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COUNTY OF LINCOLN — PARTS OF LINDSEY



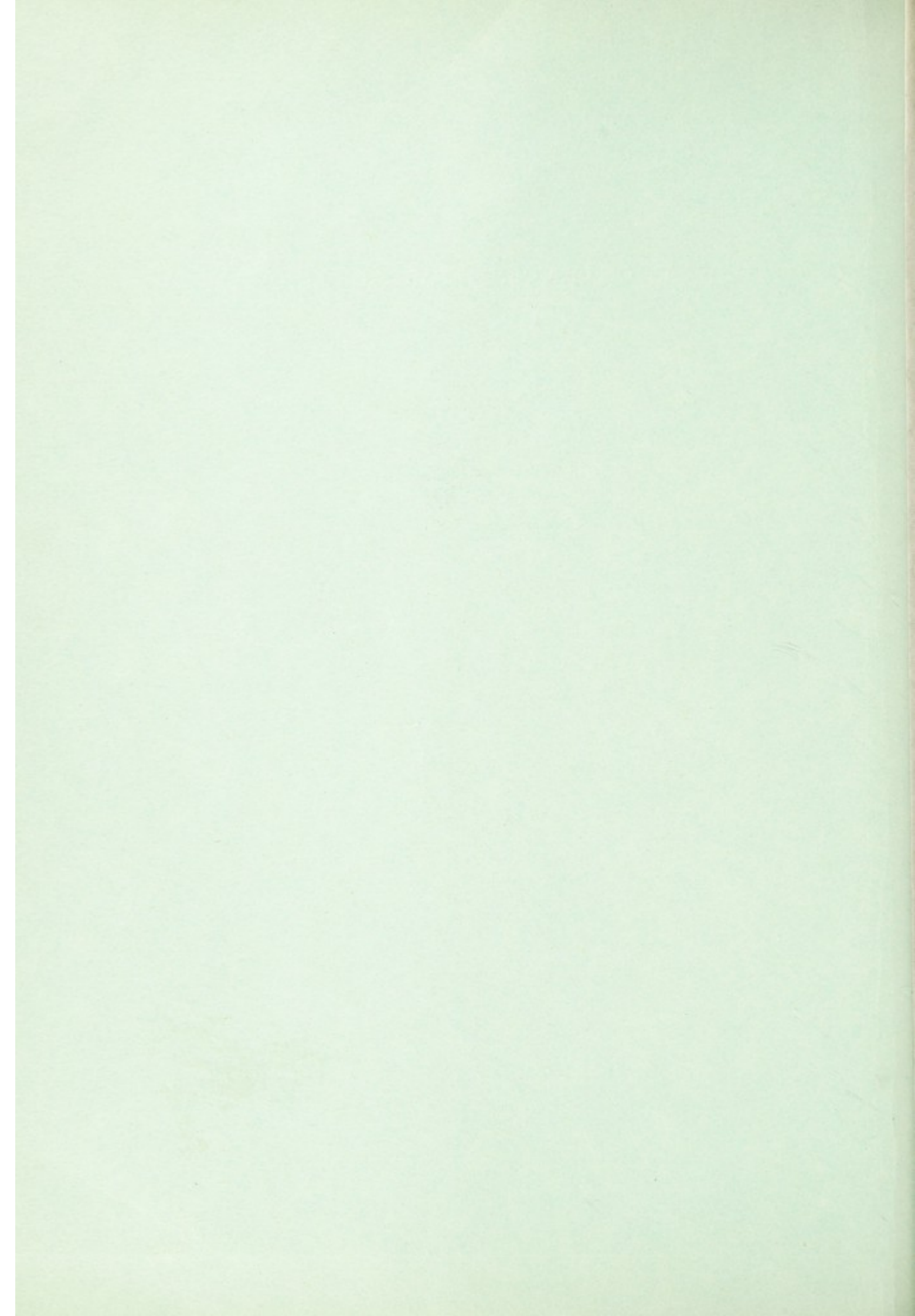
**ANNUAL REPORT**

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952



COUNTY OF LINCOLN — PARTS OF LINDSEY



# ANNUAL REPORT

OF THE


COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952

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W. S. H. CAMPBELL, O.B.E., M.B., Ch.B., D.P.H.  
County Medical Officer of Health



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## PUBLIC HEALTH OFFICERS OF THE AUTHORITY

### County Medical Officer of Health

WILFRID S. H. CAMPBELL, O.B.E., M.B., Ch.B., D.P.H.

### Senior Assistant County Medical Officer of Health

H. HARTLEY DAVIES, M.R.C.S., L.R.C.P., D.C.H.

### Assistant County Medical Officers

JOHN C. MACARTNEY, M.D., Ch.B., D.P.H.

WILLIAM J. KERRIGAN,

M.B., Ch.B., B.A.O., L.M., D.P.H.

RALPH J. R. MECREDY,

B.A., M.B., B.Ch., B.A.O., D.P.H.

STANLEY A. O'HAGAN, M.B., B.S., D.P.H.

WILLIAM D. SWINNEY, M.B., Ch.B., D.P.H.

SIDNEY CHILDS, M.A., M.R.F.P. & S.G., M.B., Ch.B.

D.P.H., D.P.A., D.T.M. & H.

CECIL A. McCLEARY, M.B., B.Ch., B.A.O., D.P.H.

FRANK W. W. FOX, M.B., Ch.B. (Apptd. 9/6/52)

(Resigned 27/12/52)

(Part-time) DOROTHY W. O'HAGAN, M.B., B.S.

(Apptd. 18/11/52)

(Part-time) LANCELOT H. COPPING, M.B., Ch.B.

D.R.C.O.G., (Died 9/11/52)

DORIS S. WILLIAMS, M.B., Ch.B., D.P.H.

CHRISTINE J. T. JAMIESON, M.R.C.S., L.R.C.P.

ISABELLA M. HARKNESS, M.B., Ch.B., D.P.H.

MARGARET J. S. CATON, M.R.C.S., L.R.C.P.

JOAN RENDALL,

M.R.C.S., L.R.C.P., M.B., B.S. (Resigned 20/12/52)

### Senior County Dental Officer

JOHN D. SYKES, L.D.S.

### Assistant County Dental Officers

HENRY K. OVEY, L.D.S., R.C.S.

GEORGE H. TAPPER, L.D.S., R.C.S.

DOUGALD R. STORR, L.D.S. (Resigned 31/3/52)

(Part-time) FRANK E. PADGETT, L.D.S., R.C.S.

(Appt. 1/9/52)

(Part-time) ARTHUR N. STANNARD, L.D.S.

(App. 10/10/52)

### County Health Inspector

B. J. DREW, M.R.San.I., M.S.I.A.

### Assistant County Health Inspectors

A. H. B. TAYLOR, M.S.I.A. (Res. 31/8/52) R. E. LAW, M.S.I.A. A. H. RANDS, M.S.I.A. (Apptd. 3/11/52)

### Superintendent Nursing Officer

MISS M. WITTING, S.R.N., S.C.M., Health Visitors' Cert. of R.S.I.

### Assistant Superintendent Nursing Officers

Miss V. MONAGHAN, S.R.N., S.C.M.,

Miss H. PLACE, S.R.N., S.C.M., Health Visitors' Cert. of R.S.I.

### Domestic Help Organiser

Miss L. PLUMB

### Chief Clerk

CHARLES H. NICHOLSON

### Public Analyst

WILLIAM W. TAYLOR, B.Sc., F.R.I.C.

Authorised Officers under the Lunacy and Mental Treatment Acts and for the purposes of Section 15 (1) of the Mental Deficiency Act, 1913

G. G. BECK, 48 Oswald Road, Scunthorpe.

A. JAMES, 48 Oswald Road, Scunthorpe.

F. SLINGSBY, 31 Market Street, Cleethorpes.

C. L. VICKERS, 5 Silver Street, Gainsborough.

A. V. SMITH, County Offices, Lincoln.

J. E. COLDWELL, 14 Ugate, Louth.

J. N. RADFORD, Offord House, Spilsby.

B. G. WILLIAMS, Cecil Avenue, Skegness.



# **DISTRICT MEDICAL OFFICERS OF HEALTH**

District	Name	Qualifications	Address
<b>URBAN</b>			
Alford ... ..	C. S. E. Wright	B.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	Council Offices, Alford
Barton ... ..	F. P. H. Birtwhistle	M.D., M.B., Ch.B.	Priestgate, Barton-upon-Humber
Brigg ... ..	F. J. O. King	B.A., M.B., B.Ch., B.A.O.	53 Bridge Street, Brigg
Cleethorpes Borough ... ..	C. A. McCleary	M.B., B.Ch., B.A.O., D.P.H.	Health Dept., Council Offices, Cleethorpes
Gainsborough ... ..	J. C. Macartney	M.D., Ch.B., D.P.H.	Health Dept., Council Offices, Lord Street, Gainsborough
Horncastle ... ..	S. A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Horncastle
Louth Borough ... ..	W. J. Kerrigan	M.B., Ch.B., B.A.O., D.P.H.	Health Dept., Town Hall, Louth
Mablethorpe and Sutton ... ..	W. J. Kerrigan	M.B., Ch.B., B.A.O., D.P.H.	Council Offices, Mablethorpe
Market Rasen ... ..	R. J. R. Mcreedy	B.A., M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Market Rasen
Scunthorpe Borough ... ..	S. Childs	M.A., M.R.F.P., & S.G., M.B., Ch.B., D.P.H., D.P.A., D.T.M., & H.	Health Dept., Council Offices, Scunthorpe
Skegness ... ..	A. D. F. Menzies	M.B., Ch.B.	Health Dept., Town Hall, Skegness
Woodhall Spa ... ..	S. A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Horncastle
<b>RURAL</b>			
Caistor ... ..	R. J. R. Mcreedy	B.A., M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Caistor
Gainsborough ... ..	J. C. Macartney	M.D., Ch.B., D.P.H.	Council Offices, Lord Street, Gainsborough
Glanford Brigg ... ..	F. J. O. King	B.A., M.B., B.Ch., B.A.O.	53 Bridge Street, Brigg
Grimsby ... ..	C. A. McCleary	M.B., B.Ch., B.A.O., D.P.H.	Health Dept., Council Offices, Deansgate, Grimsby
Horncastle ... ..	S. A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Horncastle
Isle of Axholme ... ..	J. C. Macartney	M.D., Ch.B., D.P.H.	Council Offices, Epworth, Doncaster
Louth ... ..	W. J. Kerrigan	M.B., Ch.B., B.A.O., D.P.H.	Council Offices, Cannon Street, Louth
Spilsby ... ..	C. S. E. Wright	B.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	Council Offices, Spilsby
Welton ... ..	W. Sharrard	M.B., Ch. B.	"Elmhurst," The Avenue, Lincoln

## **GENERAL AND VITAL STATISTICS 1952**

Area of Administrative County ... ..	961,434 acres
Population at 1951 census ... ..	309,524
Registrar-General's estimated mid-year population ... ..	310,900
Rateable value on 1st April, 1952 ... ..	£1,507,362
Product of a penny rate (estimated 1952-53) ... ..	£6,060

<b>Births</b>	Live 5,150. Still 116.	...	...	...	...	Total...	5,266
	Birth Rate per 1,000 population	...	...	...	...		16.56
	Legitimate	...	...	...	...		5,013
	Illegitimate	...	...	...	...		253
	Illegitimate rate per 1,000 total births	...	...	...	...		47
	Stillbirths rate per 1,000 total births	...	...	...	...		22
<b>Deaths</b>	from all causes	...	...	...	...		3,355
	Rate per 1,000 population	...	...	...	...		10.79
Deaths of infants under 1 year of age		...	...	...	...		167
	Rate per 1,000 live births	...	...	...	...		32.4
Maternal deaths		...	...	...	...		4
	Rate per 1,000 births	...	...	...	...		0.76
Deaths from Tuberculosis							
	Pulmonary	...	...	49	Rate per 1,000 population		0.15
	Other forms	...	...	9	" " 1,000 "		0.029
Deaths from Cancer	...	...	550	" " 1,000 "			1.76



To compare the birth and death rates for the administrative County with those for England and Wales it is necessary to make allowance for the way in which the sex and age distribution of the local population differs from that of the County as a whole. Corrected in this way the comparable figures are as follows:—

	<i>Birth Rate</i>	<i>Death Rate</i>
England and Wales ... ..	16.9	12.1
Administrative County... ..	17.7	10.1

*Live Births 1952*

Districts	Total Births	Legitimate		Illegitimate	
		male	female	male	female
<b>Urban</b>					
Alford ... ..	28	13	13	2	—
Barton-upon-Humber ... ..	110	44	60	5	1
Brigg ... ..	64	22	39	2	1
Cleethorpes Borough ... ..	504	231	252	12	9
Gainsborough ... ..	263	129	114	13	7
Horncastle ... ..	40	15	25	—	—
Louth Borough ... ..	178	83	86	5	4
Mablethorpe and Sutton ... ..	84	34	41	4	5
Market Rasen ... ..	34	19	15	—	—
Scunthorpe Borough ... ..	1,039	524	470	21	24
Skegness ... ..	165	72	83	6	4
Woodhall Spa ... ..	20	10	10	—	—
Aggregate Urban Districts	2,529	1,196	1,208	70	55
<b>Rural</b>					
Caistor ... ..	222	105	108	4	5
Gainsborough ... ..	204	105	87	7	5
Glanford Brigg ... ..	509	257	231	10	11
Grimsby ... ..	202	105	89	7	1
Horncastle ... ..	246	113	121	7	5
Isle of Axholme ... ..	246	128	104	12	2
Louth ... ..	338	173	150	8	7
Spilsby ... ..	371	195	159	8	9
Welton ... ..	283	136	136	4	7
Aggregate Rural Districts	2,621	1,317	1,185	67	52
<b>Whole County</b> ... ..	5,150	2,513	2,393	137	107

