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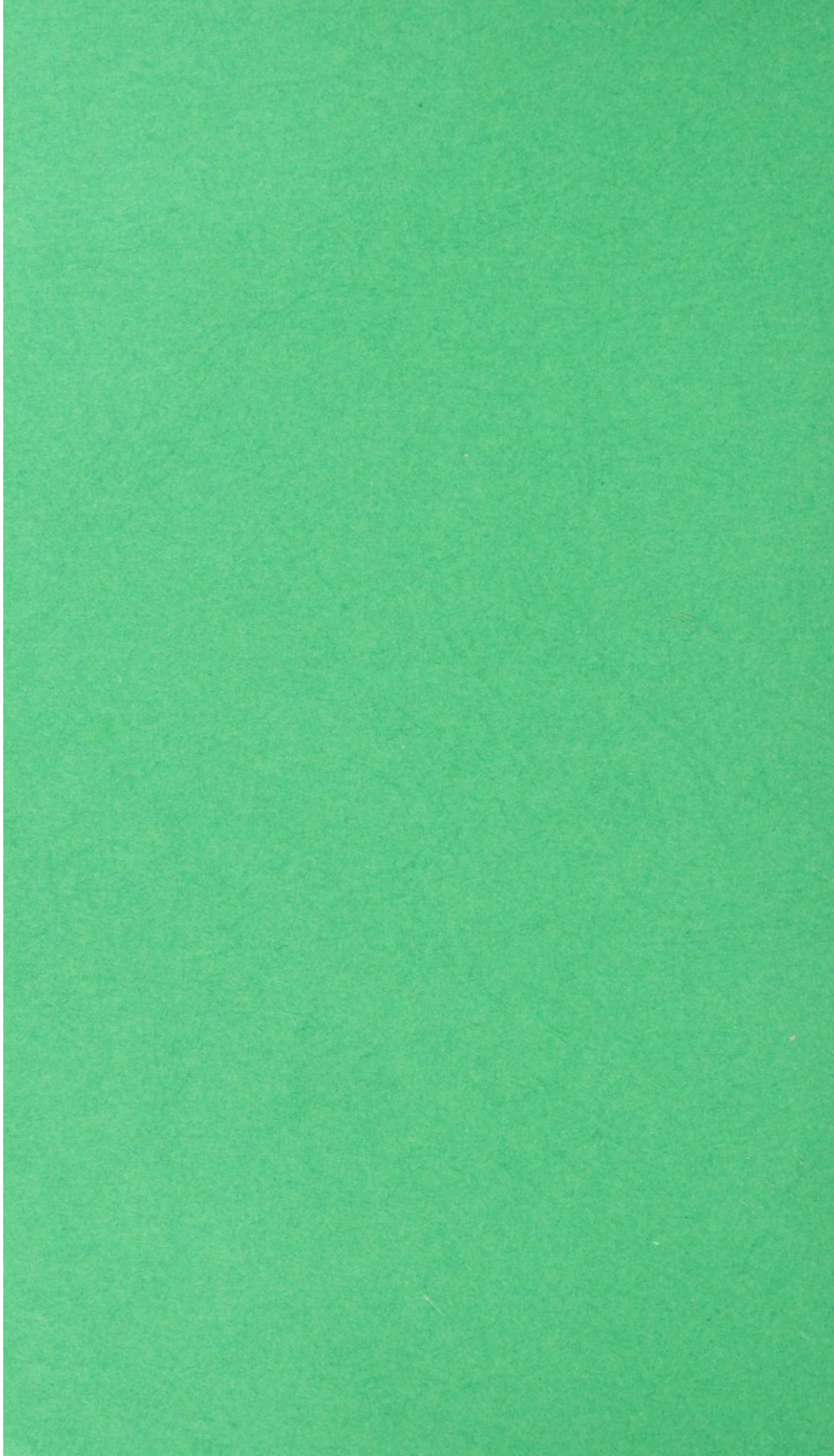
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CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDED 31st DECEMBER, 1972

*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, 1972

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

Medical Officer of Health

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

Mr. Mayor, Aldermen and Councillors,

I am pleased to present my Annual Report on the health of the City for the year 1972.

The Registrar-General's Estimate of the population of the City in 1972 was 73,810. This, being slightly less than the Estimate for 1971 (74,090), maintains a continuation of the trend which has been evident since 1968 and is the lowest population estimate for the City since 1960 (73,730).

The number of live births was 1,087 (Live Birth Rate 15.3) compared with 1,170 in 1971 (Live Birth Rate 16.3), and is the lowest number since 1955 when there were 1,039 live births (Rate 14.71). There has been a steady decrease in the number of still births during the past five years and there were 141 illegitimate births in 1972 compared with 148 in the previous year. The Illegitimate Birth Rate for Lincoln was 13 compared with 9 for England and Wales.

There was a marked reduction in the number of domiciliary births — only 81 women had their confinements at home, compared with 117 in the previous year and two-thirds of the time of the District Midwives is now spent in looking after patients who are admitted to the County Hospital Maternity Wing for their confinement and are discharged earlier than the tenth day.

There were 931 deaths in 1972, compared with 953 in the previous year, and although there was a slight and insignificant reduction in the number of males dying from cancer of the lung, the number of women who died from this disease has doubled during the past ten years. Although it is generally accepted that those who smoke are now aware of the dangers and will admit that they know that cigarette smoking is a causal factor in cancer of the lung and is responsible for the majority of cases of heart disease and chronic bronchitis which may shorten their lives, they are unwilling or unable to change their behaviour. Despite this attitude, those most concerned with Health Education must continue their efforts. More effective techniques of training teachers and educating children on matters of health in general including the effects of smoking, must be devised. The almost universal belief that the smoking habit is an acceptable part of normal living is a misconception and many suggestions as to how this may be altered are now being put into effect. Many others, such as imposing further restrictions on smoking in shops, when travelling on public transport and in places of entertainment, have not. Individual freedom to smoke even if the habit is self destructive is one thing; freedom to smoke in the presence of other people who are non-smokers and find the practice offensive is another and the rights of non-smokers are certainly as important as those of smokers.

There was little change during 1972 in the provision of Infant Welfare Clinics, all of which continued to be well attended. However, there was a minor but discernable change in the type of some of the children attending. An increasing number of children are being brought to the Infant Welfare Clinic with acute conditions who should have been taken to the General Practitioner. This may or may not be due to the delay in seeing the General Practitioner by reason of the appointments system now being operated by many General Practitioners; however, this is a possibility.

Discussions continued during the year with the Executive Council, interested General Practitioners and the Council's Architects in the preparation of plans for a Health Centre to replace the existing Clinic at 34 Newland.

One of the most important decisions made by the Health Committee in recent years was to agree to the allocation of an additional amount in the Estimates for 1972/73 to meet the additional cost for the introduction of an entirely free Family Planning Service as from 1st September, 1972 and details of the service now available are given on pages 22 and 23. The number of new patients attending the Clinic in 1972 was 832, compared with 522 in the previous year and Clinics are now held at four Centres in the City. The effect of the introduction of a free service was demonstrated by the fact that in the first quarter after the introduction of the free service the number of women attending was twice the average for the previous four quarters. This strongly indicates that although the cost of supplies may appear to be insignificant, it is indeed a disincentive to many women and particularly many of the women whose needs are greatest. The decision of the Government contained in the National Health Service Reorganisation Act, 1973, to make charges for contraceptive supplies which will compel persons in those areas where there is a completely free service to pay for their supplies after 1st April, 1974, was most unwelcome.

Another step forward in this vitally important population control policy was the passing of the National Health Service (Family Planning) Amendment Act in October which enables Local Health Authorities to provide a free Vasectomy Service.

The number of patients requiring the services of a District Nurse increased during the year and partly to cope with this additional demand and also to give a better service, two Care Assistants were appointed part-time to carry out the routine bathing and hygiene of some of the patients. By this arrangement it is hoped that the District Nurses' skills will be used to the best advantage of the patients under their care.

There was no alteration during the year in the Department's programme of Vaccinations and Immunisations. It is pleasing to report that there were only 55 cases of measles and 1 case of whooping cough, compared with 676 cases of measles and 20 cases of whooping cough in 1971. However, the number of children immunised against these diseases in 1972 was less than in the previous year and if these diseases are to be eradicated, it is vitally important that continued efforts are made to ensure that the recommended vaccinations and immunisations are carried out in infancy.

Influenza vaccination was made available as in previous recent years to Health Department staff and also to staff of the City Engineer's, Transport and Education Departments. This measure is not part of our Local Health Authority duties but is a service which good employers should provide.

Influenza epidemics commonly occur in January and February and key personnel, for example, nurses, ambulance drivers, are needed then more than at other times and can be ill-spared from duty due to illness. Although precise figures cannot be given one has the distinct impression that a satisfactory degree of protection is provided by vaccination.

During the year, the Lincoln City Ambulance Service Joint Consultative Committee was formed and the first meeting was held on 27th September, 1972. The objectives of this Committee are to bring together management and ambulance staff in consultation to maintain in the interests of the patients an efficient ambulance service; to afford a regular basis of consultation and negotiation on matters relating to industrial relations and to give the ambulance

staff a wider interest and greater responsibility in these matters. Mr. V. R. North, Ambulance Officer, was appointed Chairman and it is expected that meetings will be held every 6 — 8 weeks.

The section of the report devoted to the Ambulance Service is worthy of close study and mentions that this vital service is over stretched almost beyond its limits. The demands increase each year and no end to this trend is in sight.

I have mentioned in previous reports the progress in the fluoridation of the water supply. The decision to fluoridate the water supply was made by the Lincoln City Council in 1968 and this enabled Lincoln and the 3 County Authorities served by the Lincoln and District Water Board to approach the Water Board with a formal request for the fluoridation of the water supply to take place.

In view of the complexity of the water sources — some 16 separate water sources are involved — fluoridation to the optimum level has inevitably been rather a slow process. Although a small area of the City received fluoridated water in 1970 it was only towards the end of 1972 that the amount of fluoride for the whole City was near to the optimum level. At the end of the year the average fluoridation level was 0.8 parts per million and it is anticipated that this will be increased to 1.0 parts per million in 1973.

The above illustrates the time that may be involved in introducing a proven health measure. The first Circular enabling Local Health Authorities to make arrangements for fluoridation was in 1962, 6 years lapsed before a decision in favour was reached. A further 5 years will have elapsed before the final optimum fluoride level will be present in all the drinking water.

The preparation for the reorganisation of the National Health Service began early in 1972 as Lincolnshire was selected as one of the seven areas to be visited by members of the Study Team. For most of the year, therefore, senior officers of the Department were involved in many meetings which were time consuming and involved a good deal of extra work. In spite of this, however, all Health Department services continued and will have to continue up to the appointed day in 1974.

In conclusion, I should like to express my sincere thanks to the Health Department Staff for their help throughout the year and also the Chairman and members of the Health and Safety Committee and the Advisory Members of the Medical Sub-Committee for their support.

R. D. HAIGH,
Medical Officer of Health.

City Health Department,
St. Mark's House,
LINCOLN.
October, 1973.

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HEALTH AND SAFETY COMMITTEE, 1972

Medical Sub-Committee

(as at 31st December)

THE RIGHT WORSHIPFUL THE MAYOR

ALDERMAN W. PIXSLEY

Chairman: COUNCILLOR MRS. N. BALDOCK

Vice-Chairman: COUNCILLOR J. PLANT

Council Members: Alderman Sir Harold Banwell
Alderman S. A. Campbell
Councillor F. T. Allen
Councillor Mrs. A. Barlow
Councillor R. W. Hodson
Councillor J. S. Robertson
Councillor J. T. Ward

Advisory Members

Mr. P. W. Bradshaw
Mr. B. V. Geary
Mr. G. H. Kelsey
Mr. G. Manning
Dr. T. M. O'Brien
Mrs. K. M. Riches

Prosecutions Sub-Committee

Chairman: COUNCILLOR MRS. N. BALDOCK
Alderman Sir Harold Banwell
Councillor J. Plant

STAFF OF THE CITY HEALTH DEPARTMENT, 1972

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., M.F.C.M.

Deputy Medical Officer of Health:

G. C. FRANKLIN, M.A., M.B., B.CHIR., D.P.H., M.F.C.M.

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)

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.

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, LL.B., D.M.A., P.H.I.E.B. CERT., R.S.H. MEAT AND FOOD CERT., R.S.H. SMOKE INSPECTOR'S CERT.

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

G. BOTTOMLEY, P.H.I.E.B. CERT., R.S.H. MEAT AND FOOD CERT., R.S.H. DIPLOMA IN AIR POLLUTION CONTROL.

J. D. BULLIMORE, S.I.E.J.B. CERT., R.S.H. MEAT AND FOOD CERT. (to 1st February).

P. A. COBBETT, P.H.I.E.B. DIPLOMA, R.S.H. DIPLOMA IN AIR POLLUTION CONTROL.

C. BECK, P.H.I.E.B. DIPLOMA, R.S.H. DIPLOMA IN AIR POLLUTION CONTROL.

G. A. LAVENDER, S.I.E.J.B. CERT., R.S.H. MEAT AND FOOD CERT., R.S.H. SMOKE INSPECTOR'S CERT. (from 24th July to 31st December).

Authorised Meat Inspector:

A. CLAYTON

Pupil Public Health Inspectors:

M. I. SMITH

R. CURTIS

J. P. HUTCHINSON (from 4th September).

Director of Nursing Services:

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., H.V. (CERT.)

MISS S. A. EAST, S.R.N., B.T.A. (CERT.) H.V. (CERT.)

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. 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.) (to 28th August)

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.)

MISS M. FENTON, S.R.N., S.C.M., H.V. (CERT.) (from 18th September)

Student Health Visitors:

MRS. I. M. BUSH, S.R.N., S.C.M.

MRS. J. H. SMITH, S.R.N., S.C.M.

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.

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. 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. (to 11th June)

MRS. E. WARREN, S.R.N., Q.I.D.N. (part-time from 21st September)

Clinic Nurses:

MRS. C. A. SYMONS, S.R.N. (to 31st March)

MRS. M. A. DERRY, S.R.N. (from 27th March)

Care Assistants (part-time):

MRS. O. S. WOOD (from 22nd May)

MRS. G. L. OLDHAM (from 12th June)

Chiropodists:

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

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: 32	(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
 MISS S. M. CARTWRIGHT
 MISS A. RICHARDSON
 MISS J. SMITH

Dental Health Education Officer:

MISS M. F. BRADLEY

Lay Administrative Assistant:

MISS M. A. BOYNTON

Clerks:

A. C. TAYLOR
 N. F. MCLEOD
 MRS. R. M. DONINGTON (Secretary)
 MISS S. M. JOHNSON
 MISS E. KETTLEBORO
 MRS. E. PICKWELL (part-time)
 MRS. J. BUSH
 MRS. J. PRIESTLEY (part-time)
 MRS. A. OVERSBY (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 A. HOLBORROW (to 4th July)
 MISS L. MCALPINE
 J. P. HUTCHINSON (to 3rd September)
 MRS. A. F. GALLOWAY (Dental Clinic Clerk)
 MISS S. M. WILLEY (from 4th September)
 MISS L. M. ROBERTS (from 1st July)
 MRS. J. FREEMAN (part-time clinic clerk)
 MRS. L. GIBSON (part-time clinic clerk)

STATISTICAL INFORMATION

GENERAL STATISTICS

Area of City in acres	..	..	..	..	..	8,825
Number of dwelling houses, 1st April, 1972	..	..	..	..	..	26,669
Rateable Value, 1st April, 1972	..	..	..	..	..	£2,991,830
New Penny rate in the £	..	..	..	..	..	£29,000

VITAL STATISTICS

Population (estimate mid-year, 1972)	..	..	..	..	73,810
Live Births:—					
Number	..	..	..	..	1,087
Rate per 1,000 population	..	..	..	..	15.3
Illegitimate Live Births	..	..	..	..	141
Illegitimate Live Births — per cent of total live births	..	..	..	..	13
Still Births:—					
Number	..	..	..	..	12
Rate per 1,000 total live and still births	..	..	..	..	11
Total Live and Still Births	..	..	..	..	1,099
Infant Deaths (deaths under 1 year)	..	..	..	..	23
Infant Mortality Rates:—					
Total infant deaths per 1,000 total live births	..	..	..	..	21
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	..	21
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	21
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	..	..	..	..	11
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	..	..	..	..	10
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births)	..	..	..	..	21
Maternity Mortality (including abortion):—					
Number of deaths	..	..	..	..	1
Rate per 1,000 total live and still births	..	..	..	..	0.91
Net Deaths	..	..	..	..	931
Death Rate per 1,000 population	..	..	..	..	11.3
Tuberculosis Mortality Rate, per 1,000 population	..	..	..	..	0.07
Cancer Mortality Rate, per 1,000 population	..	..	..	..	2.56
Area Comparability Factors: Births 1.04 Deaths 0.90					

COMPARISON OF CERTAIN VITAL STATISTICS WITH RATES FOR ENGLAND AND WALES

	<i>Lincoln</i>	<i>England and Wales</i>
Live Birth Rate	15.3	14.8
Still Birth Rate	11.0	12.0
Illegitimate Live Birth Rate per cent of total Live Births	13.0	9.0
Maternal Mortality Rate	0.91	0.15
Infant Mortality Rate	21.0	17.0
Neo-natal Mortality Rate	11.0	12.0
Perinatal Mortality Rate	21.0	22.0
Death Rate	11.3	12.1
Tuberculosis Mortality Rate	0.07	0.03
Cancer Mortality Rate	2.56	2.43

COMPARATIVE TABLE—LAST FIVE YEARS

	1968	1969	1970	1971	1972
Population	75,720	75,570	74,760	74,090	73,810
Net Live Births	1,243	1,206	1,153	1,170	1,087
Still Births	20	17	15	14	12
Illegitimate Birth Rate ...	12.06	11.9	10.0	13.0	13.0
Live Birth Rate	16.91	16.0	15.9	16.3	15.3
Still Birth Rate	15.83	13.9	13.0	12.0	11.0
Infant Deaths	15	30	20	26	23
Infant Mortality Rate ...	12.06	24.9	17.0	22.0	21.0
Neo-natal Mortality Rate ...	8.05	14.1	8.0	13.0	11.0
Maternal Mortality Rate ...	0.79	0.0	0.86	0.84	0.91
Net Deaths	936	914	907	953	931
Death Rate	12.36	12.1	12.1	12.9	11.3
Tuberculosis Mortality Rate	0.05	0.0	0.01	0.05	0.07
Cancer Mortality Rate ...	2.16	2.2	2.65	2.63	2.56

Births

There were 1,087 live births during the year, 597 males and 490 females. The number of still births was 12 and the number of illegitimate live births was 141.

Deaths

There were 931 deaths (498 males and 433 females) giving an adjusted death rate of 11.3 per 1,000 population. The ages and causes of death are given in the following tables:

DEATHS IN AGE GROUPS, 1972

		4 wks & under											
		Under 4 wks.	1 year	1- yr.	5- yrs.	15- yrs.	25- yrs.	35- yrs.	45- yrs.	55- yrs.	65- yrs.	75 & over	Total
Males	...	9	9	1	2	4	3	8	38	88	148	188	498
Females	...	3	2	2	2	4	4	8	18	36	109	245	433
Totals	...	12	11	3	4	8	7	16	56	124	257	433	931

The following table shows the causes of death most common in 1972:—

Malignant neoplasm

Lung and bronchus	..	..	..	..	48
Intestine	..	..	..	..	31
Breast	..	..	..	..	12
Other malignant neoplasms	..	..	..	..	90
Cerebrovascular disease	..	..	..	..	126
Ischaemic heart disease	..	..	..	..	284
Other forms of heart disease	..	..	..	..	54
Pneumonia	..	..	..	..	80
Bronchitis and Emphysema	..	..	..	..	39

SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1972

Cause of Death	Sex	Total all ages	4 wks 4 wks	4 wks and under 1 yr	Age in Years									
					1-	5-	15-	25-	35-	45-	55-	65-	75 & over	
Enteritis and other Diarrhoeal Diseases	M	2	-	-	-	-	-	-	-	1	1	-	-	
	F	1	-	-	-	-	-	-	-	1	-	-	-	
Tuberculosis of Respiratory System	M	3	-	-	-	-	-	-	-	-	2	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Late Effects of Respiratory Tuberculosis	M	1	-	-	-	-	-	-	-	-	-	1	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Meningococcal Infection	M	1	-	-	-	1	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Syphilis and its Sequelae	M	1	-	-	-	-	-	-	-	-	1	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other Infective and Parasitic Diseases	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	1	-	-	-	
Malignant Neoplasm, Buccal Cavity, Etc.	M	1	-	-	-	-	-	-	-	-	-	1	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Oesophagus	M	4	-	-	-	-	-	-	1	-	1	2	-	
	F	2	-	-	-	-	-	-	-	-	-	1	1	
Stomach	M	14	-	-	-	-	-	-	-	3	3	6	2	
	F	6	-	-	-	-	-	-	-	-	1	1	4	
Intestine	M	14	-	-	-	-	-	-	-	-	1	7	6	
	F	17	-	-	-	-	-	-	1	1	2	7	6	
Larynx	M	2	-	-	-	-	-	-	-	1	1	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Lung, Bronchus	M	38	-	-	-	-	-	-	-	3	12	16	7	
	F	10	-	-	-	-	-	-	-	-	2	5	3	
Breast	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	12	-	-	-	-	-	-	2	3	2	4	1	
Uterus	F	9	-	-	-	-	-	-	-	1	2	2	4	
Prostate	M	11	-	-	-	-	-	-	-	-	-	4	7	
Leukaemia	M	3	-	-	-	-	-	-	-	-	-	1	2	
	F	5	-	-	1	-	1	-	-	-	-	1	2	
Other Malignant Neoplasms	M	11	-	-	-	-	-	-	1	3	3	2	2	
	F	30	-	-	-	-	1	-	2	1	5	10	11	
Benign and Unspecified Neoplasms	M	1	-	-	-	-	-	-	-	1	-	-	-	
	F	2	-	-	-	-	-	-	-	-	-	2	-	
Diabetes Mellitus	M	5	-	-	-	-	-	-	-	1	2	1	1	
	F	5	-	-	-	-	-	-	-	-	2	-	3	
Avitaminoses, Etc.	M	1	-	-	-	-	-	-	-	1	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other Endocrine, Etc. Diseases	M	1	-	-	-	-	-	-	-	-	-	1	-	
	F	1	-	-	-	-	-	-	-	-	1	-	-	
Mental Disorders	M	2	-	-	-	-	-	-	-	-	-	-	2	
	F	4	-	-	-	-	-	-	-	-	-	1	3	
Multiple Sclerosis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	1	-	-	-	-	
Other Diseases of Nervous System	M	1	-	-	-	-	1	-	-	-	-	-	-	
	F	4	-	-	-	-	-	1	-	-	1	1	1	
Chronic Rheumatic Heart Disease	M	3	-	-	-	-	-	-	-	-	1	1	1	
	F	4	-	-	-	-	-	-	-	-	1	1	2	
Sub-Total	M	120	-	-	-	1	1	-	2	14	28	43	31	
	F	115	-	-	1	-	2	1	6	8	19	36	42	

SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1972

Cause of Death	Sex	Total all ages	4 wks Under and over			Age in Years									
			4 wks	1 yr	1-	5-	15-	25-	35-	45-	55-	65-	75 & over		
Hypertensive Disease ...	M	6	-	-	-	-	-	-	-	-	1	1	4		
	F	5	-	-	-	-	-	-	-	-	1	2	2		
Ischaemic Heart Disease ...	M	171	-	-	-	-	-	1	1	19	36	63	51		
	F	113	-	-	-	-	-	-	-	3	9	24	77		
Other Forms of Heart Disease ...	M	14	-	-	-	-	-	-	-	-	-	1	13		
	F	22	-	-	-	-	-	-	-	-	-	5	17		
Cerebrovascular Disease ...	M	49	-	-	-	-	-	-	-	2	6	10	31		
	F	77	-	-	-	-	1	-	1	2	2	21	50		
Other Diseases of Circulatory System ...	M	16	-	-	-	-	-	-	1	-	1	7	7		
	F	15	-	-	-	-	-	-	-	-	-	6	9		
Influenza ...	M	4	-	-	-	-	-	-	1	-	-	-	3		
	F	3	-	-	-	-	-	-	-	1	-	-	2		
Pneumonia ...	M	41	1	5	-	-	-	-	1	1	4	6	23		
	F	39	-	2	1	-	-	-	-	-	3	8	25		
Bronchitis and Emphysema ...	M	31	-	-	-	-	-	-	1	-	8	13	9		
	F	8	-	-	-	-	-	-	-	1	-	3	4		
Other Diseases of Respiratory System ...	M	1	-	-	-	-	-	-	-	-	-	-	1		
	F	2	-	-	-	-	-	-	1	-	-	-	1		
Peptic Ulcer ...	M	4	-	-	-	-	-	-	-	1	-	-	3		
	F	2	-	-	-	-	-	-	-	-	-	1	1		
Appendicitis ...	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	1	-	-	-	-	-	-	-		
Intestinal Obstruction and Hernia ...	M	1	-	-	-	-	-	-	-	-	-	-	1		
	F	3	-	-	-	-	-	-	-	-	-	-	3		
Cirrhosis of Liver ...	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	1	-	-	-		
Other Diseases of Digestive System ...	M	5	1	-	-	-	-	-	-	-	-	2	2		
	F	7	-	-	-	-	-	-	-	1	1	-	5		
Nephritis and Nephrosis ...	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	1	-	-		
Hyperplasia of Prostate ...	M	6	-	-	-	-	-	-	-	-	-	2	4		
Other Diseases, Genito-Urinary System ...	M	5	-	-	-	-	-	-	-	-	1	-	4		
	F	4	-	-	-	-	-	1	-	-	-	1	2		
Congenital Anomalies ...	M	6	2	3	1	-	-	-	-	-	-	-	-		
	F	1	1	-	-	-	-	-	-	-	-	-	-		
Birth Injury, Difficult Labour, Etc. ...	M	2	2	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Other Causes of Perinatal Mortality ...	M	3	3	-	-	-	-	-	-	-	-	-	-		
	F	2	2	-	-	-	-	-	-	-	-	-	-		
Symptoms and Ill Defined Conditions ...	M	1	-	1	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-		
Motor Vehicle Accidents ...	M	5	-	-	-	1	2	1	1	-	-	-	-		
	F	3	-	-	-	1	1	-	-	1	-	-	-		
All Other Accidents ...	M	3	-	-	-	-	1	-	-	1	-	-	1		
	F	6	-	-	-	-	-	-	-	-	-	2	4		
Suicide and Self-inflicted Injuries ...	M	4	-	-	-	-	-	1	-	-	3	-	-		
	F	1	-	-	-	-	-	-	-	-	-	-	1		
All Other External Causes ...	M	-	-	-	-	-	-	-	-	-	-	-	-		
	F	2	-	-	-	-	-	2	-	-	-	-	-		
Sub-Total ...	M	378	9	9	1	1	3	3	6	24	60	105	157		
	F	318	3	2	1	2	2	3	2	10	17	73	203		
Total All Causes ...	M	498	9	9	1	2	4	3	8	38	88	148	188		
	F	433	3	2	2	2	4	4	8	18	36	109	245		
Males and Females ...		931	12	11	3	4	8	7	16	56	124	257	433		

DEATHS FROM CANCER

There were 189 deaths from cancer during the year (shown in the table below) compared with 195 during 1971. It will be noted that there were 48 deaths from cancer of the lung, which represent 5.2% of the total deaths. Of these 48 deaths, 38 were males and 10 females.

Cancer of the lung mainly affects those in the age group 45 to 75 years and the figures show that it was four times more common in males than in females and 25.4% of the total cancer deaths were due to cancer of the lung and bronchus during 1972.

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."

Unfortunately, although many smokers need no further convincing that the habit is a cause of lung cancer and is likely to shorten life, they refuse to take the steps necessary to avoid the situation.

CANCER DEATHS, 1972

Cause of Death	Sex	Under	Age in Years										75 & over	Total
		1 yr.	1-	5-	15-	25-	35-	45-	55-	65-				
MALIGNANT NEOPLASM OF														
Buccal cavity, etc.	Males	-	-	-	-	-	-	-	-	1	-	1	1	
	Females	-	-	-	-	-	-	-	-	-	-	-		
Oesophagus	Males	-	-	-	-	-	1	-	1	2	-	4	6	
	Females	-	-	-	-	-	-	-	-	1	1	2		
Stomach	Males	-	-	-	-	-	-	3	3	6	2	14	20	
	Females	-	-	-	-	-	-	-	1	1	4	6		
Intestine	Males	-	-	-	-	-	-	-	1	7	6	14	31	
	Females	-	-	-	-	-	1	1	2	7	6	17		
Larynx	Males	-	-	-	-	-	-	1	1	-	-	2	2	
	Females	-	-	-	-	-	-	-	-	-	-	-		
Lung, Bronchus	Males	-	-	-	-	-	-	3	12	16	7	38	48	
	Females	-	-	-	-	-	-	-	2	5	3	10		
Breast	Males	-	-	-	-	-	-	-	-	-	-	-	12	
	Females	-	-	-	-	-	2	3	2	4	1	12		
Uterus	Females	-	-	-	-	-	-	1	2	2	4	9	9	
Prostate	Males	-	-	-	-	-	-	-	-	4	7	11	11	
LEUKAEMIA	Males	-	-	-	-	-	-	-	-	1	2	3	8	
	Females	-	1	-	1	-	-	-	-	1	2	5		
OTHER MALIGNANT NEOPLASMS														
Totals	Males	-	-	-	-	-	1	3	3	2	2	11	41	
	Females	-	-	-	1	-	2	1	5	10	11	30		
Totals	Males	-	-	-	-	-	2	10	21	39	26	98	189	
	Females	-	1	-	2	-	5	6	14	31	32	91		

Infant Mortality

There were 23 deaths under 1 year, giving an infant mortality rate of 21 per 1,000 live births, compared with a rate of 17 for England and Wales. 11 infants died within the first week of life.

The following table shows the ages and cause of death:

CAUSE OF DEATH	Under 1 wk	1-2 wks	3-4 wks	Total under 4 wks	1-3 mths	4-6 mths	7-9 mths	10-12 mths	Total under 12 mths
Congenital Anomalies	2	1	-	3	3	-	-	-	6
Pneumonia or other Respiratory Disorders	2	-	-	2	5	-	1	-	8
Birth Injury, Difficult Labour, etc.	2	-	-	2	-	-	-	-	2
Generalised Peritonitis	1	-	-	1	-	-	-	-	1
Prematurity	4	-	-	4	-	-	-	-	4
"Cot Death"	-	-	-	-	2	-	-	-	2
TOTAL	11	1	-	12	10	-	1	-	23

Perinatal Mortality

The perinatal mortality rate is the number of still births added to the number of infant deaths during the first week of life expressed as a rate per thousand 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 1972, there were 12 still births and 11 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 21. The rate for 1971 was 24. The rate for England and Wales in 1972 was 22.

Suicide

During 1972, there were 5 deaths (4 males and 1 female) due to suicide and the causes of death are given in the table below. The number of suicides in the previous year was also 5 (all males).

CAUSE OF DEATH	AGE AND SEX								Total
	15—24		25—44		45—64		65 & over		
	M.	F.	M.	F.	M.	F.	M.	F.	
Barbiturate Poisoning ...	—	—	—	—	1	—	—	—	1
Carbon Monoxide Poisoning ...	—	—	1	—	2	—	—	—	3
Overdose (Mandrax Tablets) ...	—	—	—	—	—	—	—	1	1
TOTAL ...	—	—	1	—	3	—	—	1	5

Cremations

The Crematorium in Washingborough Road was completed in November, 1968 and during 1972, there were 985 cremations compared with 907 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 at the Infant Welfare Clinics during 1972 (30.2) was slightly lower than in the previous year (34.1) and there was a slight decrease in the total number of attendances — 23,421 compared with 25,543 in 1971.

The highest average attendances at any clinic session during the year were at Swallowbeck Church Hall (48.9) and at St. Catherine's Church Hall (51.3), despite the fact that an additional weekly session was held throughout the year at the Bracebridge Community Centre, which is located mid-way between the Swallowbeck and St. Catherine's Church Halls. The first clinic was held at the Bracebridge Community Centre on 3rd November, 1971, and during 1972 the average attendance was 24.1. When considering the Estimates for the year 1973/74, financial provision was made for an additional clinic session to be held in the South of the City, but staffing difficulties are anticipated.

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.

Health Centres

There are now three purpose built Health Centre/Clinics in the City — the Boutham Park Health Centre opened in 1971, the Birchwood Centre opened in 1968 and the Ravendale Clinic in 1962 — these are all pleasant, functional buildings, in which the facilities provided for staff and patients are in great contrast to those available at the Maternity and Child Welfare Centre, Newland and at rented Church Halls.

Fortunately, the Centre at Newland is to be replaced by a large Health Centre providing accommodation for 8 General Practitioners and the present Local Health Authority Services (including Dental Clinics). Work on the new Centre is due to start at the rear of the existing Clinic premises in January, 1974.

Two additional Health Centres have been included in the Capital Programme for the next three years, but any further development is now being deferred until the reorganised service under the new Area Health Authority has been established.

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

				<i>No. of Sessions</i>	<i>Total Attend.</i>	<i>Av. Attendance per Session</i>	
						1972	1971
M. & C. W. Centre, Newland	p.m.	Tues.	50	1267	25.3	37.2	
„ „ (by appointment)	p.m.	Wed.	16	102	6.4	7.1	
„ „	p.m.	Fri.	50	1043	20.9	24.2	
Boutham Park Health Centre	p.m.	Mon.	48	1137	23.7	28.4	
„ „	p.m.	Fri.	50	1438	28.8	31.5	
„ „ (by appointment)	a.m.	Thur.	19	140	7.4	7.0	
St. Giles' Hall	p.m.	Thur.	52	2223	42.7	41.1	
Burton Road Hall	p.m.	Fri.	50	2030	40.6	46.1	
Swallowbeck Hall	p.m.	Tues.	50	2445	48.9	55.5	
Walmer Street Hall	p.m.	Wed.	52	1737	33.4	32.0	
St. Catherine's Hall	p.m.	Mon.	48	2462	51.3	55.1	
Ravendale Clinic	a.m.	Tues.	50	1129	22.6	26.5	
„ „ (by appointment)	a.m.	Thur.	20	173	8.6	10.3	
„ „	p.m.	Thur.	52	1500	28.8	31.0	
Birchwood Health Centre	p.m.	Tues.	50	1729	34.6	43.1	
„ „	p.m.	Thur.	52	1479	28.4	35.3	
„ „ (by appointment)	p.m.	Wed.	14	136	9.7	9.9	
Bracebridge Community Centre	p.m.	Wed.	52	1251	24.1	16.9	
				775	23421	30.2	34.1

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.
Boutham 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:—

	1972	1971	1970
Total number of women who attended during the year	85	144	201
Total number of attendances	309	520	715

In addition, 120 women made 1250 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	6	37
Boultham Park Health Centre	13	156
Ravendale Clinic	22	116
	<hr/> 41	<hr/> 309

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:

	1972	1971
Total number of cases treated during the year	24	52
Total number of attendances	265	574

Children are given treatment on the recommendation of Medical Officers and at the request of the Consultant Chest Physician.

Supply of Welfare Foods

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

Vitamin A, D and C tablets were introduced in February.

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

	1972	1971
National Dried Milk cartons	3,727	2,880
Orange Juice bottles	5,926	19,830
Cod Liver Oil bottles	116	650
Vitamin A and D Tablets packets	22	880
Children's Vitamin Drops A, D and C bottles	2,122	1,543
Vitamin A, D and C Tablets containers	517	—

Care of Unmarried Mothers

The number of illegitimate live births during 1972 was 141 (still births 1) compared with 148 in the previous year. This represents a rate of 13% of total live births registered, which is the same as 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 direct 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 Monday evenings (occasionally)
Boultham Park Health Centre	Wednesday afternoon Thursday evening
Ravendale Clinic	Friday morning
Birchwood Health Centre	Friday afternoon

The clinics, at which all recognised methods of contraception are available, are organised by the Health Department and the staff of each clinic normally consists of:

Medical Officer
2 Nurses
2 Clerks
Voluntary Helpers

Four Medical Officers are regularly employed by the Health Department in Family Planning work, two of whom are General Practitioners who conduct clinics on a sessional basis.

Any woman resident in the City is eligible to attend the clinics. Up to 31st August, 1972, medical examination and advice were available without charge and supplies of pills and devices were provided at almost cost price. As from 1st September, however, the entire Service became free and Lincoln joined the few enlightened Local Health Authorities who provide a Free Family Planning Service.

In the past, it has been alleged that the Family Planning Services tended to provide a service for the middle classes and well-to-do and there is certainly some truth in this. It must be realised that it is useless to provide a most sophisticated and effective family planning clinic service unless the persons who most need it can be encouraged to attend. The families whose needs are greatest are well known to health visitors and other Local Authority staff. Every effort must be made to encourage, coerce, persuade or cajole these women (and their husbands if necessary) to seek advice from the Family Planning Clinic and if these actions fail, an effective domiciliary service provided by kindly and sympathetic staff must be provided. However, such a service is expensive in time, money and manpower. Finally, although there has recently been increased publicity and interest in male sterilisation, the facilities for vasectomy have yet to be developed. The National Health Service (Family Planning) Amendment Act, 1972, received Royal Assent on 26th October and the main purpose of this Act is to place vasectomy on

the same basis as other contraceptive services which local health authorities may provide. The operation should normally be available for men who are married (or have a stable union) and have completed their families. It is particularly important that there should be adequate counselling for the operation, in order to ensure that the prospective patients and their partners (whose consent should always be obtained) are fully aware of the implications of the operation and to identify any reason why the operation might not be suitable.

At the end of the year, arrangements were being made for consultations between the Local Health and the Hospital Authorities but obviously some time will elapse before any plans to increase locally the facilities available for vasectomy are finalised.

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 1972:

Local Authority Services (Direct Services Only), Year ending 31st December, 1972.

Number of new patients seen during the year:

	<i>Married (including the widowed separated or divorced)</i>	<i>Unmarried</i>	<i>Total</i>
Male	1	—	1
Female	620	211	831
Total	621	211	832

Number of new patients seen during the year who were:

Medical cases	..	..	..	..	..	..	..	—
Non-medical but needy	..	..	..	..	..	..	..	—
Other non-medical cases	..	..	..	..	..	..	..	832
Total	..	..	..	..	..	..	..	832

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

Sheath	..	..	..	..	..	..	..	220
Pill	..	..	..	..	..	..	..	488
Diaphragm	..	..	..	..	..	..	..	49
I.U.D.	..	..	..	..	..	..	..	197
Other methods	..	..	..	..	..	..	..	220
No method advised	..	..	..	..	..	..	..	36

Total number of attendances during the year (including new patients) 2980

Number of premises regularly used for family planning sessions at end of year 4

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

Doctor sessions	..	..	..	..	..	..	..	221
Nurses only sessions	..	..	..	..	..	..	..	—

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 an increase in the number of pre-school children inspected from 418 to 447 in 1972. Routine inspections are made possible for those children who are in Nursery classes attached to Infant Schools. On the whole the conditions are encouraging. Far less treatment has been necessary and the number of emergencies has been reduced by 50% as compared with the previous year. The ratio of teeth extracted to teeth filled remains constant at 1 : 3. Much valuable work is carried out in the Dental Health Education programme directed at this group. During the year the children have also benefitted from a degree of water fluoridation and the optimum concentration is expected to be reached during 1973.

In the Maternity Sector there has been an almost 50% drop in attendances and of work carried out. Previously, large fluctuations have been observed and no particular conclusion can be drawn.

The statistics for the year 1972 are as follows:

MATERNITY AND CHILD WELFARE

	<i>Children 0-4 inclusive</i>	<i>Expectant and Nursing Mothers</i>
First visit	342	27
Subsequent visits	160	38
Total visits	502	65
No. of additional courses commenced	13	—
Treatment provided		
No. of fillings	470	60
Teeth filled	407	56
Teeth extracted	135	17
General anaesthetics given	47	1
Emergencies	66	4
Patients X-rayed	2	2
Scaling and/or removal of stains	24	7
Teeth otherwise conserved	63	—
Teeth root filled	—	—
Inlays	—	—
Crowns	—	—
No. of courses of treatment completed during the year	244	22
Prosthetics		
Patients supplied with F.U. or F.L.	—	1
Patients supplied with other dentures	—	3
No. of dentures supplied	—	5
Anaesthetics		
General anaesthetic administered by Dental Officer	5	—
Inspections		
No. of patients given first inspection during year	447	27
No. of patients requiring treatment	265	24
No. of patients offered treatment	264	24
No. of Sessions devoted to maternity and child welfare patients		

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 Ditchburn is approved as Non-Medical Supervisor of Midwives. The number of midwives employed in the domiciliary field at the end of the year was four. During the period 16th September to 31st December, one of the midwives was incapacitated and the additional work undertaken by the staff during this period was much appreciated.

Refresher Courses and In-Service Training

Following attendance of Mrs. Lennon and Mrs. Park at a Family Planning Appreciation Course held in Nottingham, Mrs. Lennon also attended a Family Planning Training Course in London. Practical sessions were then attended at the Family Planning Association's Clinic at Nottingham starting in September, 1972.

Miss Ditchburn and Mrs. Park attended a First Line Management Course held at the Lincoln Technical College during the Autumn Term.

Training of Pupil Midwives

The training of Pupil Midwives continued during 1972 in conjunction with the Lincoln Midwifery Training School at the County Hospital. All midwives employed by the Local Authority are Approved District Midwife Teachers. During the year, 12 pupil midwives started their training in the domiciliary field; 11 completed their training.

The scope of training continues to widen and now includes a greater knowledge of community care and the problems which involve the co-operation of various other community care workers. Visits were made with the Health Education Officer and to St. Cuthbert's Nursery School and the Newland Day Nursery. A visit to St. John's Hospital was arranged and a lecture on "Drug Addiction" was given by Dr. J. Harding Price. The pupils have one complete study day each week in which the Supervisor of Midwives takes part, close liaison being maintained 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.

The Central Midwives Board Educational Supervisor visited the Department on 15th March and subsequently a satisfactory report was received regarding the training given to the pupil midwives.

Notification of Intention to Practise

There were 50 midwives who notified their intention to practise in the City during 1972. Of these, 5 midwives worked in the domiciliary field and 45 worked in hospital. There were no midwives working in a private capacity.

Distribution of Confinements

The total number of Lincoln births (live and still) occurring during 1972 was 1094 compared with 1178 in 1971.

	<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	81	968	1049	-	12	12
Inward transfer	-	33	33	-	-	-
	81	1001	1082	-	12	12

Of the 81 domiciliary births, 79 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 1,099 compared with 1,184 in 1971. 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

1968	..	..	..	329
1969	..	..	..	235
1970	..	..	..	150
1971	..	..	..	117
1972	..	..	..	81

The total number of visits paid by the District Midwives in 1972 was 4,842, compared with 4,544 in 1971. The following table shows the reason for these visits in detail:

	1972	1971
Hospital Ante-natal visits	680	437
Early Hospital Transfer nursings	1347	887
Premature Baby home nursings	228	213
	<u>2255</u>	<u>1537</u>
Visits to Local Authority		
Patients	1587	3007
	<u>1587</u>	<u>3007</u>
Total	<u>4842</u>	<u>4544</u>

These figures show that two thirds of the Local Authority Midwife's time is spent in working on behalf of the patients booked for confinement in hospital. During the year, 380 women were delivered in hospitals but were discharged to the care of the Local Authority Midwives; 38 were discharged within 2 days of confinement, 164 between 3 and 7 days and 178 after 8 or more days.

Maternal Death

There was one maternal death in the City during 1972, although this is not included in the Registrar-General's statistics. The cause of death on 28th April, 1972 was 'suppurative pyelonephritis and septicaemia' and as the woman had been confined eight weeks previously, this should be classified as a maternal death. Notification to the Registrar-General's office, however, was too late for the statistics to be amended.

Stillbirths

During the year 1972, there were 12 stillbirths, all of which were delivered in Hospital. The reasons for these occurring are as follows:

Anencephaly	..	..	..	..	..	4 (including 1 spina bifida)
Prematurity	..	..	..	..	..	2
Placental insufficiency		..	..	..	..	2
Asphyxia neonatorum	..	..	..	..	..	2
Abruptio placenta	..	..	..	..	..	1
Prolapse of cord	..	..	..	..	..	1

Radio Control

Radio control, using VHF receiver/transmitters, continues to be of great value to the Midwifery Service. All the theoretical advantages of this equipment have been proved in practice and in differing instances the equipment is of benefit to the patient, midwife and family doctor.

Chest X-ray for Expectant Mothers

Referred by Local Authority Ante-natal Clinics	2
Referred by Maternity Wing Ante-natal Clinics	136
Total	138*

*This includes 75 women residing outside the City Boundary.

Findings were:

Calcification and healed lesions, etc.	..	..	5
Obliteration of costo-phrenic angle	..	..	1

Post-natal Chest X-rays

In addition, 8 women attended for chest X-ray post-natally. Of these, 7 resided outside the City boundary. One was found to be suffering from Bronchiectasis and was placed under the supervision of the Lincolnshire Chest Clinic.

Early Hospital Discharges

If it is known that a woman has requested "Early Hospital Transfer" the midwife of the area of the City in which the woman normally resides, or the area of the City to which the woman has requested her transfer, visits, assesses the environment, advises on the preparations that are needed and above all, gets to know the patient. For a 48 hour-transfer a Home Help is arranged if the patient's relatives so wish. However, in the case where the transfer does not take place until the baby is 7 days old, this service is not normally required. The number of these early hospital transfers has again increased. 1,347 visits were paid to those women who were discharged home from the Maternity Hospitals early. The increase in visits is shown in the table below:

1972	1971	1970	1969	1968
1347	887	644	818	961

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 1972 was 680 (1971, 437).

Liaison between Local Authority Midwives and Hospital based Colleagues

In view of the changes that will occur after April, 1974 and the wish to improve still further the service given by the Local Authority Midwives, it was arranged in the latter part of the year that these midwives should attend the "Booking Clinic" held each week at the Maternity Wing of the County Hospital. All women who are to be delivered in hospital attend this Clinic.

The Supervisor of Midwives also attends the Hospital Midwives Clinic once each week, in addition to the "Booking Clinic". It is during these sessions that practical clinical teaching takes place, followed by discussions with the pupils. It is hoped that later, when availability of staff will allow, one of the Local Authority Midwives will also attend the Hospital Midwives Clinic.

Home Nursing Service for Premature Babies

It is now unusual for premature babies to be born at home. However, this does not mean that the calls upon the Premature Home Nursing Service are declining. 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 1972 was 57, involving 228 visits (1971, 48 babies, 213 visits).

