD, S.R.N., N.D.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.

Clinic Nurse:

MRS. C. A. SYMONS, S.R.N. (from 4th January)

Chiropodists:

R. W. SAVAGE, S.R.CH., M.CH.S.
 F. T. SMITH, S.R.CH., M.CH.S.
 MRS. D. A. WELLS, S.R.CH. (part-time) (to 31st August)
 MRS. A. D. BROWN, M.CH.S. (part-time)
 E. MCKENZIE-DAVIE, S.R.CH., S.R.M.N. (from 1st September)

Ambulance Service:

Ambulance Officer	V. R. NORTH, F.I.A.O.
Deputy Ambulance Officer	H. LEEMING (retired 29th January)
	J. T. HEALD (from 15th February)
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)

Pests Officer:

A. H. WALKER

Assistant Pests Officers:

R. WOOLFITT R. D. HIGGINS

Dental Surgery Assistants:

MISS S. M. ASKEW
 MRS. V. PORTERGILL (to 30th April, 1971)
 MISS J. SALTER (to 31st January, 1971)
 MISS S. M. CARTWRIGHT (from 11th May)
 MISS A. RICHARDSON (from 11th January)
 MISS J. SMITH (from 1st February)

Dental Health Education Officer:

MISS M. F. BRADLEY

Lay Administrative Assistant:

MISS M. A. BOYNTON

Clerks:

A. C. TAYLOR
 N. F. MCLEOD
 MRS. C. M. DENNY (to 30th June)
 MRS. R. M. DONINGTON (from 31st August)
 MISS S. M. JOHNSON
 MISS E. KETTLEBORO
 MRS. E. PICKWELL
 MRS. J. BUSH
 MRS. J. PRIESTLEY (part-time)
 MRS. E. GROCOCK (part-time clinic clerk)
 MRS. J. K. MCLEOD (part-time clinic clerk)
 MISS K. PAUL
 MISS J. H. HOWARD
 MISS C. NEWCOMBE (to 12th September)
 MISS A. HOLBORROW
 MISS L. MCALPINE (from 31st August)
 J. P. HUTCHINSON (from 6th September)
 MRS. A. F. GALLOWAY (Dental Clinic Clerk) (from 1st January)

STATISTICAL INFORMATION

GENERAL STATISTICS

Area of City in acres	..	..	..	..	..	8,825
Number of dwelling houses, 1st April, 1971	..	..	..	..	..	26,564
Rateable Value, 1st April, 1971	..	..	..	..	..	£2,941,629
New Penny rate in the £	..	..	..	..	..	£28,772

VITAL STATISTICS

Population (estimate mid-year, 1971)	..	..	..	..	74,090
Live Births:—					
Number	..	..	..	..	1,170
Rate per 1,000 population	..	..	..	..	16.3
Illegitimate Live Births	..	..	..	..	148
Illegitimate Live Births — per cent of total live births	..	..	..	..	13.0
Still Births:—					
Number	..	..	..	..	14
Rate per 1,000 total live and still births	..	..	..	..	12
Total Live and Still Births	..	..	..	..	1,184
Infant Deaths (deaths under 1 year)	..	..	..	..	26
Infant Mortality Rates:—					
Total infant deaths per 1,000 total live births	..	..	..	..	22.0
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	..	20.0
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	41.0
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	..	..	..	..	13.0
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	..	..	..	..	12.0
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births)	..	..	..	..	24.0
Maternity Mortality (including abortion):—					
Number of deaths	..	..	..	..	1
Rate per 1,000 total live and still births	..	..	..	..	0.84
Net Deaths	..	..	..	..	953
Death Rate per 1,000 population	..	..	..	..	12.9
Tuberculosis Mortality Rate, per 1,000 population	..	..	..	..	0.05
Cancer Mortality Rate, per 1,000 population	..	..	..	..	2.63
Area Comparability Factors: Births 1.03 Deaths 1.00					

COMPARISON OF CERTAIN VITAL STATISTICS WITH RATES FOR ENGLAND AND WALES

	Lincoln	England and Wales
Live Birth Rate	16.3	16.0
Still Birth Rate	12.0	12.0
Illegitimate Live Birth Rate per cent of total Live Births	13.0	8.0
Maternal Mortality Rate	0.84	0.17
Infant Mortality Rate	22.0	18.0
Neo-natal Mortality Rate	13.0	12.0
Perinatal Mortality Rate	24.0	22.0
Death Rate	12.9	11.6
Tuberculosis Mortality Rate	0.05	0.03
Cancer Mortality Rate	2.63	2.39

COMPARATIVE TABLE—LAST FIVE YEARS

	1967	1968	1969	1970	1971
Population	77,150	75,720	75,570	74,760	74,090
Net Live Births	1,274	1,243	1,206	1,153	1,170
Still Births	28	20	17	15	14
Illegitimate Birth Rate ...	10.67	12.06	11.9	10.0	13.0
Net Deaths	927	936	914	907	953
Live Birth Rate	17.01	16.91	16.0	15.9	16.3
Still Birth Rate	21.50	15.83	13.9	13.0	12.0
Infant Deaths	39	15	30	20	26
Infant Mortality Rate ...	30.6	12.06	24.9	17.0	22.0
Neo-natal Mortality Rate ...	20.41	8.05	14.1	8.0	13.0
Maternal Mortality Rate ...	0.00	0.79	0.0	0.86	0.84
Death Rate	12.14	12.36	12.1	12.1	12.9
Tuberculosis Mortality Rate	0.04	0.05	0.0	0.01	0.05
Cancer Mortality Rate ...	2.36	2.16	2.2	2.65	2.63

Births

There were 1,170 live births during the year, 602 males and 568 females. The number of still births was 14 and the number of illegitimate live births was 148.

Deaths

There were 953 deaths (467 males and 486 females) giving an adjusted death rate of 12.9 per 1,000 population. The ages and causes of death are given in the following tables:

DEATHS IN AGE GROUPS, 1971

		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	...	12	4	1	1	4	5	4	37	86	131	182	467
Females	...	3	7	2	1	1	1	7	23	54	107	280	486
Totals	...	15	11	3	2	5	6	11	60	140	238	462	953

The following table shows the causes of death most common in 1971:—

Malignant neoplasm

Lung and bronchus	..	..	..	..	50
Intestine	..	..	..	..	25
Breast	..	..	..	..	33
Other malignant neoplasms	..	..	..	..	79
Cerebrovascular disease	..	..	..	..	129
Ischaemic heart disease	..	..	..	..	286
Other forms of heart disease	..	..	..	..	52
Pneumonia	..	..	..	..	61
Bronchitis and Emphysema	..	..	..	..	35

SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1971

Cause of Death	Sex	Total all ages	4 wks under 4 wks		Age in Years										75 & over
			1 yr	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75				
Tuberculosis of Respiratory System	M	2	-	-	-	-	-	-	-	-	-	2	-		
	F	1	-	-	-	-	-	-	-	1	-	-	-		
Late effects of Respiratory T.B.	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	1	-	-	-		
Measles	M	1	-	-	-	1	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant Neoplasm: Buccal Cavity etc.	M	2	-	-	-	-	-	-	-	-	-	-	2		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Oesophagus	M	3	-	-	-	-	-	-	-	-	-	1	2		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
Stomach	M	7	-	-	-	-	-	-	-	-	1	4	2		
	F	7	-	-	-	-	-	-	-	1	1	1	4		
Intestine	M	9	-	-	-	-	-	1	-	-	2	3	3		
	F	16	-	-	-	-	-	-	-	1	3	6	6		
Larynx	M	1	-	-	-	-	-	-	-	-	-	1	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Lung, Bronchus... ..	M	43	-	-	-	-	-	-	-	5	13	15	10		
	F	7	-	-	-	-	-	-	1	1	1	2	2		
Breast	M	1	-	-	-	-	-	-	-	-	1	-	-		
	F	32	-	-	-	-	-	-	2	5	6	9	10		
Uterus	F	11	-	-	-	-	1	-	2	3	4	1	-		
	M	3	-	-	-	-	-	-	-	-	1	1	1		
Leukaemia	M	4	-	-	-	-	-	-	-	1	1	1	1		
	F	4	-	-	-	-	-	-	1	-	1	-	2		
Other Malignant Neoplasms, etc.	M	14	-	-	-	-	-	-	-	1	2	4	7		
	F	30	-	-	-	1	-	-	1	2	6	8	12		
Benign and Unspecified Neoplasms	M	4	-	-	-	-	1	-	1	-	1	1	-		
	F	2	-	1	-	-	-	-	-	-	1	-	-		
Diabetes Mellitus	M	3	-	-	-	-	-	-	-	-	-	2	1		
	F	7	-	-	-	-	-	-	-	-	1	2	4		
Other Endocrine, etc. Diseases	M	1	-	-	-	-	-	-	-	-	-	-	1		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Anaemias	M	6	-	-	-	-	-	-	-	-	2	-	4		
	F	2	-	-	-	-	-	-	-	-	1	-	1		
Mental Disorders	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
Multiple Sclerosis	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	1	-		
Other Diseases of Nervous System, Etc.	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	3	-	-	-	-	-	-	-	2	-	1	-		
Chronic Rheumatic Heart Disease	M	5	-	-	-	-	-	-	-	2	-	3	-		
	F	3	-	-	-	-	-	-	-	-	2	1	-		
Hypertensive Disease	M	3	-	-	-	-	-	-	-	1	-	-	2		
	F	9	-	-	-	-	-	-	-	-	1	2	6		
Ischaemic Heart Disease	M	162	-	-	-	-	1	3	19	40	45	54	-		
	F	124	-	-	-	-	-	-	1	11	24	88	-		
Other Forms of Heart Disease	M	23	-	-	-	-	-	-	-	-	1	8	14		
	F	29	-	-	-	-	-	-	-	-	3	5	21		
Cerebrovascular Disease	M	45	-	-	-	-	-	-	-	-	7	16	22		
	F	84	-	-	-	-	-	-	1	3	4	23	53		
Other Diseases of Circulatory System	M	16	-	-	-	-	-	-	-	1	3	4	8		
	F	28	-	-	-	-	-	-	-	1	4	8	15		
Sub-Total	M	358	-	-	-	1	-	3	3	31	74	111	135		
	F	403	-	1	-	1	-	1	6	21	49	97	227		

SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1971

Cause of Death	Sex	4 wks			Age in Years										
		Total all ages	Under 4 wks	and under 1 yr	1-	5-	15-	25-	35-	45-	55-	65-	75 or over		
Influenza	M	1	-	-	-	-	-	-	-	-	-	-	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Pneumonia	M	31	2	3	-	-	-	-	-	-	4	5	17		
	F	30	-	4	-	-	-	-	-	-	-	3	23		
Bronchitis and Emphysema	M	24	-	-	-	-	-	-	-	1	1	10	1		
	F	11	-	-	-	-	-	-	-	1	-	2	8		
Other Diseases of Respiratory System	M	3	-	-	-	-	-	-	-	-	-	-	3		
	F	4	-	1	-	-	-	-	-	-	-	1	2		
Peptic Ulcer	M	2	-	-	-	-	-	-	-	1	-	-	1		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Intestinal Obstruction and Hernia	M	4	-	-	-	-	-	-	-	-	2	-	2		
	F	3	-	-	-	-	-	-	-	-	-	-	3		
Cirrhosis of Liver ...	M	1	-	-	-	-	-	-	-	-	-	1	-		
	F	4	-	-	-	-	-	-	-	-	-	1	3		
Other Diseases of Digestive System	M	2	-	-	-	-	-	-	-	-	1	-	1		
	F	6	-	-	-	-	-	-	-	-	2	1	3		
Nephritis and Nephrosis ...	M	7	-	-	-	-	1	-	-	-	2	1	3		
	F	3	-	-	-	-	-	-	-	-	-	1	2		
Hyperplasia of Prostate ...	M	3	-	-	-	-	-	-	-	-	-	-	3		
Other Diseases, Genito-Urinary System ...	M	4	-	-	-	-	-	-	-	-	1	-	3		
	F	2	-	-	-	-	-	-	-	-	-	-	2		
Abortion	F	1	-	-	-	-	1	-	-	-	-	-	-		
Diseases of Skin, Subcutaneous Tissue	M	2	-	-	-	-	-	-	-	-	1	1	-		
	F	1	-	-	-	-	-	-	1	-	-	-	-		
Diseases of Musculo-Skeletal System ...	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	1	-	-		
Congenital Abnormalities	M	4	2	1	1	-	-	-	-	-	-	-	-		
	F	2	-	1	1	-	-	-	-	-	-	-	-		
Birth Injury, Difficult Labour, Etc. ...	M	5	5	-	-	-	-	-	-	-	-	-	-		
	F	1	1	-	-	-	-	-	-	-	-	-	-		
Other Causes of Perinatal Mortality	M	3	3	-	-	-	-	-	-	-	-	-	-		
	F	2	2	-	-	-	-	-	-	-	-	-	-		
Symptoms and ill-defined Conditions	M	1	-	-	-	-	-	-	-	-	-	-	1		
	F	4	-	-	-	-	-	-	-	-	-	-	4		
Motor Vehicle Accidents ...	M	5	-	-	-	-	3	1	-	1	-	-	-		
	F	5	-	-	1	-	-	-	-	1	-	-	3		
All Other Accidents ...	M	2	-	-	-	-	-	-	1	-	-	1	-		
	F	2	-	-	-	-	-	-	-	-	1	1	-		
Suicide and Self-inflicted Injuries	M	5	-	-	-	-	-	1	-	3	-	1	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
All Other External Causes	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	1	-	-		
Total All Causes ...	M	467	12	4	1	1	4	5	4	37	86	131	182		
	F	486	3	7	2	1	1	1	7	23	54	107	280		
			953	15	11	3	2	5	6	11	60	140	238	462	

DEATHS FROM CANCER

There were 195 deaths from cancer during the year (shown in the table below) compared with 198 during 1970. It will be noted that there were 50 deaths from cancer of the lung, which represents 5.2% of the total deaths. Of these 50 deaths, 43 were males and 7 females.

Cancer of the lung mainly affects those in the age group 45 to 75 years and the figures show that it was seven times more common in males than in females and 25.6% of the total cancer deaths were due to cancer of the lung and bronchus during 1971.

The following is an extract from the Report of the Twenty-Third World Health Assembly on "Smoking and Health":—

"Lung cancer is uncommon among non-smokers. The evidence that cigarette smoking greatly increases the incidence of lung cancer is now irrefutable. It can therefore be forecast that, if cigarette smoking were to stop or if cigarettes free from the risk of cancer were to be produced, the world-wide epidemic of a disease that at present kills hundreds of thousands of smokers every year would be arrested and begin to recede."

CANCER DEATHS, 1971

<i>Cause of Death</i>	<i>Sex</i>	<i>Under 1 yr.</i>	<i>1-</i>	<i>5-</i>	<i>Age in Years</i>								<i>75 & over</i>	<i>Total</i>
					15-	25-	35-	45-	55-	65-				
MALIGNANT NEOPLASM OF														
Buccal cavity, etc.	Males	-	-	-	-	-	-	-	-	-	2	2	}	2
	Females	-	-	-	-	-	-	-	-	-	-	-		
Oesophagus	Males	-	-	-	-	-	-	-	-	1	2	3	}	4
	Females	-	-	-	-	-	-	-	-	-	1	1		
Stomach	Males	-	-	-	-	-	-	-	1	4	2	7	}	14
	Females	-	-	-	-	-	-	1	1	1	4	7		
Intestine	Males	-	-	-	-	1	-	-	2	3	3	9	}	25
	Females	-	-	-	-	-	-	1	3	6	6	16		
Larynx	Males	-	-	-	-	-	-	-	-	1	-	1	}	1
	Females	-	-	-	-	-	-	-	-	-	-	-		
Lung, Bronchus	Males	-	-	-	-	-	-	5	13	15	10	43	}	50
	Females	-	-	-	-	-	1	1	1	2	2	7		
Breast	Males	-	-	-	-	-	-	-	1	-	-	1	}	33
	Females	-	-	-	-	-	2	5	6	9	10	32		
Uterus	Females	-	-	-	-	1	-	2	3	4	1	11		11
Prostate	Males	-	-	-	-	-	-	-	1	1	1	3		3
LEUKAEMIA	Males	-	-	-	-	-	-	1	1	1	1	4	}	8
	Females	-	-	-	-	-	1	-	1	-	2	4		
OTHER MALIGNANT NEOPLASMS														
	Males	-	-	-	-	-	-	1	2	4	7	14	}	44
	Females	-	-	1	-	-	1	2	6	8	12	30		
Totals	Males	-	-	-	-	1	-	7	21	30	28	87	}	195
	Females	-	-	1	-	1	5	12	21	30	38	108		

Infant Mortality

There were 26 deaths under 1 year, giving an infant mortality rate of 22 per 1,000 live births, compared with a rate of 18 for England and Wales. 14 infants died within the first week of life and 1 died within the 2nd and 4th week of life.

The following table shows the ages and cause of death:

CAUSE OF DEATH	Under			Total under 4 wks					Total under 12 mths
	1 wk	1-2 wks	3-4 wks		1-3 mths	4-6 mths	7-9 mths	10-12 mths	
Congenital Anomalies	1	1	-	2	2	-	-	-	4
Pneumonia	1	-	-	1	3	3	1	-	8
Bronchitis	-	-	-	-	-	-	1	-	1
Birth Injury, Difficult Labour, etc.	4	-	-	4	-	-	-	-	4
Rhesus Incompatibility	1	-	-	1	-	-	-	-	1
Cerebral Haemorrhage with Prematurity	2	-	-	2	-	-	-	-	2
Prematurity	5	-	-	5	-	-	-	-	5
Cerebral Tumour	-	-	-	-	-	-	1	-	1
TOTAL	14	1	-	15	5	3	3	-	26

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 1971, there were 14 still births and 14 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 24. The rate for 1970 was 19. The rate for England and Wales in 1971 was 22.

Suicide

During 1971, there were 5 deaths (all males) due to suicide and the causes of death are given in the table below. The number of suicides in the previous year was 4 (3 male and 1 female).

CAUSE OF DEATH	AGE AND SEX								Total
	15—24		25—44		45—64		65 & over		
	M.	F.	M.	F.	M.	F.	M.	F.	
Drowning	-	-	-	-	1	-	1	-	2
Bullet Wound of brain	-	-	-	-	1	-	-	-	1
Carbon Monoxide Poisoning	-	-	1	-	-	-	-	-	1
Hanging	-	-	-	-	1	-	-	-	1
TOTAL ...	-	-	1	-	3	-	1	-	5

Cremations

The Crematorium in Washingborough Road was completed in November, 1968 and during 1971, there were 907 cremations compared with 849 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, Health Centres

The average attendance per session (34.1) at the Infant Welfare Clinics during 1971 was slightly higher than in the previous year (30.0) and there was a slight increase in the total number of attendances — 25,543 compared with 24,814 in 1970.

The highest average attendances at any clinic session during the year were at Swallowbeck Church Hall and St. Catherine's Church Hall, 55.5 and 55.1 respectively and the need for an additional clinic session in these areas was realised. As from 3rd November, therefore, arrangements were made to hold a weekly infant welfare clinic at the Bracebridge Community Centre (by arrangement with the Education Department) and as this Centre is located mid-way between the Swallowbeck and St. Catherine's Church Halls, it is hoped that it will prove to be convenient, particularly to young mothers now moving into the Brant Road 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.
Health Centre, Boultham Park	Monday	2—4 p.m.
	Thursday	10—12 noon (by appointment)
	Friday	2—4 p.m.
Methodist Church Hall, Swallowbeck	Tuesday	2—4 p.m.
Methodist Church Hall, St. Catherine's	Monday	2—4 p.m.
Birchwood Health Centre	Tuesday	2—4 p.m.
	Thursday	2—4 p.m.
	Wednesday	10—12 noon (by appointment)
Bracebridge Community Centre	Wednesday	2—4 p.m.

Boultham Park Health Centre

In my report for 1963, mention was made of the need for a purpose-built Clinic in the Skellingthorpe Road/Boultham Park area and in June 1971 this need was finally met by the opening of a Health Centre in Boultham Park. The agreed cost limit for the building was £27,750 and the furniture and moveable fittings £1,500.

This Centre (a single storied building) provides consulting rooms for three General Practitioners in partnership and for Local Health Authority Services including infant welfare, ante-natal, family planning and chiropody clinics. Two Health Visitors (one of whom is part-time), two District Nurses and two District Midwives are based on the Centre and work with the General Practitioners as a community health team. At the end of the year, one of the three Chiropodists employed in the Health Department was devoting 6 sessions per week to the treatment of patients at the Health Centre.

In addition to these services, the Centre is also used for weekly meetings of "The Stork Club" and for meetings of the Swanpool Mothers' Club (two evenings per month).

The General Practitioners see patients, by appointment, employ their own Receptionists and Secretary and it is usual for at least one doctor to be on duty at the Centre from 9-00 a.m. to 6-00 p.m. and also on Saturday mornings.

The final design and plan of the Centre (by the staff of the Department of the Director of Planning and Architecture) was reached after many consultations with the General Practitioners and Health Department staff and appears to be very satisfactory. One problem that has arisen, however, is that of noise, particularly when infant welfare clinics are being held, and this problem must receive priority consideration when the building of other Centres is contemplated.

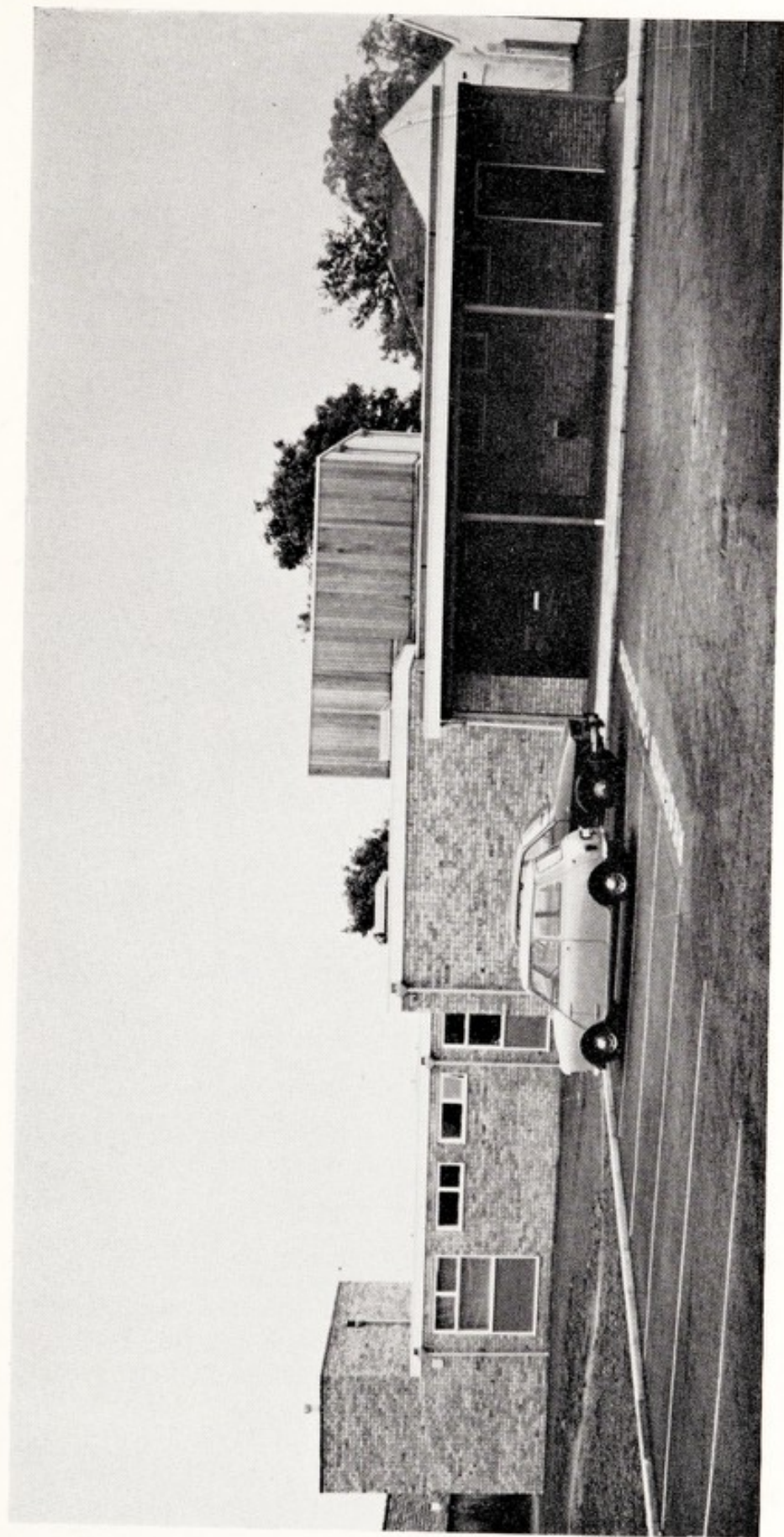
The site available — at the entrance to Boultham Park — was of course ideal for the building of a Health Centre and was also very near to the General Practitioners' surgeries and the Church Hall where the Local Authority Clinics were held. The population served by the Centre is approximately 12,000.