*Still-births, 1952*

Districts	Total	Legitimate		Illegitimate	
		male	female	male	female
<b>Urban</b>					
Alford ... ..	1	1	—	—	—
Barton-upon-Humber ... ..	1	1	—	—	—
Brigg ... ..	1	1	—	—	—
Cleethorpes Borough ... ..	9	3	5	1	—
Gainsborough ... ..	6	5	1	—	—
Horncastle ... ..	1	—	1	—	—
Louth Borough ... ..	7	4	3	—	—
Mablethorpe and Sutton ... ..	—	—	—	—	—
Market Rasen ... ..	—	—	—	—	—
Scunthorpe Borough ... ..	23	12	9	1	1
Skegness ... ..	2	1	—	—	1
Woodhall Spa ... ..	—	—	—	—	—
Aggregate Urban Districts	51	28	19	2	2
<b>Rural</b>					
Caistor ... ..	4	2	2	—	—
Gainsborough ... ..	7	3	3	1	—
Glanford Brigg ... ..	13	8	3	2	—
Grimsby ... ..	7	2	4	1	—
Horncastle ... ..	4	3	1	—	—
Isle of Axholme ... ..	7	4	2	1	—
Louth ... ..	6	5	1	—	—
Spilsby ... ..	12	7	5	—	—
Welton ... ..	5	3	2	—	—
Aggregate Rural Districts ...	65	37	23	5	—
<b>Whole County</b> ... ..	116	65	42	7	2

*Causes of all deaths in the County at different ages, 1952*

Causes of death	0—	1—	5—	15—	25—	45—	65—	75 and over	Total
1. Tuberculosis, respiratory ...	—	—	1	3	15	17	9	4	49
2. Tuberculosis, other ...	2	—	—	—	4	2	1	—	9
3. Syphilitic disease ...	—	—	—	—	—	2	3	3	8
4. Diphtheria ...	—	—	—	—	—	—	—	—	—
5. Whooping cough ...	2	—	—	—	—	—	—	—	2
6. Meningococcal infections ...	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis ...	—	—	1	—	1	—	—	—	2
8. Measles ...	—	—	1	—	—	—	—	—	1
9. Other infective and parasitic diseases	1	1	—	—	—	1	2	4	9
10. Malignant neoplasm, stomach ...	—	—	—	—	4	23	30	33	90
11. Malignant neoplasm, lung bronchus	—	—	—	—	4	37	19	3	63
12. Malignant neoplasm, breast ...	—	—	—	—	4	23	20	9	56
13. Malignant neoplasm, uterus ...	—	—	—	1	1	10	4	5	21
14. Other malignant and lymphatic neoplasms ...	—	3	2	3	16	96	106	94	320
15. Leukaemia, aleukaemia ...	1	1	2	2	1	2	1	1	11
16. Diabetes ...	—	1	—	—	—	5	9	7	22
17. Vascular lesions of nervous system ...	—	—	—	—	9	84	152	232	477
18. Coronary disease, angina ...	—	—	—	—	6	110	166	131	413
19. Hypertension with heart disease ...	—	—	—	—	—	12	18	31	61
20. Other heart disease ...	—	—	—	2	8	54	140	374	578
21. Other circulatory disease ...	—	—	—	—	2	25	36	90	153
22. Influenza ...	1	—	—	1	—	3	6	4	15
23. Pneumonia ...	23	1	1	—	1	10	22	30	88
24. Bronchitis ...	3	—	—	—	2	30	46	58	139
25. Other diseases of respiratory system	1	—	1	2	3	9	3	12	31
26. Ulcer of stomach and duodenum ...	—	—	—	—	4	10	8	8	30
27. Gastritis, enteritis and diarrhoea ...	11	1	—	2	2	3	3	5	27
28. Nephritis and nephrosis ...	—	—	—	—	6	14	13	9	42
29. Hyperplasia of prostate ...	—	—	—	—	—	1	11	28	40
30. Pregnancy, childbirth, abortion ...	—	—	—	—	4	—	—	—	4
31. Congenital malformations ...	24	6	—	2	1	6	—	—	39
32. Other defined and ill-defined diseases	89	5	4	13	18	59	60	140	388
33. Motor vehicle accidents ...	—	3	8	3	9	5	6	4	38
34. All other accidents ...	8	4	3	14	24	13	7	24	97
35. Suicide ...	—	—	—	—	10	12	7	—	29
36. Homicide and operations of war ...	1	1	—	—	—	—	1	—	3
<b>Total</b> ...	<b>167</b>	<b>27</b>	<b>24</b>	<b>48</b>	<b>159</b>	<b>678</b>	<b>909</b>	<b>1,343</b>	<b>3,355</b>



*Causes of death in each District*

District	Registrar General's estimated population	Live births	Deaths	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm stomach	Malignant neoplasm, lung, bronchus	Malignant neoplasm, breast	Malignant neoplasm uterus	Other malignant and lymphatic neoplasms	Leukaemia, Aleukaemia	Diabetes
<b>Urban</b>																			
Alford ... ..	2152	28	23	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—
Barton-upon- Humber ... ..	6366	110	78	—	—	—	—	1	—	—	—	—	1	—	—	—	10	1	1
Brigg ... ..	4399	64	58	1	1	1	—	—	—	—	—	—	2	1	2	—	1	—	—
Cleethorpes Borough	30170	504	360	7	—	2	—	—	—	2	—	—	12	6	5	1	37	1	1
Gainsborough ...	17250	263	272	6	2	—	—	1	—	—	—	2	11	7	9	1	17	—	3
Horncastle ...	3595	40	52	1	—	—	—	—	—	—	—	—	4	—	1	—	5	—	—
Louth Borough ...	11100	178	163	1	—	—	—	—	—	—	—	—	7	5	3	—	17	2	—
Mablethorpe and Sutton ... ..	5192	84	85	2	—	—	—	—	—	—	—	—	1	1	—	1	8	—	2
Market Rasen ...	2070	34	37	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	1
Scunthorpe Borough	54930	1039	422	5	3	2	—	—	—	—	—	—	6	14	8	5	47	2	2
Skegness ... ..	12320	165	141	1	—	—	—	—	—	—	—	—	4	3	2	—	15	—	—
Woodhall Spa ...	2056	20	35	2	—	—	—	—	—	—	—	—	3	—	1	—	4	—	—
<b>Total ...</b>	<b>151600</b>	<b>2529</b>	<b>1726</b>	<b>26</b>	<b>6</b>	<b>5</b>	<b>—</b>	<b>2</b>	<b>—</b>	<b>2</b>	<b>—</b>	<b>2</b>	<b>52</b>	<b>39</b>	<b>32</b>	<b>9</b>	<b>162</b>	<b>6</b>	<b>10</b>
<b>Rural ... ..</b>																			
Caistor ... ..	14260	222	129	2	—	—	—	—	—	—	—	—	2	—	—	1	12	—	1
Gainsborough ...	12640	204	131	1	—	—	—	—	—	—	1	—	3	4	3	2	13	1	2
Glanford Brigg ...	33350	509	357	3	—	2	—	—	—	—	—	1	5	3	6	1	43	1	3
Grimsby ... ..	12780	202	141	5	—	—	—	—	—	—	—	1	2	1	5	1	14	—	—
Horncastle ... ..	14230	246	146	2	1	—	—	—	—	—	—	1	3	1	3	3	12	1	2
Isle of Axholme ...	14070	246	156	1	1	1	—	—	—	—	—	—	5	5	1	1	10	1	1
Louth ... ..	18930	338	207	3	—	—	—	—	—	—	—	1	6	3	2	1	25	—	—
Spilsby ... ..	23350	371	249	3	1	—	—	—	—	—	—	3	9	6	3	2	16	—	3
Welton ... ..	15690	283	113	3	—	—	—	—	—	—	—	—	3	1	1	—	13	1	—
<b>Total ...</b>	<b>159300</b>	<b>2621</b>	<b>1629</b>	<b>23</b>	<b>3</b>	<b>3</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>1</b>	<b>7</b>	<b>38</b>	<b>24</b>	<b>24</b>	<b>12</b>	<b>158</b>	<b>5</b>	<b>12</b>
<b>Total for Admini- strative County</b>	<b>310900</b>	<b>5150</b>	<b>3355</b>	<b>49</b>	<b>9</b>	<b>8</b>	<b>—</b>	<b>2</b>	<b>—</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>90</b>	<b>63</b>	<b>56</b>	<b>21</b>	<b>320</b>	<b>11</b>	<b>22</b>

Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	District
2	5	1	4	—	—	—	—	—	—	1	1	—	—	2	3	—	1	—	—	<b>Urban</b>
11	14	1	14	4	—	1	3	1	1	1	2	1	1	—	6	—	2	1	—	Alford
12	10	2	7	3	3	—	3	1	—	—	—	1	—	—	4	1	1	1	—	Barton -upon- Humber
67	44	10	43	11	—	16	23	2	2	—	1	7	—	5	42	2	7	3	1	Brigg
32	37	7	43	9	—	12	15	2	—	2	6	4	—	4	33	2	4	1	—	Cleethorpes Borough
7	6	2	10	1	—	—	2	—	1	1	1	1	—	1	6	—	1	1	—	Gainsborough
26	14	1	23	15	—	2	7	2	—	—	1	—	—	1	27	3	4	2	—	Horncastle
13	11	2	20	2	—	1	3	1	—	1	1	2	—	1	10	—	2	—	—	Louth Borough
3	2	1	11	—	—	—	2	—	—	1	—	—	—	—	9	—	3	1	—	Mablethorpe and Sutton
55	52	6	46	22	1	14	14	4	8	8	5	5	1	5	51	8	18	4	1	Market Rasen
19	14	2	38	3	1	4	3	3	—	2	1	2	—	—	18	4	2	—	—	Scunthorpe Borough
6	5	1	6	1	—	1	—	—	—	—	—	1	—	—	4	—	—	—	—	Skegness
																				Woodhall Spa
253	214	36	265	71	5	51	75	16	12	17	19	24	2	19	213	20	45	14	2	<b>Total</b>
																				<b>Rural</b>
18	9	—	30	9	—	3	5	2	1	2	2	—	—	1	14	1	11	3	—	Caistor
16	16	2	18	5	—	2	10	2	—	2	4	2	—	4	10	2	6	—	—	Gainsborough
44	40	10	65	24	4	13	12	3	5	2	5	4	—	2	30	7	13	6	—	Glanford Brigg
19	17	3	26	8	—	3	4	—	1	1	4	1	—	4	13	3	4	1	—	Grimsby
17	18	2	34	5	2	4	12	1	1	1	1	3	—	3	8	1	4	—	—	Horncastle
24	31	2	28	6	2	2	7	2	1	—	2	—	1	1	18	—	1	1	—	Isle of Axholme
32	16	1	40	11	—	4	6	1	2	1	—	1	—	3	38	1	8	1	—	Louth
34	38	4	49	11	2	5	5	2	6	1	4	4	—	1	29	1	3	3	1	Spilsby
20	14	1	23	3	—	1	3	2	1	—	1	1	1	1	15	2	2	—	—	Welton
224	199	25	313	82	10	37	64	15	18	10	23	16	2	20	175	18	52	15	1	<b>Total</b>
477	413	61	578	153	15	88	139	31	30	27	42	40	4	39	388	38	97	29	3	<b>Total for administrative County</b>



## SANITARY CIRCUMSTANCES OF THE COUNTY

### Housing

The position generally in respect of the state of repair of houses in the County shows little change from the circumstances which were outlined in last year's Report. The problem is a difficult one for owners, tenants and the local authorities. Tenants are living in sub-standard houses, owners are suffering under severe hardships due to post war increases in maintenance charges and with the Housing Act, 1936, in its present terms, action by local authorities under Sections 9, 11 and 25 is fraught with difficulty. Attempts are being made to maintain minimum standards of amenity in houses which in more normal times would be demolished. Further demolitions have taken place during the year and 16 unfit houses were pulled down, 14 by statutory action and 2 voluntarily. Undertakings that they would not be used for human habitation were given in respect of 38 unfit houses.

Cases of overcrowding are frequently reported but full information as to the incidence of this social evil throughout the County is not available. A number of district councils have very incomplete records in this connection. The records as far as they go, however, show that 50 new cases of overcrowding were reported during the year. Allowing for 44 cases of overcrowding which were remedied there remained at the end of the year 96 families involving 617 persons living under seriously overcrowded conditions.

Property owners do not appear to be attracted by the grants in aid of improvements available under the Housing Act, 1949. Only 47 applications were made during the year. The number of grants actually made by the local authorities was 16.

New houses erected during 1952 numbered 2,241 of which 1,864 were built by local authorities and 377 by private enterprise. Repairs usually of a limited nature were carried out in respect of 2,867 houses.

### Water supplies

The water supply in the Urban District continued to be satisfactory in quality but so far as quantity is concerned the position was still unsatisfactory at Market Rasen and Horncastle.

The Caistor Rural District Council have now purchased what was the Market Rasen Water Company however and have submitted proposals designed to overcome the defects giving rise to shortages in both Market Rasen, Middle Rasen and Tealby.