Notification of Congenital Abnormalities

During 1972, 18 babies were notified as having congenital abnormalities observed at birth. Details of these abnormalities are as follows:

Hydrocephalus	..	..	..	..	..	2
Spina Bifida	..	..	..	..	..	3
Myelomeningocele	..	..	..	..	..	2
Anencephalic	..	..	..	..	..	4
Down's syndrome	..	..	..	..	..	2
Pilonidal sinus	..	..	..	..	..	1
Extra digits	..	..	..	..	..	1
Webbing of toes	..	..	..	..	..	1

Hypospadias	..	..	..	..	3
Talipes	..	..	..	..	5
Indeterminate sex	..	..	..	..	1
Hernia (bi-inguinal)	..	..	..	..	1
Mega ureter of bladder	..	..	..	..	1
Hyperfileate urethra	..	..	..	..	1
Bi-lateral aplastic kidney	..	..	..	..	1
Hare-lip and Cleft palate	..	..	..	..	2
Congenital Heart disease	..	..	..	..	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

Director of Nursing Services: MRS. C. A. HANSON

Staff

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

- Director of Nursing Services
- 9 Health Visitors (full-time)
- 1 Health Visitor (part-time)
- 4 School Nurses
- 1 Clinic Nurse

Staff changes during the year were as follows:

Mrs. L. A. Lee, Health Visitor, left on 28th August.

Mrs. C. A. Symons, Clinic Nurse, left on 31st March.

Mrs. M. A. Derry was appointed Clinic Nurse and commenced duties on 27th March.

Miss M. Fenton completed her training as Health Visitor and commenced duties in the Department on 18th September.

Mrs. I. M. Bush commenced her training for the Health Visitors Certificate at Nottingham Polytechnic on 25th September.

Mrs. J. Smith commenced her training for the Health Visitors Certificate at Sheffield Polytechnic on 25th September.

Refresher Courses and Further Training Courses

During the year the following Refresher Courses were attended:

One Health Visitor attended a Special Course on Care of the Elderly organised by the Royal College of Nursing, at the Birmingham Centre of Education.

One Health Visitor attended a Summer Refresher Course and two School Nurses a course specially designed for school nurses, both courses organised by the Health Visitor's Association.

Two Health Visitors attended a one-week course for Health Visitors working in the field of audiology with pre-school children, organised by Manchester University at their Department of Audiology and Education of the Deaf.

One Health Visitor attended a First Line Management Course at Lincoln Technical College on a day release basis for ten weeks.

Home Visiting

This aspect of Health Visiting still constitutes the major part of the Health Visitor's work, although now an increasing part of a Health Visitor's time is being taken up with various liaison schemes with hospitals. The Health Visitor 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 1972 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 1972	971	2250
Other Children aged under 5	1867	4394
Persons aged between 5 and 16 years*	49	62
Persons aged between 17 and 64 years	61	86
Persons aged 65 and over	246	394
Households visited on account of tuberculosis	29	34
Households visited on account of other infectious diseases	21	26
Households visited for any other reason	13	18
Totals	3257	7264

*Not including those seen as part of School Health Service.

Of the persons visited, 9 were mentally handicapped and 5 mentally ill. 196 persons were visited at the special request of hospitals and 128 at the special request of General Practitioners.

Health Education Sessions (of at least 30 minutes)

At Health Centres	79
At G.P. Premises (excluding those in Health Centres)	3
At Maternity and Child Health Centres	193
At School	59
In Hospital	146
Elsewhere	9
Total	489

Case Conferences (lasting at least 30 minutes)

Social Workers	7
Hospital Staff	106
General Practitioners	1
Any combination of above	4
Others (i.e., none of the above present)	11
Total	129

The Guthrie Test for the detection of Phenylketonuria is carried out by the Hospital or District Midwife on all infants when six days old. Any repeat Guthrie Tests are performed by the Health Visitors. **One** positive result was discovered during 1972.

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 undertake the test at home. Seventeen children tested were referred to the Ear, Nose and Throat Consultant during the year. Good liaison exists with

this Consultant but the plan which was discussed during 1971 whereby a Health Visitor would attend the E.N.T. Outpatient Clinics, where the referrals who have failed hearing tests are seen, has not yet materialized because of a building programme which is taking place at the Hospital.

Hospital Liaison Schemes

Liaison Schemes between the hospital and community care services which were commenced in 1971 are now firmly established. These schemes give improved patient care and with closer communication between hospital and community care services, nurses have a better understanding of each other's role and the work involved.

1. Geriatric Liaison Scheme

One Health Visitor is responsible for the link between the Geriatric Unit at St. George's Hospital and patients discharged from there into the community. She is also responsible for a small number of geriatric patients discharged from the County Hospital. She ensures that patients have the services they require when at home and attends the Geriatrician's meetings between himself and his staff for discussion of cases.

The work of this scheme has so increased that it is envisaged that a second Health Visitor will be required to carry out some of the visits.

2. Liaison with the Children's Wards

Each week a Health Visitor visits Ruston and Lincoln Wards at the County Hospital and St. George's Hospital respectively and this forms a two-way communication system between hospital and community. This is invaluable for the necessary follow-up of some cases.

3. Liaison with the Lincoln Maternity Wing

The close working relationship established with the Lincoln Maternity Wing continues. This is most important as many of the ante-natal patients are known to the Health Visitors and the care of the mother and baby is continued by the Health Visitor after the midwife has completed her duties.

Each Wednesday afternoon a 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. 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 1972 were as follows:

	<i>No. on Register during 1972</i>	<i>Total Attendances</i>
Newland (Monday)	111	588
Birchwood (Monday)	44	249
Ravendale (Tuesday)	30	261
Health Centre, Boultham Park (Thursday)	40	323

Mothers' Clubs

The three Mothers' Clubs continue to be quite well supported but all the Clubs have had a decrease in the numbers on their Registers. The reason for this may be the increase in the number of organisations for women such as Young Wives Groups, Church Groups, etc., thus causing "competition". Members are grateful to the Health Committee for their help regarding premises and to the Health Visitors who give their time and advice.

In April, the Mothers' Club held at "Beaumont House" had to find new premises because of the impending demolition of the building. The Club met temporarily at the Maternity and Child Welfare Clinic, Newland and then transferred to the Tennis Room of the Y.M.C.A., St. Rumbold Street.

During 1972, attendances at the Clubs were as follows:

	<i>No. on Register on 31st December</i>	<i>Average Attendance</i>	<i>Total Attendances</i>
Ravendale Clinic	31	20	360
Central Mothers' Club	35	24	432
Health Centre, Boultham Park	38	22	296

The Health Centre, Boultham Park

The partial Group Attachment Scheme has continued satisfactorily throughout the year. Two Health Visitors are based at the Health Centre and this promotes good working relations between the three General Practitioners concerned and the two Health Visitors.

Birchwood Health Centre

In January, a Health Visitor was based at the Birchwood Health Centre forming a partial Group Attachment Scheme with the two General Practitioners holding surgeries there. Throughout the year this scheme has worked well fostering good relationships between the General Practitioners and the Local Authority Services.

'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.

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.

Training of Student Health Visitors

The practical work instruction of two Student Health Visitors was undertaken during the year by two Health Visitors previously trained as Field Work Instructors. The practical work instruction is part of the Health Visitor Training carried out at the Nottingham Polytechnic.

Health Education

The Health Education Service has continued during 1972 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 was 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. Women's 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

Director of Nursing Services: MRS. C. A. HANSON

Staff

The establishment of the Home Nursing Service changed during the year. There are now 12 (instead of 13) full-time nurses (three of whom are men) and one part-time nurse. Mr. C. J. Northcott left on 11th June.

Instead of replacing this male nurse, the Home Nursing Service was re-organised and two Care Assistants were appointed to carry out the routine bathing and hygiene of some patients who did not require the services of the Home Nurse. This type of patient, however, remained on the nurses' books for observation and any deterioration reported in the condition of the patient.

Mrs. O. S. Wood, Care Assistant, commenced duties on 22nd May for the south of the City.

Mrs. G. L. Oldham, Care Assistant, commenced duties on 12th June for the north of the City.

Refresher Courses

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

Miss J. Griffith } Stamford Hall, Leicester
Mrs. J. Shields } 23rd — 28th July

General Remarks

The general pattern of the home nursing service continues to change slowly, the trend is to discharge certain types of patients 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 1972, of the 2,249 cases, 1,171 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 Home Nurse attends with a Health Visitor the Geriatrician's meetings between himself and his staff for discussion of cases.

(b) The Home Nurses are encouraged to communicate directly with the Ward Sisters about any difficulties with patients or their treatment. Home Nurses have also been invited to visit any of the wards, where appropriate, to discuss with the Ward Sister about treatment or difficulties with a patient.

Treatment of the patient by the Home Nurse may now take place in other situations than the patient's home, although the majority of treatments are still carried out there.

The following table shows the number of cases where the first treatment by the Home Nurse took place during 1972:

	Under 5	5—64	65 and over	Total
Patient's Home	18	472	1050	1540
Health Centre	36	552	114	702
Residential Home	—	—	7	7
Elsewhere	—	—	—	—
	54	1024	1171	2249
		1972	1971	1970
No. of Cases Visited by the Home Nurses ...		1,547	1,440	1,363
No. of Visits paid by the Home Nurses ...		37,461	36,832	35,985
No. of attendances by patients for treatment at Health Centre		1,226	—	—

The issue of pads for the 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 1972, 169 persons were issued with these pads and 102 adults and children were issued with protective clothing.

Boultham Park Health Centre

During the year two nurses worked a rota system covering the Health Centre at the following times:

Monday to Friday, each morning 9-30 a.m. — 11-00 a.m.

Two Afternoons, 4-00 p.m. — 5-00 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 greatly 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, 30 patients in the terminal stage of illness were nursed at home: of these, 6 were eventually transferred to hospital; 1 was discontinued because of improvement in the condition of the patient; 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 1972-73.

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: Re-organisation of the National Health Service, Community Care Option for the students training for the General Part of the General Nursing Council Syllabus, The Briggs' Report, and two films were shown: "Urispas for the Incontinent" and "A Case for Complian".

VACCINATION AND IMMUNISATION

Vaccination against diphtheria, whooping cough, tetanus, poliomyelitis, measles, tuberculosis and rubella (girls only) is now undertaken routinely in surgeries, clinics and schools. Vaccination against smallpox, however, has been deleted from the schedule of vaccinations carried out at clinics since

July, 1971. The time-table for immunisation and vaccination now recommended by staff of the City Health Department is as follows:

Diphtheria/Whooping Cough/ Tetanus immunisation	At 4, 5 and 6 months
Poliomyelitis vaccination	At 7, 8 and 9 months
Measles vaccination	At 12 months
Booster dose against Diphtheria/ Whooping Cough/Tetanus	At 16 months
Booster dose against Diphtheria/Tetanus	At 5 years
Booster dose against Poliomyelitis	At 5 years
Rubella vaccination (girls only)	At 12 years
Tuberculosis — B.C.G. vaccination	At 13 years

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 1972 shows no significant change from the number in 1971, as will be seen from the following table:—

Primary Courses Completed				Under 1 year	1-4 years	5-15 years	1972 Total	1971 Total
<i>By Local Health Authority's Staff:</i>								
Diphtheria-Tetanus	...	...	...	25	6	18	49	14
Diphtheria-Tetanus-Pertussis	...	...	...	602	126	2	730	736
<i>By General Practitioners:</i>								
Diphtheria-Tetanus	...	...	...	1	5	2	8	8
Diphtheria-Tetanus-Pertussis	...	...	...	68	127	—	195	221
Totals	...	...	...	696	264	22	982	979
Re-inforcing Injections				Under 1 year	1-4 years	5-15 years	1972 Total	1971 Total
<i>By Local Health Authority's Staff:</i>								
Diphtheria only	...	...	...	—	—	21	21	27
Diphtheria-Tetanus	...	...	...	—	23	808	831	774
Diphtheria-Tetanus-Pertussis	...	...	...	—	587	4	591	586
<i>By General Practitioners:</i>								
Diphtheria only	...	...	...	—	—	—	—	—
Diphtheria-Tetanus	...	...	...	—	28	63	91	82
Diphtheria-Tetanus-Pertussis	...	...	...	—	64	34	98	179
Totals	...	...	...	—	702	930	1632	1648

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 nurse 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 1972:—

<i>Primary Courses Completed:</i>	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-15 years</i>	<i>1972 Total</i>	<i>1971 Total</i>
By Local Health Authority's Staff...	—	—	—	—	—
By General Practitioners ...	—	—	2	2	5
Totals ...	—	—	2	2	5
<i>Re-inforcing Injections:</i>					
By Local Health Authority's Staff...	—	—	9	9	2
By General Practitioners ...	—	7	69	76	89
	—	7	78	85	91

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

It is now ten years since Oral Poliomyelitis vaccine became generally available, it was immediately accepted by the public and there was no "consumer resistance" as has sometimes been the case with other vaccines, probably because no injection is required. Every effort is made to ensure that children are vaccinated in their first year of life and are given a reinforcing dose when they start school. No public sessions have been held since 1965, in which year there was a small outbreak of Poliomyelitis in Blackburn. Since that time there has been no general outbreak of Poliomyelitis in the country and the disease has been limited to sporadic cases only. The last case to be notified in Lincoln occurred in 1960.

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, 1972

Table I — Primary Courses Completed

	<i>Year of Birth</i>					<i>Others under Age 16</i>	<i>Total</i>
	1972	1971	1970	1969	1965-68		
By Local Authority Staff ...	84	543	65	20	39	4	755
By General Practitioners ...	14	161	55	5	9	3	247
Totals	98	704	120	25	48	7	1002

Table II — Reinforcing Doses

By Local Authority Staff ...	—	—	—	—	850	24	874
By General Practitioners ...	—	1	1	3	105	15	125
Totals	—	1	1	3	955	39	999

Measles Vaccination

Vaccination against Measles has been available since 1968 and after some initial public resistance has now become generally accepted, although there is still a tendency among some parents to regard Measles as an unimportant disease. The policy of vaccinating infants at one year old which was started in 1971 was continued in 1972 and the number of children vaccinated is regarded as fairly satisfactory.

The following table shows the details of Measles Vaccinations during 1972:

	<i>Year of Birth</i>					<i>Others under age 16</i>	<i>Total</i>
	1972	1971	1970	1969	1965-68		
By Local Authority Staff ...	—	417	122	36	41	—	616
By General Practitioners ...	—	93	64	20	23	2	202
Total ...	—	510	186	56	64	2	818

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.

One minor difficulty encountered in the past was that the vaccination of girls in their 14th year tended to clash with the B.C.G. Vaccination programme which is also carried out at this age. In 1972 therefore, in addition to vaccinating girls in their 14th year it was decided to vaccinate also girls in their 13th year and to concentrate upon this age group in the future.

The following table shows details of Rubella Vaccination during 1972:

	<i>Year of Birth</i>				<i>Total</i>
	1957	1958	1959	1960	
By Local Authority Staff	3	174	419	215	811
By General Practitioners	1	2	1	—	4
TOTALS	4	176	420	215	815

Statistics

The following statistics have been issued by the Chief Statistician of the Department of Health and Social Security indicating at 31st December, 1972, the percentages of children born in 1970 who have completed a primary course of immunisation at any time:

	<i>Percentage of children born in 1970 and vaccinated by 31.12.72</i>		
	<i>Whooping Cough</i>	<i>Diphtheria</i>	<i>Poliomyelitis</i>
LINCOLN C.B.	81	82	83
England	79	81	80

AMBULANCE SERVICE

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

During 1972, the ambulance service carried a total of 50,709 patients, an increase of 708 or 1.4 per cent compared with 1971; in addition 553 non-patient carrying journeys were undertaken. Mileage involved in this work totalled 179,286, a reduction of 1,926 miles or 1.0 per cent compared with the previous year.

Statistical information obtained from drivers' journey sheets, supported by operational experience, indicate that far more patients are now being carried per vehicle than ever before. Unfortunately, however, although a reduction in the average number of miles per patient has resulted, maximum use of vehicle space creates longer journeys for some patients and adversely affects the waiting times for return to their homes after treatment.

Although no specific complaint has been made by either hospitals or patients a lowering in the standards of service to the patient must be expected today, particularly when consideration is given to the fact that the work of the ambulance service has been expanding continuously since 1964. In the nine year period to December, 1972, the number of patients increased by 15,836 whilst mileage increased by 41,838 or at an average annual rate of 3.4% and 2.7% respectively. Although it may be argued that operational staff establishment has increased in proportion to the rising demand, and that figures support this view — 2.4 men per vehicle in 1964 to 3.2 men per vehicle in 1972 — if account is taken of the reduced working week from

44 hours to 40 hours, to the effect of awarded increased holidays, and more recently to the training programme recommended by the Department of Health and Social Security, the level of staffing has not significantly increased.

There are limits to efficiency and economy beyond which it is impossible to proceed without seriously affecting the standard of service the public have learned to expect from the ambulance service; the time appears to be rapidly approaching when consideration must be given to whether or not the limit has been reached or even exceeded.

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

Out of City Journeys								
1972			1971			1970		
Miles								
50/100	100/200	over/200	50/100	100/200	over/200	50/100	100/200	over/200
Journeys								
292	198	12	245	185	18	155	240	20
TOTAL 502			TOTAL 448			TOTAL 415		

PATIENTS CARRIED (Other authorities in brackets)

<i>Categories</i>	1972		1971	
	<i>Number</i>	<i>Miles</i>	<i>Number</i>	<i>Miles</i>
Street Accidents	421	(62)	393	(68)
Home Accidents	377	(10)	291	(4)
Other Accidents	449	(10)	432	(7)
Street Illness	115	(1)	127	(1)
Home Illness	2127	(69)	2169	(73)
Other Illness	328	(6)	286	(2)
Mental Illness	89	(2)	119	(2)
Maternity Cases	562	(18)	542	(30)
Hospital Discharges	699	(3)	781	(3)
Hospital Transfers	1250	(1)	1326	(3)
Out-Patients	32911	(21)	31384	(2)
Day Unit Patients	7474		7457	
Training Centres	2290		2969	
Chiropody Patients	1370		1497	
Infectious Cases	44		33	
Totals	50506	(203)	49806	(195)
GRAND TOTALS	50709	179286	50001	181212

Staff

Mr. F. Dobbs, a most valued member of the service for 22 years, reached the age of retirement and at a farewell gathering of his colleagues and friends, tributes were paid to him by members of the public who had had reason to be grateful for his help when they were in need.

During the year, two relatively new members of the service resigned for personal reasons. An increase in establishment by one driver/attendant was approved by the Council for 1972/73; this was the first increase since 1968.

The four vacant posts were filled without difficulty and at the 31st December the number of staff in post was as follows:

	1972	1971	1970	1969
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	20
Ambulancemen (Trainee)	4	2	2	3
Ambulance Women (Trainee)	3	4	4	3
TOTAL STAFF	36	35	35	35

Annual Comparative Table

<i>Cases</i>	1972	1971	1970	1969
Ambulance	16,152	16,073	15,488	18,944
Sitting	34,557	33,928	33,596	29,373
TOTAL	50,709	50,001	49,084	48,317
<i>Miles</i>				
Ambulance	70,009	69,636	71,790	75,463
Sitting-case vehicle	109,277	111,576	105,810	98,467
TOTAL	179,286	181,212	177,600	173,930
<i>Miles per patient</i>	3.5	3.6	3.6	3.6

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

<i>Month</i>	<i>Emergency</i>	<i>Maternity</i>	<i>General</i>	<i>Out-Patients</i>	<i>Section 28</i>	<i>Total</i>
January	137	43	395	3190	342	4107
February	113	53	376	3404	330	4276
March	127	51	395	3603	370	4546
April	137	59	341	3253	228	4018
May	146	50	338	3664	384	4582
June	120	50	330	3608	409	4517
July	132	50	348	3315	334	4179
August	124	46	352	3226	112	3860
September	151	44	361	3509	227	4292
October	153	44	364	3545	286	4392
November	163	47	405	3395	386	4396
December	152	43	403	2694	252	3544
TOTALS	1655	580	4408	40406	3660	50709

The percentage for each section of total cases is: %

(a) Emergency	..	..	..	3.264
(b) Maternity	..	..	..	1.144
(c) General	..	..	..	8.693
(d) Out-Patient	..	..	..	79.682
(e) Section 28	..	..	..	7.217
				<hr/> 100.000 <hr/>

NON-PATIENT CARRYING JOURNEYS: (Mileage included in totals on p. 42)				
			1972	1971
Flying Squad	...	...	3	9
Midwives	...	...	14	44
Abortive	...	...	331	280
Service	...	...	205	217
			553	550

Illness

Illness during 1972 was particularly severe, 384 days were lost due to sickness involving 14 members of the operational staff; in addition 9 were absent for periods between one and three days on uncertificated illness, 3 were absent on Jury Service and 3 were granted periods of compassionate leave. A total of 417 working days were lost to the service.

Training

The nearest school to Lincoln approved by the Department of Health and Social Security for the training of ambulance staff is run by the Leicestershire County Council under the management of the Leicester County Ambulance Service. During 1972 fourteen men were sent there for 'basic' and 'refresher' training.

It is to be regretted, however, that due to staffing problems only partial advantage was taken of the training recommendations issued by the Department of Health.

Competitions

All members of the driving staff were again entered in the National Safe Driving Competition and at a special presentation function, safe driving and other awards were presented to those members of the staff who had qualified during the previous year.

Radio Communications

The new radio telephone equipment ordered late in 1971 was delivered and installed early in the year; since then the system has been entirely satisfactory and efficient in operation.

The equipment conforms in detail to the specification recommended by the Department of Health and Social Security, it is frequency modulated and operates on the high band channel. The mobiles are multi-channelled and are capable of switching from the Lincoln channel onto four other channels.

Midwives

The pocket radio telephones obtained in December, 1966 continue to provide excellent communications for the District Midwives and Pupils and no serious problems developed during the year. At the 31st December, nine firms of general practitioners with pocket radio telephones were using the base station sited at ambulance headquarters.

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 old.

All ambulances are equipped with oxygen and four carry 'Entonox', a mixture of nitrous oxide and oxygen in one cylinder. This analgesic mixture can be used in a variety of conditions without risk to the patient and all staff have been trained in the correct method of administration.

Vehicles

Three new ambulances, each with fibre-glass bodies mounted on the Ford Transit Chassis were ordered early in the year, one to provide reserve cover as and when necessary and two to replace vehicles obtained during 1962 and now considered by the City Engineer's Department to be beyond economical repair and unsafe for further use. At the 31st December, two had been delivered and were in service. (The third was delivered in April, 1973).

The use of fibre-glass in the construction of ambulance bodies is now the method practised by the majority of coach builders specialising in this type of work, it is more durable than wood and is reasonably easy and inexpensive to repair.

Fleet statistics at the 31st December were as follows:

(D.P.) = Dual purpose with facilities for sitting cases.