It has often been said that doctors and other staff working in a Health Centre are usually very happy to be working as a team, in a pleasant building, often with new furniture and equipment, but are the patients entirely satisfied? During the period 2nd to 23rd November, 1971, 149 persons attending the Centre completed a questionnaire and of these, 13 (elderly persons) stated that they preferred the "old arrangements" mainly because it had then been possible to consult the doctor of their choice at a particular time (often at short notice) but over 90% were very delighted with the facilities now available.

Future Plans

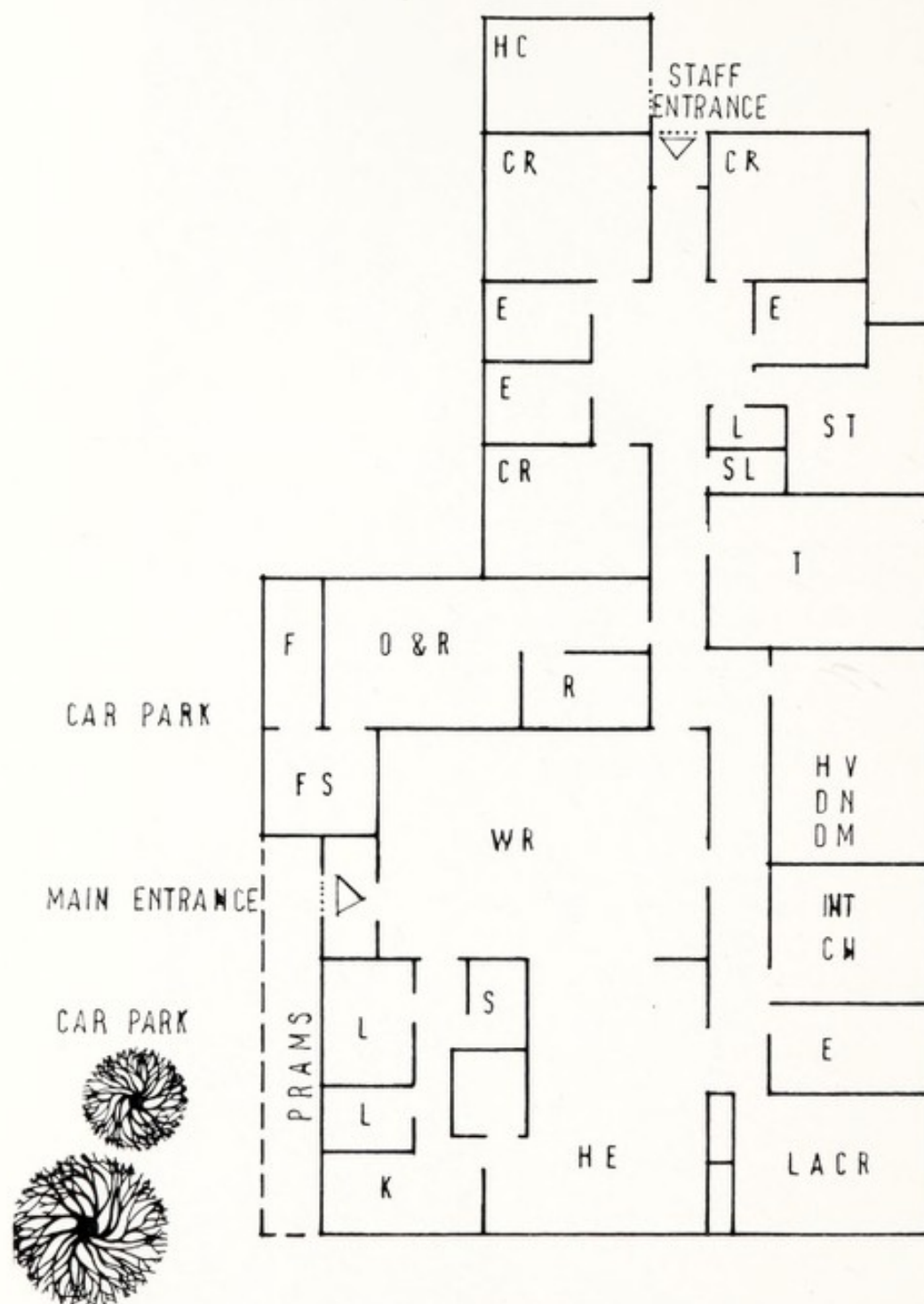
With the opening of the Boultham Park Health Centre, there has been a considerably increased interest in health centres by the doctors practising in the City.

During the year the Health Committee gave consideration to the provision of further Health Centres in the City and approved "in principle" the inclusion of three Health Centre projects in the Capital Programme for the next three financial years. Of these, the most urgent would appear to be the replacement of the existing Maternity and Child Welfare Centre at Newland by a purpose-built Health Centre. It is hoped that this Centre will be nearly completed by the time the re-organisation of the Health Service takes place in 1974.



BOULTHAM PARK HEALTH CENTRE
MAIN ENTRANCE

BOULTHAM PARK HEALTH CENTRE



HC - Heating Chamber; CR - Consulting; E - Examination; ST - Staff;
 L - Lavatory; SL - Sluice; F - Food Store; FS - Food Sales;
 R - Reception; T - Treatment; WR - Waiting Room; HV - Health Visitor;
 S - Store; K - Kitchen; HE - Health Education; LACR - Local
 Authority Doctor; INT - Interview; DN - District Nurse; DM - District
 Midwife; CH - Chiropody.

CITY OF LINCOLN
 DEPARTMENT OF PLANNING AND ARCHITECTURE

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

		No. of Sessions	Total Attend.	Av. Attendance per Session	
				1971	1970
M. & C. W. Centre, Newland	p.m. Tues.	51	1897	37.2	36.3
" " (by appointment)	p.m. Wed.	24	171	7.1	7.5
" "	p.m. Fri.	51	1235	24.2	27.9
Holy Cross Church Hall	p.m. Mon.	48	1363	28.4	24.3
Boultham Park Health					
Centre from 14.6.71					
" "	p.m. Fri.	51	1609	31.5	26.5
" " (by appointment)	a.m. Thur.	19	134	7.0	8.7
St. Giles' Hall	p.m. Thur.	52	2140	41.1	41.2
Burton Road Hall	p.m. Fri.	51	2349	46.1	45.4
Swallowbeck Hall	p.m. Tues.	51	2829	55.5	55.4
Walmer Street Hall	p.m. Wed.	52	1665	32.0	32.5
St. Catherine's Hall	p.m. Mon.	48	2646	55.1	50.6
Ravendale Clinic	a.m. Tues.	51	1352	26.5	26.9
" " (by appointment)	a.m. Thur.	19	195	10.3	10.7
" "	p.m. Thur.	52	1614	31.0	34.4
Birchwood Health Centre	p.m. Tues.	51	2200	43.1	39.6
" "	p.m. Thur.	52	1833	35.3	32.6
" " Toddlers' Clinic (by appointment)	p.m. Fri.	16	159	9.9	10.1
Bracebridge Community Centre (from 3.11.71).	p.m. Wed.	9	152	16.9	—
		748	25543	34.1	30.03

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.
Boultham Park Health Centre	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:—

	1971	1970	1969
Total number of women who attended during the year	144	201	277
Total number of attendances	520	715	896

In addition, 163 women made 535 attendances at sessions held by a general practitioner at Birchwood Health Centre at which the midwife for that area attends under a part-attachment scheme.

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	21	107
Holy Cross Church Hall (Boultham Park Health Centre from 17th June)	29	252
Ravendale Clinic	38	160
Birchwood Health Centre	—	2
	<hr/> 88	<hr/> 521

*including post-natal visits (1)

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:

	1971	1970
Total number of cases treated during the year	52	45
Total number of attendances	574	515

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, 48 were school children and 4 were children under school age.

Supply of Welfare Foods

Cheap milk under the Welfare Foods Order ceased on 4th April, 1971. From 5th April, National Dried Milk was available at no cost against 'free tokens' or sold at a price of 20p per carton.

Cod Liver Oil ceased to be supplied as a Welfare Food on 30th April, 1971, but was still available for cash sale to anyone wanting it while stock lasted. Children's Vitamin Drops A, D and C were introduced from April, 1971, as a replacement for Cod Liver Oil.

There was a slight increase during the year in the uptake of National Dried Milk and Orange Juice as will be seen from the following:

	1971	1970
National Dried Milk cartons	2,880	2,459
Orange Juice bottles	19,830	19,634
Cod Liver Oil bottles	650	1,078
Vitamin A and D Tablets packets	880	1,283
Children's Vitamin Drops A, D and C bottles	1,543	—

Care of Unmarried Mothers

The number of illegitimate live births during 1971 was 148 (still births 2) compared with 111 in the previous year. This represents a rate of 13% of total live births registered, compared with a rate of 10% in the previous year.

Day Nursery

The administration of the Newland Day Nursery was transferred to the Social Services Department in September, 1971. The Health Visitors continue to make recommendations regarding admissions, however, and the Medical Officers of the Health Department undertake the medical examination of children prior to admission and are available to advise on medical matters whenever necessary.

FAMILY PLANNING

Since August, 1969, the Local Health Authority has provided a Family Planning Service and at the end of the year clinics were being held as follows:

Maternity & Child Welfare Centre, 34 Newland	Wednesday evening Thursday morning Occasional Monday evenings
Boultham Park Health Centre	Wednesday afternoon
Ravendale Clinic	Friday morning, 1st and 3rd in the month

The clinics, at which all recognised methods of contraception are available, are organised and staffed by the Health Department. Any woman resident in the City is eligible to attend and medical examination and advice are available without charge. Supplies of pills and devices are available at almost cost price and if contraception is advisable on medical grounds or because of special needs, the 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 in Family Planning 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. There has been no difficulty, so far, in obtaining nursing and clerical staff for these clinics.

On 5th July, 1971, the Department of Health and Social Security issued a circular in which the following statement by the Secretary of State in the House of Commons on 23rd February was quoted:

"The Government believe that family planning can often improve the quality of domestic life; it can prevent unhappiness that unwanted pregnancies can cause and reduce the need for abortion. The Government propose to encourage the growth of local authority family planning, including domiciliary services, particularly in areas of special need. Provision has therefore been made in the Rate Support Grant for expenditure in England and Wales to treble by 1972/73. The rate growth in subsequent years has yet to be settled . . ."

The Secretary of State suggested that a significant part of the extra resources being devoted to family planning should be used for the development of domiciliary services. In the past, it has been alleged that the Family Planning Services tend to provide a service for the middle classes and well-to-do and there is certainly some truth in this. Obviously, a domiciliary service would be of particular benefit to many socially deprived mothers who are often of poor intelligence, overburdened and broken in health and spirit by repeated pregnancies and attempting to look after numerous young children often in deplorable home conditions. In October, 1971, the Health Committee agreed in principle to an expansion in 1972/73 of the present very limited domiciliary service in Lincoln and the only possible reason for non-expansion of this vital service in the future can be the inability to recruit medical and other staff willing to undertake this work.

The following is an extract from a return submitted to the Department of Health and Social Security regarding the new patients seen, attendances, etc. at the Local Authority's Family Planning Clinics during 1971:

Local Authority Services (Direct Services Only), Year ending 31st December, 1971. Family Planning Services

Number of new patients seen during the year:

	<i>Married (including the widowed separated or divorced)</i>	<i>Unmarried</i>	<i>Total</i>
Male	—	—	—
Female	349	173	522
Total	349	173	522

Number of new patients seen during the year who were:

Medical cases	.. .. .	..	—
Non-medical but needy	.. .. .	..	—
Other non-medical cases	.. .. .	..	522
Total	.. .. .	..	522

Number of new patients seen during the year who were initially advised to use:

Sheath	.. .. .	..	63
Pill	.. .. .	..	245
Diaphragm	.. .. .	..	52
I.U.D.	.. .. .	..	154
Other methods	.. .. .	..	34
No method advised	.. .. .	..	43

Total number of attendances during the year (including new patients) 2001

Number of premises regularly used for family planning sessions at end of year 3

Number of 'doctor' sessions or 'nurses only' sessions held during the year:

Doctor sessions	.. .. .	..	142
Nurses only sessions	.. .. .	..	—
Total	.. .. .	..	142

The Family Planning Association continue to hold weekly clinics at the Maternity and Child Welfare Centre, Newland, and these clinics provide a service mainly for women resident in the County areas.

DENTAL SERVICE

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

There has been a considerable increase in the number of pre-school children inspected at the Local Authority's Clinics and also in the amount of work undertaken for this important category. The number of visits has increased by 36.9% compared with 1970 and the number of courses of treatment completed is up by 28% in the same period. Despite the high number of emergencies treated, *i.e.* 135 compared with 64 in 1970, the fact

that out of 418 children inspected only 287 required treatment shows that a large number of parents understand the value of the early introduction of their children to the Dental Service, regular inspection and prophylaxis.

The maternity sector has remained almost constant as regards the number of courses of treatment completed, although there has been a big increase in conservation and a much better ratio of teeth filled to teeth extracted — from 2:1 in 1970 to 5:1 in 1971. It is to be hoped that this improvement can be sustained in 1972.

MATERNITY AND CHILD WELFARE

	<i>Children 0-4 inclusive</i>	<i>Expectant and Nursing Mothers</i>
First visit	415	43
Subsequent visits	392	72
Total visits	807	115
No. of additional courses commenced	28	5
Treatment provided		
No. of fillings	712	118
Teeth filled	600	105
Teeth extracted	205	20
General anaesthetics given	72	4
Emergencies	135	11
Patients X-rayed	3	17
Scaling and/or removal of stains	65	12
Teeth otherwise conserved	121	—
Teeth root filled	—	2
Inlays	—	—
Crowns	—	1
No. of courses of treatment completed during the year	360	46
Prosthetics		
Patients supplied with F.U. or F.L.	—	—
Patients supplied with other dentures	—	5
No. of dentures supplied	—	6
Anaesthetics		
General anaesthetic administered by Dental Officer	—	—
Inspections		
No. of patients given first inspection during year	418	43
No. of patients requiring treatment	287	40
No. of patients offered treatment	286	40
No. of patients re-inspected during year	70	—
Sessions		
No. of Dental Officer Sessions (<i>i.e.</i> equivalent complete half days) devoted to maternity and child welfare patients:		
For treatment	109	
For health education	20	

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. Mrs. M. Lennon joined our staff on the 5th September, 1971. The number of midwives employed in the domiciliary field at the end of the year was four.

Refresher Courses and In-Service Training

Three midwives attended G.1 Refresher courses during the year. Mrs. R. Park attended a course at Bristol University; Miss Ditchburn and Mrs. J. M. Vear attended the course held at Roehampton.

Miss E. Ditchburn also attended a G.3 Refresher Course at Tetley Hall, Leeds.

Training of Pupil Midwives

The training of Pupil Midwives continued during 1971, in conjunction with the Lincoln Midwifery Training School at the County Hospital. All midwives employed by the Local Authority are Approved District Midwife Teachers and play a great part in the district training of these pupils. Although so far we have not been able to commence the one year's course of Integrated Training in the training school, the fact that the duties of their teaching midwives now includes work of a more communal education aspect, the working of the Community Services is made more clear to these pupils. Clinical teaching by the Approved District Midwife teacher is a continuous process and included in this is the gradual instilling of confidence in each pupil midwife, to enable her to stand alone and eventually act as 'Midwife' in her own right.

The reduction of the number of domiciliary deliveries has made it possible for these pupils to see a much wider aspect of the work carried out both in the Health Department and the Social Services Department. Visits are arranged with various members of these departments whilst the pupil midwives are carrying out their district training.

During the year, 11 pupil midwives started their training in the domiciliary field; 14 completed their training, 16 obtained their Central Midwives Board full certificate, and so gained entrance to the Roll of Certified Midwives. One pupil midwife failed to complete her training. There was one pupil midwife in training at the end of the year. Pupil midwives attend Stork Clubs together with their training midwives each week, and take an active part in these sessions. They also attend Infant Welfare Sessions weekly as their work allows.

It has been possible also for attendances at several 'Case Discussion' sessions at St. John's Hospital this year.

Visits have also been made to establishments of the Social Services Department.

The pupil midwives have one complete study day each week in which the Supervisor of Midwives takes part in close liaison with the Tutors of the Maternity Wing Teaching Unit. Clinical teaching is given by the Non-

Medical Supervisor of Midwives and the District Teaching Midwives as and when the occasion arises.

Transport

At the end of the year all the district midwives were car owner/drivers. During the year they conveyed certain patients to and from Family Planning Clinics, and to the Hospital Ante-Natal Clinics, who were persistent non-attenders and who, unless transported under escort, would never have attended for ante-natal care. The cars of the midwives have also helped in the transport of the pupil midwives.

Notification of Intention to Practise

There were 48 midwives who notified their intention to practise during 1971, 47 notified their intention in 1970.

Of the midwives who notified their intention to practise, 5 worked in the domiciliary field and 43 worked in hospital.

Distribution of Confinements

The total number of Lincoln births (live and still) occurring during 1971 was 1178 compared with 1158 in 1970, 1221 in 1969 and 1251 in 1968.

	<i>Live Births</i>			<i>Stillbirths</i>		
	<i>Dom.</i>	<i>Inst.</i>	<i>Total</i>	<i>Dom.</i>	<i>Inst.</i>	<i>Total</i>
Lincoln cases	119	1017	1136	0	11	11
Inward transfer	-	31	31	-	-	-
	119	1048	1167	0	11	11

Of the 119 domiciliary births, 117 were notified by the Local Authority midwives and 2 were notified by the Maternity Wing staff.

The number of births allocated to Lincoln by the Registrar General (live and still), including inward and outward transfers, was 1,184 compared with 1168 in 1970. There was again a considerable decrease in the number of cases attended by the District Midwives as shown in the table below:

Cases attended by the District Midwives

1966	..	..	..	468
1967	..	..	..	415
1968	..	..	..	329
1969	..	..	..	235
1970	..	..	..	150
1971	..	..	..	117

The total number of visits paid by the District Midwives in 1971 was 4,544, compared with 4,926 in 1970. Of the 4,544 visits paid in 1971, 437 were to hospital ante-natal patients, 887 were to patients discharged early, and 213 were to premature babies cared for by the special home nursing service.

Maternal Death

There was one maternal death during the year. This was a young woman who had developed Hypo-fibrinogenaemia, with inter-circulating split products.

Stillbirths

There were 14 stillbirths (12 legitimate and 2 illegitimate) in the City during 1971 compared with 15 in the previous year.

Radio Control

Since December 1966 each domiciliary midwife has been provided with portable radio-phone equipment which was in continuous use throughout 1971. This service has proved its value to all who have cause to use it.

Chest X-ray for Expectant Mothers

Referred by Local Authority Ante-Natal Clinic	1
Referred by Maternity Wing Clinic	165
	<hr/>
	166*
	<hr/>

(None referred by General Practitioners)

*Includes 81 residents outside the City boundary

Findings:—Calcification, healed lesions, etc. .. 6

Post-Natal Chest X-rays

In addition, 17 women attended for chest X-ray post-natally. Of these, 10 resided outside the City.

Early Hospital Discharges

If it is known that a patient has requested "early hospital discharge" the midwife in the area visits, assesses the environment, advises on the preparations that are needed to be made where necessary and above all gets to know the patient. Should Home Help be needed, this can be arranged by the midwife concerned. Although this service is available it is interesting to note that of the 250 women discharged early from the Lincoln Maternity Unit, and R.A.F. Hospital Nocton Hall, only 33 were planned early discharges; two of these were requested via the Consultant Floor at the Lincoln Maternity Unit. These early hospital discharges resulted in 887 visits being paid by the Local Authority midwives. By the table below the increase will be seen over the years:

1971	1970	1969	1968	1967
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
887	644	818	961	554

When one considers that the number of midwives now employed by this Authority is four (plus the Non-Medical Supervisor of Midwives) it is clear that a large part of their work is involved in providing this service.

Hospital Booked Cases — Ante-Natal Visits

It has become part of the domiciliary midwife's duty to visit in their own homes expectant mothers who are to have their babies in the Lincoln Maternity Unit or R.A.F. Hospital, Nocton Hall. The reasons for these visits may be to correct signs of anaemia by a series of iron injection therapy, or to visit sometimes twice daily those expectant mothers showing signs of pre-eclamptic Toxaemia of pregnancy. A free Home Help service is occasionally arranged in these cases. The number of visits paid by the Local Authority midwives in 1971 was 437 (1970, 327).

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, using either the portable incubator or oxy-cot, depending on the size of the baby being transported. Radio-control equipment used by the midwives enables these midwives to be contacted easily when their services are required. The work of looking after these small babies involves teaching the parents how to care for them during the time that the midwife is not there and special attention is given to the provision of adequate heating throughout the 24 hours of the day. It is during the time spent caring for these babies that stress is put on the important aspects of their care and the social services that can be obtained on their behalf.

The number of babies visited in 1971 was 48, involving 213 visits.

Notification of Congenital Abnormalities

During 1971, 20 babies were notified as having congenital abnormalities observed at birth. Details of these abnormalities are as follows:

Hydrocephalus	..	..	..	..	..	2
Anencephalic	..	..	..	..	..	2
Mongolism	..	..	..	..	..	1
Meningocele	..	..	..	..	..	1
Spina bifida	..	..	..	..	..	1
Patent ductus Arteriosus			..	..	..	1
Single ventricle	..	..	..	..	..	1
Webbed toes (right foot)	..	..	..	..	..	1
Talipes: right foot	..	..	..	..	..	4
both feet	..	..	..	..	..	2
Hypospadias	..	..	..	..	..	3
Ectopic bladder	..	..	..	..	..	1
Indeterminate sex	..	..	..	..	..	1
Klippel Feil Syndrome (fusion of cervical vertebrae)	..	..	..	..	..	1
Bowing of both feet	..	..	..	..	..	1
Pilonidal sinus	..	..	..	..	..	1

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

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)
- 1 Health Visitor (part-time)
- 4 School Nurses
- 1 Clinic Nurse

Staff changes during the year were as follows:

Miss J. E. Green, Health Visitor, left on 21st May.

Mrs. G. D. Line, Health Visitor, left on 5th September.

Mrs. C. A. Symons was appointed Clinic Nurse and commenced duties on 4th January.

Miss M. Jordan completed her training as Health Visitor and commenced duties in the Department on 20th September.

Miss M. Fenton commenced her training for the Health Visitor's Certificate at Nottingham University on 1st October, 1971.

Refresher Courses and Further Training Courses

During the year three Health Visitors attended Refresher Courses organised by the Health Visitors' Association and the Royal College of Nursing respectively.

Two Health Visitors attended a six week course at Sheffield Polytechnic and are now trained Field Work Instructors. This enables the Department to undertake the practical work instruction of Student Health Visitors.

Three Health Visitors attended a total of five sessions at Sheffield Polytechnic on Health Education.

Home Visiting

This aspect of Health Visiting constitutes the major part of the Health Visitor's work. She is the family visitor and 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 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 1971 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 1971	1,095	2,501
Children born in 1970	540	1,720
Children born in 1966-69	1,494	3,817
Total	3,129	8,038
Persons aged 65 years or over	234	380
Mentally disordered persons	4	20
Persons, excluding Maternity cases, discharged from hospital	5	5
Expectant Mothers	132	175
Visits to other cases	—	1304
Total visits		9,922

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

Hearing Tests

These tests are carried out by the Health Visitors on all babies at approximately nine months of age. The test is mostly performed at the home of the infant; the mother is sent an appointment card stating the date and time the two Health Visitors will arrive. A small proportion of the tests are carried out in the Infant Welfare Clinic if for some reason it is not convenient to do the test at home. Eight children tested were referred to the Ear, Nose and Throat Consultant during the year. In April, four Health Visitors and one School Nurse met one of the Ear, Nose and Throat Consultants and discussed with him their work regarding the hearing tests. As a result of this meeting it was decided that at some future date a Health Visitor would attend E.N.T. Outpatient Clinics where the referrals who have failed hearing test are seen and further investigated. This will form a vital link between hospital and the community care.

Hospital Liaison Schemes

Much emphasis is now given to various Liaison Schemes to forge links between the hospital and community care services. During the year liaison was fostered in the following ways:

Geriatric Liaison Scheme

1. Having had discussions with the Consultant Geriatrician, it was decided that one Health Visitor should become responsible for the link between the Geriatric Unit at St. George's Hospital and patients discharged from there into the community. She has to ensure that patients have the services they require when at home and she has attended the Geriatrician's meetings between himself and his staff for discussion of cases.

2. Liaison with the Children's Wards, Ruston and Lincoln Wards at the County Hospital and St. George's Hospital respectively was carried out by one of the Health Visitors and each week she visited the two wards and thus formed a two-way communication system between hospital and community. This is invaluable for the necessary follow-up of some cases.

3. There is a close working relationship now established with the Lincoln Maternity Wing. This is most important as many of the ante-natal patients are known to the Health Visitors and the care of mother and baby is continued by the Health Visitor after discharge from the Maternity Wing.

Each Wednesday afternoon the Senior Health Visitor attended the ante-natal booking clinic and saw each new patient individually. Information was given about the various Stork Clubs and they were invited to attend. Patients outside the City 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.