The situation in Horncastle gave rise to serious shortages particularly at the County Council Children's Homes and at the higher parts of the town. In addition the position is most unsatisfactory in the parishes of West Ashby and Hemingby. In the former parish the supply at taps on the main ceases at about 7 or 8 a.m. and is not available until 10-30 p.m. for most of the year. Supplies are taken from Horncastle Rural District Council but this Authority itself has no great surplus of water and may at any time have to reduce or terminate the bulk supply. These shortages in Horncastle and area were the subject of a report to the Rural Water Supplies and Sewerage Sub-Committee during the year.

In the Rural areas the extension of water mains continued. The completion of a reservoir at Elsham and mains from this parish via Worlaby, Bonby, Saxby-all-Saints, Horkstow to South Ferriby saw every parish in the Glanford Brigg Rural District Council provided with mains water. A number of isolated farms and cottages, etc., were supplied by agricultural extensions.

A Public Inquiry was held in respect of the Spilsby Rural District Council Comprehensive Scheme based on bores into the greensand at Driby. The overall water supply situation in the Spilsby Rural District gives rise to concern from time to time and the District Council hope in due course to augment their supply by the sinking of two additional bores at Driby. The water from this source will not, however, be available for some years and meantime the Rural District Council has made arrangements to sink a bore at Partney to provide temporary relief.

### Sewerage and sewage disposal

Work commenced during the year on Schemes at Gunness, Keadby and Morton. Schemes at Barnetby, Binbrook, Keelby, Kirton-in-Lindsey and Scotter and Scotton, were in progress and by the end of the year were either functioning or almost completed. The Minister of Housing and Local Government held informal "progress" inquiries into the last five Schemes.

Only one Public Inquiry was held during the year, this was in respect of the Scheme for Stickney parish.

In some Rural Districts small sewage disposal plants were constructed in connection with the Council House development in particular parishes.

The provision of mains water and the need for new houses has inevitably resulted in a steady flow of Schemes for villages in all parts of the County. During 1952 the Minister issued circular 54/52 which stresses the absolute need for economies. Broadly speaking this circular restricts the likelihood of Ministry approval to those parishes where Schemes are essential on the grounds of new housing development and public health. This appears to have had the effect of producing Schemes with proposals in respect of sewerage for new housing sites together with adjacent existing properties and those adjacent to the sewers on their way to the Treatment Works. The Works themselves are so designed as to be capable of extension as and when necessary.



The Sewage Works at Binbrook, Coningsby, Scunthorpe, Sutton-on-Sea and Winterton are overloaded and require improvement. The latter works have been the subject of adverse reports year after year and it is to be hoped that the time when improvements will be commenced is not far distant.

### **Scavenging and refuse disposal**

The collection of dry refuse is in all cases carried out by direct labour. In the Urban areas the majority of Councils arrange for a weekly collection although in one or two districts the period has had to be extended to about ten or twelve days.

In the Rural areas the period of collection is normally of two weeks duration although one Authority only provides the service once per quarter.

The removal of night soil has to be carried out in a large number of districts both Urban and Rural but mainly, of course, the latter. One or two Districts now possess cesspool emptying vehicles which have a special fitment to receive pail closet contents. This has advantages over the normal methods of collection from the aesthetic as well as from the public health point of view. The number of pail closets is being reduced gradually but at present this is a very slow process. The rate is not likely to increase much until an improvement in the economic position of the country makes possible the provision of Sewerage Schemes to serve villages. Most districts continued the provision of grants to aid house owners desirous of providing a water carried sewage system. During the year there were 184 conversions to water carriage in the urban districts and 524 in the rural areas.

Refuse is mainly disposed of by tipping although two districts use incineration plants at certain times of the year. In the urban districts there is normally only a single tip and it is thus possible to employ men full time with the result that tipping is controlled and there is reasonable observance of the Rules laid down by the Ministry of Health. It is the practice in the rural districts, however, to have several tips in strategic parts of the Council's area. Thus there is a tendency for the latter to become crude dumps of household and general refuse where the method of tipping seems to vary with the ideas of the drivers of the refuse lorries. To say that some are eyesores is putting the matter mildly and it will need a great deal of time and persuasion to bring the standard up to anything approaching the Ministry of Health's suggestions.

### **Factories**

With notable exceptions in the west and north east the County is not noted for industrial development but the Registers kept by the County District Councils indicate that there are 1,333 mechanical and 502 non-mechanical factories. The provisions of the Factories Act relating to sanitary conveniences in mechanical factories and these together with the maintenance of cleanliness, temperature, ventilation and sufficient floor space in non-mechanical factories necessitated 2,040 visits of inspection by Sanitary Officers. Defects were found and remedied in 113 cases.

### **Movable Dwellings**

The coastal strip of the County is very popular with those members of the community who favour a camping holiday and during the summer months there is a considerable increase in the population due to the ingress either of persons with their own caravans or those who pay rent for them. The Medical Officer of Health for Spilsby Rural District Council has estimated that the population of that area increases by about 12,000 or approximately 50% during the peak period due to caravan dwellers alone. In other parts of the County caravans are used to a small extent as permanent dwellings due to the housing shortage. There were 143 site and 184 individual dwelling licences issued by the County Districts Councils during the year.

The two County Council sites at Ingoldmells and Huttoft were regularly inspected by the County Health Inspector during the season. In January a report was made to the Sandhills Committee of the County Council recommending that at these two, conversions from pail closets to water carriage system should be carried out. As a result, one block of sanitary accommodation was constructed on the Ingoldmells site and was in use for a short time at the height of the season. Disposal is to a cesspool which with others on the site is emptied by the Spilsby Rural District Council. An overflow was constructed to the cesspool but advice has been given as to the need for ensuring that this overflow should not be used.

Generally speaking the camps were well kept particularly the one at Ingoldmells. It was necessary to refer to the unsatisfactory condition of pail closets and dustbins at Huttoft on more than one occasion. During the August Bank Holiday weekend the sites are occupied to capacity and during this period the adequate control by the Attendant becomes difficult.



## INSPECTION AND SUPERVISION OF FOOD

### Meat Inspection

During the year a slaughterhouse in Cleethorpes was re-opened and this increased the number of areas in which animals are slaughtered for food on behalf of the Ministry of Food to seven. In six districts the inspection service is provided by Sanitary Officers and in the remaining one by a Veterinary Surgeon. The work involves duties at abnormal hours including Sundays and Bank Holidays but even so 100% inspection was achieved which is a great credit to those officers carrying out this important public service. In one instance the officers of a rural district carried out meat inspection in an adjoining borough when the staff of the latter authority was depleted by annual leave.

Horses are slaughtered for human consumption in one district only.

At the end of the year the Minister of Food issued Memo 3/Meat which contains methods and criteria of meat inspection recommended for adoption by Local Authorities and their Officers. This replaces Memo 62/Foods which was first published in 1922 and gives effect to recommendations made by the Interdepartmental Committee on Meat Inspection.

The following Table shows the number of carcasses inspected during the year together with details of carcasses and parts condemned as unfit for human consumption:—

*Inspection of meat for human consumption*

Carcasses Inspected		No. affected with tuberculosis			No. affected with other conditions		
Animal	Total number	Whole carcass condemned	Part of carcass condemned	Total	Whole carcass condemned	Part of carcass condemned	Total
Cows	3,826	114	1,174	1,288	114	1,203	1,317
Other Bovines	8,892	59	1,213	1,262	49	2,954	3,003
Calves	3,669	9	2	11	61	36	97
Sheep	35,072	1	—	1	222	1,248	1,570
Pigs	12,422	49	503	552	225	1,154	1,379
Horses	51	—	—	—	—	10	10

There was a considerable increase in the number of pigs slaughtered as compared with the figure of 6,446 for 1951. Although the number of pig carcasses condemned as a result of non-tubercular conditions shows an increase of 88, the number condemned because of tuberculosis decreased by 63.

### Food and Drugs Act, 1938—Chemical Analysis

A total of 1,028 samples were submitted to the Public Analyst of which 584 were milk and 444 other foods and drugs. The overall adulteration figure was 2.43% which compares with 4.9% for the year 1951. Of the milk samples 309 were formal (16 or 5.1% adulterated) and 275 informal (1 or .34% adulterated) giving a total adulteration for milk of 2.9% compared with 6.4% for the previous year. Three samples of milk taken at the request of the Grimsby County Borough Council were slightly below standard.

No sample of milk taken during the year was found to contain extraneous water. This is the first report in which it has been possible to make such a statement since the administration of the "adulteration" provisions of the Act was taken over by the Health Department.

Nineteen samples of milk were found to be deficient in butter fat and five in milk solids not fat. In four of the former legal proceedings were instituted. Where "appeal-to-cow" samples or the Hortvet (freezing point) Test indicate that deficiencies are due to natural causes, an advisory letter is sent to the person from whom the sample was obtained. Fifteen cases were dealt with in this manner. In several instances the County Milk Production Officer of the Ministry of Agriculture and Fisheries was asked to co-operate and there is no doubt this assists in securing improvement by advisory rather than statutory means.

As in previous years the results of milk samples were again compiled and the average fat content was 3.623% compared with 3.610% in 1951, 3.608% in 1950 and 3.602% in 1949. The non-fatty solids average was 8.808% for all samples (8.723% in 1951, 8.838% in 1950 and 8.804% in 1949). It is interesting to note that the milk fat average is 3.6% despite the fact that the figures include the Sub-Standard samples and over 250 of the 584 were obtained from the morning milk.



The following table gives details of the averages of fat and non-fatty solids:—

*Averages of fat and non-fatty solids in milk samples taken during the year 1951*

Month	Total taken	Adulterated		Fat %		N.F.S. %	
		Fats	N.F.S.	Average all samples	Average less adulterated	Average all samples	Average less adulterated
January ... ..	89	1	—	3.765	3.790	8.840	8.831
February ... ..	40*	1	—	3.586	3.610	8.783	8.783
March ... ..	49	2	2	3.507	3.548	8.744	8.761
April ... ..	91	4	1	3.597	3.641	8.853	8.862
May ... ..	63	1	—	3.409	3.419	8.708	8.706
June ... ..	40	1	—	3.358	3.372	8.884	8.892
July ... ..	76	—	1	3.499	3.503	8.746	8.761
August ... ..	19	1	1	3.582	3.644	8.735	8.774
September ... ..	8	—	—	3.850	3.850	8.740	8.740
October ... ..	56	1	—	3.933	3.960	8.881	8.882
November ... ..	26	—	—	3.927	3.927	8.846	8.846
December ... ..	26	1	1	3.762	3.800	8.875	8.904
Annual totals ...	583	13	6	—	—	—	—
Annual averages ...				3.623	3.648	8.808	8.814
* Ignored 1 sample owing to abnormal fat content							

Other foods found to be adulterated were beef and pork sausages, ice cream, tomato paste and vinegar.

Three samples of beef and two of pork sausages were below standard but all the meat deficiencies were comparatively slight. In only one case were legal proceedings instituted, the remainder being dealt with by warnings.

Four samples of ice cream did not comply with the Food Standards (Ice Cream) Order. One resulted in legal proceedings and three vendors received warning letters.

The tomato paste was of Italian manufacture and in the opinion of the Public Analyst contained an excessive amount of copper. The facts were reported to the Ministry of Food.

The Sample of vinegar was deficient in acetic acid to the extent of 8%. Correspondence took place with the manufacturer and the investigation was handed over to the Chief Sanitary Inspector for the district in which the factory is situated.

An informal sample of cherry cough mixture was found to be improperly labelled and as the offence was under the Pharmacy and Medicines Act the particulars of the case were passed to the Pharmaceutical Society and this body has been dealing with the chemist concerned.

*Report on proceedings taken under the Food and Drugs Act, 1938, during 1952*

Sample No.	Nature of sample	Nature of adulteration	Result of action
A1400	Milk	48% Butter fat Deficiency	Fined £15. Costs £2 15s. 0d.
B400	Milk	14% Butter fat deficiency	Fined £3. Costs refused
B475	Milk	13% Butter fat deficiency	Case dismissed
B670	Milk	18% Butter fat deficiency	Fined £10. Costs one guinea
B488	Ice Cream	1.5% fat deficiency	Fined £5. Costs £2 1s. 0d.
		.9% Non-fatty Solids deficiency	
		1.35% Sucrose deficiency	
		1.5% Sugar deficiency	
A1971	Beef Sausages	7.3% Meat deficiency	Fined £2. Costs refused



### Milk (Biological examination)

The County Biological Sampling Scheme continued during the year and it was possible to operate on a basis of two samples from each producer retailer during the year. At the commencement of the year a further rural district agreed to co-operate in the taking of samples and this left only two areas, both rural districts where it was necessary for the sampling to be carried out by the County Health Inspectors. The total number of samples submitted for biological examination was 547. In 17 cases the guinea pig died before a diagnosis could be made. Of the remaining samples 12 gave positive tubercle results. This represents an incidence rate of 2.2% compared with 1.2% in the previous year.

There were positive brucella abortus samples in 22 cases or 4.1%. This compares with a rate of 6.3% in 1951.

The Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries is forthwith notified on receipt of positive tubercle results. The chemical examinations and tests carried out by this Officer resulted in the discovery and slaughter of 12 infected cows. One producer was convicted and fined for failure to notify the presence in his herd of an animal with a badly affected tubercular udder. A bulk sample of milk had revealed its presence.

The problems involved in dealing with milk were referred to in the 1951 Report and are now even more complicated. Owing to the need for economy in the use of guinea pigs, a technique is being followed of inoculating one animal with two milk specimens. If the result is positive the test does not indicate which sample is the offending one so that it is necessary to take further samples from individual cows and submit them to the agglutination and/or ring test with a view to establishing which of the two herds from which the samples were taken is the one infected.