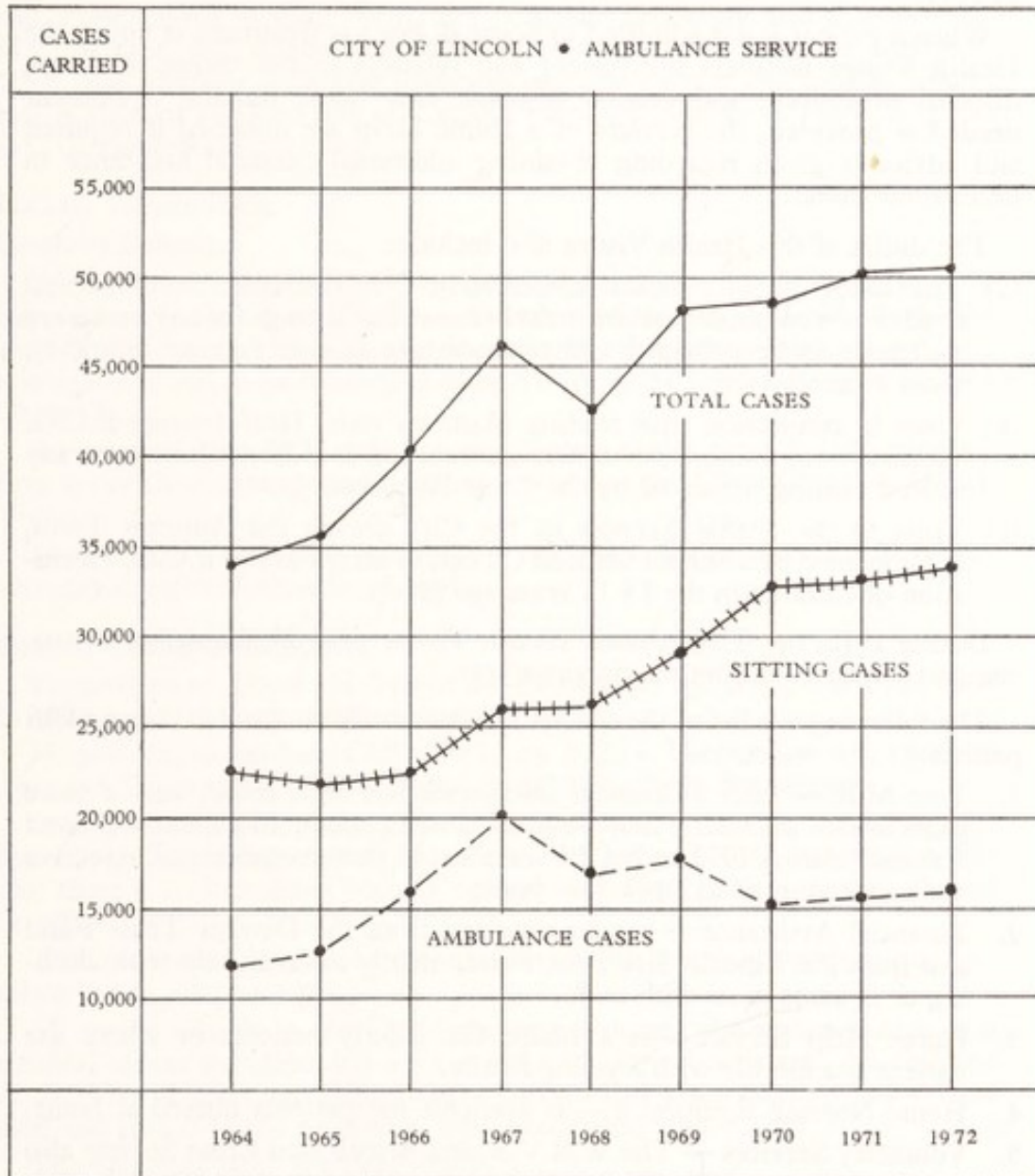
Type	Make	Year	Mileage	
			Annual	Total
Ambulance (D.P.)	B.M.C.	1968 (March)	22,868	91,936
Sitting Case Vehicle	B.M.C.	1968 (Feb.)	16,856	69,122
Ambulance (D.P.)	B.M.C.	1969 (Nov.)	17,717	65,442
Sitting Case	B.M.C.	1969 (Nov.)	16,833	68,154
Ambulance (D.P.)	B.M.C.	1971 (March)	13,702	26,690
Sitting Case	Volvo	1971 (March)	24,249	46,812
Ambulance (D.P.)	Ford Transit	1972 (Jan.)	18,936	19,316
Sitting Case	Ford Transit	1972 (July)	9,655	9,927
Ambulance (D.P.)	Ford Transit	1972 (Oct.)	4,106	4,719
Sitting Case	Ford Transit	1972 (Nov.)	2,034	2,233
Day Care Vehicle	B.M.C.	1965 (Oct.)	10,831	92,146
Mileage covered by vehicles withdrawn from service			18,087	

Patients carried by Rail

Railway facilities were used in carrying 112 patients an estimated 10,074 miles.

Fuel Consumption

During 1972, petrol consumption was 11,774 gallons, an average of 15.22 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 1972, 15 new cases of Tuberculosis were notified, compared with 17 in 1971.

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 1972, the Tuberculosis Health Visitor paid 29 domiciliary visits, compared with 21 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. 16 patients received free milk during 1972 and of this number, 11 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 4 cases in this category during 1972.

During the year under review new cases were seen at the Lincoln Chest Clinic by Dr. J. B. Wilkinson and by Dr. A. Mithal who joined the Chest Unit on Dr. Butcher's retirement. The cases were mainly G.P. referrals from the areas covered by the Lincoln, Lindsey and Kesteven local authorities and of 851 new cases seen, 303 were found to have some abnormality, 11% had Tuberculosis in some form, 20% Chronic Bronchitis and Emphysema, 31% Asthma, 8% Pneumonia, 20% Carcinoma of the Bronchus and 10% other chest diseases including Bronchiectasis, Hay Fever and cardiac failure, etc. A total of 188 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 1972 was 91 and this included 38 babies vaccinated within 6 months of birth.

School Children Scheme

Vaccination of school children in the 13-14 years age group was continued in 1972 under the approved scheme.

Medical Memorandum CMO. 19/72 on B.C.G. Vaccination was received from the Department of Health and Social Security in September.

One recommendation was that weak positive reactions to the tuberculin test are no longer regarded as a contra-indication to B.C.G. vaccination and that there is an increasing body of opinion that Heaf grade I reactors should be offered B.C.G.

This recommendation was given effect in this year's programme undertaken in the autumn term.

All 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 1972 was 91%.

The following table gives details of the numbers dealt with during 1972.

Number skin tested	..	..	..	1000
Number found positive, grades 2, 3 and 4				32
Number found positive, grade 1	..			45
Number found negative	..	..	..	867
Number vaccinated	..	..	..	888

All 32 positive reactors, grades 2, 3 and 4 attended the Chest Clinic for a chest X-ray and in each case the film showed no evidence of any organic disease.

When schools are visited to carry out skin tests and vaccinations, the opportunity is taken to test children known to have had B.C.G. earlier in

life. In the main, these are children vaccinated at Lincoln Chest Clinic on account of their having been in contact with cases of tuberculosis.

The numbers tested during 1972 were as follows:

Number tested	..	..	..	..	98
Number positive (original B.C.G. still effective)	..	..	..	..	88
Number negative	..	..	..	..	8
Number re-vaccinated	..	..	..	..	7

Mass Radiography

The Lincolnshire Mass Radiography Unit paid a visit to Lincoln from 18th January to 25th February, 1972. The Unit was located in Oxford Street.

The total number of attendances during this survey was 6,655 compared with 7,573 during 1971.

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	..	..	..	3060	3595	6655
No. recalled for large films	..	..	..	33	28	61
No. referred to Chest Clinic	..	..	..	11	11	22
No. of cases of Pulmonary Tuberculosis requiring close clinic supervision or treatment				3	4	7
Cardiac abnormality	..	..	..	1	1	2
Bronchial Carcinoma	..	..	..	1	—	1
Sarcoidosis	..	..	..	2	2	4
Pneumonia	..	..	..	1	4	5

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 16 immigrants who were reported as coming to reside in the City. 12 were contacted and, if necessary, given advice regarding the Health Service facilities available to them. It was not possible to trace the other four 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 1972 and the steps taken with regard to treatment. No case of ophthalmia neonatorum was notified during the year.

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

		Cause of Disability			
		Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i)	Number of cases registered during the year in respect of which section D of Forms B.D. 8 recommends:—				
	(a) No treatment	1	—	—	7
	(b) Treatment (Medical, surgical or optical) ...	6	2	—	6
(ii)	Number of cases at (i) (b) above which on follow-up action have received treatment ...	5	1	—	3

B. OPTHALMIA NEONATORUM

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

After-Care of Patients following discharge from Hospitals

From time to time, mainly in connection with aged persons, a request is made by the Hospital Social Workers 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 28, 32 and 35.

Provision of Nursing Equipment and Apparatus

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

During the year 539 patients were assisted and 716 articles of equipment were issued. The comparable figures for 1971 were 481 patients assisted and 718 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 1972 are as follows:

Air rings	58
Bath mats	5
Bath seats	11
Beds (cot-sided)	2
Bed blocks (sets)	1
Bed cages	55
Bed pans	90
Bed pans (rubber)	1
Bed rests	104
Bed tables	2
Bedsteads	5
Commodes	97
Crutches (pairs)	9
Dunlopillo cushions	5
Dunlopillo mattresses	-
Feeding cups	18
Fracture boards (sets)	13
Hoist	3
Inhaler	-
Mackintosh sheets	24
Mattresses	4
Pram	1
Tripod Walking Sticks	14
Urinals	73
Walking Aids	43
Walking Sticks	4
Wheel chairs	74
	<hr/> 716 <hr/>

Chiropody Service

Chiropody Clinics continued to be held at "Beaumont Lodge", Beaumont Fee and at the Boutham Health Centre. 1972 was the first full year that the service has operated at the Boutham Health Centre, and also the first full year for some time that the service has had a full establishment of full-time chiropodists.

During the year there has been an increase in patients removed from the registers due to death, but there has also been an increase in the number of new patients in excess of those lost. There has also been an increase in the number of Physically Handicapped Persons applying for treatment.

Regular visits to the Adult Training Centre, the Quarry Hostel, De Wint Homes, and the Methodist Home for the Elderly at Stones Place have been maintained throughout the year.

The clinic at the Boutham Health Centre has continued to prove very popular, and the times there have had to be extended from 6 sessions per week to 7 per week.

The School Health Department increased the number of sessions from 2 per week to 3 per week and the two services remained incorporated — the School Chiropody and the General Chiropody Service. At the end of the first full year of this system of working, a complete assessment has been possible, and the effect has been found most satisfactory as the full use of all the time available by all the chiropodists concerned has resulted. A further report on this service is to be found in the School Medical Officer's Report.

Many new methods of treatment have been instituted during the year, including the introduction of appliance making on an experimental basis. This will take time to develop but has great possibilities. Apart from the fact that the Chiropodists time can be saved from making separate and various forms of padding, thus allowing greater attention to be paid to the actual treatments, it will allow for a more permanent form of foot aid, and correction of the cause of the condition. By the regular and continued use of this type of correction, the degree of discomfort and foot ailments could be considerably reduced, both among the aged patients and those handicapped persons suffering from actual foot deformities. During the year there has been much closer liaison between the general practitioners and chiropody department as a whole, particularly in the treatment of those patients with a more advanced degenerate foot condition.

With the present restricted Chiropody Service, patients can only be given 5 or 6 appointments each year. This is not very satisfactory from a therapeutic point of view, and in a number of cases this has resulted in a degeneration in the conditions of the skin with an increase in the numbers of advanced inflammatory conditions. The increased dangers this can have on the general health of the aged, is causing great concern to the chiropodists and necessitates extra time over each treatment. The demands of the service are now such that the establishment of the chiropodists should be increased without delay as it has now reached saturation point.

The statistics for the past 5 years are:

<i>Year</i>	<i>Total clinic sessions</i>	<i>Total clinic attendances</i>	<i>Total visits</i>	<i>Total of clinic attendances and visits</i>	<i>Average attendance per session</i>	<i>Number of individual patients treated during year</i>
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
1972	1079	7222	917	8139	6.7	1654

The increase in the average attendance at the clinics is due to the number of appointments missed being reduced as a result of measures taken by the department during the year. The fall in the numbers of home visits made is due to two factors. This number represents the actual treatments given at home and does not take into account the visits made to homes which were abortive due to prior death or hospitalisation, of which facts the department did not receive notice. It is also due to a slight reduction in the visiting sessions to enable more time to be given to clinic work. However, at the end of the year the demand for home visits was increasing again and more time will have to be given to this aspect of the service.

The following table gives details of attendances and income received during 1972:

	<i>No. of Clinic Sessions</i>	<i>Total Attendances</i>	<i>Average Attendance per Clinic Session</i>	<i>Total Receipts</i>
Clinics	1079	7222	6.7	£1,314.37
Home Visits		917		
Clinic appointments not kept		945		

This shows an increase over the total attendance of the previous year and a decrease in the numbers of missed appointments — in 1971 respectively 6,682 and 1,013.

In addition to giving talks to various Organisations, the Chiropodists also gave talks on "foot health" in one of the schools and on "Chiropody as a Profession" to sixth form pupils.

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 1972.

The number of vaccinations carried out yearly continue to increase and 325 persons were vaccinated during the year, compared with 307 in 1971.

Health Education

There was continued expansion of the Department's Health Education programme during the year. In addition to the long-established services, there were several new activities. The Health Education Officer was asked to arrange a series of talks at the Bishop Grosseteste Training College entitled: "What shall we tell the children." The talks were to help the students who would be teaching in Senior Schools and subjects dealt with were — smoking — drugs — sex education — family planning and venereal diseases. Talks were also given to staff of a number of the larger Stores about the Family Planning Service available in the City.

The Health Visitors continued their health education teaching at infant welfare clinics, "Stork Clubs" and Mothers' Clubs and a report of their work in Schools is given on page 115.

There was an increased demand from Women's Organisations and Youth Clubs for talks to be given on health problems and requests are now received regularly for the Medical Officers to give talks to men on "Health in Retirement", smoking, etc. Requests were also received for the Chiropodists to give talks in schools and to various organisations.

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.

Full use was made of publicity material of the Health Education Council and the Royal Society for the Prevention of Accidents, the Local Authority

subscribing to both organisations. As far as possible, 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 1972, 132 clinic sessions were held and the maximum number seen at any clinic session was 20. The number of new applications received during the year was 715, compared with 860 in 1971.

The following table shows the number of women who attended the Cytology Clinic during 1972:

	<i>Lincoln</i>	<i>Lindsey</i>	<i>Kesteven</i>	<i>Total</i>
No. of women who attended the clinic during 1972	945	285	420	1650
No. of positive smears	5	-	-	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 were invited to attend at the Clinic for a re-test every three years. The system 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 were 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>	1968	1969	1970	1971	1972
Diphtheria	—	—	—	—	—
Scarlet Fever	23	17	12	14	17
Measles	813	17	179	673	55
Whooping Cough	11	2	14	20	1
Typhoid Fever	—	—	—	1	—
Para-Typhoid Fever ..	—	—	—	—	—
Dysentery	6	13	172	6	—
Food Poisoning	6	6	11	16	22
Ophthalmia Neonatorum ..	—	—	1	1	—
Acute Meningitis	4	2	21	1	4
Acute Poliomyelitis:					
Paralytic	—	—	—	—	—
Non-Paralytic	—	—	—	—	—
Acute Encephalitis	—	—	—	—	1
Malaria	—	—	—	—	—
Smallpox	—	—	—	—	—
Tuberculosis:					
Pulmonary	7	13	2	14	15
Non-Pulmonary	1	4	1	3	—
†Infective Hepatitis ..	404	58	13	15	2

†Notifiable from 15th February, 1968.

Diphtheria

No case of Diphtheria occurred in the City in 1972, the last notification being in 1950.

Scarlet Fever

17 cases of Scarlet Fever were notified during the year, all except 3 cases being school children. Each case was visited by a Public Health Inspector and in every instance the disease was of a very mild character and of short duration.

Measles

After the epidemic in 1971, it was anticipated that 1972 would show a considerable reduction in the number of cases of Measles notified; this proved to be so and only 55 cases of Measles were notified during the year.

The Health Department continued to check notifications against vaccination records and it was found that in five instances the child concerned had been vaccinated against Measles 12 months or more previously. The fact that 9.09% of the notified cases had been vaccinated is not significant, the small numbers involved make it impossible to draw valid conclusions.

It will be some years before the full effects of vaccination against Measles can be evaluated; the indications are that it will be successful in controlling the disease but there are still too many unvaccinated children in the community for the effects of vaccination to be properly assessed.

Whooping Cough

Only one case of Whooping Cough was notified during 1972; the patient, a three month old child, was admitted to hospital.

Food Poisoning

22 cases of Food Poisoning were notified during the year, more than for any year since 1959 when 24 cases were notified. Only 13 of the notified cases were confirmed by the Public Health Laboratory but several cases were ascertained otherwise than by notification, the total number of cases confirmed by the Public Health Laboratory being 18. There were 3 family outbreaks involving 12 individuals and 6 sporadic cases and the infecting organisms were:

Salmonella typhimurium	11
Salmonella brandenburg	1
Salmonella bredeney	3
Salmonella indiana	1
Salmonella reading	1
Salmonella enteritidis	1
	<hr/>
	18
	<hr/>

All the cases of Food Poisoning were assumed to be food borne but in no case was it possible to obtain samples of suspected food for examination. The case of *S. reading* was contracted abroad but was diagnosed in Lincoln.

Acute Meningitis

Four cases of Acute Meningitis were notified in 1972. All of the cases were notified from St. George's Hospital and all were infants of 2 years old or under. In 3 cases the infecting organism was *Haemophilus Influenzae* and in one case *Meningococcus*.

Acute Encephalitis

One case of Acute Encephalitis (infective) was notified, the patient being a 9 year old boy.

Infective Hepatitis

Only 2 cases of Infective Hepatitis were notified during the year. There has been a steady decline in the number of cases notified annually since the epidemic year of 1968. This disease was not notifiable until 1968 and there is no reliable means of establishing the number of cases per year which can be regarded as normal.

TUBERCULOSIS

Notifications

The number of notifications of respiratory tuberculosis received during the year was 15 compared with 17 (14 pulmonary and 3 non-pulmonary)

in the previous year. The age and sex distribution of the notified cases are shown in the following table:

		0—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
RESPIRATORY								
Males	...	—	—	—	1	6	1	8
Females	...	—	1	—	3	3	—	7
		—	1	—	4	9	1	15
MENINGES AND C.N.S.								
Males	...	—	—	—	—	—	—	—
Females	...	—	—	—	—	—	—	—
		—	—	—	—	—	—	—
OTHER FORMS								
Males	...	—	—	—	—	—	—	—
Females	...	—	—	—	—	—	—	—
		—	—	—	—	—	—	—

Deaths from Tuberculosis

There were 3 deaths attributed to respiratory tuberculosis and 2 deaths due to the late effects of respiratory tuberculosis during 1972.

Summary of Notifications and Deaths over last 10 years

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Notifications ...	23	24	22	13	11	8	17	3	17	15
Deaths ...	4	4	4	2	3	4	—	1	4	5

VENEREAL DISEASES

The Venereal Disease Clinic is held at the County Hospital, Sewell Road, Lincoln.

During 1972, 187 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>								
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M. & F.
—	—	1	—	25	10	61	28	33	29	187

During 1969 and 1970, there was a marked increase in the number of cases of Gonorrhoea, and it is pleasing to report a decrease in 1972, as is shown in the following table:

1968		1969		1970		1971		1972	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
23	10	47	16	43	23	32	16	25	10

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>
1968	..	..	2	33	35
1969	..	..	2	63	65
1970	..	..	-	66	66
1971	..	..	2	48	50
1972	..	..	1	35	36

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.

I am indebted to Dr. D. O. Stevenson, Consultant Venereologist, for the above statistics and his comments on contact tracing are that 18 males and 12 females contracted gonorrhoea in the "area of the clinic". 25 of the 30 admitted sufficient knowledge of the consort to be able to contact him or her. Some of the consorts had left the district and may have attended a clinic elsewhere — similarly some contacts attended the Lincoln Clinic as the result of the efforts of other clinics. 22 contacts attended during the year, 16 with gonorrhoea and 6 in whom gonorrhoea was not found. Contact tracing is generally by a "contact slip" given to the patient to give to the consort with information about the local Special Treatment Clinic. V.D. patients as a rule do not want to know anything about their casual consorts and frequently alcohol is involved.

WATER

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

"During the year, the water supply to the City of Lincoln has maintained its usual high quality.

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

Fluoridation of one of the supplies of water was first undertaken in September, 1971. During 1972, fluoride was added to further supplies of water and at the end of the year had reached an average of 0.8 parts per million. It is anticipated that this will be increased to 1.0 parts per million during 1973."

The apportionment of cost to the Lincoln City Council for fluoridation during 1972/73 was £1,723.

The natural occurring fluoride content in the Lincoln water supply at the time of analysis on 12.1.72, 5.4.72, 26.7.72 and 15.11.72 was <0.10.

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 1972, 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:

	1972	1971
(a) By the Local Authority ..	*118	213
(b) By private enterprise ..	113	79
Total ..	231	292

*1 Bed Flats, 79; 2 Bed Flats, 27; 3 Bed Flats, 10; 1 Bed Bungalows, 2.

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT

FOR THE YEAR

1972

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, 1973.

Mr. Mayor, Aldermen and Councillors,

I have pleasure in presenting the report on the work of the public health inspectors during 1972.

Whilst a glance at the main body of the report shows the work following a similar pattern to that of previous years, there are, as in everything else, gradual changes of emphasis. Not so many years ago, the work was very much concentrated on dealing with the abatement of statutory nuisances, particularly those relating to disrepair of property. Whilst these are still of some significance, the role of the department is becoming increasingly an advisory and educational one. By educational, I do not mean formal courses and lectures, although these have their part and quite a lot of work of this nature is done by officers of the department, but by giving instruction and advice on such matters as prevention of pollution, food hygiene and healthy living and working conditions to firms, organisations, and individuals in the course of our daily work. With the increased public awareness of the importance of these factors, which has been apparent in recent years, it is found that this advice is much more readily sought and acted upon than was at one time the case. A consequence of this is that the threat of legal proceedings to enforce public health measures has to be used less frequently. Theodore Roosevelt had a saying: "walk softly but carry a big stick". The public health inspector must always carry a big stick in the shape of ultimate legal sanctions to achieve his objects, but if he can achieve them without having to use it, so much the better.

The clearance of unfit housing continues and about two hundred houses were dealt with by way of clearance, a number which is geared to the ability of the City to rehouse the persons displaced. The emphasis is now on repair and improvement of properties wherever possible, rather than clearance, and I am convinced that this is a correct approach. Nevertheless, there is a hard core of property in the City which cannot be made into satisfactory housing accommodation without expending resources of money and materials out of all proportion to the results which would be achieved, and this can only be satisfactorily dealt with by pulling it down and rehousing the inhabitants. Although we have not in Lincoln had the problems of sub-standard houses requiring clearance on the scale that many industrial towns and cities have had, we have had our share. In the last ten years approximately fifteen hundred houses have been the subject of clearance or compulsory purchase orders. We are now in sight of the end of major clearance, but it will be another three or four years yet before we complete it.

In dealing with areas of sub-standard housing general improvement areas are sometimes considered to be an alternative to clearance. This is not strictly a true alternative as by the time houses in any area or district have reached a stage where they can be considered for clearance, they have normally deteriorated too far to be capable of improvement. However, for areas of housing which have not yet reached this stage, but are perhaps on their way towards it, the general improvement area can be of great benefit both by the raising substantially the standard of housing and by preventing the necessity of clearance having to be undertaken in a few years time. Unfortunately the procedure tends to be slow and cumbersome, as we have found in the Burton

Road General Improvement Area, and progress must be measured over a period of some years, rather than in immediate results.

After pleading the cause of clean air in many of my annual reports over the last ten years, I am pleased to be able to report that at last some substantial progress is beginning to be made. A sum of £6,000 was allocated for smoke control in the current year, with a hint of similar sums being made available in subsequent years. This enabled us to make two more smoke control areas, Lincoln No. 5 area, which covers the Hykeham Road district, and Lincoln No. 6 area which makes the central part of the City smokeless. When these two areas come into operation in 1973 there will be 2,854 acres of the City under smoke control, which is 32.34% of our total area. Unfortunately this only covers 3,900 dwellings, which is under 15% of our housing stock. This demonstrates that although we are at last making some inroads into the problem, we still have a long way to go before we can join the increasing number of towns and cities which are or soon will be completely smokeless.