Three Health Visitors have been responsible for visiting each week the wards in the Maternity Wing. The arrangement made was that at an appointed time each week — 3-30 p.m. — the Health Visitors went to the Maternity Wing and gave talks to the newly delivered mothers who were assembled in the Day Room at that time having tea. The women were informed of all the local authority services available for them on their return home, including Family Planning, and a small hand-out was given to them with the appropriate telephone numbers should they require any further information.

To provide also a two-way communication system between the Maternity Wing and the Health Visitors, the Senior Health Visitor attended the Sisters' Meetings on Tuesday afternoons.

Mothercraft Classes — The Stork Clubs—

There are four Stork Club sessions held each week and attendances during 1971 were as follows:

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Newland (Monday)	23	14	636
Newland (Thursday) and then transferred in June to Health Centre, Boultham Park.	15	10	491
Ravendale (Tuesday)	10	7	330
Birchwood (Monday)	35	5	246

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.

In June the Mothers' Club held at Hartsholme Church Hall transferred to the Health Centre, Boultham Park.

During 1971, attendances at the Clubs were as follows:

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Ravendale	35	22	396
Beaumont House	48	26	468
Hartsholme Church Hall, after June, Boultham Park Health Centre	78	35	630

The Health Centre, Boultham Park

When the Health Centre was opened in June, two Health Visitors made the Health Centre their base. This is a partial Group Attachment Scheme which promotes good working relations between the three General Practitioners concerned and the two Health Visitors.

'At Risk' Register

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.

Problem Families

Work continues with these families 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.

At the end of the year there were considered to be approximately 75 families in the City who could be classified as having special problems and requiring constant supervision by, and assistance from, social workers.

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, when they are shown, as far as possible, all aspects of the service. These visits are much appreciated by the students and they begin to realize that nursing does not consist only of hospital care but that prevention of illness, care and after-care in the community, forms a large part of the National Health Service.

Health Education

The Health Education Service has continued during 1971 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 continued the teaching in the middle 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 continues to be a well established part of the Local Authority Health Service and is expanded wherever possible. The Mothercraft Course for Adoptive Parents was again 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 four 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.

Womens' Organisations and Parent Teacher Groups as required 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.

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. N. Smith retired on 31st December, 1971.

Refresher Courses

During the year, two of the Home Nurses attended Refresher Courses organised by the Queen's Institute of District Nursing, as follows:

Mr. W. Briggs	Oxford	28th March to 2nd April
Mr. J. Parker	Sheffield	18th to 23rd July

General Remarks

The general pattern of the home nursing service is slowly changing — certain types of patients are now being discharged from hospital earlier into the care of the community nursing service. However, a high proportion of the cases cared for are still in the elderly age group and in 1971, of the 1,440 cases, 954 patients were aged 65 years and over at the time of the first visit during the year.

Promotion of good relations between the Community Nursing Service and the Hospitals is encouraged and liaison between the two services is being actively fostered in the following ways:

(a) A meeting quarterly at St. George's Hospital and the County Hospital when Sisters from the various wards, Administrative Staff, Home Nurses and Health Visitors have a two-way discussion regarding admission and discharge of patients and any problems involved. Nursing Staff of Lindsey County Council working in areas adjacent to Lincoln are also included in this meeting.

(b) In the Autumn an invitation was sent to the trained staff of both hospitals for those who wished to spend a day out in the community with the home

nurse. Many of the Ward Sisters and several of the Sister Tutors took advantage of this.

(c) The Home Nurses are encouraged to communicate directly with the Ward Sisters about any difficulties with patients or their treatment.

The following table shows the number of cases attended:—

	1971	1970	1969
No. of cases attended by the Home Nurses ...	1,440	1,363	1,297
No. of visits paid by the Home Nurses ...	36,832	35,985	35,174
No. of patients aged under 5 at time of the first visit during the year ...	27	23	18
No. of patients aged 65 years and over at time of first visit during the year ...	954	919	905

In addition 177 patients were treated by the District Nurses at the Boultham Park Health Centre.

The issue of pads for incontinent patients being nursed at home continues to be a daily occurrence. It has become an established part of the home nursing service giving help to patients and relatives by a saving on wet linen. 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 home nurses. During 1971, 153 persons were issued with these pads and 80 adults and children were issued with protective clothing.

Health Centre

In June, the Health Centre at Boultham Park came into operation and this involved two of the home nurses, one male and one female. The two nurses work a rota system covering the Health Centre at the following times:

Monday to Friday, each morning 9-30 a.m. to 11-00 a.m.,
two afternoons 4-00 p.m. to 5-00 p.m.
and three afternoons 2-30 p.m. to 3-30 p.m.

At these sessions they are available to carry out dressings, injections, etc., and generally assisting the three General Practitioners. Ambulant patients in the district are encouraged to attend the Health Centre for routine injections or dressings.

The Health Centre is a very valuable link between the home nurses and general practitioners.

Community Care Experience for First Year Student Nurses

Three times a year, first year Student Nurses spend a day with the home nurses when they are shown, as far as possible, all aspects of the service. Students much appreciate these visits and begin to realize that 90% of the population who are ill are cared for in their own homes.

Domiciliary Cervical Cytology Service

Two Home 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 one Nursing Auxiliary were employed for the night nursing of patients in their own homes. During the year, 36 patients in the terminal stage of illness were nursed at home: of these, 5

were eventually transferred to hospital; the remainder were nursed at home until their death. (The Home Nurses continued to visit these patients during the day time.)

The City Council made a grant of £250 to the Foundation during 1971-72.

Information Meetings for District Nurses

Meetings have continued during the year to keep home nurses informed of developments in community nursing and nursing trends. Four such meetings were held when the following subjects were discussed: Geriatric Liaison Scheme, the Consultative Document and Re-organisation of the Local Authority Health Services and two films were shown, 'Suphramycin — Uni tulle' and 'Rheumatoid Arthritis'. At one meeting, the two Area Directors of the Social Services Department were invited to attend and much information and lively discussion took place.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

A letter dated 28th July, 1971, received from the Chief Medical Officer of the Department of Health referred to the remarkable progress made by the World Health Organisation in its smallpox eradication programme.

The chances of introduction of smallpox into Britain have substantially diminished and are likely to continue to lessen with the further progress of the campaign. The British public are therefore now far less likely to be exposed to infection than heretofore.

It was further pointed out that whilst vaccination is a safe and reliable method of protection against the disease for the vast majority of persons, the number of serious complications in childhood, though few, is now out of proportion to the risk to them from smallpox in Britain. The advice of the Joint Committee on Vaccination and Immunisation was that vaccination against smallpox need not now be recommended as a routine procedure in early childhood. Accordingly, the routine vaccination of infants was discontinued in Lincoln as from 1st August, 1971.

A summary of the vaccinations carried out from 1st January to 31st July, 1971 is as follows:

Vaccinations	Under 1 year	1-4 years	5-15 years	1971 Total	1970 Total
By Local Health Authority's Staff	1	154	33	188	320
By General Practitioners	2	81	24	107	157
TOTALS	3	235	57	295	447
Re-vaccinations					
By Local Health Authority's Staff	-	-	34	34	9
By General Practitioners	-	7	41	48	63
TOTALS	-	7	75	82	72

Combined Immunisation against Diphtheria, Whooping Cough and Tetanus

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 1971 shows no significant change from the number in 1970, as will be seen from the following table:—

Primary Courses Completed				<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1971 Total</i>	<i>1970 Total</i>
<i>By Local Health Authority's Staff:</i>								
Diphtheria-Tetanus	...	...	...	9	3	2	14	45
Diphtheria-Tetanus-Pertussis	...	...	...	607	126	3	736	737
Diphtheria only	...	...	...	—	—	—	—	3
<i>By General Practitioners:</i>								
Diphtheria-Tetanus	...	...	...	3	3	2	8	5
Diphtheria-Tetanus-Pertussis	...	...	...	106	112	3	221	244
Diphtheria only	...	...	...	—	—	—	—	1
Totals	...	...	...	725	244	10	979	1035
Re-inforcing Injections				<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1971 Total</i>	<i>1970 Total</i>
<i>By Local Health Authority's Staff:</i>								
Diphtheria only	...	...	...	—	—	27	27	—
Diphtheria-Tetanus	...	...	...	—	13	761	774	879
Diphtheria-Tetanus-Pertussis	...	...	...	—	578	8	586	678
<i>By General Practitioners:</i>								
Diphtheria only	...	...	...	—	—	—	—	1
Diphtheria-Tetanus	...	...	...	—	31	51	82	91
Diphtheria-Tetanus-Pertussis	...	...	...	—	125	54	179	184
Totals	...	...	...	—	747	901	1648	1833

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

There is now little call for immunisation against Tetanus only and, as is shown in the table, it is used mainly by general practitioners giving reinforcing injections to children in the age range 5 – 15 years.

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 1971:—

	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1971 Total</i>	<i>1970 Total</i>
<i>Primary Courses Completed:</i>					
By Local Health Authority's Staff...	—	—	—	—	3
By General Practitioners ...	—	—	5	5	12
Totals ...	—	—	5	5	15
<i>Re-inforcing Injections:</i>					
By Local Health Authority's Staff...	—	—	2	2	3
By General Practitioners ...	—	7	82	89	109
	—	7	84	91	112

Vaccination of infants against Tetanus by means of Triple Antigen started in 1956 and also from this time school children were offered protection. It is gratifying to know, therefore, that as they reach the age when accidents are more prevalent, the majority of the youth of the City have been vaccinated and 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 with oral vaccine is now a well established routine and calls for little comment. There has not been a case of Poliomyelitis in Lincoln since 1960 and the last epidemic occurred in 1957. There can be no doubt that the vigorous vaccination campaigns of previous years were most effective in combating the disease; the advent of oral vaccine in 1962 made mass vaccination a comparatively simple matter and many people who previously had been disinclined to have an injection were willing and even anxious to take the oral vaccine.

The numbers of infants vaccinated vary little from year to year but there has been a decline in recent years in the numbers of older children and young adults vaccinated. This trend is to be expected as there can be very few persons under the age of 25 who, at some period of their lives, have not undergone some form of Poliomyelitis vaccination. It is now of paramount importance to ensure that infants in their first year of life are given a complete course of vaccination and that children in their first year at school are given a reinforcing dose of vaccine. In this way a high level of resistance to Poliomyelitis will be built up and maintained in the community.

The table given below shows the number of persons under the age of 16 years given: I, a complete primary course and II, a reinforcing dose of vaccine during the year.

POLIOMYELITIS VACCINATION YEAR ENDED 31st DECEMBER, 1971

Table I — Primary Courses Completed

	<i>Year of Birth</i>					<i>Others under Age 16</i>	<i>Total</i>
	1971	1970	1969	1968	1964-67		
By Local Authority ...	117	563	69	22	28	2	774
By General Practitioners ...	18	197	55	11	13	1	295
Totals	135	733	124	33	41	3	1069

Table II — Reinforcing Doses

By Local Authority ...	—	—	—	—	834	32	866
By General Practitioners ...	—	—	18	3	100	19	140
Totals	—	—	18	3	934	51	1006

Measles Vaccination

Vaccination against Measles has been available since 1968. It appears to be inevitable that any new form of vaccination should be treated by some sections of the public with suspicion and Measles vaccination was no exception. Ministry policy in the first instance was to give priority to older children who had not had the disease but although every effort was made to interest parents the response was not as great as had been hoped for. There was no accurate means of knowing how many of these older children had had Measles and had thereby acquired a natural immunity, it therefore follows that the number of susceptible children also was unknown. The fact that in 1971, 659 *unvaccinated* children are known to have had Measles indicates that in previous years not all parents availed themselves of the opportunities offered to have their children protected against the disease.

It has been my opinion for some time that the optimum age for Measles vaccination is at approximately one year and this policy was implemented in 1971. At this age infants are still attending at Infant Welfare Clinics fairly regularly and no special effort is required by the mother to have her child vaccinated against Measles. Few children of under one year of age contract Measles naturally, largely because they are not exposed to infection until they reach an age where they mix with other children in play groups, nurseries and ultimately at school. Public resistance to Measles vaccination seems now to have been overcome and the number of children vaccinated in 1971 is regarded as satisfactory, comparing well with the numbers vaccinated against Diphtheria/Tetanus/Whooping Cough and Poliomyelitis.

Our experience in Lincoln in the epidemic of 1970-1971 when, of 673 cases notified, only 14 had been vaccinated, clearly demonstrates the effectiveness of the vaccination programme. Children who do contract Measles after vaccination usually experience a mild form of the disease.

The following table shows the details of Measles vaccination for 1971:

		<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
		1971	1970	1969	1968	1964-67		
By Local Authority	...	4	377	252	72	83	4	792
By General Practitioners	...	1	81	89	41	75	13	300
Total	...	5	458	341	113	158	17	1092

Rubella Vaccination

Vaccination against Rubella (German Measles) became available in July, 1970 and, acting on the recommendation of the Department of Health and Social Security that vaccination should be offered to girls between their 11th and 14th birthdays, a programme of vaccination was commenced giving priority in the first instance to girls in their 14th year. Only a limited supply of vaccine was available initially and this was supplied free of charge until 31st March, 1971. Subsequently vaccine became freely available through normal commercial channels.

In 1971 the policy of vaccinating girls in their 14th year was continued, all of the vaccinations being carried out in school except for the very few girls vaccinated by General Practitioners.

A minor difficulty which has been encountered is that vaccinating girls in their 14th year tends to clash with the B.C.G. vaccination programme which also is carried out at this age. In order to avoid this it is proposed in 1972 to

vaccinate in addition girls in their 13th year and to concentrate upon this age group in future years.

The following table gives details of Rubella Vaccination for 1971:

	<i>Year of Birth</i>						<i>Total</i>
	1956	1957	1958	1959	1960	1961	
By Local Authority	75	318	352	-	-	-	745
By General Practitioners	2	2	1	-	1	1	7
TOTALS	77	320	353	-	1	1	752

Statistics

The following statistics have been issued by the Chief Statistician of the Department of Health and Social Security indicating at 31st December, 1971, the percentages of children born in 1969 who have completed a primary course of immunisation at any time:

	<i>Percentage of children born in 1969 and vaccinated by 31.12.71</i>		
	<i>Whooping Cough</i>	<i>Diphtheria</i>	<i>Poliomyelitis</i>
LINCOLN C.B.	83	84	85
England	78	80	80

AMBULANCE SERVICE

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

During 1971, the ambulance service carried a total of 50,001 patients, an increase of 917 or 1.9 per cent compared with 1970; in addition 550 non-patient carrying journeys were undertaken. Mileage involved in this work totalled 181,212, an increase of 3,612 miles or 2.0 per cent compared with the previous year.

Demand on the service during the year followed a pattern that now appears to have developed into a regular annual feature, hospital out-patients and patients carried to Local Authority Centres increased by 77 and 863 respectively whilst the total number of other patients was reduced by 23. No particular significance should be attached to the slight decrease mentioned however, patients in these other categories tend to fluctuate from year to year.

Whilst the majority of out-patients are considered to be non-urgent, large numbers are expected at fixed times each day and are now proving extremely difficult commitments to honour. It is perhaps regrettable that due to sheer weight of numbers during these peak periods the ambulanceman cannot today give either the time or care the more genuine patient should receive; many of these patients are both elderly and infirm and rely implicitly on ambulance staff for help and advice over and above their normal duties.

Since the majority of requests for ambulance transport originate either directly or indirectly from the hospitals, it is essential that good liaison should be maintained. During the past few years regular meetings between hospital officials and ambulance officers have been held for the purpose of agreeing on procedures to eliminate abuse of the service. Unfortunately frequent changes of hospital staff make it difficult to ensure that agreed procedures are as well maintained as is desirable. There seems no doubt that if patients' needs were vetted more thoroughly or more frequently, a number of patients carried to and fro by the service could travel satisfactorily by public transport, as indeed it is known many do for other journeys. It is also doubtful if hospital staffs actively discourage relatives and friends from escorting out-patients who travel by ambulance; valuable ambulance space is taken up by these people, who in many cases, are not really required, and it may be that ambulance crews are restricted from giving the patient the attention that could be needed during transit.

Although the ambulance service has the duty of conveying members of the community who for medical reasons cannot use public transport, it is also an emergency service prepared to send skilled assistance immediately it is requested. It is a common impression to think of all accident and emergency work in terms of road traffic accidents, the term 'Accident and Emergency' however covers all cases, including maternity cases, which must be dealt with immediately, or with a minimum of delay usually agreed with the patient's own doctor. When considering this branch of ambulance work account must be given to the fact that whilst only about 13 per cent of the total cases carried fall under the term 'Accident and Emergency' it is always necessary to provide a disproportionate amount of resources to meet this work, because: (a) the cover provided must be adequate to meet all demands with a minimum of delay, (b) only double manned ambulances can be used for this work, (c) the majority of these incidents are concerned with one patient only, and (d) they are always a completely unknown factor when the normal work of the day is being undertaken.

The following statistics and tables give some indication of demand on the service, the type of case dealt with, and enable comparisons to be made:

Annual Comparative Table

<i>Cases</i>	1971	1970	1969	1968
Ambulance	16,073	15,488	18,944	17,119
Sitting	33,928	33,596	29,373	26,484
TOTAL	50,001	49,084	48,317	43,603
<i>Miles</i>				
Ambulance	69,636	71,790	75,463	68,436
Sitting-case vehicle	111,576	105,810	98,467	86,638
TOTAL	181,212	177,600	173,930	155,074
<i>Miles per patient</i>	3.6	3.6	3.6	3.5

Out of City Journeys									
1971				1970			1969		
Miles									
50/100	100/200	over/200		50/100	100/200	over/200	50/100	100/200	over/200
Journneys									
245	185	18		155	240	20	235	154	10
TOTAL 448				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	135	56	391	3119	388	4089
February	115	45	333	2993	389	3875
March	125	41	377	3670	482	4695
April	138	38	383	3286	299	4144
May	169	51	359	3174	397	4150
June	143	44	364	3034	435	4020
July	157	38	405	3396	328	4324
August	111	65	361	3106	166	3809
September	131	56	377	3222	423	4209
October	128	55	362	3112	430	4087
November	164	41	387	3585	446	4623
December	135	42	370	3146	283	3976
TOTALS	1651	572	4469	38843	4466	50001

The percentage for each section of total cases is: %

(a) Emergency	..	..	..	3.302
(b) Maternity	..	..	..	1.144
(c) General	..	..	..	8.937
(d) Out-Patient	..	..	..	77.690
(e) Section 28	..	..	..	8.927
				100.000

NON-PATIENT CARRYING JOURNEYS: (Mileage included in above totals)					
1971				1970	
Flying Squad	...	...	9	6	
Midwives	...	...	44	59	
Abortive	...	...	280	307	
Service	...	...	217	207	
550				579	

PATIENTS CARRIED (Other authorities in brackets)

Categories	1971		1970	
	Number	Miles	Number	Miles
Street Accidents	393 (68)		416 (64)	
Home Accidents	291 (4)		325 (8)	
Other Accidents	432 (7)		451 (5)	
Street Illness	127 (1)		96 (2)	
Home Illness	2169 (73)		2150 (46)	
Other Illness	286 (2)		267 (1)	
Mental Illness	119 (2)		88 (1)	
Out-Patients	38841 (2)		38744 (22)	
Maternity Cases	542 (30)		561 (25)	
Infectious Cases	33		61	
Hospital Discharges	781 (3)		928 (3)	
Hospital Transfers	1326 (3)		1213 (4)	
Training Centres	2969		2252	
Chiropody Clinic	1497		1351	
Totals	49806 (195)	181212	48903 (181)	177600
	50001		49084	

Staff

The last increase in establishment during 1968 gave reasonable hope that staffing difficulties under which the service had been labouring would be eased; unfortunately subsequent developments, *viz*: extra holiday entitlement, staff training programmes, the constant rise in demand, have effectively neutralised any relief that had been anticipated. Indeed during 1971, the number of staff available was at times dangerously low and there were anxious periods during which '999 calls' could have been delayed; fortunately however these periods passed without incident and the danger was averted.

There were two staff changes during the year: after 30 years' service with the Authority, Mr. H. Leeming, deputy ambulance officer, retired. Mr. T. Heald, a station officer for many years with the Huddersfield ambulance service was appointed to the post of deputy ambulance officer and took up his duties in March. Also during March, Mr. C. Booth resigned and Mr. F. Miles was appointed as a trainee ambulanceman in his place.

The number of staff in post at the end of the year was as follows:

	1971	1970	1969	1968
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 Leader/Control	5	5	5	5
Ambulancemen (Grade 1)	20	20	20	24
Ambulancemen (Trainee)	2	2	3	-
Ambulance Women (Trainee)	4	4	3	-
TOTAL STAFF	35	35	35	33

Illness

Illness during the year was rather heavy: 173 days were lost due to sickness involving 11 men; 14 men were absent for periods between 1 and 3 days on uncertificated sickness; 2 men were absent at Assize and 1 on Jury Service. A total of 201 days.

Competitions

All members of the driving staff were again entered in the National Safe Driving Competition and awards were presented to 24 drivers who had qualified during 1970.

Training

A comprehensive scheme of training for ambulance staff is a comparatively recent development. The Millar Working Party in its report on training (1966) recommended that if the ambulanceman was to meet the demands made on him initial training should be of six weeks' duration. During the course, in addition to first aid, the trainee receives instruction in all aspects of the emergency and other work which he is likely to encounter including lifting and rescue techniques and all forms of resuscitation. He is also assessed as to his suitability for ambulance work including such factors as temperament, attitude to patients, colleagues and other people and initiative. At the end of the six weeks course the recruit must reach a pass mark set at 65%; should he fail to attain this standard he may be given a further period of training if it is thought he has the potential to qualify.

To ensure that ambulancemen who have been assessed as fully competent are kept abreast of new techniques and their skills maintained to a high standard it has been recommended that they attend refresher courses of two weeks' duration at three yearly intervals.

In theory, the responsibility of the ambulanceman ends at the door or reception desk of the hospital, but in practice a responsible man likes to see his patient safely 'handed over'. The care of a patient is a continuing process and in order to appreciate more fully the life-saving techniques he has been taught to apply, it has been recommended that after basic training a recruit should be seconded to a district general hospital for a minimum of 1 week. During 1969 the National Joint Council for Local Authorities (manual workers) introduced for the first time grades of ambulancemen (driver attendants) whose rates of pay are related to standards of training, range of duties and experience required. At the end of the year 23 members of the Lincoln Service had been assessed as fully competent over the whole range of duties, 7 trainees were awaiting 6 week basic training and 1 ambulanceman with over two years' service required a 2 week course of instruction. During 1972, one third of the trained staff should be sent for refresher training in accordance with the recommendation already mentioned.

Vehicles

During January the first of the two new vehicles ordered during the previous year was delivered from the coach builders and the second was delivered during March. Under service conditions the first of these vehicles, a coach built dual purpose ambulance body on a commercial chassis cannot be termed the ideal vehicle for ambulance work. Unfortunately this ambulance, like most commercial vehicle conversions, is not entirely suitable, and the time is long overdue when ambulances should have been available based on a chassis designed for the purpose. Regrettably, there appears to be no prospect of producing such a vehicle as the total number needed is entirely insufficient for it to be a viable commercial proposition. The second vehicle, an estate type car suitably modified to carry a stretcher patient and two escorts or four sitting cases has been completely satisfactory, particularly for transporting patients over long distances. These two vehicles replaced a Bedford ambulance and an Austin sitting-case car, both of which had covered over 150,000 miles.

Fleet statistics at the 31st December were as follows:

Type	Make	Year	Mileage	
			Annual	Total
Ambulance	B.M.C.	1962	16,817	142,917
Sitting Case	B.M.C.	1962	14,871	148,123
Dual Purpose	B.M.C.	1962	14,871	142,017
Dual Purpose	B.M.C.	1965	15,018	81,315
Dual Purpose	B.M.C.	1968	22,068	69,068
Sitting Case	B.M.C.	1968	13,957	52,266
Dual Purpose	B.M.C.	1969	19,491	47,725
Dual Purpose	B.M.C.	1969	24,122	51,321
Dual Purpose	B.M.C.	1971 (Jan.)	10,365	12,988
Dual Purpose	Volvo	1971 (March)	22,133	22,563
Day Care Vehicle	B.M.C.	1960	6,447	169,999
(This vehicle has been modified and remains in service for day care children)				
Day Care Vehicle	Bedford	1958	1,052	161,332
(This vehicle was sold after being replaced by vehicle above)				

Radio Communications

The radio telephone method of communication to which the service has for many years been accustomed was disrupted on innumerable occasions by breakdown of equipment; only constant attention by the service engineers kept the sets in serviceable condition. Permission was granted during the year for a completely new system and a series of coverage surveys was carried out with equipment supplied by a number of manufacturers; all equipment tested conformed to the specifications recommended by the Department of Health, *i.e.* multi-channelled sets, frequency modulated on the high band channel.

LHAL 42 70 of the 4th December 1970 informed authorities that the Department of Health and Social Security was consulting with the Ministry of Posts and Telecommunications on the possibility of a rationalised frequency plan to facilitate operational co-operation between adjoining services. The purpose of this rationalised channel allocation is to facilitate co-operational communications between ambulances and controls, *e.g.*:

- (a) an ambulance moving into the territory of a neighbouring authority would be able to communicate with the ambulance control of that authority.
- (b) ambulances provided by several neighbouring authorities at the scene of a major accident (rail crash, aeroplane crash, etc.) could all be controlled on one channel.