When positive brucella abortus results are obtained the County District Medical Officer of Health is notified and if he so requests, the County Council co-operate in obtaining further samples. No formal action as to the disposal of infected milk was taken during the year but District Medical Officers in most instances have been able to arrange informally for the retail sale of the milk in question to be discontinued.

The milk supply of persons notified as suffering from non-pulmonary tuberculosis are investigated by the Health Inspectors. In three instances their enquiries resulted in the discovery and slaughter of three cows suffering from tuberculosis of the udder. In two other cases it was found on investigation that two cows had previously been removed from the herds concerned and slaughtered under the tuberculosis order.

### Milk (Pasteurised and sterilized)

At the commencement of the year there were eleven producers licensed by the County Council under the Milk (Special Designation) (Pasteurised and Sterilized Milk) Regulations, 1949. No premises in the area for which the County Council is Food and Drugs Authority are used for the processing of Sterilized Milk.

Three firms holding licences to pasteurise milk ceased to process during the year and there were therefore eight establishments remaining at the 31st December. Of these six use the Holden method of pasteurisation and two the high temperature short time equipment.

With one exception all processors now sell Tuberculin Tested Milk (Pasteurised) which indicates that this grade of milk is becoming more popular. One small processor still retails his milk in bottles without overlapping caps but the remainder have either changed to this type of cover or are in the process of eliminating those bottles which have cardboard disc caps.

During the year 552 samples of ordinary pasteurised milk were taken for examination. Of these 3.8% failed to pass the phosphatase test and .6% the Methylene Blue test.

The number of samples of Tuberculin Tested Milk (Pasteurised) taken was 227 of which 6.6% failed the phosphatase test and .8% the Methylene Blue test.

The table which follows compares the foregoing results with those of the previous two years:—

Year	Pasteurised Milk		Tuberculin Tested (Pasteurised)	
	Phosphatase Test % of failures	Methylene Blue Test % of failures	Phosphatase Test % of failures	Methylene Blue Test % of failures
1950	1.9	1.7	7.5	0.7
1951	3.3	0.9	6.0	1.3
1952	3.8	0.6	6.6	0.8

Frequent inspections are made at the Pasteurisation establishments to check methods and plant at all stages of processing and cleansing. With one exception (a plant in respect of which the licence was finally surrendered) premises and equipment have been well maintained and co-operation has been forthcoming from all processors.



# NATIONAL HEALTH SERVICE ACT, 1946

## GENERAL

### ADMINISTRATION

The County Council's Health Services are under the control of the Health Committee, which consists of Members of the Council with representatives of the General Practitioner and Dental Services. The Committee is responsible for all the functions imposed on council by the National Health Service Act. When this Act came into operation the County was divided into five districts and an Area Health Committee appointed for each district, consisting of local members of the County Council with representatives from the District Councils concerned. These Area Committees met regularly for a time. They could consider matters relating to the various services and make recommendations but they never had any executive functions delegated to them and were purely advisory. Members were themselves doubtful if the Committees were serving any useful purpose or warranted the time or expenditure involved. Meetings became less frequent and the position now is that only one of the five Committees originally set up meets regularly.

Fourteen of the 21 County Districts have Medical Officers of Health who are also Assistant County Medical Officers. In five districts general practitioners are employed as part-time Medical Officers of Health, while in two the Medical Officers is employed part-time but does not engage in general practice. These arrangements preclude a system of decentralised administration covering the whole County but such a system could be operated without undue difficulty in the 14 districts where there are joint appointments. These combined appointments have worked well for a number of years and continue to do so. They avoid overlapping and are advantageous in other ways to both the County Council and the District Councils. The work of the Medical Officers has become more restricted and perhaps also less interesting since the passing of the National Health Service Act and there is no doubt the doctors would welcome decentralised administration which would widen the scope of their activities. Decentralisation would, also by making the posts more attractive, facilitate the filling of vacancies when they occur, but it will only function satisfactorily if area committees are given some measure of delegation.

A special Sub-Committee of Members of the Health Committee has been set up to administer the Mental Health Service.

The Council's Fire and Ambulance Services operate as a combined service and matters concerning both services are dealt with in the first instance by a small Joint Sub-Committee consisting of Members of the Health and Fire Brigade Committees.

At officer level, the County Medical Officer is responsible for the general supervision and co-ordination of the different branches of the Health Service.

The joint arrangements with other local authorities are those under which the Lincoln County Borough Council undertakes to provide the Ambulance Service in an area of Lindsey north of Lincoln, and the Holland County Council makes similar provision in the south east of the County, and, in the case of mental deficiency, those under which defectives may attend the Grimsby Borough Occupation Centre.

## CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE

### General

The County Council has representatives on the Hospital Board, on several of the local Hospital Management Committees and on the Executive Council. Conferences are held from time to time with the Hospital Board, the Hospital Committees and the Executive Council on matters of mutual interest as the need arises.

The County Medical Officer attends the Medical Officers' Liaison Committee held regularly at Sheffield. He is also a Member of the local Medical Committee and of the Lincoln No. 3 Hospital Management Committee.

### Co-operation with the Hospital Service

#### *General Hospitals*

Admissions and discharges of children under school leaving age are reported by the Hospital Authorities to the County Medical Officer as a routine.

In the case of older patients, discharges as a rule are notified only when it is thought the patient is in need of some service which the Authority can provide.

Cases for discharge are regularly notified by the Hospital Almoners where there is reason to think the home conditions are unsatisfactory or where nursing or other help will be needed when the patient returns home.

An increasing number of chronic sick seeking admission to hospital are being referred for investigation by officers of the Health Department where there is doubt as to whether they are hospital or hostel cases and for an opinion as to the degree of urgency in those considered to require hospital treatment.

Hospital specialists in charge of ear, nose and throat, ophthalmic, paediatric and orthopaedic beds provide the Health Authority with a discharge report in the case of children who have been referred to the hospital through the Authority's Medical Services.



### *Hospitals and Sanatoria for Tuberculosis*

All information required by the Authority is provided by these institutions. Admissions and discharges are notified and in the case of the latter a brief report is given on the condition of the patient, together with any necessary recommendations for after-care.

### *Mental Hospitals*

The County is served mainly by the Bracebridge Heath Hospital, the Medical Superintendent and staff of which are most co-operative. Reports and recommendations are made to the Health Authority in respect of all patients discharged. The Council's Health Visitors act as Mental Health Visitors and where necessary supervise patients in their own homes and make periodical reports which are forwarded to the Hospital Superintendent. They also, as required, report on the home conditions of patients attending psychiatric out-patient clinics.

The Hospital Medical Staff has been helpful in giving lectures to the Health Visitors on the after-care of mental patients and in instructing them as to the information they should include in their reports on patients being supervised at home.

### *Mental Deficiency Institutions*

Here too there is a close liaison between the officers of the institutions and those of the Health Authority. The Superintendent is as helpful as he can be in regard to the admission of urgent cases but he is restricted in what he can do by the present shortage of beds.

Reports are received in all cases discharged or placed on licence.

Requests are received from institutions for information as to the home conditions of patients being considered for discharge, licence or leave of absence. In these cases Health Visitors make special home visits and their reports are forwarded to the Medical Superintendent.

### *Maternity Homes*

Matrons in charge of these homes notify the Health Authority of patients to be discharged earlier than the fourteenth day after confinement in order that arrangements can be made for the local midwife to attend the patient for as long as may be necessary after her discharge home. They also refer patients discharged after the fourteenth day who may require home nursing, home help or after-care.

Premature babies are reported on discharge.

Maternity homes have agreed, when required, to assist in providing special arrangements for the transport of premature babies to hospital. Special cots for this purpose are kept at the maternity homes and the arrangement is that when an ambulance station receives a call to remove a premature baby the station officer notifies the nearest maternity home. The cot is then prepared by the maternity home staff and collected by the ambulance.

### *Out-Patient Treatment*

Out-patient clinics are held by the Hospital Authorities in County Council premises at twelve centres in the County. Approximately 1,700 sessions are held annually.

Children in need of advice or out-patient treatment are referred to out-patient departments, at the hospitals themselves or elsewhere, by the patient's own doctor or by the County Medical Officer. In both instances the specialist sends a report to the medical practitioner concerned, with a copy to the local health authority.

Specialists have been of much assistance in connection with the ascertainment of handicapped pupils and in advising as to their after-care where necessary.

In connection with chest clinics, each new case of tuberculosis is visited by one of the Health Authority's Health Visitor's, who reports to the chest physician on the home circumstances, prepares a list of contacts and arranges for their attendance for examination at the clinic. Routine visits are also made regularly by the health visitors to all tuberculous patients under the supervision of the chest physician and a report forwarded to the chest physician as a result of each visit. The health visitors also assist when required in connection with mass radiography and B.C.G. vaccination.

It would be an advantage if the Health Authority's medical officers in charge of ante-natal clinics could be in some way associated with the Hospital Board's maternity work. At present they are working very much on their own. The Hospital Board was approached some time ago with this end in view but nothing was done. Prior to 1948, this Authority had an arrangement at Cleethorpes which was thought to be ideal. Ante-natal patients, hospital and domiciliary, attended the same clinic. The clinic was staffed by the consultant obstetrician, the Authority's maternity and child welfare medical officer, the matron or a representative from the local maternity home and a health visitor. The local midwife could attend with her own patients. Local practitioners regarded this clinic as an asset and willingly sent their patients along. There would not appear to be any valid reason why such a combined clinic should not be operated in all the larger centres of population in the County and if in some way it could be found practicable to bring in the general practitioners so much the better.



## *Ambulance Service*

Conferences have been held with representatives of the local hospitals in connection with the Ambulance Service. Individual hospitals have been approached from time to time. As a result many difficulties that existed have been eliminated. The hospitals readily agreed to give the Authority adequate notices of routine discharges. A fixed hour for discharges has been agreed with most hospitals.

Where possible, hospitals arrange for patients from the same district to be discharged on the same day to avoid unnecessary journeys. Hospitals also arrange for ambulances arriving at the hospital with patients for admission to take patients home on their return journeys where the route and destination of the ambulance makes this practicable.

A difficult problem is the reduction of the waiting time of vehicles bringing patients to out-patient clinics. Improvement has been effected in this connection, but complaints are still common, especially from the volunteer drivers in the Hospital Car Service.

## **Co-operation with General Medical Practitioners**

### *General*

Although the relations between the medical practitioners in the County and the medical and other staff of the Health Department have always been friendly, they are probably, from the point of view of co-operation, better now than they have ever been. There are various reasons for this. The machinery through which the Health Services operate is itself a factor in bringing doctors, in whatever section of the Service they work, more closely in touch with each other. More doctors now serve on various committees and consequently have a wider knowledge of what is happening in branches of the Service other than their own.

The County Medical Officer is a member of the Local Medical Committee. This Committee has been invaluable as a medium for the exchange of views and in promoting co-operation. It has shown a genuine desire that practitioners and the staff of the Health Department should work harmoniously together and has been the means of resolving various problems of mutual interest to the doctors and the Health Authority.

The officers of the Health Department endeavour to perform their duties having in mind that the general practitioner is, or should be, interested in almost every aspect of their work, that he can often be very helpful and should be kept as fully informed as possible of matters affecting the health and welfare of those on his medical list. The practitioners on their part are becoming increasingly mindful of the interests of the Health Authority and have loyally carried out the recommendations of the Local Medical Committee.

### *Treatment of Children*

The procedure to be followed by officers of the County Council in arranging for the provision of treatment in the case of children was the subject of discussions between the County Medical Officer and representatives of the Local Medical Committee. A scheme was agreed on in respect of children under school age as well as for those for which the Education Authority is responsible. It came into operation towards the end of 1951 and has been working satisfactorily since. The result is that school clinics and infant welfare centres are now largely advisory and educational. The provisions of the scheme are briefly as follows:—

It will be a general rule that school children found by the School Medical Officers to require investigation or treatment shall be referred to their own doctors. The rule shall apply in case of:—

- Minor ailments or injuries;
- Those requiring specialist examination or treatment;
- Children requiring hospital treatment either as in-patients or out-patients;
- Children classified as handicapped under the Handicapped Pupils Regulations and requiring medical treatment as distinct from special education or training, e.g., diabetics, epileptics, etc.

The rule shall not apply in the case of:—

- Children requiring ophthalmic examination and treatment;
- Those classified as handicapped and requiring special education or training as distinct from medical treatment;
- Children classified as mentally defective and not requiring medical treatment;
- Those requiring dental treatment;
- Children found to be verminous;
- Those suffering from minor postural defects which can be dealt with through the Education Committee's physical training organisation.



While "handicapped children" will not normally be referred to their own doctors for treatment, the School Medical Officer will inform the doctor concerned when a child is classified as blind, deaf, epileptic, diabetic, physically handicapped, delicate or mentally defective. It is not proposed to notify the doctor in the case of educationally retarded children or those with speech defects.

When a child is referred to its own doctor for investigation or treatment the following procedure will be followed:—

In the case of minor ailments where the doctor carries out treatment it will be unnecessary for him to notify the School Medical Officer.

Where the child is referred to its own doctor as in need of

special investigation;

specialist treatment;

hospital treatment;

or medical practitioner treatment in the case of handicapped children, the doctor will reply notifying the School Medical Officer either that he proposes to make the necessary arrangements for treatment or that he desires the arrangements to be made by the School Medical Officer. In the absence of a reply from the doctor it will be for the School Medical Officer to make such arrangements as may be required.

#### *Care of Expectant Mothers*

Medical officers in charge of ante-natal clinics report to general practitioners in respect of their patients who attend the ante-natal clinics, whether or not the patient has been referred to the clinic by her own doctor. Practitioners may refer patients for whom they are undertaking ante-natal care to the clinic for specimens of blood to be taken for examination.