In my last report I referred to the impending local government re-organisation, the shadow of which has loomed over all our work during the year, and has resulted in a great deal of officer time being taken up in meetings, discussions and other work arising therefrom. As environmental health is allocated in the main to the district councils, re-organisation may not make a great deal of difference to the work carried out by this department, except in the field of food and drugs and food complaints. These are, however, an important and vital part of our functions, and in common with most of my public health inspector colleagues, I am at a loss to understand the government thinking which has divorced this work from the food hygiene functions with which it is so intimately connected. At the time of writing this report discussions are going on between the new Lincoln District Council and the new County Council which if successful could result in this department carrying on doing this work in which so much expertise has been built up over the years, and it is to be hoped that this will be achieved.

I would like again to pay tribute to the members of the staff of this department for their loyal service, to the Medical Officer of Health for the co-operation and support I have received from both him and his staff, 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
 Deposit of Poisonous Wastes Act, 1972
 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.	..	..	..	..	..	876
Disinfections carried out	..	..	..	..	..	1
Housing Acts, 1957 to 1969	..	..	..	..	..	2480
Disinfestation	..	..	..	..	..	321
Treatments carried out	..	..	..	..	..	193
Water Supply	..	..	..	..	..	22
References to Water Board	..	..	..	..	..	13
Improvement Grants	..	..	..	..	..	198
Dangerous structures, references to City Engineer	..	..	..	..	..	13
Rent Act	..	..	..	..	..	1
Infectious diseases — enquiries	..	..	..	..	..	131
— re specimens	..	..	..	..	..	41
Dustbins	..	..	..	..	..	53
Houses in multiple occupation	..	..	..	..	..	14
Overcrowding	..	..	..	..	..	3
Accumulations	..	..	..	..	..	179

DRAINAGE

No. of visits	..	..	..	..	..	1058
References to City Engineer	..	..	..	..	..	170

OTHER PREMISES

Factories — Mechanical and Non-Mechanical	..	..	..	..	..	228
Building and Engineering Works	..	..	..	..	..	3
Canal Boats	..	..	..	..	..	3
Caravan sites	..	..	..	..	..	9
Moveable dwellings	..	..	..	..	..	2
Hairdressers	..	..	..	..	..	18
Interviews	..	..	..	..	..	1239
Offensive trades	..	..	..	..	..	1

	<i>No. of visits</i>						
Offices, Shops and Railway Premises Act	725						
Pet animal shops	17						
Plots of waste land	42						
Rodents and other pests	150						
Public conveniences	8						
Schools	2						
Swimming Baths	222						
Places of public entertainment	13						
Swine, fowls and other animals	44						
Unclassified	873						
ATMOSPHERIC POLLUTION							
No. of observations	42						
Visits to boiler houses	30						
Visits to atmospheric pollution stations	828						
Other visits	87						
SMOKE CONTROL AREAS							
Survey visits	1317						
Contravention visits	84						
Grant visits	30						
MISCELLANEOUS							
Gas —	11						
„ — references to Gas Board	5						
Noise abatement	77						
UNFIT DWELLINGHOUSES							
No. of dwellinghouses inspected under Sections 17 or 42 of the Housing Act, 1957	246						
No. of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	169						
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	46						
REMEDY OF DEFECTS							
No. of dwellinghouses rendered fit in consequence of informal action by the Local Authority	32						
Works carried out by service of Statutory or Informal Notice							
HOUSES							
Repairs to:							
Roofs	20						
Spouts and fallpipes	23						
External walls	12						
Chimneys	1						
Internal wall and ceiling plaster	18						
Damp walls	4						
Doors	2						
Windows	19						
Floors	14						
Fireplaces	4						
Staircases	1						
Sinks and wastepipes	3						
Yard or passage paving	24						

DRAINAGE

No. of drains tested	81
No. of drains cleared	260

WATERCLOSETS

Repaired	3
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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 19 dustbins were provided and 36 were renewed.

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

Informal Notices outstanding December, 1971	..	..	..	..	..	29
Informal Notices served 1972	..	..	..	..	..	50
Informal Notices complied with 1972	..	..	..	..	..	50
Informal Notices outstanding December, 1972	..	..	..	..	..	29
Statutory Notices outstanding December, 1971	..	..	..	..	..	7
Statutory Notices served 1972	..	..	..	..	..	59
Statutory Notices complied with 1972	..	..	..	..	..	45
Statutory Notices outstanding December, 1972	..	..	..	..	..	21
No. of complaints received and recorded at the Health Department	..	..	..	..	..	932

Local Land Charges

2,271 enquiries were received from the Chief Executive's Department in connection with requisition for a search under the Land Charges Act, 1926.

Clearance Areas, Demolition and/or Closing Orders

No. of closing orders	..	..	..	..	..	14
No. of buildings closed	..	..	..	..	..	8
No. of houses included in Clearance Areas demolished	..	..	..	..	..	46
No. of houses represented in Clearance Areas	..	..	..	..	..	155
No. of Clearance Areas represented	..	..	..	..	..	22

Rent Act, 1957

There were no applications for issue of Certificates of Disrepair but one application for cancellation was granted.

Action under Statutory Powers

Housing Act — No. of dwellinghouses in respect of which notices were served requiring repairs	14
No. of dwellinghouses in which defects were remedied after service of formal notices	
(a) by owners	2
(b) by local authority	3
Public Health Act — No. of dwellinghouses in respect of which notices were served requiring defects to be remedied	45
No. of dwellinghouses in which defects were remedied after service of formal notices:	
(a) by owners	12
(b) by local authority	20

Housing Act, 1969 — Qualification Certificates

Applications under section 44(1) in respect of houses in good repair and having the standard amenities were made in respect of 40 houses during the year.

The position since the Act came into force is now as follows:

	1970	1971	1972
Applications received	23	76	40
Qualification certificates issued	18	21	13
Qualification certificates refused	4	50	30

Once again the main reason for refusal has been an unsatisfactory state of repair. There are still a large proportion of cases where an application is made, but not proceeded with once the owners have been notified of the repairs necessary before the property can qualify for a certificate. Eight applications under section 44(2) in respect of houses lacking the standard amenities but which it is intended to bring up to standard were received; and ten certificates of provisional approval were granted.

Small Dwellings Acquisition and Housing Acts

Applications for mortgages for small dwellings are referred to this Department by the Estates Manager for us to advise on probable future life of property and during the year 424 such enquiries were dealt with.

Fertilisers and Feeding Stuffs Act, 1926

Twenty-five samples were taken under the provisions of the above Act.

The samples consisted of eleven formal samples of feeding stuffs, eleven formal samples of fertilisers and three informal samples of fertilisers. The attention of the producer was drawn to one formal sample of fertiliser which was certified by the Agricultural Analyst to contain a slight excess of water soluble phosphoric acid compared with the amount warranted on the statutory statement. The remaining samples were satisfactory.

Agricultural Produce (Grading and Marking) Act, 1928

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

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 1,678 visits were made for this purpose.

Rag Flock and other Filling Materials Act, 1951

There are seven premises registered under the above Act. During the year eleven samples of filling materials were submitted for analysis. Representations were made to the manufacturer of one sample which failed to comply with the prescribed standard.

Pet Animals Act, 1951

During the year 10 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

The three existing sites — one residential and two recreational continue to be run in a satisfactory manner.

Progress was made in the construction of the gypsy caravan site and it will probably be ready for use early in 1973. This site is designed to accommodate up to fifteen pitches, and it is hoped that this will be adequate and that in due course the Council will be able to obtain a designation order under the Caravan Sites Act, 1968. Such an order would enable the Council to prohibit gypsy caravans from being stationed anywhere other than on the approved site, and would enable us to deal with the problem of unauthorised camping in the City. This problem seems to be on the increase, but as the camping is generally away from residential areas, the nuisance is to some extent minimised. Nevertheless there is always a potential health hazard associated with this type of camping, and there is also the fear that the problem could become acute at any time should there be a large influx of gypsy caravans into the City. Until we get a designation order, our legal powers to control such an influx are very slight indeed.

Swimming Baths

Swimming is a popular form of recreation in the City and regular visits have been paid to the swimming pools while in use to examine and test the water, and to take samples for bacteriological examination.

Trouble was experienced at Westgate and St. Francis due to the breakdown of the chlorine injector pumps.

Bacteriological examination of samples of the water in the pools showed high counts on seven occasions at Westgate, three each at St. Francis and Lincoln School and one at Hartsholme School Play Pool. Three samples from Westgate and two from St. Francis were unsatisfactory. Appropriate measures of further chlorination or of temporarily closing the pool concerned were taken.

The provision of additional swimming facilities at the City School Sports Complex should do much to relieve the strain imposed on existing resources.

A total of 342 samples were taken during the year and, apart from those referred to above, the remainder were satisfactory. All the samples were examined at the Public Health Laboratory.

Noise Abatement Act, 1969

Ten complaints of alleged excessive noise were received during the year and were investigated. Of these four cases of nuisance were confirmed and were dealt with without resort to legal proceedings.

The most troublesome noise nuisance arose from steam hammers at a large forging shop. This is a noisy process and one that is not technically capable of being silenced to any extent. Unfortunately the works in question are situated in near proximity to a housing estate and, whilst the noise arising from the process during the day is tolerated, complaints soon began to come in when the firm found it necessary to work at night in order to maintain production. The Council found itself in a dilemma when faced with a conflict between its duties under the Act and its wish to do nothing which might have an adverse effect on the City's already unsatisfactory employment position. Fortunately we were able eventually to reach agreement with the firm concerned to discontinue night working for the time being, although there is always a distinct possibility that this trouble could recur in the future.

Shops Act, 1950

Since the passing of the Offices, Shops and Railway Premises Act the Shops Act has been confined to dealing only with such matters as half day closing, opening hours, Sunday Trading and the employment of young persons.

In my last report I commented on the legal anomalies that make parts of the Act virtually unenforceable and the low penalties which make it hardly worthwhile to prosecute for contraventions.

The position has now been improved to some extent in that the Criminal Justice Act of 1972 substantially increased the fines for illegal Sunday Trading. The opportunity was not however, taken to increase the penalties for other offences under the Act which are still based on pre-war monetary values. Whether it is deliberate Government policy to discourage local authorities from seriously endeavouring to enforce some parts of the Act by retaining these absurdly low penalties is open to question. Certainly the time for amendment or repeal of the Shops Act in its present form is long overdue, as in its present state it can only have the effect of bringing the law into disrepute.

During the year 290 visits were made in connection with the Act.

Offices, Shops and Railway Premises Act, 1963

Nearly ten years has now elapsed since this major Act of Parliament dealing with the working conditions of the large section of the community engaged in commerce became law.

The responsibility for enforcing the provisions of the Act lies in part with H.M. Factories Inspectorate and in part with the Local Authority. The Local Authority Inspectorate deals with premises not forming part of a factory.

In Lincoln there would seem to be a steady increase in the number of people employed in offices and shops. The figures indicate that over 9,000 people are now employed in premises registered with the local authority. This

is mainly due to an increase of nearly 500 in the number of office workers. There has also been a slight increase in the number of persons employed in shops, wholesale premises, depots and warehouses.

I have hitherto been reluctant to forecast any trends but it would now certainly seem to be apparent that Lincoln is rapidly becoming more of a centre for commerce rather than of industry.

The total number of registered premises (958) shows a slight net increase over the previous year due to redevelopment in the city centre and development on outlying industrial estates.

Routine inspections have steadily continued with more than two thirds (725) of the registered premises receiving a general inspection. The tendency is to make more frequent inspections of food premises and shops where the accident risk is higher.

There is close liaison with the Planning Department and Chief Fire Officer which ensures that all new premises are designed to comply with the provisions of the Act.

One of the prime objects of the Act is to ensure that safe working conditions exist in registered premises. When the Act came into force safety was a completely new function for Public Health Inspectors. As "comfort" conditions have improved the accent is now more on matters of safety. The Public Health Inspector has over the years developed an expertise in dealing with matters of safety both in regard to the structural field and in the use of machinery.

The number of accidents notified continue to increase, (36) probably due to an ever increasing awareness by management that there is a legal obligation to notify accidents involving employees in registered premises. Most of the notified accidents occur in shop premises where the great hazard seems to be falls either on the level or from fixed or portable steps. Most accidents are investigated and the opportunity is taken to give advice and education on safety matters.

The following statistical report was submitted to the Department of Employment for the year ending 31st December, 1972.

Registrations and General Inspections

	<i>No. of premises newly registered during the year</i>	<i>Total No. of registered premises at end of year</i>	<i>No. of registered premises receiving one or more general inspections during the year</i>
Offices	39	298	83
Retail shops	57	513	245
Wholesale shops, warehouses	8	63	38
Catering establishments open to the public, canteens ..	5	84	84
TOTALS ..	109	958	450

**Number of Visits of all kinds
(Including General Inspections) to Registered Premises** 725

**Analysis by Workplace of Persons Employed in Registered
Premises at end of year**

Offices	4339
Retail shops	3107
Wholesale departments, warehouses	741
Catering establishments open to the public	837
Canteens	57
Fuel storage depots	8
TOTAL	9089
Total: Males	3746
Total: Females	5343

Clean Air Act, 1956

Measurement of Atmospheric Pollution — National Survey

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

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

Generally speaking there was a reduction in both the smoke and sulphur figures over those of recent years and this is to be welcomed as some indication that our efforts in the control of atmospheric pollution both in the industrial and domestic fields are beginning to bear fruit.

Industrial Smoke

Generally speaking the situation with regard to industrial smoke is reasonably satisfactory and the Department continues to receive good co-operation from local firms.

There were eleven notifications received during the year of installations of new furnaces or major alterations to existing plant; and two applications for approval of chimney heights for new chimneys. These were all investigated and found to be satisfactory.

Smoke Control

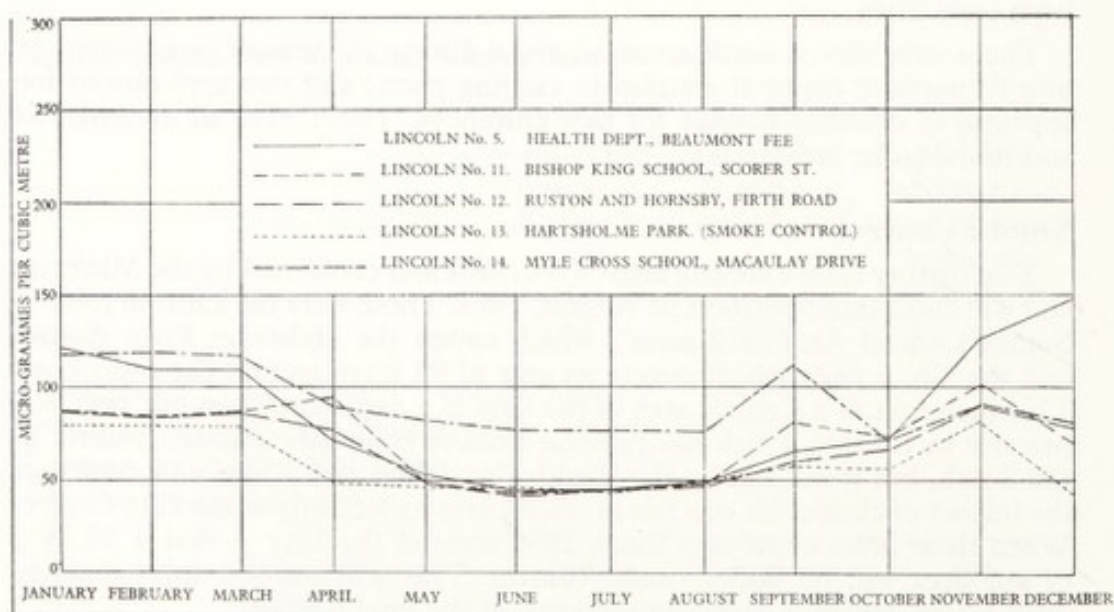
Two further smoke control areas were made and confirmed by the Minister, and will come into operation on August, 1973. These were the Lincoln (No. 5) Smoke Control Area (312 acres), which covers the Hykeham Road district and the No. 6 Area which covers an area of 99 acres around the Stonebow. This inclusion of a Central area of the City is a departure from our previous practice in Lincoln which has hitherto been to concentrate smoke control in the South, but it was felt by the Health Committee that it was now time that the impact of cleaner air was felt in other parts particularly at the City Centre. When these areas come into force, 2854 acres of the City — that is 32.34% of our area will be under smoke control. This will include approximately 3850 houses which is about one seventh of the total number.

SULPHUR DIOXIDE CONCENTRATION

Micrograms per cubic metre

Month	Station Number				
	5	11	12	13	14
January	121	87	87	79	117
February	109	84	84	78	118
March	109	87	86	77	116
April	71	94	76	48	89
May	54	49	49	46	81
June	43	42	41	46	77
July	45	45	45	44	77
August	48	47	47	50	76
September	66	81	60	58	112
October	72	73	66	56	72
November	126	101	89	82	90
December	147	70	77	43	80

SULPHUR DIOXIDE RESULTS SHOWING MONTHLY CONCENTRATIONS

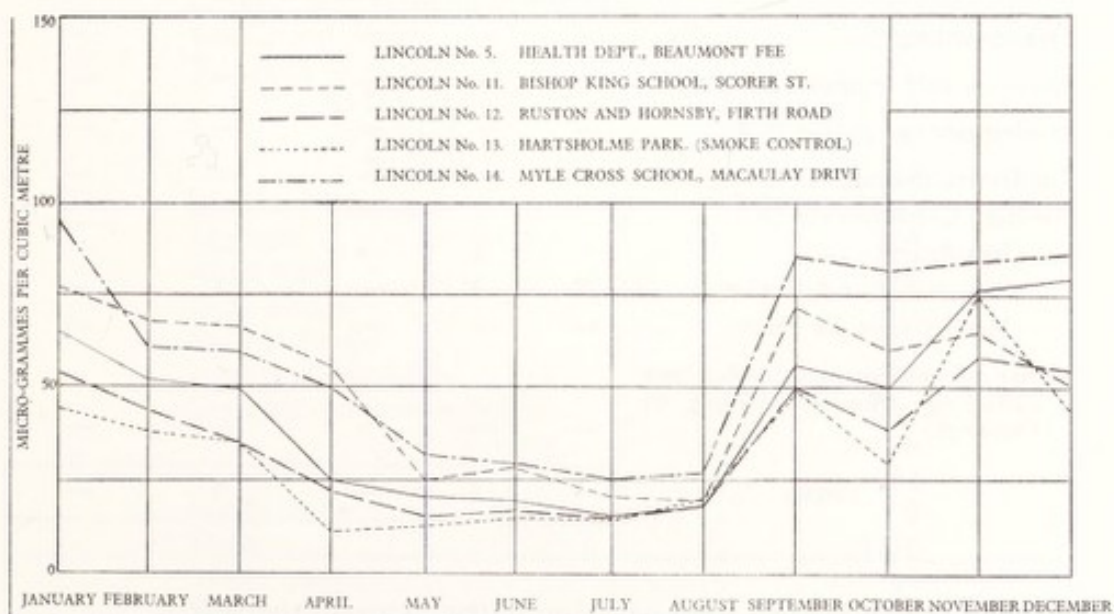


SMOKE CONCENTRATION

Micrograms per cubic metre

Month	Station Number				
	5	11	12	13	14
January	65	77	53	44	95
February	52	68	44	38	60
March	49	66	35	35	59
April	25	56	22	12	49
May	21	25	16	13	32
June	20	28	17	15	29
July	16	21	15	14	25
August	18	20	18	20	27
September	56	72	50	49	85
October	50	60	39	30	82
November	77	65	58	75	84
December	79	51	54	44	86

SMOKE POLLUTION RESULTS SHOWING MONTHLY CONCENTRATIONS



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	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	296	228	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	47	3	—	—
TOTAL	356	231	3	—

CASES IN WHICH DEFECTS WERE FOUND:

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

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 ..	33,660	41
2. (a) Total number of properties (including nearby premises) inspected following notification ..	795	-
(b) Number infested by (i) Rats ..	546	-
(ii) Mice ..	205	-
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification ..	10,722	-
(b) Number infested by (i) Rats ..	35	-
(ii) Mice ..	9	-
Sewers		
4. Were any sewers infested by rats during the year?	Yes	

FOOD AND DRUGS ACT, 1955

Inspections of Food Premises

Bakehouses	48
Bakers & Confectioners	50
Barbecues	26
Butchers	921
Cafes/Restaurants	225
Canteens — Factory	40
Chemists	7
Dairies	150
Delivery Vehicles	68
Fish Shops (Wet)	179
Fish Shops (Fried)	88
Food Factories	25
Food Inspections other than meat	14518
Greengrocers	274
Grocers and General Provisions	513
Ice Cream Shops	188
Kitchens — Hotel	36
Hospital	1
School	66
Welfare	17
Licensed Premises	140
Markets	105
Meat Vans	196
Milk Shops	157
Mobile Shops	17
Poultry Processing	255
Slaughterhouses — Public	756
Private	846
Snack Bars	102
Social clubs	9
Stalls	5776
Sweet Shops	43
Wholesale warehouses	138

Food Poisoning

Food poisoning and suspected food poisoning investigations	104
Clinical specimens submitted for bacteriological examination	72

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	72
Fishmongers	11
Fried Fish Shops	39
Barbecues	6
Cafes, Restaurants and Snack Bars	52
Public Houses	86
Hotels	12
Wine and Spirit Merchants	40
Greengrocers and Fruiterers	51
General Grocers	191
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	20
Equipment cleaned	6
Protection of food from contamination	7
Walls and ceilings replastered	6
Sinks provided	12
Hot water provided to sink	2
Wash hand basin provided	12
Hot water provided to wash hand basin	9
Soap, brush, towel etc., provided to wash hand basin	7
Sanitary conveniences repaired, redecorated and cleaned	12
Wash hand notices provided	4
First aid equipment provided	3
Locker accommodation provided	3
Ventilation improved	4
Lighting improved	3

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

199 samples of food and drugs were procured and submitted to the Public Analyst who certified 182 samples genuine and 17 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 2.69.