When an authority wishes to provide such communications ambulance vehicles would need to be equipped with multi-channel sets capable of being switched from their normal control channel on to that of neighbouring authorities and on to the 'major accident' reserve channel.

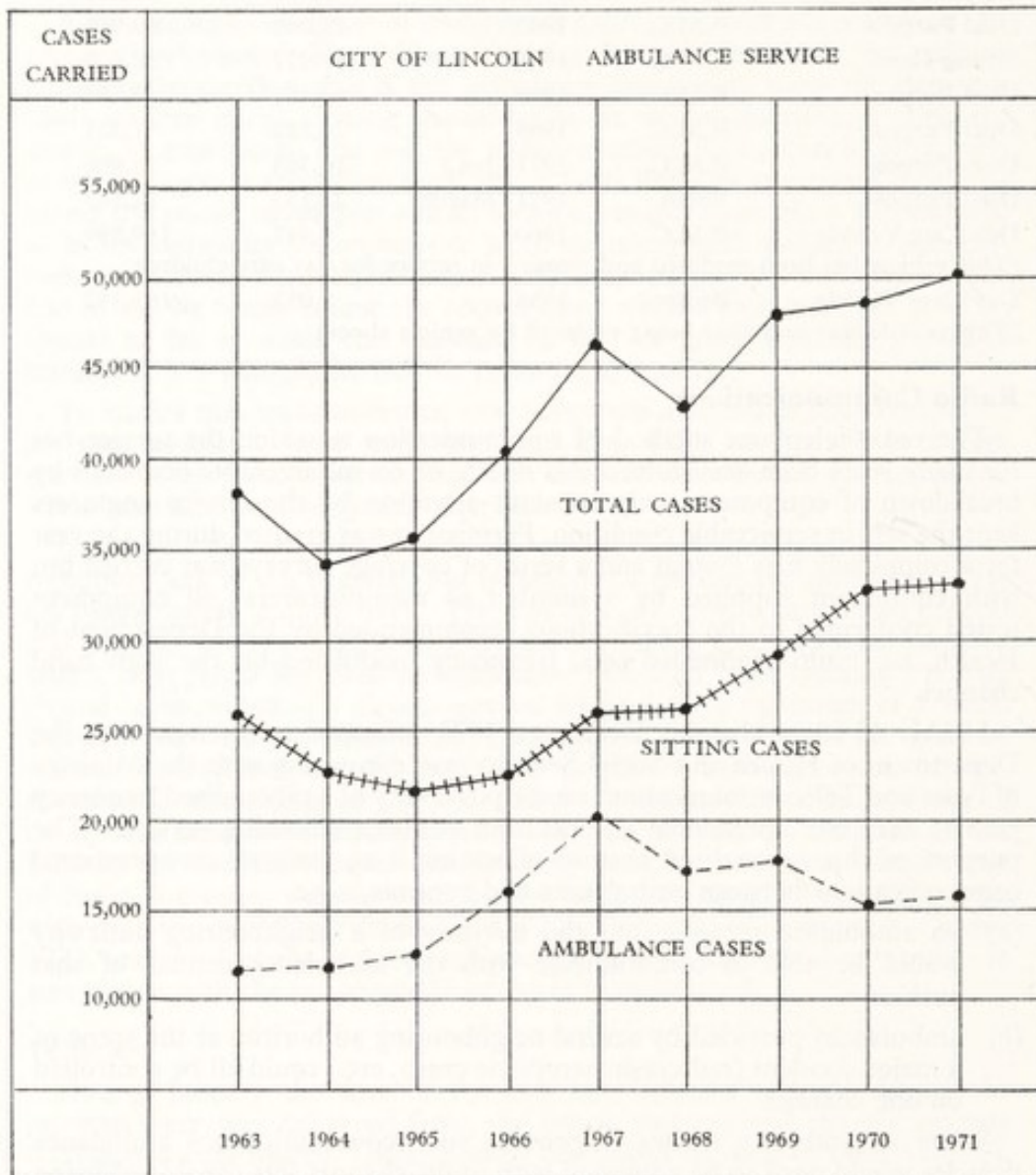
After the tests had been carried out a firm order was placed with the manufacturer whose equipment had provided best coverage and best all round efficiency; delivery of the new radio equipment is anticipated early in 1972.

Midwives

By the end of 1971 the pocket radio telephone equipment supplied for the use of the district midwives had been in operation for 5 years; during this

period no major breakdowns had occurred and the sets continued to provide excellent communications.

General Practitioners now utilising the facilities of this method of communication have increased; nine firms are now controlled through the base station sited at the ambulance station.



Equipment

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

1. A portable incubator, supplying the necessary oxygen concentration and humidity conditions. This incubator is thermostatically controlled and maintains its heat during the journey from the electrical supply of the vehicle.

2. An 'oxygenaire oxycot' for the use of babies up to six months.

Four ambulances now carry 'Entonox', a mixture of nitrous oxide and oxygen in one cylinder. This analgesic mixture can be used to relieve pain associated with a variety of conditions without risk to the patient and is now widely used in the ambulance service. All staff have been thoroughly trained in the correct method of administration, particularly emphasising when it should not be used.

Patients carried by Rail

Railway facilities were used in carrying 83 patients an estimated 7,145 miles.

Fuel Consumption

During 1971, petrol consumption was 11,955 gallons, an average of 15.15 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 1971, 17 new cases of Tuberculosis were notified, compared with 3 in 1970.

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 1971, the Tuberculosis Health Visitor paid 21 domiciliary visits, compared with 15 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 1971 and of this number, 10 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 recent years it has not been found necessary to take any special action to seek priority rehousing for tuberculous patients. Should circumstances warrant it, however, the Housing Committee are always prepared to give priority consideration to cases recommended by the Medical Officer of Health.

Contacts of cases coming to the notice of the Health Department of persons dying from Tuberculosis whose disease was not notified during life, are followed up by the Department. Visits are paid by the Tuberculosis Visitor and arrangements are made for members of the family to attend for examination at the Chest Clinic. There were 2 cases in this category during 1971.

During the year under review new cases were seen at the Lincoln Chest Clinic by Dr. H. G. H. Butcher (who retired in October) and Dr. J. B. Wilkinson. The cases were mainly G.P. referrals from the areas covered by the Lincoln, Lindsey and Kesteven local authorities and of the numbers referred, of those found to have some abnormality, 7% had Tuberculosis in some form, 23% Chronic Bronchitis and Emphysema, 30% Asthma, 9% Pneumonia, 16% Carcinoma of the Bronchus and 15% other chest diseases including Bronchiectasis, Hay Fever and cardiac failure, etc. A total of 156 contacts of Lincoln cases were either X-rayed or given B.C.G. vaccination.

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 newly ascertained tuberculous patients who on testing are found to be tuberculin negative are offered vaccination at Lincoln Chest Clinic.

Babies with a family history of tuberculosis are also given B.C.G. vaccination under these arrangements, being referred to the Chest Clinic by Health Visitors.

The number vaccinated during 1971 was 91 and this included 53 babies vaccinated within 6 months of birth.

School Children Scheme

Vaccination of school children in the 13-14 years age group was continued in 1971 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 1971 was 94%.

The following table gives details of the numbers dealt with during 1971.

Number skin tested	..	..	1,130
Number found positive:			
Heaf grades 1 and 2	..	..	56
Heaf grades 3 and 4	..	..	7
Number found negative	..	..	999
Number vaccinated	..	..	995

The number found positive was 5.9% of the number tested, compared with 6.1% 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	..	..	55
Did not attend	..	..	1

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

No evidence of disease	..	..	5
Healed lesion	..	..	2

Mass Radiography

The Lincolnshire Mass Radiography Unit paid a visit to Lincoln from 26th January to 26th February, 1971. The Unit was located in Oxford Street.

The total number of attendances during this survey was 7,573 compared with 7,394 during 1970.

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	.. ..	3264	4309	7573
No. recalled for large films	.. ..	32	38	70
No. referred to Chest Clinic	.. ..	15	14	29
No. of cases of Pulmonary Tuberculosis requiring close clinic supervision or treatment		3	2	5
Bronchiectasis	.. ..	2	2	4
Bronchial Carcinoma	.. ..	5	2	7
Sarcoidosis	.. ..	-	1	1
Pneumonitis	.. ..	2	1	3

X-ray Examination of Staff

Arrangements are made for the X-ray examination, prior to appointment of new staff of the Council's Day Nursery, Children's Homes, and also employees of the Education Authority such as teachers, 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 13 immigrants who were reported as coming to reside in the City. 10 were contacted and, if necessary, given advice regarding the Health Service facilities available to them. It was not possible to trace the other three immigrants at the address given.

Other Illnesses

The Council's Social Services Department undertakes the care and after-care, under Part III of the National Assistance Act, 1948 and the Chronically Sick and Disabled Persons Act, 1970, 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 Social Services Department.

In connection with blind persons, table 'A' below gives information regarding the incidence of blindness during 1971 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 ...	3	6	—	13
(b) Treatment (Medical, surgical or optical) ...	4	1	—	7
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ...	1	5	—	4

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.

Details of the Hospital Liaison Schemes are given on pages 31, 32 and 34.

Provision of Nursing Equipment and Apparatus

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

During the year 481 patients were assisted and 718 articles of equipment were issued. The comparable figures for 1970 were 507 patients assisted and 885 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 1971 are as follows:

Air rings	54
Bed blocks (sets)	3
Bed cages	41
Bed pans	102
Bed pans (rubber)	1
Bed rests	114
Bedsteads	16
Commodes	101
Crutches (pairs)	5
Dunlopillo cushions	10
Dunlopillo mattresses	3
Feeding cups	12
Fracture boards (sets)	10
Hoist	3
Inhaler	1
Mackintosh sheets	30
Mattresses	10
Pram (twin)	1
Tripod Walking Sticks	22
Urinals	82
Walking Aids	26
Walking Sticks	10
Wheel chairs	61
	<hr/>
	718
	<hr/>

Chiropody Service

Chiropody clinics are held at 'Beaumont Lodge', Beaumont Fee and, since 15th June, 1971, at Boutham Park Health Centre. Those patients who by reason of physical disability are unable to use public transport are conveyed to and from the clinics by the Ambulance Service. In addition to the clinics a domiciliary service is provided for those who are completely house-bound and who are unable to visit the clinics even with the aid of Ambulance transport. For the first eight months of the year the service operated with a reduced staff of two whole time and two part time chiropodists. The vacancy for a whole time chiropodist which had existed for all of the previous year eventually was filled with effect from 1st September, 1971.

The number of patients requiring Ambulance transport to the clinics increased from less than 100 to 145. This increase put an additional strain on the already highly stressed Ambulance Service and necessitated some re-organisation of appointments so that the Ambulance transport could pick up a number of patients on one run. There was a slight decrease in the number of patients requiring home treatment compared with the previous year.

With the opening of the Boutham Park Health Centre a number of patients living in the Birchwood, Hartsholme and Moorland areas were transferred from the 'Beaumont Lodge' clinic to the Boutham Clinic. Initially 4 sessions per week were held at the Boutham Centre and by the end of the year it had become necessary to increase the number of sessions to 6 per week. It probably will be necessary to increase the number of sessions per week in the future but as the accommodation at the Health Centre has to be shared with other services it is not possible to maintain a full-time clinic there. The

clinic at the Centre has proved very popular with the patients who attend there as they are saved the long journey to the main clinic held at 'Beaumont Lodge'.

Regular visits were paid to the Adult Training Centre, the Quarry Hostel, De Wint Court Homes and the Methodist Home for the Elderly at Stones Place. This is a departure from previous practice but it has been found to be more satisfactory in these instances to "take the Clinic to the patient" rather than to have the patients come to the clinic.

The Education Department employed a Chiropodist for 2 sessions per week to give treatment to school children. At one time the Chiropodist visited schools for this work but during the year the School service was incorporated with the general service and school children now visit the clinic, the first hour in the morning being devoted to this work. It is thought that this system has resulted in fewer missed appointments; early appointments were not popular with elderly patients and frequently were not kept. Details of treatments to school children are given in the School Medical Officer's Report.

1971 was the fifth full year in which the Chiropody Service has worked with an establishment of 3 whole time Chiropodists and a Clerk/Receptionist, although in fact only rarely has a full staff been available and a lot of reliance has, of necessity, been placed on sessional work by part-time Chiropodists. In spite of this the numbers of treatments given annually show little variation over the years, as demonstrated by the comparative table given below:

Chiropody Service — Statistics for the last 5 years

Year	Total clinic sessions	Total clinic attendances	Total visits	Total of clinic attendances and visits	Average attendance per session	Number of individual patients treated during year
1967	1013	6715	1302	8017	6.6	1421
1968	902	5729	690	6419	6.3	1697
1969	1071	6712	1060	7772	6.2	1466
1970	984	6317	1204	7521	6.3	1484
1971	1051	6682	1113	7795	6.3	1601

There are approximately 10,000 elderly persons in Lincoln, all of whom are potential patients and the number of individuals treated in 1971 represents only 16% of the potential. It is obvious, therefore, that there is still ample scope for the service to be expanded. At the end of the year the interval between treatments for existing patients was 7 to 8 weeks and this interval is regarded as being satisfactory for the majority of patients. For new applicants the interval between the application being received and the first treatment being given may be up to 8 weeks but in most cases it is much less than this. It can be said that a satisfactory service is being offered at the present time but if a significant increase in the number of new applicants should occur increased staff will be required.

The following table gives details of attendances and income received during 1971:

	No. of Clinic Sessions	Total Attendances	Average Attendance per Clinic Session	Total Receipts
Clinics	1051	6682	6.3	£1,293.65
Home Visits		1113		
Clinic appointments not kept		1013		

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 to recover such charges as the Authorities considered reasonable. the revised charges introduced in 1970 of £1.25 for an individual and £2.25 for families of up to 5 persons vaccinated at the same time continued to apply in 1971.

The number of vaccinations carried out yearly continue to increase and 307 persons were vaccinated during the year, compared with 298 in 1970.

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 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 1971 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 33.

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.

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 1971, 148 clinic sessions were held and the maximum number seen at any clinic session was 25. The number of new applications received during the year was 860, compared with 1,395 in 1970.

The following table shows the number of women who attended the Cytology Clinic during 1971:

	Lincoln	Lindsey	Kesteven	Total
No. of women who attended the clinic during 1971	1158	308	447	1913
No. of positive smears	3	-	2	5

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.

Since the establishment of the Clinic in 1964, a system has been in operation whereby women are invited to attend at the Clinic for a re-test every three years. The system has worked well and the response has been satisfactory. However, the Department of Health now recommend that recall should be every five years and in order that there may be uniformity, arrangements are being made to introduce a five-year recall system as from January, 1972.

An increasing number of General Practitioners now undertake cervical smear tests at their surgeries and the tests are also undertaken at Family Planning Clinics.

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>	1967	1968	1969	1970	1971
Diphtheria	—	—	—	—	—
Scarlet Fever	12	23	17	12	14
Measles	262	813	17	179	673
Whooping Cough	38	11	2	14	20
Typhoid Fever	—	—	—	—	1
Para-Typhoid Fever	—	—	—	—	—
Dysentery	31	6	13	172	6
Food Poisoning	1	6	6	11	16
Ophthalmia Neonatorum	—	—	—	1	1
Acute Meningitis	—	4	2	21	1
Acute Poliomyelitis:					
Paralytic	—	—	—	—	—
Non-Paralytic	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—
Malaria	—	—	—	—	—
Smallpox	—	—	—	—	—
Tuberculosis:					
Pulmonary	9	7	13	2	14
Non-Pulmonary	2	1	4	1	3
†Infective Hepatitis	—	404	58	13	15

†Notifiable from 15th February, 1968.

Diphtheria

No case of Diphtheria occurred in the City in 1971, the last notification being in 1950.

Scarlet Fever

14 cases of Scarlet Fever were notified in 1971, all except 3 cases being school children. All the cases were visited by a Public Health Inspector as a matter of routine but in every case the disease was very mild in character. The object in visiting cases of Scarlet Fever is to ascertain whether any of the immediate contacts of the case are employed in an occupation, for example as a food handler or dairy employee, where they might be in a position to transmit the disease to others. In the past it was considered necessary to disinfect the sick room and all utensils, bedding and clothing used by the patient but during the past decade the disease has become so innocuous as to render general disinfection unnecessary; as a rule disinfection is now confined to books from the Public Library used by the patient, before they are returned to the Library.

Measles

During 1971, 673 cases of Measles were notified. The epidemic, which started in the latter half of 1970, continued unabated for the first half of 1971; by the end of July the number of cases notified weekly indicated that the epidemic was waning and from the end of September to the end of the year only 4 cases, 3 of them being members of the same family, were notified.

At first sight this disappointingly large number of cases of Measles might appear to demonstrate that the vaccination programme of previous years had been ineffective but a closer examination of the ages of the children affected reveals some interesting facts.

The following table shows the distribution of the disease among children of various ages:

<i>Age</i>	<i>No. of cases notified</i>	<i>Age</i>	<i>No. of cases notified</i>
Under 1 year ..	38	6 to 7 years ..	103
1 to 2 years ..	69	7 to 8 years ..	60
2 to 3 years ..	75	8 to 9 years ..	14
3 to 4 years ..	93	9 to 10 years ..	6
4 to 5 years ..	72	10 to 11 years ..	6
5 to 6 years ..	133	11 to 25 years ..	4
		TOTAL	673

When Measles vaccination first became available generally in May 1968, Ministry policy was to vaccinate children aged 4, 5 and 6 years. The children who were vaccinated at that time were by 1971 aged 7, 8 and 9 years and it will be seen from the table above that noticeably fewer children aged between 7 and 10 years contracted the disease than was the case with younger children. Whilst it is true that in previous epidemics the incidence of Measles among older children has been less than in the 5 to 7 years age group the difference has never been so marked as in 1971. Surely it is significant that out of 673 notified cases only 20 children aged 8 or 9 years were affected when one considers that these children were in the age group given priority for vaccination in 1968.

In order further to assess the effectiveness of vaccination every case of Measles notified was checked against the Department's vaccination records. It was found that of the 673 cases notified, 14 children had been vaccinated against Measles at some period. The following table gives details of the ages of these children and when they were vaccinated.

<i>Number</i>	<i>Age</i>	<i>Year Vaccinated</i>
2	4 and 7 years	1968
4	3, 4 and 7 years	1969
1	3 years	1970
7	1, 2 and 5 years	1971

Of the 7 children vaccinated in 1971, 4 had been vaccinated 12 days or less prior to the stated date of onset of the disease, 1 child was vaccinated 16 days prior to the stated date of onset; 1 child had been vaccinated 4 months previously and 1 child had been vaccinated 6 months prior to the date of onset. The incubation period of Measles is considered to be between 10 and 15 days; it is probable, therefore, that the children who developed symptoms 16 days or less after vaccination were either incubating the disease at the time of vaccination or were exhibiting unusually severe reactions to the vaccine.

In addition to the 14 children known to have been vaccinated against Measles and who subsequently contracted the disease several others were stated to have been vaccinated but no record of Measles vaccination could be found.

Evidence of this nature, collected over a period of only 12 months from a few hundred cases cannot possibly be conclusive. Nevertheless, it can be said with certainty, making due allowance for the cases which were reputed to have been vaccinated but for whom no record could be traced, that at least 95% of the 673 children notified as cases of Measles had NOT been vaccinated against the disease. These figures are an indictment, not of Measles vaccination but rather of the intransigence and apathy of those parents who, in spite of all appeals and publicity, just 'cannot be bothered' to have their children vaccinated.

At the time of writing the City has been virtually free from Measles for six months. There is no reason why the disease should not eventually be eradicated but it is likely to be several years before the full effects of vaccination become evident and Measles can be considered a disease of the past.

Whooping Cough

20 cases of Whooping Cough were notified during the year; this is slightly but not significantly above the average for recent years. 10 cases occurred in infants under 9 months old, none of whom had been immunised; all of these children had the disease in a fairly severe form and 7 were admitted to hospital.

Of the 10 older children affected, 1 had been fully immunised in infancy, 3 had been incompletely immunised and 6 were stated to have been immunised but no record of any immunisation could be found. It is probable that these latter children had at some time had perhaps one injection and the parents erroneously supposed that the children were fully protected.

Typhoid Fever

1 case of Typhoid Fever was notified in 1971, the first case to be notified in Lincoln for many years. The patient, a young woman who had been on holiday in Majorca, became ill 10 days after her return to Lincoln and was admitted to St. George's Hospital where a diagnosis of Typhoid Fever was made. It was learned subsequently from the Enteric Reference Laboratory that two other people, not Lincoln residents, who had stayed at the same hotel in Majorca as the patient also had contracted the disease.

Imported cases of Typhoid Fever are, nationally, becoming a fairly regular feature of the summer season and are a reminder that not every country

enjoys the same excellent water supplies and efficient food hygiene services that are taken for granted in this country.

With the current and ever growing popularity of holidays abroad and easily available air travel, large sections of the population are being transported virtually from all parts of the world where they may have been exposed to all kinds of infection and within a few hours are again mixing with families and colleagues. Even in European countries standards of hygiene are not always as high as those to which we are accustomed and in less advanced countries, particularly those with a hot climate, there is a very real danger of contracting diseases of the enteric group. Intending travellers to such countries should consider having a course of T.A.B. (Typhoid and para-typhoid A and B strains) prior to departure.

Dysentery

Only 6 cases of Dysentery were notified during the year in marked contrast to the previous year's total of 172 cases. It is not readily apparent why there should be this difference in two consecutive years; one would like to think that health education, particularly in schools, is now having some effect in promoting higher standards of personal hygiene. It is, however, unwise to become complacent as past experience has shown that Dysentery outbreaks can occur without warning and can spread with alarming rapidity.

Food Poisoning

16 cases of Food Poisoning were notified during the year, the highest number since 1959 (24 cases). In all, 31 cases were either notified or otherwise ascertained. There was one general outbreak involving 6 people, three family outbreaks involving 11 people and 14 sporadic cases. The infecting organisms were:

	Cases
<i>Salmonella typhimurium</i>	21
<i>Salmonella reading</i>	3
<i>Salmonella bredeney</i>	1
<i>Salmonella anatum</i>	1
<i>Salmonella agona</i>	3
<i>Salmonella montevideo</i>	1
<i>Staphylococcus aureus</i>	1
<hr/>	
TOTAL	31
<hr/>	

The general outbreak was connected with an hotel situated outside the City boundary at which 100 members of a local club attended a function which included a meal. On the day following the meal (Sunday) a number of the club members became ill with diarrhoea and vomiting. The Health Department became aware of the situation on the Monday and commenced investigations; the neighbouring local authority in whose area the hotel is situated was informed so that an investigation of the hotel could be made.

Of the people who ate the meal, 30 showed symptoms of Food Poisoning but only 6 individuals gave positive faeces specimens. (*S. typhimurium*). The suspected source of infection was cold ham but as none of the meal remained for analysis no confirmation was possible.

The neighbouring local authority obtained faeces specimens from the hotel kitchen staff with negative results.

The case of *S. montevideo* was found in a man, a representative of a local firm who had arrived in Lincoln from Iran. He had been taken ill before leaving Iran but the infecting organism was not identified until faeces spec-

mens were submitted to the Lincoln Public Health Laboratory. This incident illustrates further the remarks previously made with regard to diseases contracted abroad being brought home.

In no case was it possible positively to identify the source of infection. It has been remarked in previous years that by the time the Health Department becomes aware of a suspected case of Food Poisoning the item of food likely to have been responsible has been consumed or destroyed.

Ophthalmia Neonatorum

One case of Ophthalmia Neonatorum was notified in 1971.

Acute Meningitis

Only one case of Acute Meningitis was notified in 1971. The patient was a child aged 13 months and the causal organism was *Haemophilus Influenzae*.

Infective Hepatitis

15 cases of Infective Hepatitis were notified during the year. There has been no recurrence of the epidemic of 1968 when 404 cases were notified; the disease was not notifiable prior to 1968 consequently there is no accurate evidence of its prevalence in previous years. Whilst the epidemic of 1968 is thought to have been exceptional it will not be possible to form a reliable estimate of the incidence of the disease until the numbers of notifications received over a period of several years have been studied.

TUBERCULOSIS

Notifications

The number of notifications received during the year was 17 (14 pulmonary and 3 non-pulmonary), compared with 3 (2 pulmonary and 1 non-pulmonary) in the previous year. The age and sex distribution of the notified cases are shown in the following table:

		0—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
RESPIRATORY								
Males ...	...	1	2	—	3	2	2	10
Females ...	...	1	1	—	2	—	—	4
		2	3	—	5	2	2	14
MENINGES AND C.N.S.								
Males ...	...	—	—	—	—	—	—	—
Females ...	...	—	—	—	—	—	—	—
		—	—	—	—	—	—	—
OTHER FORMS								
Males ...	...	—	—	—	1	—	—	1
Females ...	...	—	—	—	1	—	1	2
		—	—	—	2	—	1	3

Deaths from Tuberculosis

There were 4 deaths attributed to respiratory tuberculosis during 1971, one of which was regarded as due to the late effects of the disease (a female aged 53 years), two were males aged 68 and 73 years and one a female aged 51 years.