Medical practitioners are consulted when necessary in respect of patients seeking admission to maternity homes on non-medical grounds.

Doctors not infrequently telephone the Health Department asking for arrangements to be made for the admission of a patient to maternity home on urgent medical grounds. No difficulty has been experienced in securing admission in these cases. The procedure probably saves the doctor's time and causes little trouble to the Health Department. Ambulance transport can quickly be arranged as soon as a bed has been found.

#### *Welfare of Old People*

Practitioners appear to be often in difficulty in finding accommodation for old people who cannot be looked after at home. These are borderline cases where the Hospital Authority is doubtful as to whether they should be admitted to hospital and the Welfare Officer is equally doubtful as to their suitability for an old people's home. Cases of this sort are often referred to the County Medical Officer who, after inquiry, advises the Hospital and the Welfare Authority.

#### *Ambulance Service*

Consultations have taken place from time to time with representatives of the general practitioners, who have agreed the general lines on which the Ambulance Service will operate. Individual practitioners have been helpful in bringing to the notice of the Health Authority difficulties arising in connection with the Service and in preventing abuse of the Service.

#### *Home Nursing and Midwifery*

There has always been, of necessity, a close liaison between medical practitioners and the nurses and midwives and this has, of course, been maintained.

With the approval of the Local Medical Committee the services of the midwives have been made available to practitioners when carrying out ante and post-natal examinations. A few are already adopting the suggestion and are holding ante-natal sessions at which the midwife attends. It is perhaps too early to say whether the procedure will become general. Owing to their other duties nurse/midwives are not always available to attend when requested by the doctor at individual examinations, although they make every effort to do so.

#### *Health Visiting*

In the past medical practitioners have been inclined to regard the health visitor as a "Nosey Parker", whose main object was to get as many as possible of his patients to attend the various local authority clinics. Now that agreement has been reached with the doctors in connection with the treatment of children and infants this attitude has largely disappeared. It cannot be said, however, that the health visitor's place in the new Health Schemes is as yet recognised as fully as it ought to be, although there has been much improvement. The health visitors have been instructed to enlist the co-operation of practitioners when the opportunity arises and they are doing what they can in this connection.



## **JOINT USE OF STAFF**

There are no doctors in general practice who are also employed by the County Council, nor are there any arrangements under which consultants employed by the Regional Hospital Board undertake part-time work for the Local Health Authority.

At Scunthorpe, the Medical Officer of Health and Assistant County Medical Officer acts as Medical Officer to the local Infectious Diseases Hospital.

The Council's Health Visitors attend at out-patient clinics established by the Hospital Board. These include chest, ear, nose and throat, ophthalmic, rheumatism and heart and venereal diseases clinics. Altogether they attend approximately 800 sessions annually.

## **VOLUNTARY ORGANISATIONS**

The Council make use of the services of the Lincoln Diocesan Association in connection with the care of the unmarried mother and her child and in connection with arrangements for the care of the woman separated from her husband who is expecting a child by another man. They utilise the services provided by the National Association for Mental Health particularly in connection with the training of medical officers in the examination of mental defectives. The Hospital Car Service, which is a voluntary service organised in this area by the British Red Cross Society, is used extensively by the County Council in connection with their Ambulance Service. The County Council support financially a voluntary body who are running a day nursery in Skegness during the holiday months. Grants are made by the County Council to two Tuberculosis Care Committees, one at Cleethorpes and the other at Scunthorpe. These Committees exist to help tuberculous persons financially and in other directions. On the coming into operation of the National Health Service Act the Council made considerable use of local nursing associations, but as the midwifery and home nursing services settled down the need for these associations became less and less and the position now is that there are only a few in existence, these few only continuing because they have funds and property to administer. The County Council contribute to the National Association for the prevention of Tuberculosis, the Central Council for Health Education, the National Baby Welfare Council and the Lincoln Diocesan Association for the Deaf and Dumb.

## **GUIDE TO LOCAL HEALTH AUTHORITY'S SERVICES**

Shortly after the National Health Service Act came into operation the County Council prepared a guide to the services provided by them. This was widely circulated throughout the County. A revised handbook was published in 1952.

## **PARTICULAR SERVICES**

### **CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE**

#### **General**

The County Council's arrangements for the care of mothers and young children include the provision of child welfare centres, ante and post-natal care, including dental treatment, day nurseries, as well as special provision for premature infants and illegitimate children and their mothers.

#### **Ante and Post-natal Clinics**

Ante and post-natal clinics are held at 16 centres in the County. Patients are invited to attend early in pregnancy for examination, which includes routine blood tests and also x-ray examination at the discretion of the medical officer. Cases presenting complications are referred to one of the Hospital Board's consultant obstetricians.

Patients in the early stages of pregnancy are invited to attend monthly and more frequently as term approaches. Advice is given on general health, diet, clothing and exercises. The young primipara is told something of the process of birth. Medical officers, where necessary, also advise on family spacing and contraceptive methods.

The number of expectant mothers attending the Council's ante-natal clinics has fallen steadily since the inauguration of the National Health Service in 1948 and is now less than half what it was five years ago. Attention has previously been drawn in Annual Reports to the small number of attendances at these clinics. The average per session for all clinics last year was only 5 and at several it was as low as 2. Cleethorpes, with an average of 11 per session, is the best attended centre in the County. Prior to 1948, when the County Council was responsible for the administration, the Cleethorpes Maternity Home, as well as the local ante-natal clinic, had on its staff a consultant obstetrician. Patients to be confined at home or in the Maternity Hospital were supervised ante-natally at the same clinic and by the same staff. The latter consisted of the consultant obstetrician, who was in charge, the Authority's maternity and child welfare medical officer, the matron or a representative from the Maternity Home and a health visitor. The local midwives could attend with their own cases. This was a very satisfactory arrangement. It avoided overlapping and had the backing of the local medical practitioners. It still operates although in a modified form. Patients now attend from the Maternity Home but only if they have not booked their own doctor and they account largely for the higher attendances at Cleethorpes compared with other ante-natal clinics in the County where maternity home patients do not attend.



At present, an expectant mother may be supervised ante-natally by the local midwife, by her own doctor, at the local authority clinic or at one of the Hospital Board's hospitals or maternity homes. This division of responsibility would be obviated if clinics on the lines of that which was in operation at Cleethorpes before the "appointed day" could be set up at convenient centres in the County. An arrangement on these lines would, it is believed, have the support of the general practitioners and would ensure a more efficient service than is possible at present. It would not be sufficient, in a County like Lindsey with a scattered population, to hold the suggested clinics solely in connection with local hospitals and maternity homes. Additional clinics would be necessary to serve the outlying districts where expectant mothers at present find it difficult to attend ante-natal clinics at the nearest hospital.

#### *Attendances at Ante-natal Clinics, 1952*

Clinic	No. of expectant mothers	No. of attendances	Sessions held	Average attendance
3 Ashby ... ..	3 17	35	27	1
3 Barton-upon-Humber ... ..	3 9	36	24	1
3 Brigg ... ..	4 27	101	25	4
6 Cleethorpes ... ..	10 143	534	53	11
4 Crowle ... ..	6 46	146	23	6
3 Epworth ... ..	3 13	54	24	2
3 Gainsborough —Spital Terrace ...	4 25	86	31	3
3 —Woods Terrace ...	3 8	20	22	1
3 Horncastle ... ..	3 22	71	29	2
3 Immingham ... ..	3 17	52	22	2
4 Lincoln ... ..	6 39	127	24	5
3 Louth ... ..	4 26	56	22	2
6 Market Rasen ... ..	18 57	195	29	3
6 Scunthorpe ... ..	18 65	151	52	3
3 Spilsby ... ..	3 10	33	22	1
5 Skegness ... ..	6 52	191	48	3
	576	1,888	477	4

Comparatively few mothers attend the clinics for post-natal examination. The number last year for the whole of the County was less than 140. This position is in no way attributable to the changes under the National Health Service Act and has existed for many years.

#### **Admissions to Maternity Homes**

The demand for Maternity Home accommodation continues. Of the total births in the County 60% took place in these institutions.

The Council's officers continue to investigate on behalf of the Hospital Board the home circumstances of expectant mothers seeking admission to Maternity Homes on sociological grounds.

The number of cases investigated during 1952 was 794 of which 520 were recommended for admission.

#### **Maternity Outfits**

The number of these outfits supplied to expectant mothers during the year numbered 1,862 as compared with 2,180 in the previous years.

#### **Mother and baby homes**

The arrangement with the Lincoln Diocesan Association for Moral Welfare for the care of unmarried mothers and their babies has continued to work satisfactorily. Most of the cases in need of care and training were admitted to the Association's Home at Lincoln. A few cases are admitted to other institutions when vacancies are available. The total number for which the Authority accepted responsibility admitted during the year was 19 as against 34 in 1951.

#### **Child Welfare**

##### *General*

The Council's child welfare service is gradually expanding. The number of infant welfare centres throughout the County is now 53. Since July 1948, 19 new centres have been opened, including three set up to meet the needs of the larger Royal Air Force Stations in the County. The number of sessions held at six of the centres in the more populous districts have been increased, bringing the total number of sessions held annually to 1,871.

The total number of children who attended the Welfare Centres in 1952 was 6,857. This number includes 2,735 children under 1 year of age and 855 over 1 year who attended for the first time during the year. Attendances at the Centres totalled 60,492.

There are still a number of areas in the County which are not well served by existing centres and, where the infant population warrants it, the Council propose to establish additional centres in these areas as and when the necessary staff is available.



Table showing number of cases and attendances at infant welfare centres in 1952

Name of centre	New cases				All cases making a first attendance during year				Attendances				Sessions Total No.	Average No. of attendances per session		
	Ante-natal	Mothers	Infants	Children	Ante-natal	Mothers	Infants	Children	Ante-natal	Mothers	Infants	Children		Mothers	Infants	Children
Alford ... ..	1	22	20	2	1	30	16	14	1	221	175	78	24	9	7	3
Ashby ... ..		240	272	115		600	254	590		4,282	3,427	1,532	102	42	34	15
Barnetby ... ..	12	16	16	4	8	68	11	68	22	598	300	408	29	20	10	14
Barton-on-Humber ... ..		61	72	7		159	62	134	1	2,231	1,471	1,075	53	42	28	20
Barrow-on-Humber ... ..	2	20	10	17	2	44	8	43	4	417	154	380	29	14	5	13
*Binbrook ... ..		159	134	93	1	159	75	122		1,379	1,090	695	51	27	21	14
Brigg ... ..		48	44	8		70	35	45		1,424	881	742	53	27	17	14
Broughton ... ..		27	26	1		55	21	35		464	328	160	23	20	14	7
Burton Stather ... ..		15	8	10		28	8	29		198	127	141	24	8	5	6
Caistor ... ..		14	16	2		34	14	36		247	145	172	24	10	6	7
Chapel St. Lenolds ... ..		18	24	11	1	37	32	29	1	408	190	280	24	17	8	12
Cleethorpes ... ..		310	314	7		559	286	290		7,610	6,847	1,630	100	76	68	16
Coningsby ... ..		43	39	6		89	35	56		478	320	196	22	22	14	9
Crowle ... ..		46	43	4		101	40	77		481	283	281	24	20	12	12
East Halton ... ..	2	17	18	12	2	58	13	66	6	604	314	428	24	25	13	18
Epworth ... ..		43	38	6	7	92	32	66	7	434	324	180	24	18	13	8
Fiskerton ... ..		26	23	6		54	17	48		320	187	180	23	14	8	8
Friskney ... ..		25	26	4		49	23	14		503	265	255	24	22	11	11
Gainsborough																
Spital Terrace ... ..	7	109	129	24	9	252	100	230	13	1,937	1,374	830	60	32	23	14
Woods Terrace ... ..		96	86	16		235	79	184		1,725	1,098	831	93	19	12	9
Goxhill ... ..		21	19	8	2	39	16	35	1	460	207	343	24	19	8	4
Haxey ... ..	1	25	23	5	3	52	18	44	13	300	216	163	23	13	10	7
*Hemswell ... ..		25	21	18		25	19	20		37	28	28	3	12	9	9
Holton-le-Clay ... ..		16	11	9		31	9	31		281	193	164	24	12	8	7
Horncastle ... ..		51	40	16		131	47	99		1,052	663	496	54	19	12	9
Immingham ... ..		61	55	39		135	44	135		1,067	613	697	22	48	28	32
Keadby ... ..		31	26	13		54	26	49	16	373	284	212	24	16	12	9
Keelby ... ..		9	9	5		41	9	54		313	144	332	23	14	6	14
Kirton Lindsey ... ..		20	21	9		51	15	43		349	243	227	23	15	10	10
Kirton Lindsey R.A.F. ... ..	2	36	29	22		53	26	47		270	188	178	23	12	8	7
Laceby ... ..		18	19	10		46	19	42		371	200	258	24	15	8	11
Lincoln ... ..		41	23	18		70	14	59	1	210	81	137	51	4	1	3
Louth ... ..		187	163	24		268	127	154		2,065	1,741	642	52	40	33	12
Mablethorpe ... ..	1	58	58	5		95	51	45		1,257	1,179	564	50	25	24	11
Market Rasen ... ..		46	51	13		107	31	107		821	566	573	29	28	20	20
*Messingham ... ..	2	35	10	34	2	36	9	36	2	164	49	137	16	10	3	9
New Holland ... ..	3	27	23	20	3	62	22	71	3	821	333	637	23	36	14	28
North Kelsey ... ..		5	8	3		22	7	28		186	98	161	22	8	4	7
*North Somercotes ... ..	1	88	62	56	1	88	29	89	1	998	697	549	51	20	14	11
Saxilby ... ..		31	26	11		38	24	26		234	142	159	24	10	6	7
South Killingholme ... ..	3	16	11	17	4	34	10	43	10	370	144	315	24	15	6	13
Scunthorpe ... ..		262	306	35		686	271	558		6,123	4,721	1,992	103	60	46	20
Skegness ... ..		116	124	14		196	109	105		2,534	2,009	780	50	51	40	16
Spilsby ... ..		21	16	9	1	64	19	51		559	298	364	52	11	6	7
Tetney ... ..		28	27	10		55	20	50		351	300	196	22	16	14	9
Ulceby ... ..	5	16	17	5	5	51	10	57	9	537	264	365	24	22	11	15
Wainfleet ... ..		31	38	7		87	34	67		1,205	923	774	25	48	37	31
Waltham New ... ..		16	19	8		37	15	32		297	234	187	24	12	10	8
Waltham Old ... ..		26	30	3		65	21	61		624	460	330	24	26	19	14
Winteringham ... ..		6	6	1		26	4	28		294	65	294	24	12	3	12
Winertown ... ..		27	26	7	1	52	22	38	5	441	222	272	24	18	9	11
*Welton ... ..		48	19	41		48	13	46		299	132	237	38	8	4	6
*Winthorpe ... ..		41	41	5		55	34	26		263	220	108	22	12	10	5
Total ... ..	42	2,840	2,735	855	53	5,673	2,305	4,552	116	51,487	37,157	23,345	1,871	28	20	12

\* Opened during 1952.