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	Formal	In- formal	Genuine	Adulter- ated	Total
Milk	-	76	71	5	76
Milk (Channel Islands) ..	-	7	7	-	7
Beef Spread	-	1	1	-	1
Butter	-	4	3	1	4
Beef burgers with Gravy ..	-	1	-	1	1
Beef Dinner	-	1	1	-	1
Bloater Paste	-	1	1	-	1
Braised Steak with Rich Gravy ..	-	1	1	-	1
Cheese (Cottage Low Fat) ..	-	1	1	-	1
Cheese (Smoked Medium Fat Processed)	-	1	1	-	1
Cheese Spread with Ham ..	-	1	1	-	1
Chicken Paste	-	2	2	-	2
Chicken Noodle Soup ..	-	1	1	-	1
Cottage Cheese	-	1	1	-	1
Crab Spread	-	1	1	-	1
Cheese Spread with Mushrooms ..	-	1	1	-	1
Cheese Spread with Tomato ..	-	1	1	-	1
Chicken in Jelly	-	1	1	-	1
Chicken Spread	-	1	1	-	1
Cornish Pasty	-	1	1	-	1
Cornish Pasty — Uncooked ..	-	1	1	-	1
Cream (Double)	-	6	4	2	6
Full Fat Soft Cheese	-	1	-	1	1
Dairy Fudge Sweets	-	1	1	-	1
Chocolate Sweets	-	1	1	-	1
Egg and Bacon Breakfast ..	-	1	1	-	1
Fish Cakes	-	2	2	-	2
Gooseberry Pie Filling	-	1	1	-	1
Hamburgers with Gravy	-	1	-	1	1
Ham and Egg Croquette	-	1	1	-	1
Ham and Tongue Paste	-	1	1	-	1
Hamburgers with Onions and Gravy ..	-	1	1	-	1
Irish Stew	-	1	1	-	1
Lemon Squash Concentrate ..	-	1	1	-	1
Lemonade Shandy	-	1	1	-	1
Lemon Drink	-	1	1	-	1
Liver and Bacon Croquettes ..	-	1	1	-	1
Orange Drink	-	1	1	-	1
Oxtail Soup	-	1	1	-	1
Minced Beef with Onions and Gravy ..	-	1	1	-	1
Pie (Meat and Potato — Uncooked) ..	-	1	1	-	1
Pie — Pork	-	4	4	-	4
Pie — Steak and Kidney (Uncooked) ..	-	1	1	-	1

<i>Nature of Sample</i>	<i>Formal</i>	<i>In-formal</i>	<i>Genuine</i>	<i>Adulterated</i>	<i>Total</i>
Pudding — Beef	—	1	1	—	1
Strawberry Jam	—	1	1	—	1
Steak and Kidney Pudding	—	1	1	—	1
Cheese Sauce Mix	—	2	2	—	2
Pork and Beef Sausage	—	2	2	—	2
Pie (Steak and Kidney)	—	2	2	—	2
Salmon Spread	—	1	1	—	1
Scotch Broth	—	1	1	—	1
Salad Cream	—	1	1	—	1
Sausage — Beef	—	6	6	—	6
Sausage Meat — Beef	—	1	1	—	1
Sausage Meat — Pork	—	1	1	—	1
Sausage — Pork	—	28	25	3	28
Sausage Rolls — Uncooked	—	1	1	—	1
Scotch Egg	—	1	1	—	1
Shrimp Flavoured Slices (Prawn Crackers when Cooked)	—	1	1	—	1
Steak and Gravy	—	6	3	3	6
Strawberry Jelly	—	1	1	—	1
Tuna Fish	—	1	1	—	1
Tomato Ketchup	—	1	1	—	1
Tomato Sauce	—	1	1	—	1
Vegetable and Lamb	—	1	1	—	1
	—	199	182	17	199

Samples Adulterated or otherwise giving rise to irregularity

(a) Administrative Action Taken

Of the 17 samples adulterated or otherwise giving rise to irregularity all were taken informally.

(b) Legal Proceedings

No legal proceedings were taken.

(c) Informal Action

1. Milk. An informal sample of milk was deficient in milk-solids other than milk-fat to the extent of 3.5 per cent. The Freezing Point (Hortvet) showed the presence of a trace of added water.
2. Milk. This milk sample was slightly deficient in milk-solids other than milk-fat. The Freezing Point (Hortvet) showed the presence of a small amount of added water.
Investigations at the farm showed the level of a section of the milk line was unsatisfactory permitting the retention of a small quantity of rinse water. A subsequent sample proved to be genuine.
3. Beefburgers with Gravy. This informal sample contained 51 per cent of meat and was thus deficient in meat content to the extent of 15 per cent.

The matter was discussed with the manufacturers.

4. Stewed Steak in Gravy. Informal sample contained not more than 72.3 per cent of meat, thus the sample was deficient in meat to the extent of 3.6%.
5. Stewed Steak in Gravy. Informal sample contained not more than 70 per cent of meat, thus the sample was deficient in meat to the extent of 6.6 per cent. The manufacturers of these two samples are reducing the amount of gravy in the cans to compensate for the variation in the composition of the steak to ensure the 75% minimum meat content is adequately maintained.
6. Pork Sausage. This informal sample was deficient in meat to the extent of 2.6 per cent. This was taken up with the manufacturers and a further sample was taken.
7. Butter. An informal sample of butter was found to contain an excess of water to the extent of 3.1%. This was apparently due to unsatisfactory blending with American bulk butter which has a higher permitted moisture content than English. Stocks of this butter were withdrawn.
8. Double Cream. This sample contained 46.7 per cent of fat. Double cream must contain not less than 48% therefore the sample was deficient in fat to the extent of 2.7%.
9. Double Cream. This sample contained 46.73 per cent of fat, thus being deficient in fat to the extent of 2.8%. The manager of the dairy concerned with these two samples was interviewed. Further sample taken and found to be genuine.
10. Hamburgers with Gravy. This informal sample contained not more than 46 per cent of meat. Hamburgers in gravy must contain not less than 60 per cent of meat, therefore the sample was deficient in meat to the extent of 23 per cent. Matter taken up with manufacturers.
11. Full Fat Soft Cheese. This informal sample contained 64.2 per cent of water. The regulations state that full fat soft cheese should contain not more than 60 per cent of water, therefore the sample contained excess of water of 4.2 per cent. Matter taken up with manufacturers.
12. Stewed Steak with Rich Gravy. This sample contained approximately 74 per cent of meat. Stewed steak with gravy must contain not less than 75 per cent of meat. Sample was therefore slightly deficient in meat. Matter taken up with manufacturers.
13. Pork Sausages. This sample contained not more than 61.2% of meat. Pork sausages must contain not less than 65% of meat, therefore the sample was deficient in meat to the extent of 5.8%.
14. Milk. This informal sample was slightly deficient in milk-solids other than milk-fat. The Freezing Point (Hortvet) showed the presence of a trace of added water.
15. Milk. This informal sample was deficient in milk-solids other than milk-fat to the extent of 4%. The Freezing Point (Hortvet) showed the presence of at least 2.8% of added water.
16. Milk. This informal sample was slightly deficient in milk-solids other than milk-fat. The Freezing Point (Hortvet) showed the presence of a trace of added water.

These three informal samples contained a trace or small quantity of added water. Investigations revealed mechanical defects. Subsequent samples were found to be genuine.

17. Pork Sausages. Pork Sausages should contain not less than 65% meat. As this sample contained not more than 62.4% it was deficient in meat to the extent of 4 per cent. The manufacturer was interviewed. Further sample taken.

Offences other than those indicated by sampling

Legal Proceedings

FOOD HYGIENE (GENERAL) REGULATIONS, 1970.

Carrying on a food business on insanitary premises. Fined £20.

Failure to keep clean articles of equipment. Fined £5.

So placing food as to involve risk of contamination. Fined £5.

Failure to wear clean washable overclothing. Fined £5.

Failure to keep sanitary convenience clean. Fined £10.

Using a room communicating directly with a sanitary convenience for the handling of open food. Fined £20.

Failure to display hand washing notice. Fined £5.

Failure to provide facilities at the wash hand basin. Fined £5.

Inadequate lighting to a food room. Fined £5.

Failure to keep a food room clean and in good repair. Fined £10.

Failure to prevent rodent infestation. Fined £20.

Permitting the accumulation of refuse in a food room. Fined £15 plus Costs £15.

The individual concerned was convicted again six months later for some of the same offences and fined £151. On this occasion he was also disqualified for a period not exceeding two years.

Smoking whilst in a food room containing open food. Fined £5.

Informal Action

During the year 60 complaints were received about the condition of food-stuffs which compares with 59 in the previous year. Those relating to foreign bodies and mould showed an increase of 6 and 5 respectively over the 1971 figures, but there was a decrease in the number of foodstuffs whose fitness was questioned. The complaints can be divided into the following categories, 26 relating to foreign bodies, 22 to mould, 10 to fitness and 2 to foods said to be not of the nature or substance demanded.

Thorough investigations were carried out into all complaints which, in some cases, were involved and protracted. Complainants in the main only wanted the matter investigated with a view to preventing similar occurrences in the future. In many cases it would not be possible to take legal action successfully.

Investigating officers concentrate their efforts on preventing similar incidents occurring again and on improvements in food coding, stock rotation and hygiene generally.

Details of the complaints are as follows:

1. Only one complaint was received about the condition of milk or milk bottles and this related to two specks of dirt on the interior of the bottle near its shoulder. A warning was issued.

2. The twenty-two articles of food affected with mould ranged from six bread loaves, buns or rolls, four cheese items, soup, egg custard, pikelets, sausage, two pork pies, two sausage rolls, a custard tart, butter and a cottage pie. Incorrect stock rotation, poor home and shop storage, defective seals, and malfunctioning of sealing machinery, and delay in complaining were some of the reasons which had to be considered in dealing with these cases. Wherever possible, appropriate action was taken.
3. Tin of peas only half full and the remainder of the contents being the covering liquid. A condition which occasionally occurs on the high speed filling equipment installed in a cannery and is due to the peas 'arching' in the hopper and not filling the cups with the appropriate amount of peas. When this occurs the preceding production up to ten minutes is set aside and examined. Obviously this tin had escaped the inspection. Complainant recompensed.
4. Tin of baby food containing fragments of greyish material. Examination showed they were rubbery in nature resembling the rubber lining solution which is used in can ends to ensure a hermetic seal. An excess had in this case squeezed through into the product. Recompense made to complainant.
5. Discoloured smoked bacon. Appeared to be an end piece which had not been trimmed after smoking. Verbal warning given.
6. A strip of cellophane paper in a bottle of medicine. Investigation failed to reveal how the material got into the bottle.
7. Prawn cracknell alleged to be 'crisps'. A sample was obtained and submitted to the City Analyst who made no adverse comment.
8. A tin of baked beans containing a foreign body. Examination showed that the foreign body was a soft type of stone. The method of harvesting beans yields a product containing stones and in this case, in spite of the riffle plates, other de-stoning equipment and 'spotters', a stone had got through to the final product. Complainant reimbursed.
9. Fish and chips containing a wood louse. A very high standard of hygiene was maintained at the shop concerned and no evidence found of any insect infestation. Warning issued.
10. A piece of imported cheese containing an embedded foreign body. The foreign body was identified as a blue bottle and tests suggested it gained access during manufacture. Complaint pursued with suppliers. Reimbursement made to complainant.
11. Five cases of foreign matter in bread loaves or rolls were investigated. The causes in two cases were burnt bread debris probably from a baking tin containing the dough during production, one case of dough being contaminated with vegetable grease from the machinery, one to brown bread dough getting mixed with white, and in the other case to small pieces of wheat. Appropriate action was taken.
12. Sickness said to be caused after eating baby food. Microbiological tests on the tin concerned revealed no organisms which could give rise to sickness and no fault could be found in the fabrication of the tin.
13. Insects in spiced pappadoms. Appeared to be infested with 'spider' beetle. No other items affected. Purchaser unwilling for any legal action to be taken. Money refunded.

14. Chocolate mallows with 'hard' centres. Investigation revealed they were old stock which had exceeded the shelf life. The remainder of the stock at the shop was examined and found to be entirely satisfactory. A high standard of hygiene was maintained. Warning issued. Complainant recompensed.
15. Discoloured chips. On examination it was found that the discolouration was due to incomplete removal of the skin around the eye of the potatoes and also to the type of potato in use. Advice given.
16. Drinking chocolate containing 'webbing'. This appeared to be typical of that produced by the confectionery pest, an *Ephestia* moth. Infestations do occur in cocoa factories in spite of the most stringent precautions. Reimbursement made by manufacturers.
17. A piece of cardboard in a tin of beef and vegetable casserole. Investigation showed that the most likely source of the trouble was the inner lining of cartons used for conveying meat to the factory, which had adhered to and had not been removed from the meat. Representations were made to the meat suppliers. Complainant recompensed.
18. Tinned tuna said to have caused sickness and diarrhoea. Bacteriological and chemical examinations resulted in negative reports.
19. Bar of chocolate containing maggots. Laboratory examination of this bar and others taken from the shop showed they had been attacked by larvae of the *Ephestia* group of insects. A severe warning was issued to the shop concerned, where hygiene was satisfactory but rotation of stock was not.
20. A teacake containing a sliver of wood. Investigation showed the piece of wood probably came from a delivery tray. Warning given and replacement of wooden trays by plastic to be speeded up. Complainant reimbursed.
21. Salad roll containing a slug. Complainant unwilling to be involved in legal proceedings. Warning issued and staff advised to exercise more care when washing lettuce. Refund made.
22. Yoghurt said to have 'soapy' flavour. Laboratory examination revealed nothing untoward. 'Tasters' found the yoghurt to be satisfactory. The particular yoghurt was obviously not to the liking of the complainant's palate!
23. Fly in pork dripping. Examination showed it was not the domestic type usually associated with houses and shops. No evidence of fly infestation was found in the shop or preparation room. A high standard of hygiene was maintained. Warning issued and recompense made.
24. One of a party who ate steak at a local cafe complained that it was 'high'. Steak not available for examination. The meat on the premises concerned was found to be satisfactory.
25. Frozen liver found to be fly blown. Difficult to ascertain where and how the flies got access to it.
26. Foreign body in a tin of peas. On examination it was found to be a caterpillar which had been subjected to heat treatment. It would appear that all the precautions taken by the factory to obviate foreign matter entering tins of food had on this occasion proved inadequate. Refund made to complainant.

27. Snack bar proprietor reported complaint of iced custard slices smelling of fish. Nothing found on premises likely to pass on this flavour. Did the contamination take place on the delivery vehicle or did it go further back?
28. Corned beef with a maggot on it. Examination of all the meat stock in the shop revealed no fly eggs or maggots and the shop and refrigerator were in a very clean condition.
29. A pork pie having a piece of foreign matter adhering to the top crust. Analysis revealed that the material was grease and iron oxide, most probably lubricant from machinery used in the preparation of the pie. Complainant recompensed.
30. Butter alleged to taste 'off'. 'Tasters' found smell and taste perfectly normal. No further action.
31. Fish cakes smelling 'off'. The remainder of the fish cakes were found to smell rather strong. Investigation revealed that there had been a refrigerator break down at the shop concerned. Advice given about the dangers of refreezing food which has thawed out and warning issued. Refund made to complainant.
32. Steak and onion pie with peculiar taste. Investigation revealed that the new occupants of the shop concerned had no proper idea of the preparation of the products and arrangements were made for them to receive instruction in correct cooking and storage procedures. Complainant recompensed.
33. Baby food said to have caused illness of child. Examination of the packet showed that the expiry date for the guarantee of vitamin potency had passed, but laboratory investigation showed it was still well up to standard. Stocks withdrawn and matter taken up with shopkeeper and wholesaler.
34. Blackcurrant tart containing a piece of coal. Coal was not used at the bakery concerned. It appeared that it was probably in the tin of imported blackcurrants and had been overlooked during filling. Refund made to complainant.
35. Tomato concentrate with bitter taste. Inside lining of tin was found to be badly pitted and examination of the remaining stock also revealed some tins in a similar condition. All stock withdrawn. Re-compense made to complainant.

Milk Supply

Milk and Dairies (General) Regulations, 1959.

No. of milk distributors on the Register	..	..	..	..	136
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"	..	..	..	..	115
No. of dealers licences to use the designation "Sterilised"	..	..	..	..	86

298 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:

<i>Designation</i>	<i>No. of samples</i>	<i>Passed</i>		<i>Failed</i>		<i>Void</i>	<i>Passed Turbidity</i>	<i>Failed</i>
		<i>Meth. Blue test</i>	<i>Phosphatase</i>	<i>Meth. Blue test</i>	<i>Phosphatase</i>			
Pasteurised	103	103	103	—	—	—		
Pasteurised (School)	51	51	51	—	—	—		
Pasteurised (Channel Islands)	79	78	79	—	—	1		
Sterilised	64	—	—	—	—	—	64	—
	297	232	233	—	—	1	64	—

Cream

82 samples of cream were submitted for bacteriological examination, 77 samples were satisfactory and 5 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.

	<i>No. of specimens</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Milk bottles ..	474	468	6
Milk churns ..	34	34	—
Milk Plant Swabs	29	29	—
Tankers ..	39	39	—

Ice Cream

No. of premises registered for sale 308

Details of the 33 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	27
2	2½ to 4 hours	5
3	½ to 2 hours	1
4	0 hours	—

It is recommended in connection with the grading of samples that over a period 50% of a vendor's samples should fall in Grade 1, 80% into grades 1 or 2 and not more than 20% into grade 3, and none into grade 4.

Preserved Food

85 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 255
3. Number of birds processed during the year 5,165,094
4. Types of birds processed Broilers, Capons,
Hens, Turkeys.
5. Percentage of birds rejected as unfit for
human consumption297%
6. Weight of poultry condemned as unfit for human consumption
Tons Cwts St Lbs
25 13 7 9
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.

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 46,315, compared with 47,297 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>Pigs</i>	<i>Sheep</i>
Number killed	5,408	33	11	26,560	14,305
Number inspected	5,408	33	11	26,560	14,305

All Diseases except Tuberculosis and Cysticercosis

Whole carcasses condemned	5	1	1	45	11
Carcasses of which some part or organ was condemned	1,364	10	7	5,075	362

Tuberculosis only:

Whole carcasses condemned	—	—	—	2	—
Carcasses of which some part or organ was condemned	2	—	—	424	—

Cysticercosis

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

Cysticercus Bovis

Routine inspection for this disease has now been carried out for 24 years. The percentage of infestation shows an increase over last year's figure of 0.03 and serves to emphasise the need for continued vigilance on the part of meat inspectors. Five viable cysts and 44 degenerate ones were found. The

need for remedial measures on the part of 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>	
5,408	33	5	—	—	—	0.09

The cysts were located in the animals as follows:—

Head	..	..	..	4
Heart	..	..	..	1

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 found in animals located as follows:

<i>Cattle</i>				
Head	..	..	..	15
Heart	..	..	..	25
Skirt	..	..	..	4

Foods Condemned

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

					<i>Tons</i>	<i>Cwts.</i>	<i>Sts.</i>	<i>Lbs.</i>
Meat	..	..	..	..	5	17	1	12
Offals	..	..	..	..	6	10	6	4
Canned Meat	..	..	..	—	—	7	5	9
Other Canned Foods	..	..	..	3	12	4	0	
Cooked Meat and Meat Products	..	..	..	—	—	4	4	
Fish	..	..	..	..	—	—	3	0
Fruit and Vegetables	..	..	..	3	19	0	4	
Frozen Foods	..	..	..	1	9	4	10	
Poultry	..	..	..	25	13	7	9	
Other Food	..	..	..	1	14	1	4	
					49	5	7	0

Slaughter of Animals Act, 1958

30 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, 1972

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

CITY OF LINCOLN EDUCATION COMMITTEE

YEAR ENDED 31ST AUGUST, 1972

Chairman of the Education Committee:

Councillor G. G. ELSEY, J.P.

Vice-Chairman of the Education Committee:

Councillor Mrs. A. J. NAFTALIN, A.L.A.

Members of the Education Committee:

Alderman W. E. HERBERT	Councillor Mrs. S. J. TOWNEND
Councillor P. W. ARCHER, J.P.	Councillor L. A. VAISEY
Councillor Mrs. A. BARLOW (from May, 1972)	Councillor J. T. WARD
Councillor G. T. BLADES (to May, 1972)	Councillor Mrs. C. WILKINSON, J.P., S.R.N.
Councillor R. G. BRACEY, B.SC. (to May, 1972)	The Right Reverend Monseigneur Canon E. H. ATKINSON, v.g.
Councillor M. H. BROWN (from May, 1972)	The Reverend B. A. BAKER (to March, 1972)
Councillor G. G. ELSEY, J.P.	The Reverend T. B. DUTTON (from March, 1972)
Councillor R. W. HODSON	The Very Reverend The Honourable O. W. FIENNES, M.A., Dean of Lincoln
Councillor R. D. HORNER	Mr. D. J. LOGAN
Councillor N. I. JACKSON	Mr. P. MULLIGAN
Councillor W. D. LYALL	Mrs. C. M. SEELY
Councillor Mrs. A. J. NAFTALIN, A.L.A.	Miss J. E. SKINNER, M.A.
Councillor J. S. ROBERTSON (from May, 1972)	Mr. E. H. TUTTY
Councillor Mrs. P. D. ROUSSEL	
Councillor A. H. TAYLOR (to May, 1972)	

SCHOOLS COMMITTEE

Chairman of the Schools Committee:

Councillor Mrs. C. D. WILKINSON, J.P., S.R.N. (to May, 1972)

Councillor Mrs. A. J. NAFTALIN, A.L.A. (from May, 1972)

Members of the Schools Committee:

Councillor P. W. ARCHER, J.P.	Councillor Mrs. S. J. TOWNEND
Councillor Mrs. A. BARLOW (from May, 1972)	Councillor Mrs. C. D. WILKINSON
Councillor G. G. ELSEY, J.P. (from May, 1972)	The Reverend T. B. DUTTON (from March, 1972)
Councillor R. W. HODSON (from May, 1972)	The Very Reverend The Honourable O. W. FIENNES, M.A., Dean of Lincoln
Councillor R. D. HORNER	Mr. D. J. LOGAN
Councillor N. I. JACKSON	Mr. P. MULLIGAN (from May, 1972)
Councillor W. D. LYALL	Miss J. E. SKINNER, M.A.
Councillor Mrs. A. J. NAFTALIN, A.L.A.	Mrs. C. M. SEELY
Councillor Mrs. P. D. ROUSSEL	

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 1972.

The service continued substantially on the same lines as in 1971 and the school population of 13,885 showed little change.

The pattern of routine medical inspections continued as in previous years and 3,792 children were examined during 1972. As a result of these examinations 1,127 defects were found which required treatment.

In recent years a number of Education Authorities have introduced a selective method of medical inspection and no doubt this has certain merits.

It is, however, the case that at the intermediate and final medical inspection, defects are still found which have not been discovered at an earlier examination and I am still not convinced that the traditional method of routine medical inspection should be abandoned in favour of the selective system.

The basic aim of the School Health Service is to ensure that children are physically fit so that they may benefit by the education programme which is provided. It is also important to ensure that children remain free from infection and, therefore, are not compelled to miss school unnecessarily. It is, therefore, gratifying to note that the number of notifiable infectious diseases in school children reported during 1972 was the lowest on record. Only 28 notifications were received.

There was a most welcome fall in the number of cases of measles notified (14) compared with the number (320) in 1971.

The ascertainment of handicapped pupils continued to take up a good deal of the School Medical Officers' time and whilst the fall in the number of notifications of infectious diseases was most welcome, one cannot be complacent about the increasing number of physically handicapped children and the number of educationally sub-normal children for whom provision has to be made.

The cogent remarks contained in the report of the Headmaster of St. Francis School are worthy of close study.

In connection with the different types of physically handicapped children which are now appearing at school age for the first time, one needs to bear in mind that man alone amongst the animals has provided himself with the means of surviving in an unfit state. The full biological consequences of this are at present unknown but are presenting society with problems which will have to be contended with for many generations.

The Vernon Committee Report (The Education of The Visually Handicapped, 1972) recently recommended that annual testing of school children's vision was desirable. This has been the practice in Lincoln since 1963 and our results over the decade clearly demonstrate that this is a most worthwhile procedure — approximately 250 children are discovered every year to have faulty vision whose disability would not otherwise have been detected.

However, despite the facilities that are available, testing in the school and a fully comprehensive ophthalmic service provided at the Lincoln County Hospital, a number of parents do not ensure that the children avail themselves of the facilities offered and the number of children who fail to attend at the Hospital Ophthalmic Clinic is still depressingly high.

The audiometric service continued as in previous years and there is an excellent audiology service available at the County Hospital where complete facilities exist for the detection of defects. For school children and pre-school children further developments in this field are expected in the future and it would indeed be helpful if a Sub-Regional Audiology Service could be centred in Lincoln.

For the fourth year in succession there was an increase in the number of children with head louse infestation. 510 were found to be infested in 1972 and this represents 3.6% of the school population. This is the highest proportion for over 10 years and re-enforces the view, which has previously been expressed, that modifying a family's behaviour pattern is inherently difficult. The problem is essentially a simple one, namely that the child's hair needs to be washed twice a week. However, it appears that little progress has been made in modifying people's attitudes; in fact the reverse appears to be the case.