Summary of Notifications and Deaths over last 10 years

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Notifications ...	47	23	24	22	13	11	8	17	3	17
Deaths ...	6	4	4	4	2	3	4	—	1	4

VENEREAL DISEASES

The Venereal Diseases Clinic was held at 'Lindum Lodge', Sewell Road, Lincoln.

During 1971, 188 patients resident in Lincoln attended the Clinic for the first time and were found to be suffering from the following conditions:

<i>Syphilis</i>				<i>Gonorrhoea</i>		<i>Other Genital Infections</i>		<i>Other Conditions</i>		<i>Total of all Conditions</i>
<i>Primary and Secondary</i>		<i>Other</i>		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M. & F.</i>
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>							
-	-	2	-	32	16	45	28	40	25	188

During 1969 and 1970, there was a marked increase in the number of cases of Gonorrhoea, and it is pleasing to report a slight decrease in 1971, as is shown in the following table:

1967		1968		1969		1970		1971	
<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
25	13	23	10	47	16	43	23	32	16

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>
1967	1	38	39
1968	2	33	35
1969	2	63	65
1970	-	66	66
1971	2	48	50

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 continues to maintain its usual high standard and no material change in the quality of the water has been observed during the year.

Samples of water from all sources have been submitted for bacteriological and chemical analysis and chlorination of the supply has continued as a prophylactic measure.

On 23rd September, 1971, following a period of testing, fluoride was added to the water supply derived from the old steam station at Elkesley (boreholes 1 - 4) from which the City obtains approximately 50% of its water. As from mid-November, 1971, fluoridation has continued from this source at the

optimum level of 1.0 parts per million (fluoride expressed as fluorine). However, because the supply is augmented *en route* to Lincoln by water from other sources (as yet unfluoridated) the level of fluoride in the water supply within the City has averaged 0.6 parts per million.

It is proposed to install additional fluoridation equipment at the remaining pumping stations supplying the City with water during 1972, thus bringing the fluoride level up to the required 1.0 parts per million."

The apportionment of cost to the Lincoln City Council for fluoridation during 1971/72 was estimated to be £760.

The natural occurring fluoride content in the Lincoln water supply at the time of analysis in January, May, August and December, 1971 was <0.1.

REGISTRATION OF NURSING HOMES

Homes Registered during the year	..	..	-
Homes on the Register at end of year	..	..	3
Number of beds provided: Maternity	..	..	-
Others	..	..	60

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 1971, 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:

	1971	1970
(a) By the Local Authority ..	213	151
(b) By private enterprise ..	79	65
Total ..	292	216

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT

FOR THE YEAR

1971

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, 1972.

Mr. Mayor, Aldermen and Councillors,

I have pleasure in presenting the report on the work of the public health inspectors during 1971.

The year was a fairly uneventful one in the sense that there were no sensational or unusual problems in environmental health suddenly thrusting themselves upon the department, but rather was it a year of steady work along largely familiar and well established lines. This does not mean that the amount of work done was any less, as a reading of the body of the report will show, although it is true to say that we did less in the field of slum clearance than in recent years. This was due to circumstances entirely outside the control of the department. Financial difficulties led to a slowing down in the rate of new building, and because of this, in the number of representations of unfit houses; as it is useless to continue such representations unless the new houses are there to accommodate the families displaced by clearance. Such rehousing provision as did exist had also to be shared out between the needs of clearance of sub-standard housing and families displaced from Waterloo Street and the adjoining streets, where 200 houses are having to be demolished to make way for the Western Relief Road. This was by no means an entire loss, however, as far as the long term slum clearance programme is concerned, as not a few of the houses in the Waterloo Street area were sub-standard, and would have had to be dealt with under the Housing Acts within the next few years.

My remarks in the 1970 annual report on the comparative dirtiness of the Lincoln air aroused some interest in the press and on television, but once again the members of the Health Committee and this Department had the disappointment of seeing money designed to improve this situation cut out of the estimates. After protracted negotiations, it did prove possible to retain a small sum of money for clean air, and this was used to set up the Brant Road Smoke Control Area. This gave us a further 215 acres and 200 houses under smoke control. As most of the houses consisted of new development, the cost of making the area smokeless was very small, but nevertheless it is better to be able to record even a little progress than none at all.

During 1971 the proposals for the re-organisation of local government were published, and in common with many other officers a considerable part of my time in the latter part of the year was taken up with attendance at meetings and by discussions arising out of those proposals. Whilst this is not the place to comment on the merits — or otherwise — of re-organisation, I feel that in a report of this kind it is legitimate to consider them in as much as they affect the environmental health services. These services are by their nature local, and one must therefore welcome the declared intention of the Government that they should continue to be administered at district council level.

Not so welcome however, is the decision to allocate Food and Drugs sampling, and the investigation of food complaints to the new counties. This proposal seems quite illogical in view of the Government's acceptance of the principal that environmental health is a district function, and will lead to endless difficulties in practice. Food hygiene is to continue to be

administered at district level and food sampling is so much tied up with this that to separate the two duties is bound to cause duplication of effort and will tend to confuse both the trade and the public. It will call for extremely good liaison between the two types of local authority, and between the officers concerned if anything like the present standard of efficiency is to be maintained.

Even more serious perhaps will be the effect of transferring the investigation of food complaints to the Counties. A glance at the body of this report will show the amount of work done in this field by the department. Such matters are, if anything, more tied up with food hygiene than sampling, and the difficulties of administration which will arise if these proposals do come into force will be correspondingly greater.

When the Offices and Shops Act came into force in 1964 the task facing the Department appeared an immense one. Almost a thousand premises which had not previously been subject to very much in the way of statutory control had to be made to comply with a comprehensive code of law dealing with sanitary and washing facilities, lighting, heating, ventilation, dangerous machinery and many other matters. After eight years of operating the Act it is possible to look back with some satisfaction — though not, I trust, with complacency — on what has been achieved. As the report shows, this year it was only necessary to write letters in respect of eleven premises out of a total of 469 which received a general inspection. This shows a very good record of compliance with the Act, and it is pleasing to be able to state that up to now this standard has been achieved without once having to resort to prosecution.

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

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
 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
 Trade Descriptions Act, 1968 (foodstuffs)

General Inspections

No. of visits

DWELLINGHOUSES AND PUBLIC HEALTH MATTERS

Re defects, nuisances, etc.	..	..	..	..	..	851
Disinfections carried out	..	..	..	..	..	1
Housing Acts, 1957 to 1969	..	..	..	..	..	2569
Disinfestation	..	..	..	..	..	340
Treatments carried out	..	..	..	..	..	209
Water Supply	..	..	..	..	..	26
References to Water Board	..	..	..	..	..	9
Improvement Grants	..	..	..	..	..	189
Dangerous structures, references to City Engineer	..	..	..	..	..	11
Rent Act	..	..	..	..	..	32
Infectious diseases — enquiries	..	..	..	..	..	497
— re specimens	..	..	..	..	..	192
Dustbins	..	..	..	..	..	67
Houses in multiple occupation	..	..	..	..	..	7
Overcrowding	..	..	..	..	..	3
Accumulations	..	..	..	..	..	250

DRAINAGE

No. of visits	..	..	..	..	..	1166
References to City Engineer	..	..	..	..	..	192

OTHER PREMISES

Factories — Mechanical and Non-Mechanical	..	..	..	..	..	140
Building and Engineering Works	..	..	..	..	..	3
Caravan sites	..	..	..	..	..	31
Moveable dwellings	..	..	..	..	..	2
Hairdressers	..	..	..	..	..	25
Interviews	..	..	..	..	..	1119
Offensive trades	..	..	..	..	..	1

	<i>No. of visits</i>						
Offices, Shops and Railway Premises Act	789						
Pet animal shops	16						
Plots of waste land	31						
Rodents and other pests	113						
Public conveniences	25						
Schools	15						
Swimming Baths	257						
Places of public entertainment	3						
Swine, fowls and other animals	26						
Unclassified	754						
ATMOSPHERIC POLLUTION							
No. of observations	36						
Visits to boiler houses	29						
Visits to atmospheric pollution stations	607						
Other visits	125						
SMOKE CONTROL AREAS							
Survey visits	255						
Contravention visits	74						
Grant visits	99						
MISCELLANEOUS							
Gas —	20						
„ — references to Gas Board	8						
Noise abatement	160						
UNFIT DWELLINGHOUSES							
No. of dwellinghouses inspected under Sections 17 or 42 of the Housing Act, 1957	101						
No. of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	61						
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	60						
REMEDY OF DEFECTS							
No. of dwellinghouses rendered fit in consequence of informal action by the Local Authority	56						
Works carried out by service of Statutory or Informal Notice							
HOUSES							
Repairs to:							
Roofs	37						
Spouts and fallpipes	11						
External walls	11						
Chimneys	3						
Internal wall and ceiling plaster	36						
Damp walls	13						
Doors	11						
Windows	22						
Floors	5						
Staircases	1						
Sinks and wastepipes	4						
Yard or passage paving	6						

DRAINAGE

No. of drains tested	75
No. of drains cleared	215

WATERCLOSETS

Repaired	15
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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 36p 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 23 dustbins were provided and 45 were renewed.

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

Informal Notices outstanding December, 1970	..	..	46
Informal Notices served 1971	..	..	62
Informal Notices complied with 1971	..	..	79
Informal Notices outstanding December, 1971	..	..	29
Statutory Notices outstanding December, 1970	..	..	4
Statutory Notices served 1971	..	..	14
Statutory Notices complied with 1971	..	..	11
Statutory Notices outstanding December, 1971	..	..	7
No. of complaints received and recorded at the Health Department	..	..	889

Local Land Charges

1,877 enquiries were received from the Chief Executive'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	..	..	2
No. of closing orders	..	..	10
No. of buildings closed	..	..	9
No. of houses included in Clearance Areas demolished	..	..	145
No. of houses represented in Clearance Areas	..	..	47
No. of Clearance Areas represented	..	..	4

Rent Act, 1957

There were no applications for issue or cancellations of Certificates of Disrepair.

Action under Statutory Powers

Housing Act — No. of dwellinghouses in respect of which notices were served requiring repairs	6
No. of dwellinghouses in which defects were remedied after service of formal notices	
(a) by owners	2
(b) by local authority	—
Public Health Act — No. of dwellinghouses in respect of which notices were served requiring defects to be remedied	8
No. of dwellinghouses in which defects were remedied after service of formal notices:	
(a) by owners	9
(b) by local authority	—

Housing Act, 1969 — Qualification Certificates

Applications under section 44(1) for qualification certificates in respect of houses in good repair and having the standard amenities were made in respect of 76 houses. The Act has now been in force for two years and the position regarding applications to date is as follows:

	1970	1971
Applications received	23	76
Qualification certificates issued	18	21
Qualification certificates refused	4	50

The main reason for the high rate of refusals has been an unsatisfactory state of repair. Where these have been subsequently remedied, certificates have been issued, but in a surprisingly large number of cases, the owners have not proceeded further with their applications once they have been notified of the repairs necessary in order to qualify for a certificate.

Applications under section 44(2) in respect of houses lacking the standard amenities but which are to be brought up to the standard total 32, 14 in 1970 and 18 this year. Up to date 17 certificates of provisional approval have been issued.

Fertilisers and Feeding Stuffs Act, 1926

11 samples were taken under the provisions of the above Act. The samples consisted of 4 samples of Feeding Stuffs and 7 of Fertilisers. All were formal samples and satisfied the requirements of the Regulations.

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 2,188 visits were made for this purpose.

Rag Flock and other Filling Materials Act, 1951

8 premises are registered under the above Act. During the year 14 samples of filling materials were submitted for examination. 3 samples were unsatisfactory, one for trash content, another for chloride content, and the third for dust content. Representations were made to the manufacturers of the materials concerned.

Pet Animals Act, 1951

During the year 9 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 is little to report under this heading — the three existing sites — one residential and two recreational — continued to be run in a satisfactory manner. Some progress is being made towards acquiring the site for gypsies, but this seems to be a slow process, and it looks as if it will be a considerable time yet before the site is actually established. There is still a certain amount of unauthorised camping by gypsies and similar people on the old Birchwood airfield, but this has not given rise to serious nuisance — largely because it is well away from residential areas. As Lincoln does not yet possess a site to which these people can be directed, it has been necessary to tolerate this small amount of unauthorised camping with a sense of relief that the problem is not much greater than it has become so far.

Swimming Baths

During the year a hydrotherapy pool in connection with St. Francis School was opened and regular visits have been paid to this and the other swimming pools in the City to examine and test the water, and to take samples for bacteriological examination.

Chlorine injector pumps have given much trouble, particularly at St. Francis School and Westgate. At the latter there have also been breakdowns of the filtration equipment, but this is to be replaced in the near future. Numbers using the pool at Westgate will have to be restricted if the water is to be maintained in a reasonably clear condition or money must be spent on improvements.

Bacteriological examination of samples of water in the pools showed high counts on 5 occasions at St. Francis, 2 each at Westgate and Skellingthorpe Road Junior School, and 1 each at Boultham Baths Paddling Pool and Lincoln School. In addition there were on four occasions unsatisfactory samples from St. Francis School pool.

A total of 343 samples were taken during the year and, apart from those referred to above were satisfactory. All the samples were examined at the Public Health Laboratory.

Noise Abatement Act, 1969

9 complaints of alleged excessive noise were received during the year. All were investigated and in 6 cases nuisances were confirmed. The following

table divides the complaints into various categories:

Industrial	1
Commercial premises	3
Roadworks construction, demolition, etc. ..	2
Domestic premises	3

Action by the public health inspectors resulted in the abatement of the nuisance or considerable improvement in 5 cases. In the sixth case, where the noise was of domestic origin, a nuisance order had to be obtained from the Magistrates' Court.

Shops Act, 1950

This Act now deals solely with such things as hours of opening, half-day closing, Sunday trading and the employment of young persons. I have commented previously in annual reports that this Act is now out of date and so riddled with legal anomalies that large parts of it are virtually unenforceable. That it is regarded with contempt by at least some sections of the retail trade is evidenced by frequent advertisements on television and elsewhere which advertise Sunday trading in open violation of the Act, knowing that even if the enforcing authorities do decide to prosecute, the fines laid down are so ridiculously small as to be no detriment whatever. A good example of this was shown by the only prosecution this department took during the year. A national supermarket decided to open on the Bank Holiday Monday and on instructions from the head office, did not close for any half day during that week, in contravention of section one of the Act. On conviction the firm was fined £2 for remaining open and for failing to display the appropriate notices. This was the maximum penalty the magistrates could impose, and probably represented the profits on one minute's trading.

During the year 425 visits were made in connection with the Act.

Offices, Shops and Railway Premises Act, 1963

There are at present 930 registered premises in which this Act is enforced by public health inspectors. Employed in these premises is a total of 8,396 persons comprising 4,978 females and 3,418 males. During the year a detailed inspection was carried out of 469 premises and a total of 789 visits was made.

Good co-operation continues to be received generally from employers in seeing that the necessary standards are maintained, and most of the deficiencies found on inspection are quickly put right without the need for formal action.

As a rule the larger firms maintain a higher standard of cleanliness and staff amenity, are well aware of the requirements of the Act, and make every effort to comply. Some, but by no means all of the smaller firms and businesses are not so well organised in this respect, and it is here that most of the infringements have been found. Not that these have been many, a total of 11, which low figure is in itself an indication of satisfactory compliance with the Act.

Regrettably, the number of accidents occurring in registered premises shows no signs of diminishing, there being 30 notifications during the year. The principal causes of accidents in the city would appear to be in the use of hand tools, handling of foods, and falls. As many as possible of the notified accidents are investigated which gives an opportunity for advice to be given to employers and employees on safety matters.

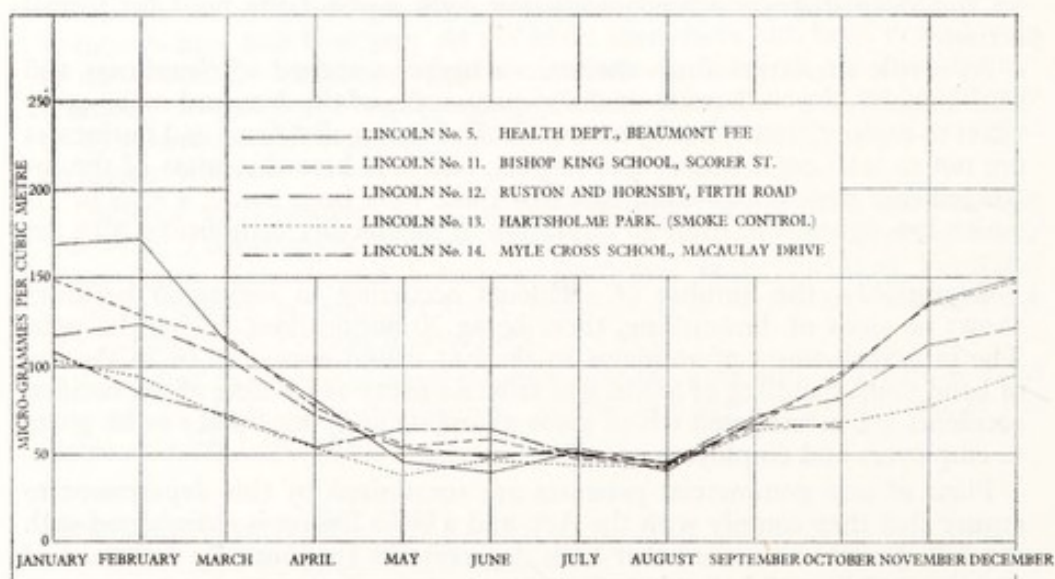
Plans of new commercial premises are scrutinised by this department to ensure that they comply with the Act, and a close liaison is maintained with the Fire Service to ensure that both departments are mutually informed of new registrations and changes of use.

SULPHUR DIOXIDE CONCENTRATION

Micrograms per cubic metre

Month	Station Number				
	5	11	12	13	14
January	168	149	118	103	108
February	170	129	124	93	84
March	114	116	104	70	71
April	81	77	71	53	53
May	45	54	52	37	63
June	39	59	48	45	63
July	51	47	52	43	49
August	40	41	43	41	44
September	69	65	71	63	66
October	93	95	81	67	66
November	136	135	111	76	-
December	150	147	121	93	141

SULPHUR DIOXIDE RESULTS
SHOWING MONTHLY CONCENTRATIONS



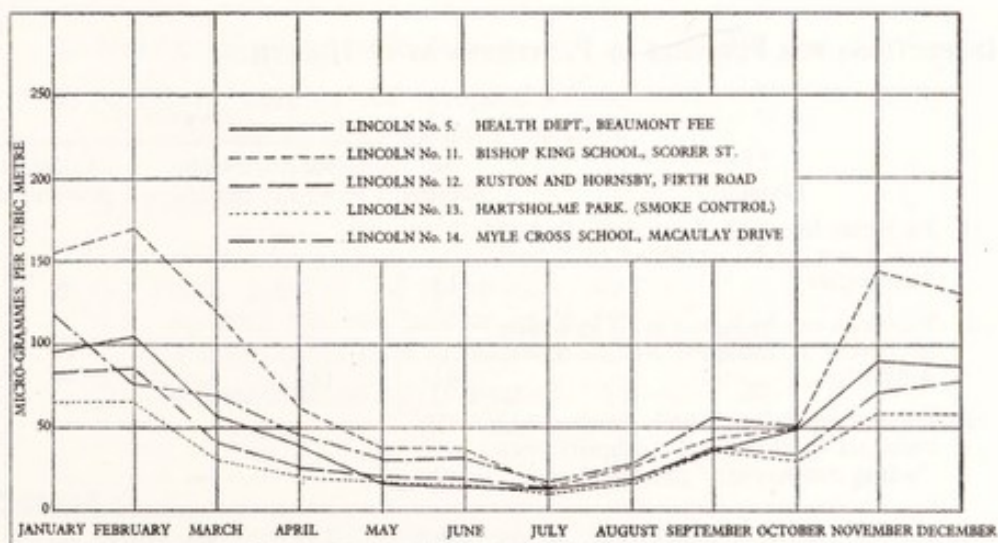
SMOKE CONCENTRATION

Micrograms per cubic metre

Month	Station Number				
	5	11	12	13	14
January	96	155	83	66	112
February	105	169	85	65	76
March	56	119	40	29	69
April	38	61	25	18	46
May	17	36	20	17	30
June	13	37	19	16	32
July	12	13	13	10	17
August	18	26	18	16	28
September	35	44	38	35	56
October	49	50	33	30	52
November	90	144	71	58	-
December	87	130	78	58	127

SMOKE POLLUTION RESULTS

SHOWING MONTHLY CONCENTRATIONS



Clean Air Act, 1956

Measurement of Atmospheric Pollution — National Survey

Measurements of smoke and sulphur dioxide continue to be taken by the volumetric instruments at the five selected sites in the City. The sites are set out on the graph below, and have been selected to give air pollution levels in districts of different character, *i.e.* City centre, built-up residential area, industrial areas and mixed industrial and residential development.

The results are sent monthly to the Warren Spring Laboratory who in turn supply us with details of similar figures for the country as a whole.

There was a very slight reduction in the figures for both smoke and sulphur dioxide as compared with those for 1970, but as the weather can influence these results to some extent, I do not consider this reduction to be of great significance. It is necessary to take several years' figures into account to assess a trend, and when this is done, it shows the position to be fairly static over recent years. My remarks in last year's report that the figures for Lincoln are still far too high are still valid.

Smoke Control

A small contribution to improving the Lincoln atmosphere was made during the year with the making of the Brant Road Smoke Control Area. This is the part of the City where most private housing development is proceeding at present, and the making of this order will at least ensure that these Estates are smokeless from their inception. More extensive projects for smoke control were rejected on financial grounds, this item as always, receiving high priority when financial economies have to be made.

When the Brant Road Area comes into force next year there will be 2,441 acres of the City under smoke control. This will include approximately 2,850 houses.

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>Inspec- tions</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	294	140	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	47	2	—	—
TOTAL	354	145	—	—

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)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
Insufficient	—	—	—	1	—
Unsuitable or defective	2	2	—	4	—
Not separate for sexes	—	—	—	1	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	2	2	—	6	—

Visits to out-workers were paid during the course of 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	33,048	45
2. (a) Total number of properties (including nearby premises) inspected following notification	833	—
(b) Number infested by (i) Rats	595	—
(ii) Mice	161	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	8,504	—
(b) Number infested by (i) Rats	20	—
(ii) Mice	3	—

Sewers

4. Were any sewers infested by rats during the year?	Yes
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FOOD AND DRUGS ACT, 1955

Inspections of Food Premises

Bakehouses	56
Bakers & Confectioners	74
Barbecues	66
Butchers	826
Cafes/Restaurants	247
Canteens — Factory	59
Chemists	10
Dairies	167
Delivery Vehicles	9
Fish Shops (Wet)	200
Fish Shops (Fried)	110
Food Factories	11
Food Inspections other than meat	19862
Greengrocers	118
Grocers and General Provisions	506
Ice Cream Shops	232
Kitchens — Hotel	28
Hospital	3
School	90
Welfare	23
Licensed Premises	171
Markets	114
Meat Vans	263
Milk Shops	237
Mobile Shops	30
Poultry Processing	239
Slaughterhouses — Public	514
Private	583
Snack Bars	138
Social clubs	21
Stalls	6448
Sweet Shops	74
Wholesale warehouses	142
Vending machines	1

Food Poisoning

Food poisoning and suspected food poisoning investigations	57
Clinical specimens submitted for bacteriological examination	63

Food Hygiene Regulations, 1960

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

Bakers and Pastrycooks	20
Confectioners	98
Butchers	73
Fishmongers	11
Fried Fish Shops	40
Barbecues	6
Cafes, Restaurants and Snack Bars	52
Public Houses	86

Hotels	12
Wine and Spirit Merchants	40
Greengrocers and Fruiterers	52
General Grocers	193
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 ..	21
Walls and ceilings replastered	19
Sinks provided	11
Hot water provided to sink	5
Wash hand basin provided	10
Hot water provided to wash hand basin ..	4
Soap, brush, towel etc., provided to wash hand basin	6
Sanitary conveniences redecorated and cleaned	6
Wash hand notices provided	2
First aid equipment provided	7
Locker accommodation provided	1
Ventilation improved	6
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

183 samples of food and drugs were procured and submitted to the Public Analyst who certified 164 samples genuine and 19 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 2.46.