### *"Toddlers" Clinics*

These clinics for the routine examination of "toddlers" which had ceased to function during the war were re-opened in the larger centres of population in 1948. Eleven clinics have been established. The object is to examine as many children as possible in the three years old age group with a view to detecting certain defects earlier than would be the case if they had to wait for examination until they reached school age. About half the number in the age group are now being examined annually. Any further extension of this service is dependent on additional medical and nursing staff being available.

### *Care of Premature Infants*

The nursing of premature babies in their own homes is the responsibility of the Council's nurse/midwives. Cases nursed in hospital are referred to the health visitor on discharge, who undertakes their further supervision. Special equipment is, when necessary, provided by the Council for the use of premature babies nursed at home. This includes cots, bedding, hot-water bottles, or other equipment which the doctor or nurse may consider necessary. Specially heated cots are also provided for use in the transport of premature babies from their homes to hospital.

The number of premature babies notified annually has averaged 327 for the past five years. About 70% of the cases notified are nursed in hospital. Particulars relating to premature babies nursed at home are as follows:—

Weight	Died in 24 hours	Died 2nd 7th day	Died 8th 28th day	Survived 28 days	Total
2lbs. 3oz. or less ... ..	—	—	—	—	—
Over 2lbs. 3oz. up to and including 3lbs. 4oz.	3	1	—	—	3
Over 3lbs. 4oz. ... .. up to and including 4lbs. 6ozs.	—	—	—	5	6
Over 4lbs. 6oz. ... .. up to and including 4lbs. 15oz.	—	—	—	13	13
Over 4lbs. 15oz. ... .. up to and including 5lbs. 8oz.	—	3	—	39	42
Totals ... ..	3	4	—	57	64

### *Supply of Dried Milk, etc.*

National Dried Milk and other welfare foods are distributed at the welfare centres under arrangements made with the Ministry of Food. Other varieties of dried milk and special foods are provided by the County Council when necessary on medical grounds.

### *Day Nurseries*

There are two day nurseries in the County maintained by the County Council, one at Gainsborough and the other at Scunthorpe. Each has accommodation for 40 children.

The number on the attendance register at the end of the year was 55 as compared with 103 at the end of the preceding year. The average daily attendance was 52 as against 60 last year. The fall in the numbers is no doubt due to the charges for maintenance at the nurseries which have been increased considerably. Previously these charges were based on the cost of meals and on certain person articles required by the children whereas now all items of expenditure are taken into consideration in arriving at the cost of maintenance towards which parents are required to contribute according to their means.

### *Dental Care*

The County Council has the duty to provide dental treatment for school children, pre-school children and expectant and nursing mothers. For this purpose the establishment of dental surgeons to be employed has been fixed at one Chief Dental Officer and ten Assistants. When the National Health Service came into operation one Chief Dentist and six Assistants were being employed whole-time, but in 1952 these numbers were down to one Chief and two Assistants. The Council's Dental Service is clearly less attractive than that under the National Health Service and it has consequently been impossible to fill vacancies in the dental staff. The result is that only a very limited service can at present be offered by the Authority. It has, however, been possible more recently to employ private dentists part-time at Skegness and Cleethorpes and negotiations are proceeding with the Local Dental Committee which it is hoped may result in the appointment of more part-time officers and a re-opening of the service at any rate in the more populous centres. Mr. J. D. Sykes, Senior Dental Officer, reports on the dental care of expectant mothers and young children as follows:—

With the resignation of Mr. D. R. Storr in March the staff position deteriorated still further and no dental service was available for mothers and pre-school children at the Ashby, Barton-on Humber, Brigg, Crowle, Epworth, Louth or Scunthorpe Clinics. Whilst a small amount of work was done at Cleethorpes and Skegness most of the treatment given was at Gainsborough (Spital Terrace), Horncastle, Lincoln, Market Rasen and Spilsby.



### Refresher Courses for Midwives

During the last two years 35 midwives have attended approved refresher courses. It is proposed to continue sending approximately 14 per annum. Two types of course are used. As many as can be spared attend a maternity hospital for a month, where a special course is organised. Six each year attend a week's course organised by the Royal College of Midwives.

### Training of Pupil Midwives

There is no training centre for midwives and no special arrangements are made for their training.

### Transport

It is the Council's policy to provide cars for district nurse/midwives in all the districts too extensive for a cycle. At present 80 nurses out of a total of 100 are approved as needing a car, the cycles being confined to the urban areas except for one small district which will be absorbed when the midwife retires. Of this total, 20 nurse/midwives provide their own cars and are paid a mileage allowance on the National Joint Council scale. These will be replaced as necessary by County Council cars. The remaining 60 are provided with cars by the Council.

## HEALTH VISITING

### General

A whole-time health visiting service covers the County. The establishment for health visitors as approved by the Minister of Health is 55, while the number on the Council's staff is at present 41.

The responsibilities of the health visitor continue to increase. There are now few of the Council's health activities in which she is not concerned. Together they attend at some 6,000 clinic sessions and make some 72,000 home visits every year. In addition, in connection with the cleanliness of school children they make 70,000 odd individual examinations annually.

The health visitors are at present taking part in the Ministry of Health enquiry into virus infections during pregnancy and in the National Survey into the Health and Development of Children conducted by the Institute of Child Health, the Society of Medical Officers of Health and the Population Investigation Committee.

### Refresher Courses for Health Visitors

In 1951 and 1952, 19 health visitors attended refresher courses and it is proposed to continue to send at least 8 health visitors to these courses every year.

### Training of Health Visitors

With a view to augmenting their health visiting staff the Council has adopted a training scheme under which a bursary of £165 is awarded to selected candidates. In addition, the course fees and, if the candidate is successful in passing the examination, the examination fees are also paid by the Council. In return the candidate, on obtaining the Health Visitors' Certificate, undertakes to serve the Council for at least two years. The scheme since its inception in 1949 has been the means of the Council obtaining the services of eleven health visitors.

The work of the Health Visitors, some of which is referred to in other sections of this report, is summarised as follows:—

Sessions attended					Home visits				
School Clinics	...	...	...	1,454	School children	...	...	...	5,283
Ante-Natal Clinics	...	...	...	477	Expectant mothers	...	...	...	711
Infant Welfare Centres	...	...	...	1,871	Infants under 1 year	...	...	...	35,172
Immunisation Clinics	...	...	...	89	Children 1—5 years	...	...	...	39,389
Hospital Board Clinics	...	...	...	798	Mental Defectives	...	...	...	2,566
School Medical inspections	...	...	...	986	Tuberculous patients	...	...	...	3,050
					Psychiatric	...	...	...	77
					Others	...	...	...	121
					Examinations of School Children (Cleanliness)				72,149

## HOME NURSING

### General

Seventy-nine nurse/midwives are employed part-time on home nursing, which is 9 below establishment. The establishment for full-time home nurses is 11 and this number is being employed.

### Home visits made by Nurses, 1952

Cases					Home visits				
Medical	...	...	...	5,505					165,116
Surgical	...	...	...	2,751					
Total	...	...	...	8,256	Other visits	...	...		17,637
									182,753

### Classification of Cases

The last year (1951) for which figures are readily available shows that nurses attended nearly 8,000 patients in their own homes and made some 164,000 visits for this purpose. Roughly, about one-third of these cases were classified as surgical and about two-thirds as medical. Except in times of epidemic, a large proportion of the latter are patients suffering from chronic conditions. Much of the nurse's time is today taken up with the administration of antibiotics, insulin and other special drugs.



## Night Nursing Service

There has been little demand for night nursing. In the odd case where the need has arisen it has been possible to obtain the services of a local nurse.

## Refresher Courses for Nurses

Four nurses have attended refresher courses in each of the last two years. There are not enough refresher courses organised for district nurses, nor are there conveniently available practical courses in hospitals or district nurses' training homes.

## District Nurse Training

The County Council undertake to provide district training through the Queen's Institute of District Nursing, but there are very few applicants.

## VACCINATION AND IMMUNISATION

The County Council since the inception of the National Health Service has not embarked on any specific Publicity Campaign for securing an increase in the numbers of children vaccinated against small pox and immunised against diphtheria but have relied on the efforts of their Medical and Health Visiting staff to advise parents personally, in their own homes or at the Clinics. The repeal of the Vaccination Acts in 1946 has not resulted in any decrease in the numbers vaccinated. The number of primary vaccinations performed during the year is 50% higher than that of the last year in which the Vaccination Acts were in force. The tendency for the number of children immunised against diphtheria to fall has been referred to in previous reports. As this is again reflected in the figures for 1952 comparable figures for vaccination and immunisation in the years 1948 to 1952 are given in the following tables:—

	1948	1949	1950	1951	1952
Primary Vaccinations ...	802	1,089	1,183	1,399	1,212
Re-vaccinations ...	—	137	229	335	276
Immunisations —Initials ...	5,932	4,226	3,492	4,011	3,996
—Boosters ...	2,586	2,219	3,164	2,670	4,457

### *Vaccinations and re-vaccinations performed during the year, 1952*

District	Primary Vaccinations					Re-vaccinations				
	Ages at date of vaccination					Ages at date of vaccination				
	Under 1	1-4	5-14	15 or over	Total	Under 1	1-4	5-14	15 or over	Total
<b>Urban</b>										
Alford ...	12	—	1	1	14	—	—	—	—	—
Barton ...	37	3	5	3	48	—	—	—	1	1
Brigg ...	14	4	1	2	21	—	—	—	1	1
Cleethorpes Boro.	64	19	10	25	118	—	1	4	32	37
Gainsborough ...	36	2	3	7	48	—	1	1	8	10
Horncastle ...	12	3	2	4	21	—	1	2	11	14
Louth Borough ...	34	6	3	4	47	—	—	1	4	5
Mablethorpe and Sutton ...	15	1	—	1	17	—	1	—	3	4
Market Rasen ...	8	1	—	—	9	—	—	—	—	—
Scunthorpe Boro.	148	17	7	22	194	—	1	3	23	27
Skegness ...	22	4	1	5	32	1	—	1	19	21
Woodhall Spa ...	11	1	3	—	15	—	—	—	2	2
<b>Rural</b>										
Glanford Brigg ...	90	14	7	16	127	—	5	4	38	47
Caistor ...	61	5	—	10	76	—	2	5	11	18
Gainsborough ...	25	5	3	4	37	—	—	2	7	9
Grimsby ...	41	14	1	5	61	—	—	1	13	14
Horncastle ...	49	9	1	14	73	—	2	1	7	10
Isle of Axholme...	10	—	—	3	13	1	—	1	5	7
Louth ...	62	7	3	7	79	—	2	2	13	17
Spilsby ...	43	4	2	9	58	—	—	4	13	17
Welton ...	75	12	5	12	104	—	1	2	12	15
<b>Total ...</b>	<b>869</b>	<b>131</b>	<b>58</b>	<b>154</b>	<b>1,212</b>	<b>2</b>	<b>17</b>	<b>34</b>	<b>223</b>	<b>276</b>



*Diphtheria Immunisations carried out during year ended 31.12.52*

District	Primary injections		Reinforcing injections
	under five years of age	Between 5 and 14 years of age	
<b>Urban</b>			
Alford ... ..	21	2	32
Barton... ..	77	9	174
Brigg ... ..	61	39	35
Cleethorpes Borough ...	384	83	419
Gainsborough ... ..	209	40	384
Horncastle ... ..	32	6	32
Louth Borough ... ..	143	18	153
Mablethorpe and Sutton ...	45	15	68
Market Rasen ... ..	25	11	35
Scunthorpe Borough ...	696	120	1,090
Skegness ... ..	102	22	83
Woodhall Spa ... ..	24	—	10
<b>Rural</b>			
Caistor ... ..	158	33	212
Gainsborough ... ..	101	34	215
Glanford Brigg ... ..	335	112	354
Grimsby ... ..	125	41	168
Horncastle ... ..	150	14	168
Isle of Axholme ... ..	74	53	198
Louth ... ..	185	57	252
Spilsby ... ..	155	19	200
Welton ... ..	148	18	175
<b>Total</b> ...	<b>3,250</b>	<b>746</b>	<b>4,457</b>

*Number of children at 31st December, 1952, who had completed a course of immunisation at any time since 1st January, 1938*

Age at 31st Dec., 1952	Under 1	1	2	3	4	5—9	10—14	
Born in year	1952	1951	1950	1949	1948	1947—1943	1942—1938	Total under 15
Number immunised	1,347	1,238	2,936	3,132	3,507	17,871	11,978	42,009
Estimated mid-year child population, 1952	Children under 5 26,900					Children 5-14 47,300		74,200

At the end of 1952 the County Council had made application to the Minister of Health for approval to the amendment of their Vaccination and Immunisation Scheme so as to permit the Council to introduce a scheme for the immunisation of children under five years of age against whooping cough.