In recent years there has been a suspicion of developing resistance to the lotions presently in use (D.D.T. or Gammexane) however, it was our experience that when these lotions are correctly used they appear to be effective and the number of children who had to be treated using malathion was relatively small.

The report of the School Dental Officer mentions that 94% of the school children were dentally inspected and dental fitness, as expressed by the percentage requiring treatment, was 39.9%. This is very close to the best ever result which was in 1968 and it demonstrates that the overall improvement in the dental health of school children is being maintained.

A number of measures are contributory, namely, the emphasis on the preventive and conservative aspects of dental treatment, the Dental Health Education Programme carried out in schools and as an emerging factor, the fluoridation of the Lincoln water supply. At the present time the fluoride concentration is approximately 0.8 parts per million and it is hoped that the optimum of 1.0 part per million will be achieved some time during 1973. By the end of the decade children entering school will have had the benefits of fluoridated water for the whole of their lives and we should then see a remarkable reduction in the amount of caries. When one considers that national statistics show that one person in twenty on average has complete dentures at the age of 30 and more than one third of all adults have no natural teeth, one realises that the efforts of preventive dentistry, including Dental Health Education, must continue and must increase.

Another welcome development in this field was the improvement in the Orthodontic Service reported by the Principal School Dental Officer.

One of the longest serving members of the Department, Miss F. M. Shearman, retired in May, 1972 having been in the Council's employ as a School Nurse for 34 years. We wish her well in her retirement.

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

City Health Department,
St. Mark's House,
LINCOLN.
July, 1973.

R. D. HAIGH,
Principal School Medical Officer.

STAFF OF SCHOOL HEALTH DEPARTMENT

1972

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., M.F.C.M.

Deputy Principal School Medical Officer:

G. C. Franklin, M.A., M.B., B.CHIR., M.R.C.S., L.R.C.P., D.P.H., M.F.C.M.

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.

Dental Auxiliary:

Miss M. D. Beswick

Dental Surgery Assistants:

Miss S. M. Askew

Miss S. M. Cartwright

Miss A. Richardson

Miss J. Smith

Dental Health Education Officer:

Miss M. F. Bradley

Dental Clerk:

Mrs. A. F. Galloway

Consultant Children's Psychiatrist:

Patrick L. G. Wakeling, M.B., CH.B., D.P.M.

Educational Psychologists:

Miss L. Edwards, B.Sc. (Temporary appointment from 1.10.72)

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) (Resigned 30.6.72)

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

Secretaries:

Mrs. L. Best (Commenced 1.4.72)

Miss H. Grout

Chiropodist:

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

Speech Therapists:

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

Mrs. E. Le M. Mitchell, L.C.S.T. (Commenced 1.9.72)

Director of Nursing Services:

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.

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 M. Fenton, S.R.N., S.C.M., H.V. (Commenced 18.9.72)

Mrs. L. A. Lee, S.R.N., H.V. (Resigned 28.8.72)

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

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

Miss G. 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. A. Derry, S.R.N. (Commenced 27.3.72)

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. (Resigned 7.4.72)

Mrs. C. A. Symons, S.R.N. (Resigned 3.4.72)

Mrs. M. Woodcock, S.R.N. (Commenced 17.4.72)

Health Education Officer:

Miss M. Carter, M.G.H.E.

Lay Administrative Assistant:

Miss M. A. Boynton

Clerk-in-Charge:

R. W. Hill

Clerks:

Miss C. A. Carratt (Resigned 8.9.72)

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

Miss J. Monk (Commenced 11.9.72)

Miss C. Sykes

LIST OF SCHOOLS

School	No on Register January, 1972	Head Teacher
Nursery		
St. Cuthbert's	48	Miss C. Sharpe
St. Giles	44	Miss H. Church, M.B.E.
Primary		
Birchwood First	312	Miss Y. A. Lowe
Birchwood Middle	444	Mr. W. A. Fletcher, L.C.P.
Boultham Middle	322	Mr. K. I. Cook
Boultham First	124	Miss R. E. Morris
Bracebridge First	153	Mrs. W. Pouptis
Eastgate First	162	Miss M. B. Cullen
Ermine First	378	Miss J. M. Sowerby
Ermine Middle	357	Mr. W. G. Brooks
Hartsholme First	193	Miss J. Whiticker
Manor Leas Middle	383	Mr. D. J. Logan
Manor Leas First	407	Miss U. Perry
Monks Abbey Middle	287	Mr. H. J. Sharman, DIP.P.ED., J.P.
Monks Abbey First	327	Miss S. M. Walker
Moorland First	395	Miss S. M. Neale
Mount Street First	340	Miss D. Kisby
Our Lady of Lincoln R.C. Primary	254	Mr. J. Brown
Skellingthorpe Road Middle	407	Mr. E. S. Wilson
St. Andrew's Primary	200	Mr. R. Shackleton
St. Botolph's First	106	Mrs. A. Goldsmith
St. Faith's Middle	226	Miss F. H. Bocket
St. Faith's First	242	Mrs. M. Blakeman
St. Giles Middle	356	Mr. S. B. Hall
St. Giles First	334	Miss J. O. Yeates
St. Hugh's R.C. Primary	220	Mr. D. V. Griffiths, A.R.C.M.
St. Martin's First	88	Mrs. D. P. E. M. Cook
St. Peter's Middle	216	Mr. R. S. Forbes
St. Peter's First	209	Mrs. K. West
Westgate Middle	341	Mr. J. Pritchard
Secondary Modern		
Ancaster High	614	Miss I. Gilbert
Bishop King	341	Rev. A. R. Chanter
Myle Cross Girls'	317	Miss J. K. Gentry
Sincil Boys'	618	Mr. H. K. Lister, B.SC.
St. Giles Boys'	283	Mr. L. R. W. Thake
St. Peter and St. Paul	283	Mr. T. P. Groome, B.A.
Secondary Grammar		
Christ's Hospital Girls' High	596	Mrs. S. M. Wood, B.A.
Lincoln	511	Mr. H. A. Behenna, M.A.
South Park High	609	Miss M. J. Widdowson, B.A.
The City	570	Mr. J. A. Garner, M.A.
Comprehensive		
Yarborough High	872	Mr. E. Wilson, B.A., M.ED.

Special Schools

St. Christopher's	146	Mr. J. Haile
St. Francis	81	Mr. D. G. Williams
Queen's Park	68	Mrs. J. Webb

Establishments of Further Education

<i>Full-time day Students</i>		<i>Principal</i>
College of Technology	280	Mr. G. A. Church, B.Sc., A.C.G.I., C.ENG., F.I.MECH.E.
College of Art	119	Mr. P. I. Williams, D.F.A.(London)

STATISTICS

Population of City	73,810 (mid-year estimate)
*School Population (January, 1972) ..	13,885 + 399 Further Education
Number of Schools	44
Number of F.E. Establishments ..	2

Maintained Schools in Lincoln

Schools	No. of †Departments	Boys	No of children on roll Girls	Total
Nursery	2	48	44	92
Primary	31	4019	3769	7788
Nursery Classes Attached to First Schools ..	5	61	42	103
Special (Partially Hearing Unit)	1	6	3	9
Special (Children's Unit, Lawn Hospital) ..	1	9	5	14
Special (E.S.N.)	1	89	57	146
Special (S.S.N.)	1	39	29	68
Special (Physically Handi- capped)	1	53	28	81
Secondary Modern ..	6	1240	1200	2440
Secondary Grammar ..	4	1086	1186	2272
Comprehensive	1	446	426	872
College of Technology ..	1	142	138	280
College of Art	1	50	69	119
	56	7288	6996	14284

* 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.

3,792 children (3,752 in 1971) were examined during the year and 1,127 (1,115 in 1971) defects were noted and referred for treatment.

Of the total number of defects noted during the year, visual defects accounted for 44.5% (47.3% in 1971), skin defects 16.2% (18.0% in 1971), orthopaedic defects 12.8% (9.2% in 1971), ear, nose and throat defects 7.2% (9.9% in 1971) and hearing defects 6.2% (3.5% in 1971).

Obesity is still a problem which gives rise to concern in the present day school child, and of the children inspected during the year 1.2% were found to require treatment and observation for this condition. This is slightly lower than the percentage for last year, which was 1.6%. The figures for 1972 are as follows:

			<i>Treatment</i>		<i>Observation</i>	
			<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
Infants	..	..	—	—	1	1
Juniors	..	..	1	5	6	7
Seniors	..	..	—	—	21	2
Totals			1	5	28	10

RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 1127 compared with 1115 in 1971.

		<i>Entrants</i>		<i>Leavers</i>		<i>Others</i>		<i>Total</i>	
		*T	*O	*T	*O	*T	*O	*T	*O
Skin	...	37	6	56	10	90	11	183	27
Eyes—Vision	...	36	31	183	11	148	23	367	65
Squint	...	72	14	13	2	36	4	121	20
Other	...	6	2	2	—	6	1	14	3
Ears—Hearing	...	37	109	11	24	22	56	70	189
Otitis media	...	4	44	2	15	7	27	13	86
Other	...	—	—	2	2	1	—	3	2
Nose and Throat	...	42	84	9	24	30	58	81	166
Speech	...	38	17	—	1	5	7	43	25
Lymphatic glands	...	2	30	—	4	—	5	2	39
Heart	...	2	21	2	5	2	8	6	34
Lungs	...	7	30	4	17	11	22	22	69
Development									
Hernia	...	3	6	—	2	3	2	6	10
Other	...	9	54	1	8	7	31	17	93
Orthopaedic									
Posture	...	1	14	2	12	4	27	7	53
Feet	...	55	21	21	12	30	22	106	55
Other	...	13	14	9	11	11	25	33	50

	Entrants		Leavers		Others		Total	
	*T	*O	*T	*O	*T	*O	*T	*O
Nervous system								
Epilepsy ...	4	1	4	—	4	4	12	5
Other ...	1	8	—	4	2	10	3	22
Psychological								
Development ...	—	10	—	—	—	3	—	13
Stability ...	4	63	3	6	8	23	15	92
Abdomen ...	1	3	1	4	—	15	2	22
Other ...	—	1	—	—	1	—	1	1
	374	583	325	174	428	384	1127	1411

*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 0.31%.

SPECIAL INSPECTIONS

Defect or Disease				Pupils requiring treatment	Pupils requiring observation
Skin ...	...	...	...	2	13
Eyes —	vision ...	...	...	16	—
	squint ...	...	...	12	—
	other ...	...	...	—	—
Ears —	hearing ...	...	...	38	23
	Otitis media ...	...	...	—	—
	Other ...	...	...	—	—
Nose and Throat	...	...	...	17	2
Speech ...	...	...	...	1	1
Lymphatic glands	...	...	...	—	—
Heart ...	...	...	...	—	—
Lungs ...	...	...	...	1	2
Development —	Hernia ...	...	...	—	—
	Other ...	...	...	—	—
Orthopaedic —	Posture ...	...	...	—	—
	Feet ...	...	...	8	1
	Other ...	...	...	—	—
Nervous system —	Epilepsy ...	...	...	1	1
	Other ...	...	...	—	—
Psychological —	Development ...	...	...	—	—
	Stability ...	...	...	2	20
Abdomen ...	...	...	...	—	1
Other ...	...	...	...	1	21
Totals	...	...	...	99	85

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. It has been 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>	
		1972	1971	1972	1971
Verrucae — First Visits	..	65	200	611	293
Re-visits	..	441	1078	1889	1640
Scabies	.. ..	7	10		
Impetigo	.. ..	8	7		
Miscellaneous	.. ..	33	75	80	14

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>
First Schools	..	2758	19	37
Middle Schools	..	2747	29	40
Senior Schools	..	3366	30	30
Totals	..	8871	78	107

The above figures do not include children tested at routine and special School Medical Inspections at which 502 children were found to have a visual defect requiring treatment and 88 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 think you will see from the statistics that there has been a very large increase in the new cases referred to this clinic during the year and we have also been able to clear some arrears of old cases left over from the previous year.

I am grateful, as always, for the courtesy and help of your staff."

Children seen at School Clinics at Lincoln County Hospital

New Cases:								1972	1971
Sent for	..	..	..	..	..	..	..	508	290
Attended	..	..	..	..	..	..	..	324	234
Failed	..	..	..	..	..	..	..	184	56
Old Cases:									
Sent for	..	..	..	..	..	..	..	2851	2573
Attended	..	..	..	..	..	..	..	1769	1646
Failed	..	..	..	..	..	..	..	1082	947
Complete pairs of single glasses prescribed							..	474	484
Authorised repairs	..	..	..	..	..	..	..	249	103
Orthoptic Department									
New Cases seen	..	..	..	..	..	..	..	207	133
Old Cases seen	..	..	..	..	..	..	..	1571	1554

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 247 as compared with 262 in 1971. The number of Lincoln children who received operative treatment at the County Hospital in 1972 was 265 (268 in 1971).

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 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, 1972

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

Number of children tested

First Schools	1471
Middle Schools	1151
Senior Schools	1109
Total ..	<hr/> 3731 <hr/>

Pure Tone Audiograms

The children who failed sweep tests were referred for a pure tone audiogram with the following results:

Number offered appointments for P.T.A.	344
Number who failed to attend	5
Number of children examined by P.T.A.	339

Result of pure tone audiograms:

Satisfactory	55
Unsatisfactory	284

Disposal and treatment of unsatisfactory cases:

Wax removed	5
For review at Hospital	43
For observation	222
Left Lincoln	7
Referred to G.P.	7
	<hr/> 284 <hr/>

SPEECH DEFECTS

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

Until September, 1972 the Speech Therapy Service was staffed only by one full-time Speech Therapist. This meant that little expansion of the service could take place and a "holding policy" was maintained.

The three Special Schools and Birchwood First School continued to be visited each week and five sessions were held at the Central Clinic at the Child Guidance Unit.

The policy of regular school visits was continued and the majority of First and Middle Schools were revisited during the year to discuss children currently attending for treatment and to assess new cases.

Many talks were requested and given during the year to Parent/Teacher Groups, Church Groups, the Spina Bifida Association, and careers talks to schools and in-service training talks to School Helpers and Nursery Nurses.

In September, 1972 Mrs. E. Le M. Mitchell was appointed on a part-time basis to work five sessions per week. This meant that the service could now provide more adequately for the pre-school child, as in view of the large number of children admitted to Nursery Schools, or even First Schools, with severely retarded language development and articulatory problems, it

was an area that needed developing. Two pre-school groups are now held twice weekly at the Central Clinic at the Child Guidance Unit and the new St. Giles Nursery is visited twice a week for parents to participate in their child's treatment session, if they so wish.

Unfortunately referrals of pre-school children still tend to be low at present. Now these children can be accommodated within the Speech Therapy Service we feel it is vital that referrals should come through so that accurate assessment, treatment, preventative measures or advice can be instigated at an early date.

137 new referrals were received during the year and approximately half as many again were seen informally and teachers advised.

81 children are at present receiving weekly therapy.

13 children are awaiting initial consultative appointments.

199 children are on regular review. (This figure contains children who are on review after regular treatment, maturational problems that should resolve spontaneously and need observation and advice to parents, and a number of hard core cases. On the whole these are children who would benefit from treatment were there staff available).

87 children were discharged during the year, of these:

6 failed appointments.

2 refused treatment.

10 left area.

2 N.A.D.

4 discharged to County Hospital (children under surgical care, *e.g.*, cleft palate).

63 discharged after treatment as within normal limits.

The total case load in December, 1972 stands at 293.

In addition Mrs. K. Pike, the Speech Therapist at the Lincoln County Hospital has seen 24 Lincoln School Children.

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, there 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:

	1972	1971
Number of sessions held by the Orthopaedic Surgeon . .	13	12
Number of new cases seen by the Orthopaedic Surgeon	125	91
Total attendances (new and old cases)	405	363

(The number of cases seen during 1972 includes 6 old cases and 8 new from Kesteven).

SCHOOL CHIROPODY SERVICE

Mrs. A. D. Brown, M.Ch.S., continued to work as School Chiropodist and from 1st April, 1972 her sessions were increased from two to three per week. Since May, 1971, the service has been incorporated with the Health Department Chiropody Service and at the end of the first full year the results can be appreciated. There have been fewer failed appointments amongst the children, especially during holiday periods, and this has helped to reduce the number of redressings in proportion to the new cases. A greater variety of conditions, other than verrucae, have been treated by the chiropodists and a number of cases of general foot advice have been dealt with. There is considerable scope for the latter aspect of the service to be expanded. One of the chiropodists working in the Boutham Health Centre has given talks on foot health and care in general in one of the schools in the area.

There has been an increase in the number of children in schools in the Boutham area with verrucae and the type of verrucae apparently prevalent in the locality shows a very stubborn resistance to the conventional types of treatment. Consequently cases are taking much longer to clear. It is unfortunate that facilities at the Boutham Health Centre do not allow the provision of a room solely for chiropody, as such provision would enable the newer methods of treatment now being used at Beaumont Fee to be introduced into the Boutham Clinic. At present stubborn cases are referred to Beaumont Fee for alternative forms of treatment and this results in additional travelling for the patients.

During the year, new methods of treatment such as carbon dioxide snow, electrosurgical cautery and different types of stronger chemicals have been used with very satisfactory results. It is anticipated that further new types of treatment will be introduced in 1973.

The figures for the year are as follows:

				1971			1972		
				<i>New Cases</i>	<i>Revisits</i>	<i>Total</i>	<i>New Cases</i>	<i>Revisits</i>	<i>Total</i>
Verrucae	...	...	...	293	1347	1640	611	1278	1889
Corns	...	...	...	24	4	28	32	22	54
Nails	...	...	...	20	19	39	22	45	67
Skin	...	...	...	14	8	22	26	14	40
Advice	...	...	...	—	—	—	18	—	18
				351	1378	1729	709	1359	2068

The above figures show a marked increase in new cases treated under the different headings. There has been a 100% increase in the number of new cases of verrucae with a slight reduction in the number of redressings, thus showing a decrease in the average number of treatments from 5.6 per patient in 1971 to 3.1 in 1972. This is a direct result of the new methods of treatment being used and has given the chiropodists more time to devote to other foot ailments and to giving advice.

During the past year the co-operation of the General Practitioners has been gratifying and they have been responsible for referring a number of children to the clinics for treatment.

The chiropodists feel that more opportunities should be given for them to undertake foot health talks and examinations in schools.

SCHOOL CARDIAC REGISTER

Six new cases were added to the School Cardiac Register during 1972 and there are now 30 cases which have been discovered on routine medical examination.

The diagnoses of these cases are as follows:

(a)	Ventricular septal defect	..	..	..	15
(b)	Atrial septal defect	..	..	..	1
(c)	Aortic stenosis	..	..	..	1
(d)	Persistent ductus arteriosus	..	..	..	1
(e)	Pulmonary stenosis	..	..	..	3
(f)	Congenital heart disease	..	..	..	2
(g)	Rheumatic heart disease with polyarthritis	..	..	..	2
(h)	Aorto Pulmonary Window	..	..	..	1
(i)	Co-arctation of the aorta	..	..	..	2
(j)	Aortic incompetence and V.S.D.	..	..	..	2

Of these 30 cases, 27 are placed in ordinary schools, 2 in St. Francis School and 1 in Queen's Park 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	..	..	..	4
(b)	Congenital pulmonary valvular stenosis	..	..	..	1
(c)	Congenital heart disease	..	..	..	1
(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 Ravendale 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 Boutham Park Health Centre, Boutham 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	1972 Totals	1971 Totals
Central Clinic	...	...	...	95	293	388	654
St. Giles	...	...	...	381	3049	3430	2891
Moorland	...	...	...	308	725	1033	1204
				784	4067	4851	4749
Medical Clinics				99	85	184	162
Orthopaedic Clinics				125	280	405	454
Dental Clinics				3526	4527	8053	8603
Chiropody Clinics				709	1359	2068	1729

NOCTURNAL ENURESIS

Sixteen bell and pad alarms were in use during the year and this type of alarm has proved its worth in the treatment of bed wetting at night. Before an alarm is recommended by the School Medical Officer, the child must first be examined to exclude any physical cause for the complaint. The best results are achieved with the alarm in children of eight years or older and only in exceptional circumstances is an alarm issued to a child below this age.

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

Age	Cured	Improved	No Improvement	Totals
6	2	-	1	3
7	5	-	-	5
8	2	-	1	3
9	3	4	2	9
10	4	1	1	6
11	7	-	1	8
12	1	1	-	2
13	-	-	-	-
14	1	-	-	1
15	2	-	-	2
16 and over	-	-	-	-
	27	6	6	39

In addition, a number of children were seen by a School Medical Officer at Ravendale Clinic for treatment by drugs. The results are very encouraging and out of a total of 10 children given this form of treatment, 6 were cured and discharged, two failed to keep their appointments and in the remaining two cases treatment was suspended.

CLEANLINESS OF SCHOOL CHILDREN

PEDICULOSIS CAPITIS

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

1968	1969	1970	1971	1972
2.0%	1.9%	2.5%	2.9%	3.6%

Inspection for the presence of pediculosis.

Number of visits to schools	205
Number of inspections of children	39376
Number of children found to be verminous, however slight	510
Notices issued to parents under Section 54(2) of the Education Act, 1944	507
Cleansing Orders under Section 54 (3)	11

Legal proceedings were instituted against the parents of two children who were found to be re-infested during the year. In one case the prosecution was dismissed and in the case of the second child, the parents were found guilty and each fined £1. Prosecutions for head infestation are rarely publicised in the local newspapers and perhaps if they were, other parents would be made aware that this condition exists and it is their responsibility to keep their children's hair clean.

The number of children found to be infested during the year was 510 compared with 401 in 1971. This is an increase of 25% over the previous year and the proportion of the school population found to be infested increased from 2.9% to 3.6%. The previous highest figure was in 1951 when 4.7% of the school population was infested with nits.

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 small quantity of head lotion containing Malathion is held in stock and is found to be much more effective than the standard 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>
1971/72	104 litres (23 galls.)	38.880 kg (85 lbs.)
1972/73	130 litres (28½ galls.)	28.800 kg (63 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:

	1972	1971	1970	1969
Acute Encephalitis	1	-	-	-
Acute Meningitis	-	-	11	2
Dysentery	-	1	95	4
Infective Hepatitis	-	5	8	32
Measles	14	320	60	6
Scarlet Fever	12	11	8	12
Whooping Cough	-	8	7	1
Food Poisoning	1	1	-	-
	<hr/> 28	<hr/> 346	<hr/> 189	<hr/> 57

Acute Encephalitis

One case of Acute Encephalitis was notified during the year.

Dysentery

No case of Dysentery was notified during the year.

Food Poisoning

One case of Food Poisoning was notified during 1972. As is often the case it was not possible to positively identify the source of infection.

Infective Hepatitis

No case of Infective Hepatitis was notified during the year

Measles

There was a drastic reduction in the number of cases of Measles notified during the year, the number being 14 against last year's figure of 320.

Scarlet Fever

Twelve cases of Scarlet Fever were notified during 1972. In every case the disease was very mild in character.

Whooping Cough

No case of Whooping Cough was notified during the year.

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)

			<i>By L.A.</i>	<i>By GPs</i>	<i>Total</i>
Triple (D.T.P.)	..	..	2	—	2
Diphtheria/Tetanus	..	..	18	2	20
Diphtheria only	..	..	—	—	—
Tetanus only	..	..	—	2	2

Reinforcing Injections (5 — 16 year age group)

Triple (D.T.P.)	..	..	4	34	38
Diphtheria/Tetanus	..	..	808	63	871
Diphtheria only	..	..	21	—	21
Tetanus only	..	..	9	69	78

Poliomyelitis Vaccination

A fourth (or booster) dose of Sabin poliomyelitis vaccine is now offered to children on school entry as a routine and primary vaccination is offered to those children who have not been protected in infancy. It is the practice in Lincoln to complete the programme before the end of the summer term.