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-		Genuine	Adulter-	Total
	Formal	formal		ated	
Milk	1	61	55	7	62
Milk (Channel Island)	—	2	2	—	2
Almond Marzipan	—	1	1	—	1
Buttered Mintoos	—	1	1	—	1
Buttered Fudge	—	1	1	—	1
Butter	—	1	1	—	1
Brawn	—	1	1	—	1
Blackcurrent flavour sweets	—	1	1	—	1
Beefburger with gravy	—	1	—	1	1
Beef Paste	—	2	2	—	2

<i>Nature of Sample</i>	<i>Formal</i>	<i>In- formal</i>	<i>Adult- Genuine</i>	<i>erated</i>	<i>Total</i>
Boned Chicken in Jelly	-	2	2	-	2
Beef Sausage	-	2	2	-	2
Chicken Spread	-	1	-	1	1
Curried Chicken with Mushroom	-	1	1	-	1
Curry Powder	-	1	1	-	1
Cheese (full fat soft)	-	1	1	-	1
Creamed Rice milk powder	-	1	1	-	1
Cornish Pasties	-	2	2	-	2
Chewing Gum	-	1	1	-	1
Crab Paste	-	1	1	-	1
Double Cream	-	6	6	-	6
Dried Peas	-	1	1	-	1
English Dairy Cream	-	1	1	-	1
Export Shandy	-	1	-	1	1
Fish Cakes	-	2	2	-	2
Fish Spread Crab	-	1	1	-	1
Golden Butter Mints	-	1	1	-	1
Glace Cherries	-	1	1	-	1
Irish Stew (ready meal)	-	1	1	-	1
Ice Cream	-	4	4	-	4
Lime Drink containing Vodka	-	1	1	-	1
Lime flavoured Jelly	-	1	1	-	1
Lemonade Powder	-	1	1	-	1
Liquid Cochineal	-	1	1	-	1
Marzipan Chocolates	-	1	1	-	1
Mince Pies	-	1	1	-	1
Orange Marmalade	-	1	1	-	1
Margarine	-	1	1	-	1
Nursery Numbers Sweets	-	1	1	-	1
Palace Candies	-	1	1	-	1
Plain Toffee	-	1	1	-	1
Peeled Plum Tomatoes	-	1	1	-	1
Pork Luncheon Meat	-	1	1	-	1
Pork Sausage Rolls	-	1	1	-	1
Pork Sausage	-	26	21	5	26
Potted Meat Paste	-	1	1	-	1
Processed Peas	-	1	1	-	1
Pie — Beef with Onions	-	1	1	-	1
Pie — Pork	-	2	2	-	2
Pie — Steak	-	1	1	-	1
Premium Crackers	-	1	1	-	1
Pork and Beef Sausage	-	1	1	-	1
Pure Lard	-	1	1	-	1
Steak and Kidney Pie	-	4	3	1	4
Salad Cream	-	1	1	-	1
Salmon Spread	-	3	3	-	3
Strawberry Jam	-	1	1	-	1
Frankfurter Sausages	-	1	1	-	1
Tinned Frankfurter Sausages	-	1	-	1	1
Shredded Beef Suet	-	1	1	-	1
Sausage Rolls	-	2	2	-	2
Tinned Steak and gravy	-	2	1	1	2
Stewed Steak in gravy	-	4	3	1	4

Nature of Sample	In-		Adulter-		Total
	Formal	formal	Genuine	ated	
Stewed Steak with gravy	-	1	1	-	1
Stewed Steak with rich gravy	-	1	1	-	1
Stoned Dates	-	1	1	-	1
Sugared Strands	-	1	1	-	1
Sweet Cigarettes	-	1	1	-	1
Tea	-	1	1	-	1
Tuna Steak in Oil	-	1	1	-	1
Tapioca Milk Pudding	-	1	1	-	1
Unsweetened Full Cream Evaporated Milk	-	1	1	-	1
	1	182	164	19	183

Samples Adulterated or otherwise giving rise to irregularity

(a) Administrative Action Taken

Of the 19 samples adulterated or otherwise giving rise to irregularity all were taken informally.

(b) Legal Proceedings

No legal proceedings were taken.

(c) Informal Action

1. Steak and Kidney Pie. Informal sample containing 27.4% meat. The sample conformed to the Meat Pie and Sausage Roll Regulations 1967. No visible evidence of any significant amount of kidney was found in the filling to justify the description. The matter was investigated and a subsequent informal sample was taken and proved genuine.
2. Milk. An informal sample was taken from a producer and found to be deficient in milk solids other than fat to the extent of 5.7%. The Hortvet freezing test showed the deficiency to be due to natural causes. A subsequent sample had a trace of added water, and a further sample was found to be genuine.
3. Pork Sausages. This informal sample contained 61.7% of meat, and was thus deficient in meat content. The matter was taken up with the manufacturers and a subsequent sample proved genuine.
4. Milk. An informal sample deficient in milk solids other than fat was shown by the Hortvet freezing test to contain 1.7% of added water. The matter was investigated, and a subsequent sample proved genuine.
5. Pork Sausages. This informal sample was deficient in meat to the extent of 8.8%. The matter was taken up with the manufacturers and a further sample proved to be satisfactory.
6. Tinned Sausages (Frankfurters). An informal sample was found to be deficient in meat to the extent of 20.7%. The matter was taken up with the importers. Particular brand no longer stocked.
7. Tinned Steak and Gravy. This informal sample contained 67.8% of meat and was thus deficient in meat content. The matter was taken up with the manufacturers. A further sample proved to be genuine.

8. Pork Sausages. An informal sample found to be slightly deficient in meat. The matter was drawn to the attention of the manufacturers.
9. Milk. This informal sample was found to contain 2.2% of added water. a follow-up formal sample was found to be genuine.
10. Shandy. An informal sample contained slightly above the amount of proof spirit stated on the label. The matter was referred to the manufacturers.
11. Stewed Steak in gravy. This informal sample was slightly deficient in meat. The matter was taken up with the manufacturers.
12. Milk. Three informal samples containing a trace or a small quantity of added water. Investigations revealed mechanical defects. Subsequent samples were found to be genuine.
13. Chicken Spread. This informal sample was found to be slightly deficient in meat. The matter was taken up with the manufacturer.
14. Beefburgers with gravy. An informal sample which was found to be deficient in meat. The matter was taken up with the manufacturers.
15. Pork Sausages. Two informal samples, one slightly deficient in meat and the other containing an excess of preservative. The manufacturers were informed.

Offences other than those indicated by sampling

Legal Proceedings

FOOD AND DRUGS ACT, 1955, SECTION 2

Sold a duck which was in a state of decomposition. Fined £10.

FOOD HYGIENE (MARKETS, STALLS AND DELIVERY VEHICLES) REGULATIONS, 1966. REGULATION 8.

Smoking at a fish stall on which there was open food.

Three prosecutions — convicted and fined £3 in each case.

MILK AND DAIRIES REGULATIONS, 1959. REGULATION 27.

Failing to ensure that a milk bottle was immediately before use, in a state of thorough cleanliness. Fined £20.

Informal Action

During the year 59 complaints were received about the condition of food-stuffs, of these 20 related to foreign bodies, 18 to fitness of the food, 17 to mould, 1 to a dirty container, 3 to foods said to be not of the nature demanded. 2 of the complaints resulted in legal action being taken, and details are given above.

Many complainants were reluctant to become involved in legal proceedings, and merely wanted the matter investigated with a view to preventing similar occurrences in the future. Indeed, in some cases it would not be possible to take action successfully.

Every complaint was thoroughly investigated and efforts were made to improve food coding, stock rotation and hygiene generally.

Details of the complaints are as follows:

1. 7 complaints were received about the condition of milk or milk bottles. 2 had small amounts of mortar, one a splash of paint adhering to the internal surface of the bottom of the bottles, and another contained a splinter of glass. A further complaint related to milk in a carton which had been obtained from a vending machine. Investigation of this case revealed several undesirable features — such as the switching off of the refrigerator's electricity supply and its use for other purposes — which were subsequently put right. Milk obtained from a shop was alleged to have gone sour when kept over a day without refrigeration. Warnings were issued where appropriate, and in the case of one dirty milk bottle a prosecution followed.
2. The 17 articles of food affected with mould ranged from 4 bread loaves, 2 birthday cakes, a sausage roll, cheese, apple pie, fruit drink, tin of baby food, sausages, pork pie, fruit tart, egg custard, pork luncheon meat to a raspberry fool. Incorrect stock rotation, defective seals, wrapping while warm, delay in complaining and the unwillingness of complainants to be involved in legal proceedings were some of the reasons which had to be considered in dealing with these cases. Appropriate action was taken wherever possible, particularly to improve and extend the date coding of foodstuffs.
3. Prawns alleged to be unfit. Examination of the food by smell and taste did not substantiate the complaint.
4. Haslet containing foreign material. Investigation revealed that this was a small piece of bone not removed in the course of preparation. Advice given to processor. Complainant reimbursed.
5. Chicken Pie containing a piece of stainless steel wire. The presence of the wire had occurred as a result of a breakdown in the mechanical flour sieve. When this was discovered raw materials and finished goods which could have become contaminated were destroyed, to prevent them getting on to the market, but apparently not completely. Complainant reimbursed.
6. Foreign matter embedded in a loaf of bread. Examination showed this to be dough contaminated with vegetable grease which had exuded from a loose piece of machinery. Verbal warning given.
7. Icing sugar containing insects. These proved to be starch-loving pests known as firebrats. No evidence of infestation was found at the retail shop, but both the packaging and manufacturing factories had taken remedial measures against recent infestations. Refund made to complainant.
8. Biscuits said to contain a moth. Microscopic examination showed a fairly large piece of bran which, when embedded in the biscuit, bore some resemblance to the wings of a moth. Complainant reimbursed.
9. Fried fish with 'queer' taste. Not substantiated on investigation.
10. Part of cooked chicken with bitter taste. 'Tasters' found nothing untoward in the remainder. May have been due to contamination of a portion of the chicken with the contents of the gall bladder. Complainant recompensed by retailer.

11. Egg Custard with bitter taste. Confirmed on examination. Appeared to be due to incipient sourness. Question of stock rotation taken up with shop keeper and manufacturer. Complainant reimbursed.
12. Soft drink non-returnable bottle containing pieces of glass. Proper procedures for dealing with accidental breakages in operation at the factory concerned. Complainant requested that no legal action be taken.
13. Decomposing contents of a tin of baby food. Tin had been pierced, probably by a knife to cut the cardboard cartons for display purposes. Warning issued.
14. Bread loaf containing string. In spite of a high standard of hygiene maintained at the bakery concerned, a frayed conveyor belt used during the production process had not been replaced as quickly as it should have been. Warning issued.
15. Tin of mandarin oranges said to have an appalling smell. Only empty tin available for examination, and found to have pitted internal lining. The entire stock was examined at the shop and, whilst all the tins appeared sound externally, odd ones were found to have similar pitting internally, but no unusual smell. All the tins were withdrawn from sale. Refund made.
16. Tin of soup found to be pierced. Apparently damaged in transit and placed on display by a shop assistant without noticing the damage. Warning issued. Complainant reimbursed.
17. Fruit loaf containing a stone. Examination showed it was from the fruit used in the making of the loaf. Reimbursement made to complainant.
18. Foreign material in butter. Found to be a sliver of wood, probably present in some of the imported butter used for making the particular blend. Refund made.
19. Minced meat containing dark coloured meat with 'off' smell. Some 'aged' trimmings had obviously been mixed with the fresh meat. Severe warning issued. Complainant reimbursed.
20. Foreign body in fish and chips. A good standard of hygiene was maintained at the shop concerned. Warning issued. Complainant had been given his money back prior to the making of the complaint.
21. Cooked beef with 'off' flavour. The meat had been kept in a refrigerator at the shop and removed for slicing, but the 'shop life' was too long. Advice given to shop keeper and warning issued. Refund made to complainant.
22. Small piece of metal in a slice of bread. Bakers and public health officials will be glad when metal detectors can cope with swarf, plastic coated copper wire and similar small objects which can get into food. Warning issued. Recompense made.
23. Chocolate confectionery said to contain pieces of glass. Examination showed that they were sugar crystals. Manufacturer contacted complainant and replaced the goods.

24. Baby food said to have made baby ill. The packet was found to be 'out of date'. Laboratory examination of remainder revealed no defect in odour, flavour or vitamin content and, although the moisture content had risen 1% above the figure regarded as terminating the shelf life, no signs of deterioration were found in the product. Five other packets at the shop were withdrawn from sale.
25. Allegation that duck eggs were not in fact what they purported to be. Examination showed they were indeed duck eggs.
26. Rabbit with bad smell when cooking. Examination showed the rabbit had a normal smell. Complainant had received her money back from the retailer after threatening to contact the Public Health Department although he maintained that there was nothing wrong with the rabbit.
27. Baked beans with bitter taste. Laboratory examination did not suggest any reason for the abnormal flavour. Complainant reimbursed.
28. Drum of salt containing brown powder. Analysis showed it was a type of gravy browning. Investigation failed to reveal how the substitution came about.
29. Bread loaf containing beetle and nylon bristle. The beetle was *Tribolium Confusum*, a common pest of flour, and the bristle appeared to come from a type of brush used in the bakery. No evidence of insect infestation at the bakery. Warning issued.
30. Fruit cake containing a spent match. May have been picked up when a mixing bowl was placed on the floor awaiting further processing. Measures suggested to overcome this. Warning issued.
31. Fish Fingers alleged to have caused sickness and diarrhoea. The remainder of the fish fingers were submitted for laboratory examination. It was reported that no pathogenic organisms were isolated.
32. Ham hock with foul smell. Conditions at the shop were good, with a coding system in operation. Shop keeper reimbursed complainant, although meat had been in her possession for five days.
33. Beef said to be not of the quality demanded. Complainant alleged she had asked for sirloin, and had been supplied with another joint. Butcher said she had asked for best chine. Money refunded.
34. Stone in peas supplied with fish and chips. Although the peas were sorted for the presence of foreign material the stone, which was very similar to the dried peas in colour and size, escaped the attention of the 'spotters'. Warning issued.
35. Corned beef discoloured in part, but with no unpleasant smell. Probably caused by sulphiding. Remainder of stock at the shop found to be satisfactory.
36. Foreign body in stewed steak. Examination showed that it was a small piece of hide which should have been removed in the course of preparation. Manufacturer requested to exercise more rigorous supervision.
37. Christmas duck with foul smell. Legal action was taken against the supplier. Details are given on page 78.

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	150
No. of dairies on the Register	6

The Milk (Special Designation) Regulations, 1960.

No. of dealers licences to use the designation "Ultra Heat Treated"	5
No. of dealers (Pasteuriser's) licences	2
No. of dealers licences to use the designation "Pasteurised" ..	105
No. of dealers licences to use the designation "Sterilised" ..	108

370 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 samples	Passed Meth. Blue test	Passed Phosphate	Failed Meth. Blue test	Failed Phosphate	Void	Passed Turbidity	Failed
Pasteurised	113	111	112	-	-	3		
Pasteurised (School)	79	78	79	-	-	1		
Pasteurised (Channel Islands)	97	97	97	-	-	-		
Sterilised	77	-	-	-	-	-	77	-
	366	286	288	-	-	4	77	-

RAW MILK:

Designation	No. of samples	Methylene Blue Passed	Methylene Blue Failed
Untreated (Farm cartoned)	4	1	3

Cream

85 samples of cream were submitted for bacteriological examination, 67 samples were satisfactory and 18 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 ..	496	495	1
Milk churns ..	26	26	-
Milk Plant Swabs	36	36	-
Tankers ..	42	42	-

Ice Cream

No. of premises registered for sale 299

Details of the 39 samples which were examined at the Public Health Laboratory, Lincoln are given below.

<i>Provisional Grade</i>	<i>Time taken to reduce Methylene Blue</i>	<i>No. of samples</i>
1	4½ hours or more	29
2	2½ to 4 hours	5
3	½ to 2 hours	4
4	0 hours	1

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 239
3. Number of birds processed during the year 950,000 approx.
4. Types of birds processed Turkeys, Hens,
Broilers, Capons
5. Percentage of birds rejected as unfit for
human consumption 1.9%
6. Weight of poultry condemned as unfit for
human consumption 29 Tons Cwts St Lbs
18 6 12
7. During the year daily visits to the poultry processing establishment were made to ensure that the requirements of the Food Hygiene (General) Regulations, 1970, the Slaughter of Poultry Act, 1967 and the Slaughter of Poultry (Humane Conditions) Regulations, 1971, were being observed.

There is a growing demand that poultry — like cattle, sheep and pigs — should receive a 100% ante and post mortem inspection, but trained officers are not available in such numbers as to meet the demand for routine line inspection. The number of birds slaughtered is so large as to make it impracticable for the Public Health Inspectors to examine every bird or carcase, and the trade provides 'spotters' for the detection of abnormal birds which are detained for subsequent examination by the Public Health Inspectors. As far as the large reputable firms are concerned, this now commonly adopted system operates satisfactorily as the firms adopt a responsible attitude in the matter. However until the inspection system is under our direct control and a 100% inspection is carried out, it cannot be said that there is complete protection for the consumer.

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 47,297, compared with 47,344 last year. 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	5,610	34	17	26,532	15,104
Number inspected	5,610	34	17	26,532	15,104
<i>All Diseases except Tuberculosis and Cysticercosis</i>					
Whole carcasses condemned	6	1	2	37	4
Carcasses of which some part or organ was condemned	1,104	—	2	3,672	265
<i>Tuberculosis only:</i>					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	371	—
<i>Cysticercosis</i>					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	2	—	—	—	—
Carcasses submitted to treat- ment by refrigeration	2	—	—	—	—

Cysticercus Bovis

Routine inspection for this disease has now been carried out for 23 years. Although the percentage infection of all bovines is down on the previous year's figure, the numbers of cysts found indicate the need for continued vigilance in meat inspection. Two viable cysts and 67 degenerate ones were found. Too many cattle are still exposed to this disease, and need for remedial measures by the producers still exists. The following table shows the incidence of viable infection of all bovines 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>	
5,610	34	2	—	—	—	0.03

The cysts were located in the animals as follows:—

Head	2
------	----	----	----	---

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 67 animals located as follows:

	<i>Cattle</i>			
Head	21
Heart	41
Skirt	5

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	..	..	..	..	4	15	7	4
Offals	..	..	..	..	9	11	6	12
Canned Meat	..	..	..	..	-	10	0	3
Other Canned Foods	..	..	..	..	4	2	1	13
Cooked Meat and Meat Products					-	2	3	13
Fish	..	..	..	..	-	-	6	7
Fruit and Vegetables	..	..	..	..	2	10	1	3
Frozen Foods	..	..	..	..	1	18	1	1
Poultry	..	..	..	..	29	18	6	12
Other Food	..	..	..	..	1	3	6	7
					54	14	2	5

Slaughter of Animals Act, 1958

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

CITY OF LINCOLN
EDUCATION COMMITTEE

ANNUAL REPORT
ON THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR ENDED 31st DECEMBER, 1971

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, 1971

Chairman of the Education Committee:

Alderman SIR FRANCIS HILL, C.B.E., LITT.D., LL.D. (to May, 1971)
Councillor G. G. ELSEY, J.P. (wef May, 1971)

Vice-Chairman of the Education Committee:

Councillor R. D. HORNER (to May, 1971)
Councillor Mrs. A. J. NAFTALIN, A.L.A. (wef May, 1971)

Members of the Education Committee:

Alderman W. E. HERBERT	Councillor P. J. ROE (to May 1971),
Alderman SIR FRANCIS HILL, C.B.E.,	Councillor Mrs. P. D. ROUSSEL
LITT.D., LL.D. (to May, 1971)	(wef May, 1971)
Councillor P. W. ARCHER, J.P.	Councillor A. H. TAYLOR
Councillor G. T. BLADES	Councillor Mrs. S. J. TOWNEND
(wef May, 1971)	Councillor L. A. VAISEY
Councillor R. G. BRACEY, B.SC.	(wef May, 1971)
Councillor G. G. ELSEY, J.P.	Councillor J. T. WARD (wef May, 1971)
(wef May, 1971)	Councillor Mrs. C. WILKINSON,
Councillor R. W. HODSON	J.P., S.R.N.
(wef May, 1971)	The Right Reverend Monseigneur
Councillor R. D. HORNER	Canon E. H. ATKINSON, v.g.
Councillor C. R. IRELAND	The Reverend B. A. BAKER
(to May, 1971)	The Very Reverend The Honourable
Councillor C. S. LADMORE	O. W. FIENNES, M.A., Dean of
(to May, 1971)	Lincoln
Councillor W. D. LYALL	Mr. C. T. ALDERSON (to May, 1971)
Councillor G. A. MILLS (to May, 1971)	Mr. D. J. LOGAN
Councillor Mrs. A. J. NAFTALIN, A.L.A.	Mr. P. MULLIGAN (wef May, 1971)
Councillor N. I. JACKSON	Mrs. C. M. SEELY
(wef May, 1971)	Miss J. E. SKINNER, M.A.
Councillor B. H. KENDALL, A.B.S.	Mr. E. H. TUTTY
(to May, 1971)	

SCHOOLS COMMITTEE

Chairman of the Schools Committee:

Councillor R. D. HORNER (to May, 1971)
Councillor Mrs. C. D. WILKINSON, J.P., S.R.N. (wef May, 1971)

Members of the Schools Committee:

Alderman W. E. HERBERT	Councillor P. J. ROE (to May, 1971)
(to May, 1971)	Councillor Mrs. P. D. ROUSSEL
Alderman SIR FRANCIS HILL, C.B.E.,	(wef May, 1971)
LITT.D., LL.D. (to May, 1971)	Councillor Mrs. S. J. TOWNEND
Councillor P. W. ARCHER, J.P.	Councillor Mrs. C. D. WILKINSON
(wef May, 1971)	(wef May 1971)
Councillor R. D. HORNER	The Very Reverend The Honourable
Councillor C. R. IRELAND	O. W. FIENNES, M.A., Dean of
(to May, 1971)	Lincoln
Councillor N. I. JACKSON	Mr. D. J. LOGAN
(wef May, 1971)	Miss J. E. SKINNER, M.A.
Councillor W. D. LYALL	Mrs. C. M. SEELY
Councillor Mrs. A. J. NAFTALIN, A.L.A.	

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

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 1971.

The service continued substantially on the same lines as in 1970 and the school population of 13,865 showed little change.

The pattern of routine medical inspections continued as in previous years and 3,752 children were examined during 1971. As a result of these examinations 1,115 defects were found which required treatment.

The most common defect found was that of faulty vision and 290 children were ascertained as being in need of treatment. Annual testing of vision has been carried out in Lincoln for 9 years and Lincoln must have been one of the first Authorities in the country to introduce this measure. The usefulness of it has been established beyond doubt. It must be recognised generally that refractive errors most commonly develop between the ages of 8 and 12 years and not infrequently the deterioration of vision is quite rapid which necessitates testing at yearly intervals and even this interval may in, occasional cases, be unduly long.

The one unsatisfactory aspect of the vision testing service is the rate of failure to attend at the County Hospital Ophthalmic Clinic. This is particularly noticeable in children who have previously had glasses prescribed but who neglect to attend for the regular follow-up which is necessary.

The screening facilities for hearing continued as in previous years and there is now a very comprehensive service. The testing of hearing of children does not start in schools; in fact all babies are tested from the age of 9 months and certainly before they reach one year of age.

Periodic testing of special 'At Risk' groups continues until the child reaches school age and then the School Health Service audiometry arrangements continue the process. It must be very rare for an infant or school child with defective hearing to remain undetected and my thanks are due to hospital E.N.T. Consultants for their enthusiastic support and their willingness to see any child about whom there is any doubt with regard to hearing.

Measles was the only infectious disease which caused any problem. The increase in the number of cases came in the latter months of 1970 and continued to reach epidemic proportions in the first few months of 1971.

In the first half of the year 320 cases occurred in school children. Although an effective measles vaccine has been available since 1968 this epidemic was not entirely unexpected because the up-take of the vaccine amongst older children had been relatively low, as with most other immunisation programmes. It may well be that 8 to 10 years will elapse before the disease is finally at the point of eradication and this will only occur if we are able to increase the herd immunity to a level whereby at least 80% of children have been vaccinated. In the report of the Medical Officer of Health it is pointed out that of the total number of children infected during the epidemic (673) 659 had not been vaccinated.

For the third year in succession there was an increase in the number of children with head louse infestation. 401 children were found to be infested in 1971 and this represents 2.9% of the school population.

Because there was a suspicion of developing resistance to the lotions presently in use (D.D.T. or Gammexane) a quantity of malathion lotion was

purchased and the results of the use of this product are certainly encouraging as far as can be judged from early findings.

Having said this, however, one still comes back to the original premise whereby, if hair is washed adequately and sufficiently frequently, and if every member of the family carried out this basic hygienic practice, none of these pesticidal lotions would be necessary.

The School Dental Service was able to provide a more effective service due to the appointment of a third full time officer early in the year.

The percentage of the school population inspected was 96.5 against the national average of 58%.

This speaks well of the service and of those inspected in schools in 1971, 41.9% were found to require treatment. This is in marked contrast to the position 8 years ago when 89.9% of children inspected were found to need treatment.

These figures are an eloquent testimonial to the effectiveness of the Dental Health Education Programme and although much remains to be done, I feel it is appropriate to give credit to the preventive aspects of the dental service. The task, however, in dental health education is enormous and must be a continuing process which will need to be boosted from time to time. The Dental Health Education Service has to compete with all the commercial advertising and parental apathy. It is unfortunate that the service has to be provided in school which should, in an ideal situation, be one that is provided by the parents from the time the child is one year old.

Partial fluoridation of the water supply started in September, 1971. This is a very welcome measure. Several years will elapse, however, before the benefits will become apparent. Children born in 1972 are without doubt likely to have better teeth than children born a decade earlier.

Now that St. Francis School for Physically Handicapped and Delicate Children has completed its first full year of operation, the role of the school is now becoming more clearly apparent and one cannot avoid feelings of serious apprehension at the increasing numbers of severely handicapped children who are now requiring care.