B.C.G. vaccination against Tuberculosis is largely confined to contacts of known cases of the Pulmonary form of the disease. Vaccinations are performed by the Hospital Boards Chest Physicians who have reported 75 contacts as having been successfully vaccinated during the year. This figure does not include a number of student nurses vaccinated before entering their course of training at hospital.



## AMBULANCE SERVICE

The following table shows how, in terms of mileage, the demand on the Ambulance Service has grown since the County Council assumed responsibility in 1948:—

	5th July to 31st Dec., 1948	1949	1950	1951	1952
Ambulances : Mileage ...	157,117	682,588	709,849	560,846	641,641
Hospital Car Service : Mileage ...	85,833	221,049	339,511	511,923	426,735
Other Authorities : Mileage ...	4,757	21,333	43,382	43,666	48,000 approx.
Total Mileage ...	247,707	924,970	1,092,742	1,116,435	1,116,376

When the service came into operation in July, 1948, the establishment for personnel was 28 whole-time and 148 retained, but by the end of the year it had become necessary to increase the establishment of whole-time staff to 38. The establishment for retained staff was, however, reduced to 120. Because of the increase in the demand for the service, the County Council were compelled to increase the whole-time staff to 44 during 1949, but no additional increases have had to be made and the establishment today stands at 44 whole-time and 120 retained.

In the early days there was undoubtedly considerable abuse of the service, but the County Council have tackled the problem and, whilst it still cannot be said that the service is now provided only for persons who need it on medical grounds, the abuse has been reduced to a substantial extent. The issue by the County Council of rules for the use of the service was one of the major factors in preventing the misuse of ambulances, but in addition the problem has been the subject of conferences with Hospital Management Committees and with representatives of the medical profession.

In the last two years, the County Council have made a determined effort to send long distance cases by rail. At first, the arrangement applied in the main to sitting cases, but as experience was gained of this means of transport it became apparent that the patient enjoyed a more comfortable and more expeditious journey by rail than by ambulance. The railway authorities have readily co-operated and gradually doctors are realising the advantages of such transport. The County Council have obtained a stock of special stretchers designed to fit into a railway compartment and these stretchers are used for cases when movement of the patient from one stretcher to another or from a stretcher to the seat of a railway compartment is undesirable. Patients can be placed on these stretchers at the beginning of the journey and remain thereon until they reach their destination.

At the end of 1952, the County Council installed wireless in twelve of their ambulances for an experimental period of three months with a view to assessing the value of such a system from the point of view of providing a more efficient service and achieving economies in the operation of the service. The experiment was continuing at the end of the year.

### *Details of cases dealt with by County Council, Ambulance Service during year ended 31st December, 1952*

Station	Cases for admission to Hospital			Cases for out-patient treatment			Cases discharged and transferred from hospital or institution			Totals		
	Stretcher cases (1)	Sitting cases (2)	Total mileage (3)	Stretcher cases (4)	Sitting cases (5)	Total mileage (6)	Stretcher cases (7)	Sitting cases (8)	Total mileage (9)	Stretcher cases (10)	Sitting cases (11)	Total mileage (12)
Louth	783	58	18,203	435	2,508	29,845	156	121	11,510	1,374	2,687	59,558
Elethorpes	1,107	290	20,709	795	5,730	53,443	277	957	15,836	2,179	6,977	89,988
Gainsborough	670	249	19,217	402	4,951	39,042	220	882	16,562	1,292	6,082	74,821
Scunthorpe & Barton-upon Humber	2,486	1,136	35,352	5,476	26,348	15,2596	810	3091	30,490	8,772	30,575	221,138
Grimsby	776	196	32,527	129	1,649	37,067	234	636	43,406	1,139	2,481	113,200
Horncastle	249	45	11,775	34	533	8,091	55	71	4,891	338	649	24,757
Mablethorpe	264	31	10,655	308	898	15,877	59	31	3,951	631	960	30,483
Market Rasen	273	30	11,266	266	891	14,175	40	24	2,255	579	945	27,696
Totals	6,608	2,035	159,704	7,845	43,508	352,836	1,851	5,813	128,901	16,304	51,356	641,641

Number of accident and other emergency cases included in columns (10) and (11) ... 6593



### *Cases conveyed by rail*

The following table gives details of cases conveyed by rail during the twelve months ended 31st December, 1952

	Stretcher cases	Sitting cases	Rail miles	Mileage travelled by County Council ambulances and Hospital Car Service vehicles in conveying patients to and from stations
Period ended 30.6.1952 ... ..	12	81	9,446	1,374
Period ended 31.12.1952 ... ..	9	122	12,740	2,068
Twelve months ended 31.12.1952 ...	21	203	22,186	3,442

### *Cases dealt with under arrangement by other authorities and by the Hospital Car Service*

	Stretcher cases			Sitting cases			Total number of cases (7)	Total number of journeys (8)	Total mileage (9)
	No. of cases (1)	No. of journeys (2)	mileage (3)	No. of cases (4)	No. of journeys (5)	mileage (6)			
1. Lincoln County Borough Council ... ..	1,084	683	14,579	2,138	1,364	30,627	3,222	2,047	45,206
2. Holland County Council ... ..	29	24	449	294	127	2,189	323	151	2,638
3. Hospital Car Service ... ..	—	—	—	12,383	8,631	426,735	12,383	8,631	426,735
Totals ... ..	1,113	707	15,028	14,815	10,122	459,551	15,928	10,829	474,579

Number of accidents and other emergency journeys, included in column (8) ... .. 90

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### General

Section 28 of the National Health Service Act, 1946, empowers local health authorities to make arrangements for the prevention of illness and for the care and after-care of persons suffering from illness or mental defectiveness. The services to be provided under this section are supplementary to those provided under other sections of the Act. It is obligatory on the Authority to make them available in the case of tuberculosis and they may, at the discretion of the Council, be extended to cover any form of illness.

### Tuberculosis

As stated earlier in this report, the environmental circumstances of each newly notified case of tuberculosis are investigated by the health visitors and reports are forwarded to the local chest physicians. The health visitors assist in arranging for the patients and contacts to attend the nearest chest clinic. All cases of tuberculosis are visited periodically and any adverse changes in the home circumstances notified to the chest physician. Unsatisfactory housing and sanitary conditions are also reported to the District Council concerned. Chest physicians make recommendations to the local health authority in connection with the provision of rehabilitation, open-air shelters, extra nourishment and other matters in which they think the authority may be able to help. In 1952, the number of tuberculous patients provided with extra nourishment in the form of milk and eggs was 116, as compared with 122 during 1951. Although the Council has 24 open-air shelters available, only 14 were in use at the end of the year.

The Voluntary Tuberculosis Care Committees at Scunthorpe and Cleethorpes have continued to render valuable help and advice to patients in their respective districts and have in many cases provided necessities and comforts not otherwise available. The Committee at Gainsborough no longer functions as such. The assistance, however, provided by the Bacon Medical Aid Trust to patients generally is also available to those suffering from tuberculosis.

At the end of 1952, two patients were being maintained by the Council at the Papworth Village Settlement. With the aim of preventing tuberculosis the County Council have made the following arrangements for the medical or x-ray examination of staff who are in contact with children:—

All such staff at children's homes and at day nurseries are x-rayed on appointment and thereafter approximately annually.

All new appointments to the Council's nursing, health visiting and midwifery staff are x-rayed on appointment and are encouraged to undergo examinations through the Mass Radiography Service as and when this service is available.



Staff employed in school canteens, at the Seacroft Special School, at Riseholme Farm Institute and at residential grammar schools are medically examined on appointment and x-ray examinations are arranged if the doctor carrying out the medical examination considers it desirable. Such staff are also encouraged to undergo annual examinations through the Mass Radiography Service.

Teachers are encouraged to submit themselves for x-ray examination through the Mass Radiography Service.

The centres to be visited by the Mass Radiography Unit are arranged by the Medical Officer in charge after consultation with the County Medical Officer. The former also informs the County Medical Officer of the result of the examinations made. Arrangements were completed towards the end of 1952 for as many as possible of the school leavers to be x-rayed. The centres in the County at which the unit operated during 1952 were Caistor, Cleethorpes, Immingham, Barton-on-Humber, Brigg, Louth and Spilsby.

Dr. J. Bauer who is in charge of the X-Ray Unit serving this area has provided the following summary relating to the work of the Unit in the administrative county during the year.

	Males	Females	Totals
Miniatures taken ... ..	11,273	11,197	22,470
Recalled for large film ... ..	475	418	893
Cases of post primary active tuberculosis ... ..	25	19	44
Cases of post primary inactive tuberculosis ... ..	148	105	253
Cases of bronchiectasis ... ..	15	6	21
Cases of neoplasm (malignant) disease ... ..	7	2	9
Cases of pneumokoniosis ... ..	6	—	6
Cases of cardiac abnormality ... ..	60	98	158
Referred to chest clinic ... ..	132	113	245

#### Other Illnesses

The Council's health visitors undertake the supervision of mental defectives in their own homes and also of patients discharged from general and mental hospitals referred to the Authority for after-care.

The County Council has under consideration the provision of arrangements under which selected patients may be sent to recuperate at suitable convalescent homes.

#### Home Nursing and other Equipment

The usual nursing equipment held by district nurses and loaned to patients as required continues to be used extensively.

Other equipment is supplied at the request of the patient's doctor or the nurse direct from the Health Department. During 1952, the following articles were provided:—

Wheel chairs ... ..	47	Crutches (pairs) ... ..	15
Mattresses ... ..	45	Fracture Boards ... ..	7
Bedsteads ... ..	19	Lifting Poles ... ..	8
Bedding ... ..	15	Commode... ..	1

#### DOMESTIC HELP

The Home Help Service, which started in 1948 in the Borough of Cleethorpes, has gradually extended and now covers the whole County. One Organiser and three Assistant Organisers are employed.

It was originally intended to use whole-time helps but they were difficult to obtain and for this and other reasons it was decided to replace them by part-time helpers. This arrangement has proved very satisfactory. Over 100 part-time helps are now available throughout the county.

The organisers are responsible not only for the initial investigation of each request for assistance but also for finding the help, arranging for her duties, supervising her work, the assessment of the amount the householder is required to pay for the service and the keeping of time-sheets and other records.

In only about half the cases investigated is help eventually provided. In some the organisers find there is no need for assistance. In others applications are withdrawn when it is learned the service has to be paid for.

Most difficulty is experienced in providing help for residents in the rural areas. These cases, owing to the travelling involved, take up a comparatively large proportion of the organiser's time. Helps are difficult to obtain locally and it has been necessary in a number of cases to send helps living in the town to assist in the rural areas.

Problems arise from time to time in the case of old people living alone who require more attention than can be given by the home helps during the time they are performing their domestic work. In some of these cases the organisers have been able to find a volunteer to visit periodically at times when the home help is not available. Old people are occasionally found neglected and living under such dirty conditions that it has been necessary to call on the assistance of the local sanitary inspector before asking a home help to undertake the routine domestic cleaning.



The number of tuberculous cases in which it has been necessary to provide help is small. Special care is taken in the choice of the home help where there is any risk of infection and only those who volunteer are employed.

During 1952, out of 757 applications for assistance investigated by the organisers, help was provided in 411 cases, particulars of which are as follows:—

District	Type of case			
	Maternity	Tuberculous	General	Total
Scunthorpe ...	11	1	64	76
Cleethorpes ...	13	1	118	132
Gainsborough ...	2	—	29	31
Rest of County ...	23	1	148	172
Total ...	49	3	359	411

The County Council has no arrangements for the training of domestic helps.

#### HEALTH EDUCATION

The County Council has not embarked on any organised publicity campaign in connection with its health services. They subscribe to the funds of the Central Council for Health Education and make use from time to time of the propaganda material provided by this organisation. The Central Council has organised courses for health workers at Grimsby and Lincoln, at which as many as possible of the Council's medical and nursing staff attended.

Lectures have also been given to the health visitors on the subject of accidents in the home and a copy of the Ministry's Advice Note No. 5 on Home Accidents has been sent to all the Council's health visiting and nursing staff and their attention drawn to the opportunities they have of advising householders as to the frequency of home accidents and as to the precautions which can be taken to guard against them.

Ministry of Health and Central Office of Information display sets on various health subjects were distributed to clinics and welfare centres.

In a rural county such as Lindsey with its scattered population the best opportunity for the health education of the adult is through the Council's medical and nursing staff, particularly the health visitors, in their day to day contacts with the individual at the welfare centres and clinics and at his or her own home.

A more adequate education in health matters at school would avoid much of the need for instruction in later life.

#### MENTAL HEALTH SERVICE

##### Administration

The Mental Health Service is now administered by a Sub-Committee of the Health Committee. Its decisions are subject to confirmation of the main Committee.