The following table gives a summary of the vaccinations given during the year:

	<i>By Local Authority</i>	<i>By General Practitioners</i>	<i>Total</i>
Primary	43	12	55
Booster	874	120	994

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. However, this is the age group which is offered B.C.G. vaccination and the arrangements for the two vaccinations clash. This year, therefore, vaccination was offered to girls in their 13th and 14th years and in future it will be offered to girls in their 13th year only.

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.

The following table shows the number of girls vaccinated during the year.

		<i>Year of Birth</i>				<i>Totals</i>
		1957	1958	1959	1960	
By Local Authority	..	3	174	419	215	811
By General Practitioners	..	1	2	1	—	4
		4	176	420	215	815

TUBERCULOSIS

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

	1967	1968	1969	1970	1971	1972
Pulmonary tuberculosis	1	1	3	—	3	1
Tuberculous meningitis	—	—	—	—	—	—
Tuberculosis, other forms	—	—	—	—	—	—
Totals ..	1	1	3	—	3	1

B.C.G. VACCINATION

Vaccination of school children in the 13 — 14 years age group was continued in 1972 under the approved scheme.

Medical Memorandum CMO. 19/72 on B.C.G. Vaccination was received from the Department of Health and Social Security in September.

One recommendation was that weak positive reactions to the tuberculin test are no longer regarded as a contra-indication to B.C.G. vaccination and that there is an increasing body of opinion that Heaf grade I reactors should be offered B.C.G.

This recommendation was given effect in this year's programme undertaken in the autumn term.

All 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 1972 was 91%.

The following table gives details of the numbers dealt with during 1972.

Number skin tested	1000
Number found positive, grades 2, 3 and 4	32
Number found positive, grade 1	45
Number found negative	867
Number vaccinated	888

All 32 positive reactors, grades 2, 3 and 4 attended the Chest Clinic for a chest X-ray and in each case the film showed no evidence of any organic disease.

When schools are visited to carry out skin tests and vaccinations, the opportunity is taken to test children known to have had B.C.G. earlier in life. In the main, these are children vaccinated at Lincoln Chest Clinic on account of their having been in contact with cases of tuberculosis.

The numbers tested during 1972 were as follows:

Number tested	98
Number positive (original B.C.G. still effective)	88
Number negative	8
Number re-vaccinated	7

PROVISION OF SCHOOL MEALS

The number of meals provided during the year ended 31st December, 1972, was as follows:

	1972
To Nursery, Primary and Secondary Schools etc.	1,511,983
To Staff and Helpers	156,617
	<hr/>
	1,668,600
	<hr/>
Number of Free Meals supplied	347,266

On a selected day in 1972, the number of children taking milk at maintained schools under the 'Milk-in-Schools Scheme' was 2,993, which represents approximately 94.5% 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.

The 100 children certified as being in need of free milk on health grounds during 1971 were reviewed and the cases disposed of as follows:

Transferred to senior school	19
Left Lincoln	4
Did not attend for re-examination	6
Milk discontinued at parents request	1
Milk discontinued on the advice of the School Medical Officer	27
Free milk to continue during 1972	43

In addition to the 43 children who are to continue with free milk, a further 38 children were considered to be in need of it and the 81 children were certified as being in need of free milk for the following reasons:

Underweight	50
Nephritis	3
Colds, etc.	2
Small child	10
Diabetic	5
Poor nutrition	4
Bronchitis	1
Poor appetite	1
Social grounds	4
Leukaemia	1
	<hr/>
	81
	<hr/>

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	..	..	..	..	..	1
Physically Handicapped	..	..	..	..	..	5
Maladjusted	..	..	..	..	..	6
Educationally subnormal	..	..	..	..	..	42
Epileptic	..	..	..	..	..	1

Although the policy of the Local Education Authority is to educate as many of the handicapped pupils as possible in a normal school environment, nevertheless it is still necessary to place a number of handicapped pupils in either day or residential special schools.

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

Blind

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

Partially sighted

3 children are in special schools:

Exhall Grange, Coventry	..	..	..	..	2
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

7 children are in special schools:

Partially Hearing Unit, Boultham School, Lincoln	7
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Educationally subnormal

129 children are in special schools or classes:

St. Christopher's School, Lincoln	..	..	..	123
Hilton Grange School, Leeds	..	..	..	3
Besford Court, Worcester	..	..	..	1
Stubton Hall School, Newark	..	..	..	1
Seacroft School, Skegness	..	..	..	1

Epileptic

2 children are in special schools:

David Lewis School, Cheshire	..	..	..	1
Chilton School, Maghull, Liverpool	..	..	..	1

Maladjusted

8 children are in special schools:

Deighton Close, Louth	..	..	..	3
Finchden Manor School, Tenterden	..	..	..	1
Arkwright School, Northants	..	..	..	1
Swalcliffe Park School, Banbury	..	..	..	1
Chaigeley School, Warrington	..	..	..	1
Warleigh School, Bath	..	..	..	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, 1972:

Maladjusted	..	..	..	..	6
Educationally subnormal	..	..	..	..	35
Epileptic	..	..	..	..	1
Partially Hearing	..	..	..	..	1

PARTIALLY HEARING UNIT

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

"I enclose a list of children known to me who have defective hearing and who are receiving help."

Children attending the Unit

<i>Sex</i>	<i>Age</i>	<i>Authority</i>
Male	4 years	Kesteven
Male	4 years	Kesteven
Female	4 years	Lincoln
Male	5 years	Lincoln
Male	5 years	Lincoln
Male	6 years	Lincoln
Male	7 years	Lincoln
Male	8 years	Lincoln
Female	9 years	Kesteven
Female	10 years	Lincoln
Female	10 years	Kesteven
Male	11 years	Lincoln

(transferred to hearing school in September, 1972)

Children with hearing aids attending hearing schools and seen regularly at E.N.T. Clinic, County Hospital, together with a regular check on their school progress.

<i>Sex</i>	<i>Age</i>	<i>Authority</i>
Male	10 years	Lincoln
Male	10 years	Lincoln
Male	12 years	Lincoln
Male	13 years	Lincoln
Female	15 years	Lincoln
Female	15 years	Lincoln

Three 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:

"St. Francis School, a purpose-built school for physically handicapped and delicate children, was opened in September, 1970.

At December, 1972, the number on roll was as follows:

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Resident children	Lincoln		1	-	1
	Lindsey		22	10	32
	Kesteven		-	1	1
	Holland		-	3	3
	Grimsby		3	-	3
	Derbyshire ..		-	1	1
			<hr/>	<hr/>	<hr/>
			26	15	41

Day children	Lincoln	17	15	32
	Lindsey	2	1	3
	Kesteven	6	4	10
		25	20	45
Total ..		51	35	86

The medical conditions of the children for whom this type of education is necessary are as follows:

Spina bifida	29	Praden Willi syndrome ..	1
Muscular dystrophy ..	7	Epilepsy	2
Heart disease	3	Haemophilia	3
Congenital deformity ..	9	Bronchitis/asthma	8
Cerebral palsy	14	Debility	1
Other physical handicap ..	5	Post-polio	1
Fibrocystic disease	3		
Total			86

There are now 23 children awaiting residential places in the school; of them 12 are spina bifida, 5 cerebral palsy, and 6 other handicaps. Although all the children are medically examined regularly, no child was thought to be fit enough to transfer to an ordinary school. This confirms the opinion that the tendency towards the education of severely handicapped children means that they are unlikely to cope in any other school situation.

During the year fifteen children were admitted to the school. Over 47 of the children require a wheelchair at some time or other.

There were three school leavers at the end of the Summer Term, 1972. One girl with spina bifida obtained employment locally as a machinist; one boy with a severe heart defect has attended an assessment course at Portland Training College for the Disabled at Mansfield and as a result is waiting a place on the electronics course; another boy, an asthmatic in early life, has been successfully employed with a local woodworking company.

Over the past year, with the assistance of the local Careers Office, we have been successful in placing school leavers on further education courses or in full time employment. The outlook regarding the placement in the future is bleak. Many of our young pupils live in isolated areas of the county where there is little chance of getting employment. These young people will require suitable accommodation close to the urban industrial areas. Apart from the Spastic Society Centre at Scunthorpe there is no provision in Lincoln or the county for sheltered employment. These are urgent needs which must be met if many of the young physically handicapped people at this school are not simply to return home after their time in our care.

Schools for the physically handicapped are now having to acknowledge that additional provision must be made for the severely handicapped spina bifida children who have very limited mental ability. To meet this developing need, an additional teacher was appointed to the staff of this school at the commencement of the Summer Term, 1972.

During the year a school based Scout Troop and Guide Company were started. They held their first camp under canvas in the Autumn which all members attended regardless of disability. In addition, a party of senior

pupils completed a field study of the Potteries on an exchange visit with another school for physically handicapped pupils. It is hoped that this policy of arranging educational journeys and holidays will be further developed during the forthcoming year."

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:

"Since the inception of the school excellent liaison has been maintained with Dr. J. Lorber and Mr. R. B. Zachary of the Sheffield Group of Hospitals in relation to the care of spina bifida children.

Similar relations have existed with Dr. J. G. Wallace and the Public Health Laboratory Service at Lincoln County Hospital.

This year Dr. F. R. M. Elgood and his Paediatric Unit at St. George's Hospital have enabled suprapubic puncture and aspiration of urine to be performed in certain cases which would have otherwise entailed a journey to Sheffield. We are grateful to all concerned for their continued help."

ST. CHRISTOPHER'S SCHOOL

I am indebted to Mr. J. Haile, the Headmaster, for the following report:

"I am pleased to report a very satisfactory year in the life and organisation of the school throughout 1972. There has been a very industrious atmosphere and the children have responded well in all their activities."

Children admitted during 1972 — Including Diagnostic Unit.

Lincoln	Lindsey	Kesteven	Total
39	4	2	45

Transferred or left at 16 plus — Including Diagnostic Unit.

	Lincoln	Lindsey	Kesteven	Total
To Queen's Park School	5	—	1	6
Left District	7	—	1	8
To Employment	22	1	2	25
Miscellaneous	3	1	1	5
	37	2	5	44

Children admitted to Diagnostic Unit during 1972

	Lincoln	Lindsey	Kesteven	Total
Pre School	3	1	—	4
From Nursery Schools	2	—	—	2
From First Schools	2	—	—	2
	7	1	—	8

Children transferred from Diagnostic Unit during 1972

	Lincoln	Lindsey	Kesteven	Total
To Queen's Park School	4	—	—	4
Left District	1	—	—	1
To St. Christopher's Recep. Class	3	—	—	3
	8	—	—	8

Number of children on roll including Diagnostic Unit

On Roll 1.1.72	..	..	..	146
Admitted during the year	..	..	45	
Left during year	..	..	44	
			—	1
On Roll 31.12.72	..	..	..	147

Mental Handicap Week

The school was open to the public on two afternoons during Mental Handicap Week. About forty visitors came to see the school, many expressed appreciation of the opportunity to look around, and commented on the friendliness of the children.

Lincoln Toy Library

On Wednesday, 12th January, the Toy Library was officially opened by Mr. Dick Taverne, at that time the Member of Parliament for Lincoln. The aim of the library is to lend toys to help the development of handicapped children of all ages whether attending St. Christopher's or not. The library has a stock of one hundred and eleven toys and there have been 175 borrowings by the 28 members.

QUEEN'S PARK SCHOOL

The responsibility for Junior Training Centres was transferred to Local Education Authorities on 1st April, 1971 and the Centre in Lincoln, named Beaumont House School, together with the attached Special Care Unit was taken over on that date. The number of children on the roll was 47.

As mentioned in my last report, the existing school premises were due for demolition to make way for a new office block and plans had already been made by the Local Health Authority to build a new larger purpose-built school. This was completed in April, 1972.

At the end of 1972, the number of children attending Queen's Park School was as follows:

Lincoln children	..	..	..	..	56
Kesteven children	..	..	..	..	16
Lindsey children	..	..	..	..	1
					—
Total	..	..	..	..	73
					—

NURSERY SCHOOLS AND CLASSES

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

The average attendances during the year were as follows:

	<i>Average Attendance</i>		
St. Cuthbert's Nursery School	34.0		
St. Giles Nursery Schools	70.9		
St. Botolph's Nursery Class	21.0		
St. Martin's Nursery Class	14.8		
Ermine Nursery Class	23.0		
Hartsholme Nursery Class	19.1		
Manor Leas Nursery Class	19.0		

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

242 children were examined for employment outside school hours as compared with 131 in the previous year, mainly for the purpose of licensing for newspaper delivery. All the children examined were found to be fit for employment.

HOME TEACHING

During 1972, 2 children were taught at home and the conditions which necessitated home teaching were as follows:

Maladjustment	1
Orthopaedic operation	1

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

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

99 students were also examined in connection with their entry to Training Colleges.

DEATHS OCCURRING IN CHILDREN OF SCHOOL AGE

It is sad to record the death of five children of school age during the year. The causes of death were:

Road Traffic Accident	2
Appendicitis	1
Asphyxia (carbon monoxide poisoning) ..	1
Meningococcal septicaemia	1

HEALTH EDUCATION

Health Education has been developed in Lincoln since 1967 starting with junior or middle schools and now the majority of schools accept all or part of the Health Education programme offered. The Health Education facilities provided during 1972 have continued to expand.

Miss M. Carter, Health Education Officer, has the onerous task of organising and undertaking programmes of health education in the senior schools and most of the middle schools, whilst three health visitors carry out the programmes with the 10 to 11+ age groups in the middle schools in the respective areas in which they work. Mrs. C. A. Hanson continues with a full programme of health education in one of the middle schools. When student health visitors are qualified and show an aptitude for health education teaching in schools this is fostered and encouraged, but not all health visitors are interested in teaching in schools.

Health Education has continued in Yarborough High School with the Health Education Officer working with the staff of the school and involving both boys and girls together. This has proved to be a happy and successful arrangement.

In Ancaster High School a new regular programme was started in the autumn for fourth year girls. At the end of term short courses were also given for school leavers on subjects which included Smoking, Drugs, Personal Hygiene, Family Planning and Venereal Diseases. A similar short course of talks was given at the end of the summer term to boys at Sincil School. The headmaster of St. Peter and St. Paul School requested talks on the following subjects — the Work of the Health Department, Care of the Feet and Venereal Diseases.

In some of the Secondary Modern and Grammar Schools subjects dealt with under Health Education are covered by the teacher whose responsibility 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 such schools and visual aids loaned where required.

In the middle and first schools the programme continues much as in previous years and is now an established part of the school time-table. A talk is given every two weeks throughout the school year and 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.

Head Teachers inform parents by letter before sex education talks are given and in one school parents are invited to attend the series of talks. In two other schools mothers are invited to attend the talk and film given to girls on menstruation. In each school quite a number of parents accept the invitation. Some parents also have an opportunity at Parent/Teacher meetings to see the slides and films used for the sex education talks. At these meetings parents can meet the Health Education Officer or Health Visitor concerned with the talks, they can ask questions and have a general discussion, thus getting re-assurance.

Arrangements were made for visits by senior school girls to Infant Welfare Clinics and this year trainee nursery nurses have been included in these visits. 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.

A series of talks on such subjects as Venereal Diseases, Smoking and Health, Cancer and Family Planning was given to students at the College of Art and continues to be a permanent addition to their time-table.

Two new projects were undertaken during the year. The first, a six week half-day programme was arranged and carried out at the Bishop Grosseteste College at the request of one of the tutors who worked with the Health Education Officer to prepare the programme. Subjects included Smoking, Drugs, Venereal Diseases, Family Planning, Abortion and Sex Education in schools under the heading "What Shall we Tell our Children?" Various specialists were invited to take part. The second project was arranged at the request of the Secretary of the Local Branch of the Family Planning Association who co-operated with the Health Education Officer in arranging and presenting a similar series of talks to the sixth form of Christ's Hospital Girls' High School.

Talks and films on Health Education subjects have been requested by a number of Youth Clubs in the City. These have proved to be successful and some clubs now have regular Health Education talks included in their annual programme.

The Health Education programme in schools is now a firmly established part of the School Health Service and will continue to be improved and expanded wherever possible.

The Health Education Officer attended a seminar for Health Education Officers at the University of York in April.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

For the second year running we were able to maintain a complete and stable staff and thus managed to provide the necessary continuity to our inspection and treatment programme. Indeed the number inspected by routine inspection increased and represented 94% of the school population. All Schools and Special Institutions were covered. Dental fitness as expressed by the percentage requiring treatment was 39.9%. Our previous best result was the 1968 figure of 39.5%. These rather encouraging figures quoted do not however give any illustration of the frightening neglect which we come across from time to time. There has been a marked increase in the number of new patients and at 3,411 children treated, this is the highest figure on record for the Service. It is quite possible that the changes currently taking place within the National Health Service have had an effect upon our own organisation. Many of the children can only be described as casual patients in an advanced state of neglect and I regret to say that the high figures in primary extractions reflect the condition only far too vividly. Fortunately 29.6% of all extractions were for orthodontic reasons. There has been a reduction by 25% in the number of emergencies as compared with the previous year.

Our Orthodontic Service has increased and over 25% more cases were under treatment in 1972. The scope of treatment has been enlarged and our ability to obtain diagnostic and technical aid from the Hospital Consultant Service greatly improved by the appointment, on a part-time basis, of the Principal School Dental Officer to the post of Clinical Assistant in Orthodontics. In practice this means that instead of being treated at the School Dental Clinic some of our patients are seen at the Hospital Orthodontic Clinic instead. The demand for treatment and our ability to meet it will grow increasingly during the years ahead. Water fluoridation is fortunately in

progress and despite dilution by non-fluoridated sources, concentrations of 0.7 — 0.8 p.p./million were reached by the end of the year. The target figure and optimum concentration of 1 p.p./million is expected to be reached by mid 1973. This will have a dramatic effect in reducing the caries rate and the benefits should be discernible in the pre-school children by 1976.

The Dental Health Education programme appears to have a greater impact on some sectors of the community than others. Infant and nursery children seem to benefit a great deal, this again depending on the areas involved. Large quantities of brushes and dentrifices are issued free of charge and many children would otherwise never possess these essential aids to Oral Hygiene.

I would like to thank the Principal School Medical Officer and the Chief Education Officer and their respective staffs for help and encouragement during the year. I am particularly indebted to the Consultant Orthodontist, Mr. E. S. Foster, for his help and co-operation and I would like to thank my staff for their dedication and hard work during the year.

G. A. VEGA,

Principal School Dental Officer.

DENTAL HEALTH EDUCATION

The year commenced with a visit to every Nursery and Infant School in the City where individual and group talks were given. In each case this was followed up with either a film strip or slides. Posters, wallcharts and tooth-brushes were also distributed.

Once again project work proved to be an expedient method of teaching good oral hygiene. Talks and film shows were provided as background information to the children's own research work which took the form of discussions, essays and pictures. Project work is undoubtedly a successful enterprise as the children find great enjoyment in its limitless horizons and the teaching staff also share this enthusiasm.

Miss D. Land, Lecturer on Dental Health, Oral Hygiene Service, London, paid the Authority a visit during the Autumn term. During her visit she observed project work in action also personally gave selected talks. Also during this period Secondary Schools were visited and detailed talks given, with the aid of selected slides, which proved to be the incentive to valuable discussion.

As a direct result of the Local Authority's participation in the Grant system to the General Dental Council, a large quantity of booklets, leaflets and posters were received as a token gift. Many of these have already been usefully distributed.

During the year talks were given to Cub Groups, Youth Groups, P.T.A. and Women's Groups, which have helped to promote active interest. Once more, individually designed posters were provided to a number of groups for their own displays.

Summary of Dental Inspections and Treatment carried out during 1972

Inspections	1972	1971
First inspection at school (No. of pupils) ..	.. 13032	12296
No. found to require treatment .. ..	.. 5198	5157
Percentage requiring treatment .. ..	.. 39.9%	41.9%

Sessions	1972	1971
Sessions devoted to treatment	1594	1331
Sessions devoted to inspection	104	95
Sessions devoted to Dental Health Education ..	322	308

Attendances and Treatment

First visit	3526	3298
Subsequent visits	4527	5305
Total visits	8053	8603
Additional courses of treatment	115	171
Fillings in permanent teeth	6188	6612
Fillings in deciduous teeth	2947	3141
Permanent teeth filled	4827	5332
Deciduous teeth filled	2646	2819
Permanent teeth extracted } including	690	683
Deciduous teeth extracted } 1032 ortho	2788	2590
General anaesthetics	608	673
Emergencies	773	1021
No. of patients X-rayed	391	332
Phrophylaxis	1077	1094
Teeth otherwise conserved	698	743
No. of teeth root filled	30	36
Inlays	-	2
Crowns	48	35
Courses of treatment completed	3340	3053

Orthodontics

New cases	87	61
Cases completed	68	48
Cases discontinued	9	2
No. of removable appliances	101	75
No. of fixed appliances	5	-
No. referred to hospital consultant	14	17

Prosthetics

Pupils supplied with F.U. or F.L. (first time) ..	-	-
Pupils supplied with other dentures (first time) ..	19	10
No. of dentures supplied	21	10

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 1972.

"New referrals 44: Interviews 232.

The greatest number of referrals came from family doctors and indeed amongst these a significantly large number came from a family doctor who serves the needs of a large and fairly new housing estate where the conditions are such as to be conducive to social isolation and insecurity amongst the housewives. These insecurities together with the absence of what might be called social support was fairly clearly reflected in the reasons for the referrals. Much of this work would be — and indeed was — accomplished by the

clinic social worker, who was able to analyse and treat the problem without the full intervention of the Consultant Child Psychiatrist being necessary. The social worker as therapist is something which is encouraged at the Child Guidance Clinic; this enables the appointments to be kept to the necessary minimum in order that cases may be seen reasonably quickly.

With regard to the various conditions seen amongst the children referred to this clinic, aggressive anti-social disorders of behaviour are less frequently encountered than at the Child Guidance Clinics at either Scunthorpe or Gainsborough.

From the writer's view the greatest impediments to satisfactory work amongst disturbed children are firstly the complete absence (apart from certain beds available in St. John's Hospital) in Lincolnshire of beds for disturbed adolescent girls and secondly, absence of day classes for maladjusted children. The present system for teaching maladjusted children is an all or nothing one, in which children must either be sent away from home (and often to places outside the County), or very great difficulties are experienced in making local arrangements for a particular child. It is often incorrectly supposed that maladjusted children must be sent away from home because of the unsatisfactory conditions prevailing at home. But that is an over-simplified view of a question which could be best answered by providing a range of facilities that would enable the Consultant Psychiatrist (who alone must ascertain maladjusted children and make such recommendations as he can) to enjoy the advantage of being able to do justice to the individual needs of a particular child. Provision of facilities for disturbed children should be governed by flexibility and variety — both are, unfortunately, lacking at present.

A recent venture within the clinic has been to make the playroom available to certain children during the school holidays. Naturally, greatest care has been taken to ensure the proper supervision of these children.

Child Guidance teamwork within this clinic is influenced by two important ideas. The first is that we are careful to avoid taking on more work than we could usefully and helpfully discharge. Secondly, everything is done to assess an individual child's problem in as wide a context as possible. Concept of the scape goat (within a family) must certainly apply to some children but these form a minority only. However, everyone who is of importance to the child (parents, teachers, relatives, etc.) are encouraged to come to the clinic or are visited in our attempt to understand the child's world as fully as possible. With regard to the first point, the waiting list could, admittedly, be shortened by seeing more children each day, but the quality of the work would decline, and if the Child Guidance Service is to be valued (or if it is to survive for that matter), then the quality of the work which it does is of the utmost importance."