The surgical treatment of a severe degree of myelocoele (spina bifida) may be an example of advanced surgical technology, but it may well be that the whole procedure is mistaken and ill conceived.

This is a question which requires an urgent answer. It raises ethical and moral issues and particularly the consequences of the sanctity-of-life ethic.

Nevertheless, it must be answered and although nettles may sting, they must be grasped, otherwise we shall have to face a mounting number of children with severe physical disabilities with only the most miserably impaired social life open to them. Whilst they are of school-age they may manage reasonably well, being under the sheltering umbrella of the Education Services. When the children come into puberty and adolescence their sufferings will really begin; the help which will be available from medical and other sources will be quite inadequate and cannot possibly overcome the physical disabilities and emotional deprivation which every child will suffer to a greater or lesser extent.

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.

City Health Department,
Beaumont Fee,
LINCOLN.

R. D. HAIGH,
Principal School Medical Officer.

July, 1972.

STAFF OF SCHOOL HEALTH DEPARTMENT
1971

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.

School Medical Officers and Assistant Medical Officers of Health:

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

Phoebe H. Chance, M.R.C.S., L.R.C.P.

Principal Dental Officer:

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

Dental Officers:

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

Miss J. Greetham, B.D.S. (Commenced 1.2.71)

Dental Auxiliary:

Miss M. D. Beswick

Dental Surgery Assistants:

Miss S. M. Askew

Miss S. M. Cartwright (Commenced 11.5.71)

Mrs. V. Portergill (Resigned 30.4.71)

Miss A. Richardson (Commenced 11.1.71)

Miss J. Salter (Resigned 31.1.71)

Miss J. Smith (Commenced 1.2.71)

Dental Health Education Officer:

Miss M. F. Bradley

Dental Clerk:

Mrs. A. F. Galloway (Commenced 1.1.71)

Consultant Children's Psychiatrist:

John S. Edmondson, M.B., CH.B., D.P.M. (to 31.8.71)

Patrick L. G. Wakeling, M.B., CH.B., D.P.M. (Commenced 1.9.71)

Educational Psychologists:

Miss E. Sanders, M.A., DIP.ED.

Miss W. Stephenson, B.SC., DIP.PSYCH.(ED.)

Social Workers:

Miss E. O'Carroll, B.SC.

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

Miss J. O. M. Howe (Part-time) (Commenced 1.9.71)

Secretaries:

Miss H. Grout

Miss J. Lee (Resigned 31.10.71)

Chiropodist:

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

Speech Therapist:

Mrs. J. S. Henton, L.C.S.T., R.P.A.

Mrs. P. Wight, DIP.I.P.A., L.C.S.T. (Part-time) (Resigned 22.12.71)

Chief Nursing Officer:

Mrs. C. A. Hanson, S.R.N., S.C.M., H.V., C.N.N., N.D.D.N.

Nursing Officer:

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

Health Visitors/School Nurses:

Mrs. M. Aaron, S.R.N., S.C.M., H.V. (Commenced 20.9.71)

Miss F. Booth, S.R.N., S.C.M., B.T.A.(HONS), H.V. (Part-time)

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) (Resigned 21.5.71)

Mrs. L. A. Lee, S.R.N., H.V.

Mrs. E. F. I. Legge, S.R.N., S.C.M., H.V.

Mrs. G. D. Line, S.R.N., H.V. (Resigned 5.9.71)

Miss P. C. Mitchell, S.R.N., S.C.M., H.V.

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.

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

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

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

Mrs. C. A. Symons, S.R.N. (Commenced 3.1.71)

Health Education Officer:

Miss M. Carter, M.G.H.E. (Commenced 1.1.71)

Lay Administrative Assistant:

Miss M. A. Boynton

Clerk-in-Charge:

R. W. Hill

Clerks:

Miss C. A. Carratt

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

Miss C. Sykes

LIST OF SCHOOLS

School	No on Register January, 1971	Head Teacher
Nursery		
St. Cuthbert's	50	Miss C. Sharpe
St. Giles	45	Miss H. Church, M.B.E.
Primary		
Birchwood First	300	Miss Y. A. Lowe
Birchwood Middle	461	Mr. W. A. Fletcher, L.C.P.
Boultham Middle	365	Mr. K. I. Cook
Boultham First	126	Miss R. E. Morris
Bracebridge First	150	Mrs. W. Pouptis
Eastgate First	158	Miss M. B. Cullen
Ermine First	387	Miss J. M. Sowerby
Ermine Middle	377	Mr. J. Harrod, B.A.
Hartsholme First	214	Miss J. Whiticker
Manor Leas Middle	382	Mr. D. J. Logan
Manor Leas First	424	Miss U. Perry
Monks Abbey Middle	275	Mr. H. J. Sharman, DIP.P.ED., J.P.
Monks Abbey First	333	Miss S. M. Walker
Moorland First	398	Miss S. M. Neale
Mount Street First	343	Miss D. Kisby
Our Lady of Lincoln R.C. Primary	263	Mr. J. Brown
Skellingthorpe Road Middle	389	Mr. E. S. Wilson
St. Andrew's Primary	203	Mr. R. Shackleton
St. Botolph's First	131	Mrs. A. Goldsmith
St. Faith's Middle	221	Miss F. H. Bocket
St. Faith's First	242	Mrs. M. Blakeman
St. Giles Middle	347	Mr. S. B. Hall
St. Giles First	324	Miss J. O. Yeates
St. Hugh's R.C. Primary	247	Mr. D. V. Griffiths, A.R.C.M.
St. Martin's First	101	Mrs. D. P. E. M. Cook
St. Peter's Middle	217	Mr. R. S. Forbes
St. Peter's First	217	Mrs. K. West
Westgate Middle	344	Mr. J. Pritchard
Secondary Modern		
Bishop King	357	Rev. A. R. Chanter
Boultham Moor Girls'	616	Miss I. Gilbert
Myle Cross Girls'	324	Miss J. K. Gentry
Sincil Boys'	560	Mr. H. K. Lister, B.SC.
St. Giles Boys'	285	Mr. L. R. W. Thake
St. Peter and St. Paul	293	Mr. T. P. Groome, B.A.
Secondary Grammar		
Christ's Hospital Girls' High	594	Mrs. S. M. Wood, B.A.
Lincoln	529	Mr. F. W. Bailey (Acting Head)
South Park High	588	Miss M. J. Widdowson, B.A.
The City	543	Mr. L. R. Middleton, M.A., B.SC.
Comprehensive		
Yarborough High	852	Mr. E. Wilson, B.A., M.ED.

Special Schools

St. Christopher's	147	Mr. J. Haile
St. Francis	79	Mr. D. G. Williams
Beaumont House	58	Mrs. J. Webb

Establishments of Further Education

<i>Full-time day Students</i>		<i>Principal</i>
College of Technology	285	Mr. G. A. Church, B.Sc., A.C.G.I., C.ENG., F.I.MECH.E.
College of Art	104	Mr. P. I. Williams, D.F.A.(London)

STATISTICS

Population of City	74,090 (mid-year estimate)
* School Population (January, 1972) ..	13,865 +
	389 Further Education
Number of Schools	44
Number of F.E. Establishments ..	2

Maintained Schools in Lincoln

Schools	No. of † Departments	No of children on roll		Total
		Boys	Girls	
Nursery	2	52	43	95
Primary	31	4037	3791	7828
Nursery Classes Attached to First Schools ..	5	46	54	100
Special (Partially Hearing Unit)	1	8	3	11
Special (Children's Unit, Lawn Hospital) ..	1	4	2	6
Special (E.S.N.)	1	91	56	147
Special (S.S.N.)	1	35	23	58
Special (Physically Handi- capped)	1	51	28	79
Secondary Modern ..	6	1234	1201	2435
Secondary Grammar ..	4	1072	1182	2254
Comprehensive	1	434	418	852
College of Technology ..	1	142	143	285
College of Art	1	46	58	104
	56	7252	7002	14254

* 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 540 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

The selective examination of junior school children has not been introduced in Lincoln and the routine medical inspection of school children has followed the pattern of previous years in that examinations are carried out at five, ten and fourteen years approximately.

3,752 children (3,632 in 1970) were examined during the year and 1,115 (1,068 in 1970) defects were noted and referred for treatment.

Of the total number of defects noted during the year, visual defects accounted for 47.3% (48.8% in 1970), skin defects 18.0% (18.6% in 1970), orthopaedic defects 9.2% (10.1% in 1970), ear, nose and throat defects 9.9% (6.8% in 1970) and hearing defects 3.5% (3.0% in 1970).

Obesity is still a problem which gives rise to concern in the present day school child, and of the children inspected during the year 1.6% were found to require treatment and observation for this condition. This is slightly higher than the percentage for last year, which was 1.34%. The figures for 1971 are as follows:

			<i>Treatment</i>		<i>Observation</i>	
			<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
Infants	..	..	—	1	3	3
Juniors	..	..	3	2	9	9
Seniors	..	..	—	1	26	1
Totals			—	—	—	—
			3	4	38	13

RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 1115 compared with 1068 in 1970.

			<i>Entrants</i>		<i>Leavers</i>		<i>Others</i>		<i>Total</i>	
			*T	*O	*T	*O	*T	*O	*T	*O
Skin	...	...	29	8	69	13	104	12	202	33
Eyes—Vision	...	...	28	17	207	11	149	29	384	57
Squint	...	...	76	9	14	5	46	8	136	22
Other	...	...	4	1	1	1	2	—	7	4
Ears—Hearing	...	...	16	103	7	39	17	41	40	183
Otitis media	...	...	13	59	2	20	3	15	18	94
Other	...	...	1	—	1	2	3	—	5	2
Nose and Throat	...	...	61	80	14	18	36	53	111	151
Speech	...	...	26	19	1	—	6	1	33	20
Lymphatic glands	...	...	—	29	—	2	1	10	1	41
Heart	...	...	4	9	2	5	3	6	9	20
Lungs	...	...	10	36	1	12	10	27	21	75
Development										
Hernia	...	...	4	4	—	—	—	3	4	7
Other	...	...	8	44	2	8	7	32	17	84
Orthopaedic										
Posture	...	...	1	23	5	16	—	21	6	60
Feet	...	...	39	25	11	13	20	31	70	69
Other	...	...	9	17	11	8	7	13	27	38

		Entrants		Leavers		Others		Total	
		*T	*O	*T	*O	*T	*O	*T	*O
Nervous system									
Epilepsy	...	4	—	1	1	2	1	7	2
Other	...	2	12	—	4	—	6	2	22
Psychological									
Development	...	—	11	—	—	—	3	—	14
Stability	...	3	59	1	5	9	14	13	78
Abdomen	...	—	2	—	1	—	6	—	9
Other	...	2	—	—	2	—	1	2	3
		340	567	350	186	425	335	1115	1088

*T—Defects requiring treatment

*O—Defects requiring to be kept under observation

GENERAL CONDITION OF CHILDREN

Of the total number of children examined seven were classified as medically unsatisfactory. This represents 0.19%.

SPECIAL INSPECTIONS

Defect or Disease		Pupils requiring treatment		Pupils requiring observation
Skin	...	...	4	1
Eyes	—	vision	29	7
		squint	8	—
		other	—	1
Ears	—	hearing	6	21
		Otitis media	—	—
		Other	—	—
Nose and Throat	...	...	15	2
Speech	...	...	—	1
Lymphatic glands	...	...	—	—
Heart	...	...	—	—
Lungs	...	...	—	16
Development	—	Hernia	—	—
		Other	1	2
Orthopaedic	—	Posture	—	—
		Feet	9	1
		Other	1	2
Nervous system	—	Epilepsy	—	—
		Other	1	—
Psychological	—	Development	1	1
		Stability	4	20
Abdomen	...	...	—	3
Other	...	...	—	5
Totals		...	79	83

NOTES ON SPECIFIC DEFECTS

SKIN DISEASES

There is no reduction in the annual number of cases of verrucae and they continue to predominate at minor ailments and school chiropody clinics. Early in the year it was decided to discourage the treatment of verrucae at minor ailments clinics and leave such treatment to the chiropodist. As the chiropodist is employed on a part-time basis, some cases of verrucae will continue to be treated at minor ailments clinics for the time being, but the figures for the year show that the majority of the cases have been treated at the school chiropody clinic and the ultimate aim is for the chiropodist to treat all cases.

The following table shows the various skin conditions treated during the year:

		<i>At Minor Ailments Clinics</i>		<i>At School Chiropody Clinics</i>	
		1971	1970	1971	1970
Verrucae — First Visits	..	200	376	293	195
Re-visits	..	1078	2666	1640	231
Scabies	.. ..	10	12		
Impetigo	.. ..	7	6		
Miscellaneous	.. ..	75	62	14	5

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 Sjroger 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	.. ..	1973	15	31
Juniors	.. ..	2129	24	30
Seniors	.. ..	2764	30	22
Special Schools	..	53	—	2
Totals	..	6919	69	85

The above figures do not include children tested at routine and special School Medical Inspections at which 527 children were found to have a visual defect requiring treatment and 83 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 as usual the statistics for the children seen at the Lincoln County Hospital school clinics during the year 1971 with the comparable figures for 1970.

305 clinics were held during the year as against 299 for the previous year.

I do not think there is any special comment to make on these statistics which are roughly comparable with those of the previous year. There is some accumulation of arrears of old patients waiting for review and these have been brought about by illness among the staff. The results are reflected in the statistics for failures for old patients to some extent and we are at present engaged on a special effort to overtake these arrears and it is hoped that this will be accomplished within the next two or three months. As always I must express my thanks to you and your department for your courtesy and assistance throughout the year."

Children seen at School Clinics at Lincoln County Hospital

New Cases:		1971	1970
Sent for	.. .. .	290	310
Attended	.. .. .	234	255
Failed	.. .. .	56	55
Old Cases:			
Sent for	.. .. .	2573	2522
Attended	.. .. .	1646	1773
Failed	.. .. .	947	749
Complete pairs of single glasses prescribed	..	484	676
Authorised repairs	.. .. .	103	256
Orthoptic Department			
New Cases seen	.. .. .	133	172
Old Cases seen	.. .. .	1554	1920

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 262 as compared with 191 in 1970. The number of Lincoln children who received operative treatment at the County Hospital in 1971 was 268 (155 in 1970).

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, 1971

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

Number of children tested

Infants	..	..	..	..	..	..	..	1224
Junior	..	..	..	..	..	..	..	1198
Senior	..	..	..	..	..	..	..	1216
Total								3638

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.	..	..	189
Number who failed to attend	..	..	2
Number of children examined by P.T.A.	..	..	187

Result of pure tone audiograms:

Satisfactory	..	..	..	..	..	..	44
Unsatisfactory	..	..	..	..	..	..	143

Disposal and treatment of unsatisfactory cases:

Wax removed	..	..	..	..	..	..	9
For review at Hospital	..	..	..	..	..	..	17
For observation	..	..	..	..	..	..	115
Left Lincoln	..	..	..	..	..	..	2
143							

Number of Audiograms for Speech Therapy purposes
(included in figures above) 6

86 children on observation from previous years were retested during 1971. Of this number, 22 children were found to have satisfactory pure tone audiograms and the remaining 64 will continue on observation.

SPEECH DEFECTS

I am indebted to Mrs. J. Henton for the following report on the work of the Speech Therapy service during the year:

During 1971 a varied programme of therapy was carried out. Mrs. Wight commenced regular treatment sessions at St. Francis' Special School, and continued the weekly session at Manor Leas First and Middle Schools. Mrs. Henton held intensive sessions at St. Giles First School during the Spring Term, continuing her work at St. Christopher's School and at Birchwood First School. After Easter she joined Mrs. Wight at St. Francis, where a total of four sessions per week was held. This included provision for

children from Mount Street First School, Our Lady of Lincoln and Ermine Schools.

Throughout the year seven sessions per week have been held at the Central Clinic at the Child Guidance Unit.

In February, Mrs. Henton attended a week's course on Communication Problems at Castle Priory, and both Speech Therapists attended a course for Administration of the Reynell Language Scales at Birmingham during the Easter holidays.

Talks were requested and given to Parent Teachers Associations, discussion groups and school leavers.

During the year the majority of nurseries, First and Middle Schools were visited.

114 formal referrals were received and approximately half as many again were seen informally and teachers advised. Beaumont House was also visited.

108 children were discharged during the year, of these:

- 2 refused treatment
- 6 failed appointments
- 17 left the district
- 15 received treatment at the County Hospital
- 15 therapy not indicated
- 53 discharged after successful therapy

132 children are at present receiving regular treatment or are on review.

8 children are awaiting consultative appointments.

106 children are under periodic review. These include a number of hard core, poor attenders, and those whose speech may be defective due to immaturity or family problems, and which we have been unable to deal with regularly due to shortage of clinical time.

The total case load at December 1971 stands at 246, although no referrals have been received from nine primary schools, and very few indeed from secondary schools.

Mrs. Wight regretfully left the service at the end of December to move to Cheltenham.

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:

	1971	1970
Number of sessions held by the Orthopaedic Surgeon ..	12	15
Number of new cases seen by the Orthopaedic Surgeon	91	103
Total attendances (new and old cases)	363	457

(The number of cases seen during 1971 includes 2 old cases and 4 new from Kesteven).

SCHOOL CHIROPODY SERVICE

Mrs. A. D. Brown, M.CH.S., has continued to work two sessions each week as School Chiropodist, but it was decided early in the year to integrate the School and Health Department Chiropody Services. The reason for this was that elderly people were finding it difficult to keep appointments at 8-30 a.m., whereas this was an ideal time for school children to attend. Since the integration, all the chiropodists have treated school children from 8-30 to 9-30 a.m. and seen the elderly after this time. The arrangement has worked very well and the following is a report on the School Chiropody Service for the year:

"From 1st May the School Chiropody Service was incorporated into the Health Department Chiropody Service with the result that a larger number of children were seen, not only for the treatment of verrucae, but all types of foot ailments. One great advantage has been that all appointments have been given early in the morning and in general all the children have returned to school by 9-30 a.m., thus reducing the time wasted from lessons. This has also resulted in the number of missed appointments being considerably reduced, especially during the school holidays, thereby obtaining a quicker completion of the treatments in the case of verrucae.

During the first four months of the year there were on average 20 new treatments and 60 redressings monthly, but since then the numbers have risen to a monthly average of almost 40 new treatments and 145 redressings.

The figures for the year are as follows:

	<i>New Patients</i>	<i>Revisits</i>
Verrucae	293	1347
Corns	24	4
Nails	20	19
Skin	14	8
	<hr/> 351	<hr/> 1378

There have been numerous occasions when children, having been referred for verrucae treatment, were found to be suffering from other foot ailments which are only noticed by closer examination of the foot. As and when money is available to expand the chiropody service, the chiropodists feel it would be an advantage if they were to carry out the foot inspections so that the various conditions could be diagnosed and appointments for treatment made accordingly. One further suggestion is that, when time permits, chiropodists should give talks in schools on foot health and thereby help to reduce the number of foot ailments and deformities in later life."

SCHOOL CARDIAC REGISTER

Two new cases were added to the School Cardiac Register during 1971 and there are now 28 cases which have been discovered on routine medical examination.

The diagnoses of these cases are as follows:

(a)	Ventricular septal defect	..	..	..	12
(b)	Atrial septal defect	..	..	..	3
(c)	Mitral incompetence	..	..	..	1
(d)	Persistent ductus arteriosus	..	..	..	1
(e)	Pulmonary stenosis	..	..	..	3
(f)	Patent ductus arteriosus	..	..	..	1
(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 28 cases, 26 are placed in ordinary schools, 1 in St. Francis School and 1 in Beaumont House School.

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	..	..	..	7
(b)	Congenital pulmonary valvular 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	Friday at 2-0 p.m.
Minor Ailments Clinic	Monday, Wednesday and Friday at 8-30 a.m.
Orthopaedic Clinic	By Appointment
Chiropody Clinic	By Appointment

At the Maternity and Child Welfare Centre, Newland:

Dental Clinic	By Appointment
(Emergency cases daily at 2-0 p.m. without appointment)	
Ultra Violet Light Clinic	By Appointment

At Ravensdale Clinic, Laughton Way:

Medical Clinic By Appointment

Dental Clinic By Appointment

(Emergency dental cases daily at 2-0 p.m. without appointment)

At Moorland Primary School Clinic, Westwick Drive:

Minor Ailments Monday, Wednesday and Friday at 8-30 a.m.

At Boultham Park Health Centre, Boultham Park

Chiropody Clinic By Appointment

At St. Giles Infant School Clinic

Minor Ailments Monday to Friday at 9-0 a.m.

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

Minor Ailments Clinics				New Cases	Revisits	1971 Totals	1970 Totals
Central Clinic	...	...	...	169	485	654	1921
St. Giles	...	...	...	295	2596	2891	3763
Moorland	...	...	...	397	807	1204	1264
Sincil Boys	...	...	...	-	-	-	699
				861	3888	4749	7647
Medical Clinics	...	...	...	79	83	162	241
Orthopaedic Clinics	...	...	...	91	363	454	457
Dental Clinics	...	...	...	3298	5035	8603	6967
Chiropody Clinics	...	...	...	351	1378	1729	444

NOCTURNAL ENURESIS

Fourteen 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
7	2	1	-	3
8	9	2	1	12
9	2	-	-	2
10	2	1	2	5
11	4	-	4	8
12	-	-	1	1
13	-	-	-	-
14	3	-	-	3
15	-	-	-	-
16 and over	-	-	1	1
	22	4	9	35

In addition, a number of children were seen by a School Medical Officer at Ravensdale Clinic for treatment by drugs. The results are very encouraging and out of a total of 13 children given this form of treatment, 8 were cured and discharged. Of the remainder, one left the City and the other four failed to keep their appointments.

CLEANLINESS OF SCHOOL CHILDREN

PEDICULOSIS CAPITIS

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

1967	1968	1969	1970	1971
2.8%	2.0%	1.9%	2.5%	2.9%

Inspection for the presence of pediculosis.

Number of visits to schools	175
Number of inspections of children	30728
Number of children found to be verminous, however slight	401
Notices issued to parents under Section 54(2) of the Education Act, 1944	379
Cleansing Orders under Section 54 (3)	7

The number of children found to be infested during the year was 401 compared with 350 in 1970. 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. Some parents who have not previously been aware that head infestation is still prevalent, are astounded to discover that in this modern society the head louse still exists.

A quantity (5,500 ml — 1 gall.) of head lotion containing Malathion was purchased during the year for trial purposes. It was found to be much more effective than the standard head lotion in persistent cases.

It is interesting to note the quantity of shampoo and lotion purchased for the control of head infestation, and the figures for the last two financial years are as follows:

	<i>Lotion</i>	<i>Shampoo</i>
1970 71	84 litres (18½ galls.)	31.200 kg (69 lbs)
1971 72	104 litres (23 galls.)	38.880 kg (85 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:

			1971	1970	1969	1968
Acute Meningitis	..	..	-	11	2	1
Dysentery	..	..	1	95	4	1
Infective Hepatitis	..	..	5	8	32	295
Measles	..	..	320	60	6	251
Scarlet Fever	..	..	11	8	12	16
Whooping Cough	..	..	8	7	1	4
Food Poisoning	..	..	1	-	-	-
			<hr/> 346	<hr/> 189	<hr/> 57	<hr/> 568

Acute Meningitis

No case of Acute Meningitis was notified during the year.

Dysentery

Only 1 case was notified during the year, a distinct improvement on last year's figure of 95.

Food Poisoning

One case of Food Poisoning was notified during 1971. As is often the case it was not possible to positively identify the source of infection.

Infective Hepatitis

5 cases were notified during the year, a slight reduction on last year's figure of 8.

Measles

The number of cases notified during the year was 320. The epidemic, which started in the latter half of 1970 continued unabated for the first half of 1971; by the end of July the number of cases notified weekly indicated that the epidemic was waning. The majority of children who contracted measles were in the 5 — 7 yrs. age group. The Department's measles vaccination records were checked against the cases of measles notified, and at least 95% of the children had not been vaccinated against the disease. This shows the state of apathy of those parents who, in spite of all appeals and publicity, will not take the trouble to have their children protected.

Scarlet Fever

11 cases of Scarlet Fever were notified in 1971. In every case the disease was very mild in character.

Whooping Cough

Of the 11 cases notified, only one had been fully immunised, 3 had been incompletely immunised and no records were available for the remainder.

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 — 16 year age group)

			By L.A.	By GPs	Total
Triple (D.T.P.)	..	..	3	3	6
Diphtheria/Tetanus	..	..	2	2	4
Diphtheria only	..	..	—	—	—
Tetanus only	..	..	—	5	5

Reinforcing Injections (5 — 16 year age group)

Triple (D.T.P.)	..	..	8	54	62
Diphtheria/Tetanus	..	..	761	51	812
Diphtheria only	..	..	27	—	27
Tetanus only	..	..	2	82	84

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:

	By Local Authority	By General Practitioners	TOTAL
Primary	21	7	28
Booster	866	109	975

Rubella Vaccination

Since July 1970 a vaccine has been available to give protection against rubella (German measles) and it has been 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.