The County Medical Officer is in control of the service, assisted by a Senior Medical Officer and eight Assistant Medical Officers authorised to act as certifying officers under the Mental Deficiency Acts.

At intervals since 1948 attempts have been made to secure the services of a medical officer to take charge of the Council's Mental Health Service but without success.

Social work in relation to mental health is carried out by the Council's health visitors, who are responsible for the care of mental defectives in their own homes and for the supervision of patients discharged from mental hospitals.

Eight authorised officers are employed for the purposes of the Lunacy and Mental Treatment Acts and for the purpose of emergency action under Section 15 of the Mental Deficiency Act, 1913. These officers also act as district welfare officers.

The County Council has not delegated any of its functions relating to mental health to voluntary organisations.

No arrangements have been made for the training of staff other than those for medical officers to take the course of the National Association for Mental Health as and when necessary.

Prior to the late war, occupation centres which had been maintained by the County Council at Cleethorpes, Gainsborough and Scunthorpe were, for a variety of reasons, closed down. Since then there were no centres operating in the County until towards the end of 1952 when the local branch of the National Association of Parents of Backward Children opened a small centre in the Borough of Louth and another in Skegness. This Association has under consideration the establishment of centres in other parts of the County. The County Council has agreed where centres so established are approved by them they will be prepared to appoint and pay the supervisor and to reimburse the Association the cost of meals and travelling facilities.

By arrangement with the Borough of Grimsby a number of Lindsey cases attend the Grimsby Occupation Centre. In the new occupation centre to be erected at Grimsby 12 places will be reserved for Lindsey patients. The number of defectives attending occupation centres at the end of the year were at Grimsby 5, Louth 10 and Skegness 12.



## Work undertaken in the Community

Reference has already been made in this report to the part played by the health visitors in the care and after-care of persons suffering from mental illness.

During the year mental hospitals and psychiatric out-patient clinics referred 55 patients to the Authority for supervision.

## Lunacy and Mental Treatment Acts

*Work of duly authorised officers during year ended 31st December, 1952*

Cases investigated in 1952	262
Admitted to Mental Institutions as certified patients under Section 16, Lunacy Act, 1890	126
Admitted to Mental Institutions on "Three Day Order" under Section 20 Lunacy Act, 1890	32
Admitted to Mental Institutions on "Fourteen Day Order" under Section 21 Lunacy Act, 1890	56
Admitted to Mental Institutions as voluntary patients under Section 1, Mental Treatment Act, 1930	9
Admitted to Mental Institutions as temporary patients under Section 5, Mental Treatment Act, 1930	7
No action taken in remaining cases	32

The ascertainment of mental defectives is carried out by the assistant medical officers. The number of ascertained defectives resident in the administrative county is now 1,099. They are visited in their own homes by the health visitors, who visit those under supervision at least once every three months. At the end of 1952, the number under supervision was 615. Of this number, 133 have been recommended for institutional care or training and are awaiting admission. Of those awaiting admission, 44 are classed as urgent cases, some of whom are living under conditions which are causing the Authority very great concern.

Since the transfer to the National Assistance Board of responsibility for cases where guardianship orders have been made primarily as a means of making a financial allowance for the maintenance of the defective, the need to place mental defectives under guardianship has not been very great. The type of case now likely to arise is one where a mental defective is in need of a home because he has no parents or relatives or his parents and relatives are not able to look after him. The difficulty is, of course, finding somebody who will undertake the duties of a guardian. At the end of the year there were seven cases under guardianship in the County.

### *Particulars of mental defectives ascertained during 1952*

	Under age 16		Age 16 and over		Total
	male	female	male	female	
<b>1. Cases reported during 1952</b>					
(a) Cases reported by local education authority (Section 57, Education Act, 1944):—					
(i) Under Section 57 (3)	21	14	—	—	35
(ii) Under Section 57 (5)					
On leaving special schools	—	—	3	—	3
On leaving ordinary schools	9	9	—	—	18
(b) Cases referred by the police or by the courts under Section 8 (1) (a) (or as a result of other action by the courts)	—	—	1	—	1
(c) Other defectives reported during 1952					
(i) found "subject to be dealt with"	2	—	5	5	12
(ii) not at present "subject to be dealt with"	3	5	4	1	13
<b>Total number of cases reported during the year</b>	<b>35</b>	<b>28</b>	<b>13</b>	<b>6</b>	<b>82</b>
<b>2. Disposal of cases reported during 1952</b>					
(a) Cases found "subject to be dealt with"					
(i) Placed under statutory supervision	32	23	8	3	66
(ii) Placed under guardianship	—	—	—	—	—
(iii) Taken to "places of safety"	—	—	—	—	—
(iv) Admitted to institutions	—	—	1	2	3
(b) Cases not at present "subject to be dealt with"					
(i) Placed under voluntary supervision	1	—	4	1	6
(ii) Action unnecessary	2	5	—	—	7
<b>Totals</b>	<b>35</b>	<b>28</b>	<b>13</b>	<b>6</b>	<b>82</b>



*Register of mental defectives as on 31.12.52*

	Under age 16		Aged 16 and over		Total
	M	F	M	F	
<b>1. Disposal of cases</b>					
(a) Cases "subject to be dealt with" ...					
(i) Under statutory supervision ...	110	90	150	117	467
(ii) Under guardianship ...	—	—	3	4	7
(iii) In "places of safety" ...	—	—	2	—	2
(iv) In institutions ...	30	13	184	180	407
(b) Cases not at present "subject to be dealt with"					
(i) Under voluntary supervision ...	1	—	70	77	148
(ii) Action unnecessary ...	2	8	44	14	68
Total number of defectives on the register on 31.12.52 ...	143	111	453	392	1,099
<b>2. Classification of cases</b>					
(a) Awaiting institutional care :—					
(1) Urgent					
(i) Cot and chair cases ...	2	2	1	1	6
(ii) Ambulant low grade cases ...	13	2	4	—	19
(iii) Medium grade cases ...	3	1	6	3	13
(iv) High grade cases ...	1	—	4	1	6
(2) Not urgent					
(i) Cot and chair cases ...	4	2	—	4	10
(ii) Ambulant low grade cases ...	7	—	4	3	14
(iii) Medium grade cases ...	10	10	13	23	56
(iv) High grade cases ...	2	2	4	1	9
Total number of defectives waiting institutional care on 31.12.52 ...	42	19	36	36	133
(b) Considered suitable for training :—					
(i) Occupation centre ...	85	65	27	22	199
(ii) Industrial centre ...	—	—	8	8	16
(iii) Home training ...	—	3	—	—	3
Total ...	85	68	35	30	218
(c) Receiving training :—					
(i) In occupation centre ...	14	12	—	1	27
(ii) In industrial centre ...	—	—	—	—	—
(iii) At home ...	—	—	—	—	—
Total ...	14	12	—	1	27
<b>3. Cases removed from register during 1952 :—</b>			M	F	Total
(a) Ceased to be under care ...			—	—	—
(b) Died, removed from area, or lost sight of ...			15	29	44
Total			15	29	44

4. (a) Number of cases under supervision or guardianship who have given birth to children while unmarried during 1952 ... 1
- (b) Number of cases who have married during 1952 ... 2 males 2 females



# INFECTIOUS DISEASES

The tables which follow give particulars of the incidence of infectious diseases in the County during the year.  
*Notified Cases of Infectious Diseases in Urban and Rural Districts, 1952*

Sanitary Districts	Total number notified	Scarlet fever	Whooping cough	Acute poliomyelitis (Paralytic)	Acute poliomyelitis (Non-paralytic)	Measles	Diphtheria and membranous group	Pneumonia	Dysentery	Acute encephalitis post-infectious	Paratyphoid fevers	Erysipelas	Meningococcal infection	Food poisoning	Puerperal pyrexia	Ophthalmia neonatorum	Malaria (believed to be contracted abroad)	Respiratory tuberculosis	Non-respiratory tuberculosis
<b>Urban</b>																			
Alford	20	—	10	—	—	1	—	6	—	—	—	—	—	—	—	—	—	2	1
Barton-upon-Humber	88	—	22	—	—	62	—	1	—	—	—	1	—	—	—	—	—	2	—
Brigg	216	4	16	—	—	183	—	1	—	—	—	4	—	—	1	—	—	7	—
Cleethorpes Borough	823	19	306	2	—	395	—	40	1	—	—	2	2	—	7	—	1	42	6
Gainsborough	277	11	41	—	—	199	—	14	—	—	—	—	—	—	—	—	—	12	—
Horncastle	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Louth Borough	25	4	1	—	—	—	—	—	8	—	—	—	—	—	3	—	—	7	2
Mablethorpe & Sutton	64	7	7	—	—	39	—	2	—	—	—	—	—	—	—	—	1	7	1
Market Rasen	20	—	1	—	—	19	—	—	—	—	—	—	—	—	—	—	—	—	—
Scunthorpe Borough	874	161	151	5	6	434	2	22	41	3	—	9	4	—	1	—	—	31	4
Skegness	31	12	4	—	1	8	—	1	—	—	—	—	—	—	1	—	—	3	1
Woodhall Spa	25	1	3	—	—	9	—	8	2	—	1	—	—	—	—	—	—	1	—
	2,465	219	562	7	7	1,349	2	96	52	3	1	16	6	—	13	—	2	115	15
<b>Rural</b>																			
Caistor	306	41	82	—	—	161	—	10	5	—	—	—	—	1	1	—	—	4	1
Gainsborough	109	11	29	—	—	61	—	3	—	—	—	1	—	—	—	—	—	3	1
Glanford Brigg	646	17	152	2	2	431	1	10	7	1	—	4	1	3	—	—	—	14	1
Grimsby	218	5	113	1	—	77	—	3	—	—	—	3	—	—	—	1	—	9	6
Horncastle	118	11	41	—	1	41	—	9	6	—	—	2	—	1	1	—	—	5	—
Isle of Axholme	88	26	5	1	—	45	1	2	—	—	—	—	—	—	1	—	—	6	1
Louth	168	6	53	2	—	65	—	9	12	—	—	3	1	2	—	—	1	8	6
Spilsby	179	10	76	—	—	36	—	38	—	—	1	4	—	3	2	—	—	7	2
Welton	63	1	9	—	—	32	—	4	3	—	—	2	—	1	1	—	—	9	1
	1,895	128	560	6	3	949	2	88	33	1	1	19	2	11	6	1	1	65	19
<b>Total for County</b>	4,360	347	1,122	13	10	2,298	4	184	85	4	2	35	8	11	19	1	3	180	34

## Cases of tuberculosis reported from all sources, 1937-1952

Year	Respiratory	Non-respiratory
1937	242	105
1938	264	118
1939	241	118
1940	230	106
1941	198	118
1942	226	106
1943	252	113
1944	253	105
1945	305	104
1946	300	91
1947	311	78
1948	267	80
1949	211	52
1950	219	57
1951	250	60
1952	234	43



*Summary of formal notifications during the period from the 1st January, 1952, to the 31st December, 1952*

Age periods	Formal notifications													
	Number of primary notifications of new cases of tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75 and upwards	Total (all ages)
Respiratory males ... ..	1	-	-	5	2	18	14	25	16	9	15	4	-	109
Respiratory females ... ..	-	-	2	4	2	14	20	11	10	5	-	2	1	71
Non-respiratory males ... ..	-	-	2	10	1	1	1	2	2	1	-	-	-	20
Non-respiratory females ... ..	1	-	4	3	1	-	1	2	-	1	-	1	-	14

*New cases of tuberculosis coming to the knowledge of the medical officer of health during the year otherwise than by formal notification*

Age periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75 and upwards	Total cases
Respiratory males ... ..	1	-	1	1	1	-	4	5	3	2	2	3	-	23
Respiratory females ... ..	-	-	1	5	2	1	7	10	2	2	1	-	-	31
Non-respiratory males ... ..	-	-	-	-	2	-	-	2	-	-	1	-	-	5
Non-respiratory females ... ..	-	-	-	1	-	-	1	-	-	1	-	1	-	4

*Notification of cases of rheumatism 1947-1952*

	1947		1948		1949		1950		1951		1952		Total
	males	females	males	females	males	females	males	females	males	females	males	females	
1. Rheumatic pains and/or Arthritis without heart disease	1	5	6	9	3	2	3	9	4	3	3	3	51
2. Rheumatic heart disease (active)													
(a) with polyarthritis	4	2	4	2	3	3	5	7	-	3	-	-	33
(b) with chorea	1	1	3	1	-	1	-	1	-	-	-	-	8
3. Rheumatic heart disease (quiescent)	2	-	1	2	-	1	2	1	1	-	-	1	11
4. Rheumatic chorea (alone)	-	2	2	5	-	-	-	2	-	-	1	1	13
5. Congenital heart disease	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Other non-rheumatic heart diseases or disorders	1	-	1	-	-	-	-	1	-	-	-	-	3
7. Non-rheumatic or cardiac disease	-	-	1	3	1	-	-	-	-	-	-	-	5
<b>Totals ... ..</b>	<b>9</b>	<b>10</b>	<b>18</b>	<b>22</b>	<b>7</b>	<b>7</b>	<b>10</b>	<b>21</b>	<b>5</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>124</b>

*New cases of venereal disease reported each year since 1943*

Year	Syphilis	Gonorrhoea	Total
1943	74	156	230
1944	78	132	210
1945	85	115	200
1946	130	220	350
1947	166	196	362
1948	72	122	194
1949	59	63	122
1950	63	46	109
1951	49	42	91
1952	37	44	81

There was a total of 48 cases of Gonorrhoea and 144 cases of Syphilis receiving treatment at the various centres in the County during the year.

*W. A. Campbell*

County Medical Officer of Health.