Because of a temporary shortage of vaccine at the end of 1970, some vaccinations had to be held over until 1971 and this is reflected in the figures for the year. The following table shows the number of girls vaccinated during the year:

	Year of birth				Totals
	1956	1957	1958	1960/61	
By Local Authority ..	75	318	352	—	745
By General Practitioners ..	2	2	1	2	7
	77	320	353	2	752

TUBERCULOSIS

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

	1966	1967	1968	1969	1970	1971
Pulmonary tuberculosis	-	1	1	3	-	3
Tuberculous meningitis	-	-	-	-	-	-
Tuberculosis, other forms	-	-	-	-	-	-
Totals ..	-	1	1	3	-	3

The three cases notified during 1971 were all in one family. They were found to be suffering from pulmonary tuberculosis following examination as contacts of their mother, a notified case.

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:

		1971	1970
Consent rate, November survey ..	..	94%	91%
Work carried out during the year		1971	1970
Number skin tested .. ..	..	1130	924
Number found positive: Grades 1 & 2		56	48
Grades 3 & 4		7	5
Positive rate .. ..	..	5.9	6.1
Number found negative .. ..	..	999	821
Number vaccinated .. ..	..	995	818

Positive Reactors

Grades 1 and 2 referred to Mass Radiography Unit:

No evidence of disease .. ..	..	55	47
Refused or failed to attend .. ..	..	1	-
Left the area .. ..	..	-	1
		<hr/> 56	<hr/> 48

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

No evidence of disease .. ..	..	5	4
Signs of old healed lesions:			
For follow-up by Chest Physician ..	..	-	1
No further action .. ..	..	2	-
		<hr/> 7	<hr/> 5

PROVISION OF SCHOOL MEALS

The number of meals provided during the year ended 31st December, 1971, was as follows:

	1971
To Nursery, Primary and Secondary Schools etc.	1,172,690
To Staff and Helpers	151,880
	<hr/>
	1,324,570
	<hr/>
Number of Free Meals supplied	286,662

On a selected day in 1971, the number of children taking milk at maintained schools under the 'Milk-in-Schools Scheme' was 2,639, which represents approximately 96.2% of those children entitled to free milk and present on the selected day.

PROVISION OF MILK REGULATIONS, 1971

The Provision of Milk Regulations were issued on 26th August, 1971 and came into effect on 1st September, 1971. From that date, authorities were under a duty to provide free school milk for certain classes of pupils in maintained schools, including pupils aged from 7 to 11 years where a school medical officer certified that the child's health required that he should be provided with milk at school.

In Lincoln there are approximately 5,000 pupils in the age group 7 to 11 years. The regulations suggested that it should be possible to identify from school medical records those children in need of milk on health grounds. The Deputy Principal School Medical Officer and a senior clerk commenced the task of examining the medical records and in the meantime Head Teachers, School Nurses and Social Workers were asked to put forward the names of children they considered to be in need of milk at school.

The end result of inspecting the medical records of 5,000 children was a list of just over 50 children who appeared to be in need of milk. Head Teachers recommended a further 20 children.

Before the examination of medical records could be completed the Education Committee instructed the Chief Education Officer to write to the parents of all children in the age group and advise them of the new regulations and parents were asked to state whether or not they wished to have their child examined for free school milk. In response to the Chief Education Officer's letter, requests for examination were received from the parents of 1,500 pupils. It was not possible for the School Medical Officers to examine this number of children in the time they had available and it was necessary to engage Medical Officers on a sessional basis to carry out this work, or relieve the School Medical Officers at routine Clinics so that they could undertake the examinations. In addition, two clinic assistants were engaged to assist the Medical Officers and were employed sessionally as required. The clerical staff of the School Health Department were asked to work overtime to deal with appointments, etc.

The Medical Officers to be employed on milk examinations met the Principal School Medical Officer for a general discussion on the subject. The Regulations gave no advice or guidance to authorities as to the criteria to be adopted by School Medical Officers in identifying children in the age group who needed milk on the grounds of health. As is usual Medical Officers were given complete clinical freedom in their decisions as to which children needed free milk and the only advice they received from the Principal School Medical Officer was to err on the side of liberality.

Examinations commenced on the 22nd October and with the exception of a few absentees whose parents requested further appointments, the examinations were completed by the end of the year.

The following figures show the results of the examinations:

Number of appointments sent out	1310
Number cancelled by parents	106
Number of children examined	786
Number of certificates issued	100
Approximate cost of carrying out the examinations ..	£700

It will be noticed that a large number of children failed to attend for examination. The failure rate is rather high, but this is not unusual nowadays.

Certificates for free milk were issued for the following reasons:

Nephrotic Syndrome	...	...	...	3
Underweight	...	...	...	53
Small child	...	...	...	16
Diabetes	...	...	...	2
Asthma	...	...	...	1
Chronic chest condition	...	...	...	3
Social grounds	...	...	...	10
Ex-Tuberculosis case	...	...	...	1
Undernourished	...	...	...	2
Anaemia	...	...	...	1
Bronchitis	...	...	...	2
Pale child	...	...	...	1
Von Perthes disease	...	...	...	1
Thin and poor appetite	...	...	...	2
Poor physique	...	...	...	1
Leukaemia	...	...	...	1
				<hr/> 100 <hr/>

Relevant defects found on examination

The Medical Officers recorded the following relevant defects found at the time of examination:

Chest condition	...	...	...	4
Small child	...	...	...	4
Heart condition...	...	...	...	4
Nephrotic syndrome	...	...	...	3
Overweight	...	...	...	6
Anaemia	...	...	...	1
Diabetic	...	...	...	2
Skin condition	...	...	...	3
Bronchitis	...	...	...	2
Underweight	...	...	...	6
Von Perthes disease	...	...	...	1
Tonsillitis	...	...	...	1
Thin and pale	...	...	...	6
Asthma	...	...	...	2
Sore throats	...	...	...	3
Leukaemia	...	...	...	1
Poor physique	...	...	...	1
Sinus	...	...	...	1
Carious teeth	...	...	...	1

The following information was supplied by parents at the time of their child's examination.

Reasons for requesting a medical examination:

No medical reason	...	...	...	77
Milk is good for you — all children should have it	...	...	...	70
Small/Thin child	...	...	...	69
Poor eater	...	...	...	64
Miscellaneous reasons	...	...	...	53
Child likes milk	...	...	...	50
Wanted a medical examination	...	...	...	47
Colds etc.	...	...	...	37
Anti-Government protest	...	...	...	41
Long time to go without a drink	...	...	...	30
Just trying it on	...	...	...	28
Short of money	...	...	...	27
Asthma/Bronchitis	...	...	...	25
Chesty	...	...	...	19

Didn't know she was applying on medical grounds	18
Teeth	13
Tonsillitis	11
Pale	11
Does not like milk	10
Doesn't get enough milk	10
For growth	8
Nerves	8
Child wants building up	6
Needs fluid	6
Might get hungry	6
Child very large	6
Dry skin	3
Husband sent her	3
Mother-in-law filled form in	2
Heart condition	2
Kidney condition	3
Diabetic	2
Told to fill form in by Head Teacher	2
Epileptic	2
Health Visitor suggested apply	2
Bad ears	2
Flat feet and other orthopaedic conditions	3
Eats like a horse but does not put on weight	1
Diarrhoea and sickness sometimes	1
Flabby muscles	1
G.P. said to try	1
Pneumonia	1
Cystitis	1
Ex T.B.	1
Urinary trouble	1
Had a motor accident	1
Hernia	1

786

The following information was obtained from parents regarding children's diets:

Breakfast

The majority of children were reported to have breakfast. 15 children were recorded as having a drink only and only 10 no breakfast at all.

Lunch

Two thirds of the children examined were reported to have school lunches and of those who had lunch at home, only seven were said to have snacks. The remainder had a cooked meal.

Nourishment

Nourishment was recorded by Medical Officers as either good, fair or poor. 125 children were recorded as having fair nourishment, 8 poor nourishment and the standard of nourishment of the remainder was considered to be satisfactory.

Milk Intake

The Medical Officers reported that in their opinion the milk intake of six children was inadequate. Ten children were reported as not liking milk.

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:

Partially Hearing	..	..	..	..	2
Physically Handicapped	..	..	..	..	1
Maladjusted	..	..	..	..	6
Educationally subnormal	..	..	..	..	44

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

3 children are in special schools:

Royal School for the Deaf, Derby	..	..	1
Mary Hare Grammar School, Newbury	..	..	1
Yorkshire School for the Deaf, Doncaster	..	..	1

Partially hearing

8 children are in special schools:

Partially Hearing Unit, Boultham School, Lincoln	..	7
Elmete Hall School, Leeds	..	1

Educationally subnormal

126 children are in special schools or classes:

St. Christopher's School, Lincoln	..	..	..	121
Hilton Grange School, Leeds	..	..	..	2
Besford Court, Worcester	..	..	..	1
Aldwark Manor, Yorks.	..	..	..	1
Milton Hall, Brampton	..	..	..	1

Epileptic

2 children are in special schools:

Colthurst House School, Cheshire	..	..	..	1
Chilton School, Maghull, Liverpool	..	..	..	1

Maladjusted

8 children are in special schools:

Deighton Close, Louth	..	..	..	5
Finchden Manor School, Tenterden	..	..	..	1
Arkwright School, Northants	..	..	..	1
Swalcliffe Park School, Banbury	..	..	..	1

Physically handicapped

25 children are in special schools:

St. Francis School, Lincoln	..	..	..	24
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	..	..	..	9
St. Dominic's, Hambledon	..	..	..	1

The following handicapped pupils were awaiting admission to special schools in December, 1971:

Maladjusted	..	..	..	8
Educationally subnormal	..	..	..	28

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 details of partially hearing children in Lincoln who have been seen during 1971 according to individual needs."

Children attending the Unit

<i>Sex</i>	<i>Age</i>	<i>Authority</i>
Male	4 years	Lincoln
Male	4 years	Lincoln
Male	5 years	Lincoln
Male	6 years	Lincoln

<i>Sex</i>	<i>Age</i>	<i>Authority</i>
Male	7 years	Lincoln
Female	8 years	Kesteven
Male	8 years	Lincoln
(Discharged June — no significant hearing defect)		
Female	9 years	Lincoln
Male	10 years	Lincoln
Female	10 years	Kesteven
Male	12 years	Lincoln
(Transferred to hearing school in September)		

Partially hearing children attending hearing schools in Lincoln, regularly reviewed to check their responses to speech and use of hearing aids

<i>Sex</i>	<i>Age</i>	<i>Authority</i>
Male	9 years	Lincoln
Male	9 years	Lincoln
Male	9 years	Lincoln
Male	11 years	Lincoln
Male	12 years	Kesteven
(Left Lincs. in September)		
Female	12 years	Kesteven
Female	14 years	Lincoln

Two pre-school children were seen regularly at the E.N.T. Clinic, County Hospital, for auditory training.

SPECIAL SCHOOLS IN LINCOLN

ST. FRANCIS SCHOOL

I am indebted to Mr. D. G. Williams, Headmaster, for the following report:

It will be remembered that St. Francis School opened in September, 1970, and has been established for 90 physically handicapped and delicate children. The year saw a steady increase in the number on roll and at the end of 1971 the position was as follows:

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Resident children	Lincoln .. ..	..	—	1	1
	Lindsey .. ..	..	25	7	32
	Kesteven .. ..	..	—	1	1
	Holland .. ..	..	—	2	2
	Grimsby .. ..	..	2	—	2
	Derbyshire ..	..	—	1	1
			27	12	39
Day children	Lincoln .. ..	..	20	10	30
	Lindsey .. ..	..	—	2	2
	Kesteven .. ..	..	6	2	8
			26	14	40
Total			53	26	79

The medical conditions of the children for whom this type of education was necessary were as follows:

Spina bifida	..	..	25	Haemophilia	..	..	..	4
Cerebral palsy	..	..	14	Burns and injuries following				
Epilepsy	..	..	2	accidents	..	..	..	3
Asthma	..	..	7	Bronchitis	..	..	..	1
Heart	..	..	3	Congenital deformity	..	..	..	5
Ectopia vesica	..	..	1	Debility	..	..	..	1
Muscular dystrophy	..	..	8	Fibrocystic disease	..	..	..	2
Hydrocephalus	..	..	1	Peripheral nerve disease	..	..	..	1
Oesophageal obstruction	..	..	1					

Since the last report the nursery unit for ten children of pre-school age has been established under the supervision of a trained nursery teacher and a nursery assistant. The educational, medical and social benefits of admitting the children at this early age are already being seen.

At the end of the summer term one boy with Von Perthes disease was found, on examination, to be fit to return to an ordinary school.

It will be seen from the above figures that the tendency towards the admission of very severely handicapped and multiply handicapped children has continued. The indications are that this pattern will continue in the future.

The demands of the forty residential children on the staff can be seen when the following statistics have been studied:

24 children in wheelchairs	11 children with urinary appliances
13 children in long calipers	9 children in nappies
4 children in short calipers	7 children cannot push own chair
2 children in Milwaukee jackets	1 child helpless

All but three of the pupils go swimming twice weekly; some for hydrotherapy, some in groups for the very severely handicapped, and some for normal swimming tuition. Swimming is very much enjoyed by all the children and has proved very beneficial to them.

The riding class meets every week and it has now been officially recognised by the Riding for the Disabled Association. 33 children have now been riding and of these 13 have passed Stage 1 and 7 Stage 2 of the Award Scheme.

4 pupils left school in July 1970, of these 2 were accepted for courses at the Portland Training College for the Disabled and 1 on the Foundation Course at the Lincoln College of Art. One boy, an asthmatic, has not found employment.

I am indebted to Dr. G. C. Franklin, Deputy Principal School Medical Officer, who is also Medical Officer for St. Francis School, for the following report:

The mounting pressure on schools for physically handicapped children is spotlighted by the above report of the Headmaster of the St. Francis School.

Due to the efficacy and universal use of the oral Sabin vaccine the days are gone when paralytic poliomyelitis was one of the major causes of crippling disability. Its place has been taken, however, by genetic disorders, such as spina bifida and hydrocephalus, which have been enabled to survive by medical 'progress'.

The increasing numbers of such severely handicapped children must give cause for concern. No-one can dispute that they should receive the sheltered

and wholly admirable education provided at great expense by the community, such as exists at St. Francis School.

What must concern everyone is the future that lies ahead for these children, after their education has been completed.

One might well ask what is the point of it all? Although there are tremendous difficulties, a policy must be determined now so that these children can continue to lead a happy and productive life fully geared to their attainments.

This is much in the minds of the voluntary organisations who have traditionally been the forerunners in the field of social improvement and who have championed the cause of the less vocal members of society.

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.

1971 has been a year of variety and changes, but at all times the school has moved forward to meet the challenge of new and exciting projects. Over the year the school has been full to capacity with 150 children on roll, *i.e.* 10 in the Diagnostic Unit and 140 in the main school. There is, however, a very lengthy waiting list and many of the children waiting admission may reach school leaving age before a place can be found for them.

A great many educational and sporting activities and visits have been arranged for the children during the year.

Although Mrs. Henton, the Speech Therapist, spends one full day each week at the school, it is not possible for her to give the necessary attention to all children in need of help. A group is seen regularly each week, and the remainder are kept under review and seen periodically.

At the end of 1971, there were 146 pupils in St. Christopher's School and Diagnostic Unit as follows:

Lincoln E.S.N. children	..	..	..	121
Lindsey E.S.N. children	..	..	..	19
Kesteven E.S.N. children	..	..	..	6

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 of observation and testing. Seven children were in the Unit at the end of 1971.

BEAUMONT HOUSE SCHOOL

The responsibility for Junior Training Centres was transferred to Local Education Authorities on 1st April, 1971 and in Lincoln the Centre, together with the attached Special Care Unit, was renamed "Beaumont House School". On the transfer date there were 47 Lincoln children (28 boys and 19 girls) on the register, plus 7 children from Kesteven.

At the end of 1971 the number of children attending Beaumont House School was as follows:

Lincoln children	..	49
Kesteven children	..	7
		—
Total	..	56
		—

During 1971, 4 children (2 boys and 2 girls) were ascertained and recommended for admission to Beaumont House School and 2 children were transferred direct from the Diagnostic Unit.

The present school premises are due to be demolished in the near future to make way for a new office block. In addition, they are too small for the numbers of children who require this form of education and a new, larger school is under construction. It is anticipated that the new school will open in the spring of 1972.

NURSERY SCHOOLS

The two nursery schools have been supplemented by nursery classes at certain Infants' Schools.

The average attendances during the year were as follows:

			<i>Average Attendance</i>
St. Cuthbert's Nursery School	..	..	38.0
St. Giles Nursery School	..	..	38.2
St. Botolph's Nursery Class	..	..	22.7
St. Martin's Nursery Class	..	..	17.0
Ermine Nursery Class	..	..	15.7
Hartsholme Nursery Class	..	..	20.2
Manor Leas Nursery Class	..	..	20.0

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

131 children were examined for employment outside school hours as compared with 269 in the previous year, mainly for the purpose of licensing for newspaper delivery. Of this number one child was found to be unfit for employment.

HOME TEACHING

During 1971, 1 child was taught at home and the condition which necessitated home teaching was as follows:

Maladjustment	1
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MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

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

96 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 two children of school age during the year. The causes of death were:

Neuroblastoma	..	..	1
Appendicitis	..	..	1

HEALTH EDUCATION

The Health Education facilities offered to schools during 1971 have gradually expanded.

Miss M. Carter was appointed as Health Education Officer and commenced duties on 1st January, 1971. Three Health Visitors, Mrs. L. Lee, Miss P. Mitchell and Mrs. P. Trout, now carry out a full programme of Health Education of their own accord in the Middle Schools in the respective areas in which they work, with the 10 to 11+ age groups.

Mrs. C. A. Hanson continues to undertake a full programme of Health Education in two Middle Schools, with the 10 to 11+ age group. In one of these schools a Health Visitor accompanies Mrs. Hanson with a view to taking over the duties in one of the schools next year.

Miss Carter carries out the programmes of Health Education in the remainder of the Middle Schools and organises and undertakes programmes in the Secondary Modern, Secondary Grammar and Comprehensive Schools.

Of the 14 Middle or Junior Schools throughout the City 5 do not avail themselves of the service, but 1 of the 5 is now considering it. It is hoped that by 1972 all Middle Schools in the City will accept all or part of the Health Education programme offered.

A regular series of Health Education subjects has been carried out in Yarborough High School involving both boys and girls and talks have also been given in Boultham Moor Girls' School. Subjects included in the programmes are human biology, care and maintenance of the body, personal hygiene, sex education, safety in the home, prevention of accidents, family and personal relationships and special subjects such as the venereal diseases, family planning and smoking.

In some of the Secondary Modern and Grammar Schools subjects dealt with under Health Education are covered by the teacher whose subject is domestic science or liberal studies. However, any requests for talks on special subjects such as child development, public health services, smoking and venereal diseases are always fulfilled. Health Education advice and information is given to these schools and visual aids loaned where required.

A series of talks on such subjects as the venereal diseases, smoking and health, cancer and family planning was given to students in the College of Art and continues to be a permanent addition to their timetable.

In the Middle and Junior Schools the programme continues much as in the previous year, this is now an established part of the school time-table. A talk is given every two weeks throughout the school year; subjects include 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. Parents can meet the Health Education Officer or Health Visitor concerned with the talks, they can then ask questions and have discussion, thus getting reassurance.

Arrangements are also made for visits by senior school girls to 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 Department and venereal diseases.

The Health Education programme in schools and colleges of further education will continue to be expanded wherever possible.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The appointment of a third full time Officer to the Service in February made possible the re-establishment of an annual inspection and treatment cycle without which no Dental Service can operate efficiently. The percentage of the school population inspected was 96.5% as against the national average of 58%. Of those inspected at schools in 1971, 41.9% were found to require treatment compared with 43.6% in 1970. Intensive use of caries preventive techniques and instruction at the chairside, coupled with the Dental Health Education programme in the schools are partly responsible for the current improvement in dental fitness as shown by the statistics at the end of the year.

The event of the year was undoubtedly the actual commencement of water fluoridation. This step represents the greatest advancement to Dental Public Health since the introduction of the National Health Service Act. In July the Service was inspected by the Ministry of Education and Science and received a favourable report. We are faced with an increase in demand for treatment, perhaps because casual child patients find it more difficult to obtain treatment elsewhere. The effort to recover our position has been at the expense of certain services, such as Orthodontics. Many cases have had to be postponed and it is hoped that expansion of this important branch of Pedodontics should be possible during 1972.

The number of children treated over the year, and number of Courses of Treatment completed, were the highest on record for the Service, and I would like to thank my staff for their dedication and hard work that made these results possible. Also I would like to thank the Principal School Medical Officer and the Chief Education Officer, and their respective Staff, for their support and encouragement over the year.

G. A. VEGA,

Principal School Dental Officer.

DENTAL HEALTH EDUCATION

During the year all but three of the City's schools have been visited, and individual class talks have been given from 30 to 50 minutes a time. The use of slides and other visual aid equipment have been more than nominally useful to assist in this programme, especially in Secondary Schools and the College of Technology.

Also a project was most successfully completed on the study of 'Man's Changing Structures'. By this method children from sub-normal groups as well as intelligent groups became aware of what teeth were and what they meant to our well-being, and how they assisted and indeed changed with changing diet. In these schools oral hygiene became a much more conscious part of daily routine.

Many of the schools which have overall poor oral hygiene or where the children have a high percentage of dental caries have been visited with great regularity and toothbrushes and toothpaste given out. All Infant and Nursery Schools have been regularly attended and careful attention given. In all 308 sessions have been devoted to this work.

In May the Dental Surgery Assistants and the Auxiliary helped man an exhibition at the Youth Show which consisted solely of children's work from various schools; and in June we were paid a visit by Miss Land of the Oral Hygiene Service, London, who visited schools where the project was in action.

Summary of Dental Inspections and Treatment carried out during 1971

Inspections	1971	1970
First inspection at school (No. of pupils)	12296	8735
No. found to require treatment	5157	3807
Percentage requiring treatment	41.9%	43.6%
Percentage referred for treatment	87.4%	90.5%
Percentage accepted treatment	45.7%	45.8%

Sessions

Sessions devoted to treatment	1331	1198
Sessions devoted to inspection	95	65
Sessions devoted to Dental Health Education ..	308	363

Attendances and Treatment

First visit	3298	2987
Subsequent visits	5305	3980
Total visits	8603	6967
Additional courses of treatment	171	129
Fillings in permanent teeth	6612	4936
Fillings in deciduous teeth	3141	1938
Permanent teeth filled	5332	4091
Deciduous teeth filled	2819	1670
Permanent teeth extracted	683	651
Deciduous teeth extracted	2590	1927
General anaesthetics	673	535
Emergencies	1021	857
No. of patients X-rayed	332	430
Phrophylaxis	1094	762
Teeth otherwise conserved	743	809

Attendances and Treatment—continued						1971	1970
No. of teeth root filled	..	..	..	..	..	36	28
Inlays ..	..	..	..	..	..	2	4
Crowns ..	..	..	..	..	..	35	41
Courses of treatment completed	..	..	..	..	..	3053	2551

Orthodontics

New cases ..	..	..	..	..	..	61	70
Cases completed ..	..	..	..	..	..	48	69
Cases discontinued ..	..	..	..	..	..	2	4
No. of removable appliances ..	..	..	..	..	..	75	78
No. of fixed appliances ..	..	..	..	..	..	—	11
No. referred to hospital consultant ..	..	..	..	..	..	17	8

Prosthetics

Pupils supplied with F.U. or F.L. (first time) ..	..	..	..	..	..	—	1
Pupils supplied with other dentures (first time) ..	..	..	..	..	..	10	24
No. of dentures supplied ..	..	..	..	..	..	10	29

CHILD GUIDANCE UNIT REPORT

I am indebted to Dr. P. L. G. Wakeling for the following report on the work of the Child Guidance Clinic during 1971.

"I enclose my report and I feel that I should really apologise for its brevity but without a proper statistical analysis of the work of this clinic there is very little that I can write about, and I do not propose to 'pad out' the few figures that I have just for the sake of it. The Kalamazoo system which was installed here is far too detailed and unwieldy for my use and I shall try and replace it by something else.

Unless one has a proper statistical record one feels that one is working in the dark and that is how I feel at present. I shall do my utmost to provide you — and to provide myself — with something a little more interesting than the rather primitive analysis of the work of this clinic for 1971 which I have been obliged to give you.

During 1971 the number of attendances, of both new and 'old' referrals, was as follows:

	<i>New Referrals</i>		<i>Out-Patients</i>
January-March, 1971	20	80
April-June, 1971	17	92
July-September, 1971	9	39
October-December, 1971	10	71
Totals	56	282

The waiting time for new referrals is now approximately six weeks. With regard to this waiting time, the staff of the clinic wish, naturally, to reduce

it and everything will be done to bring this about. But because the clinic must necessarily see all bona fide referrals, methods used to reduce the number of children waiting are limited. There are so many factors or variables which determine both the severity of a case and the response to treatment, that precise criteria to guide those referring cases are difficult to formulate. It is probable though, that the Department of Social Services will eventually (when it has found its feet a little more firmly) be able to play a part in reducing somewhat the need for certain categories of children and their families to be referred to the Child Guidance Clinic."

