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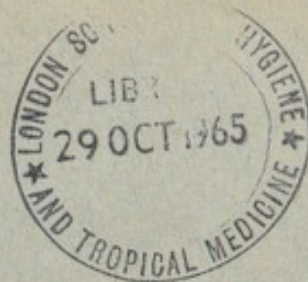
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COUNTY OF LINCOLN — PARTS OF LINDSEY



ANNUAL REPORT

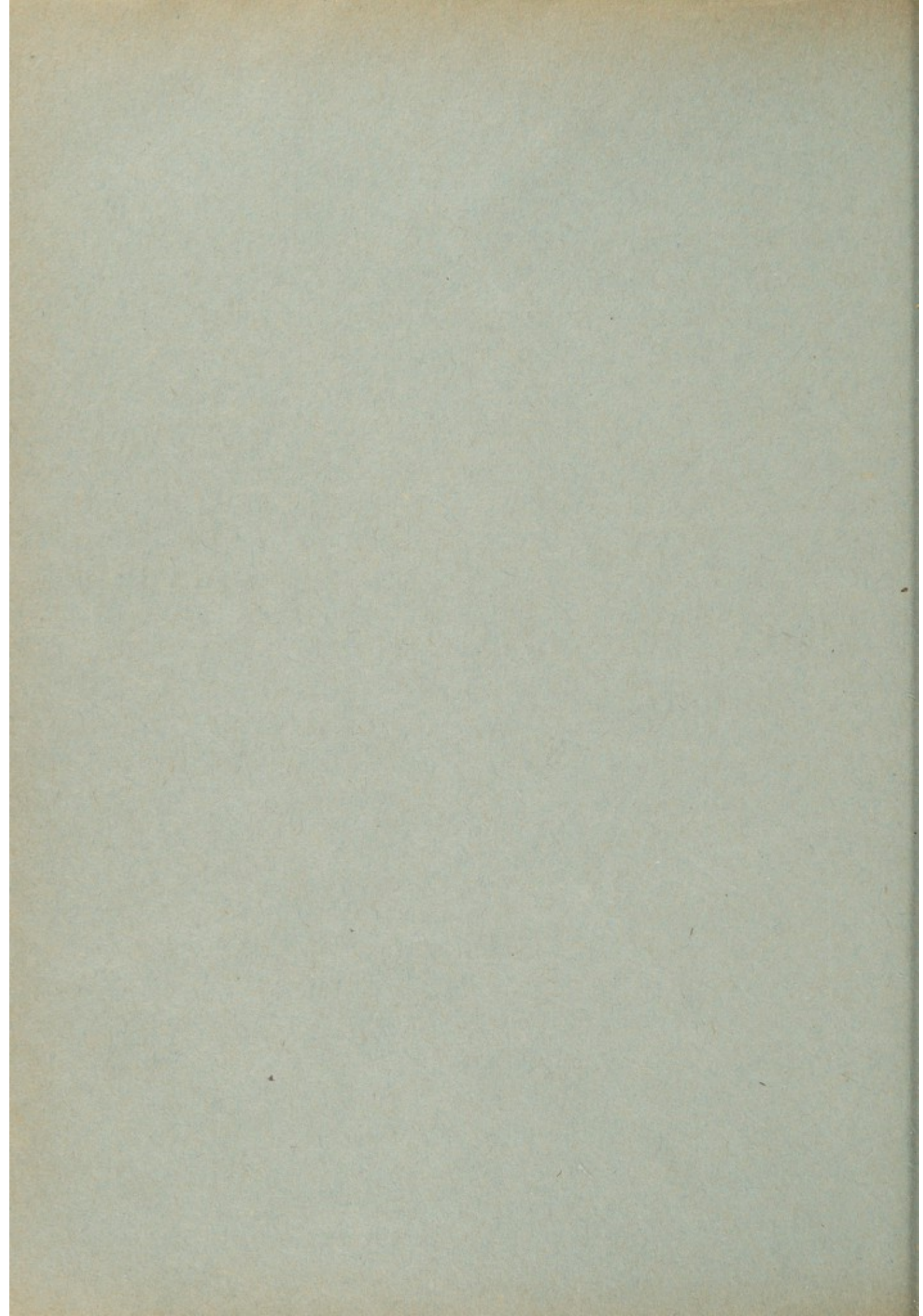
OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1957

C. D. CORMAC, M.A., B.M., B.Ch., D.P.H.
County Medical Officer of Health



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PUBLIC HEALTH OFFICERS OF THE AUTHORITY

County Medical Officer of Health

CYRIL D. CORMAC, M.A., B.M., B.Ch., 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.

(Resigned 26/6/57)

ANTHONY LOFTUS, L.R.C.P., L.R.C.S., L.M., D.P.H.,

(Appointed 20/8/57)

WILLIAM J. KERRIGAN,

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

ARTHUR J. BEVERIDGE,

C.B., O.B.E., M.C., M.Sc., M.B., B.Ch., B.A.O., L.M., D.P.H.

RALPH J. R. MECREDY,

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

NORA LAING, L.R.C.P. & S.I. (Appointed 14/1/57)

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

DOROTHY W. O'HAGAN, M.B., B.S.

SIDNEY CHILDS, M.A., M.B., Ch.B., L.R.C.P., L.R.C.S.,

L.R.F.P.S., D.P.H., D.P.A., D.T.M. & H.

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

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

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

ELIZABETH BRITAIN, M.B., B.S. (Appointed 28/10/57)

JAMES S. ROBERTSON, M.B., M.R.C.S., D.P.H., D.I.H.,

(Appointed 1/4/57)

WILHELMINA SHANKS B.A., M.B., B.Ch., B.A.O.

(Resigned 5/10/57)

WILLIAM C. WARD, M.B., B.Ch., B.A.O., D.P.H.,

(Appointed 1/10/57)

SHIRLEY E. HOYES, M.R.C.S., L.R.C.P.

MARGARET T. WOOD, D.Obst. R.C.O.G., M.B., Ch.B.

Chief County Dental Officer

JOHN D. SYKES, L.D.S.

Assistant County Dental Officers

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

DOUGALD R. STORR, L.D.S.

FRANCIS G. HOLLIER, L.D.S., R.C.S.

DIGBY F. CAME, L.D.S., R.C.S.

MARY CLAYTON, B.D.S., L.D.S.

WILLIAM S. LINDSAY, L.D.S., (Appointed 14/1/57)

FRANK E. PADGETT, L.D.S., R.C.S.

Part-time.

ARTHUR N. STANNARD, L.D.S.

(Part-time resigned 29/5/57)

KEITH HUTCHINSON, B.D.S., (Appointed 9/7/57)

Part-time.

Orthodontist

ALBERT W. GREENWOOD, B.D.S., L.D.S., (Appointed 1/1/57)

County Health Inspector

GEORGE COLLINSON, D.P.A., M.A.P.H.I.

Assistant County Health Inspectors

ARTHUR HENRY RANDS, M.A.P.H.I.

JOHN CABOURNE, M.A.P.H.I., (Resigned 24/11/57)

Superintendent Nursing Officer

MARY WITTING, S.R.N., S.C.M., Health Visitors Cert. of R.S.H.

Assistant Superintendent Nursing Officers

VIOLET L. MONAGHAN, S.R.N., S.C.M.

AGNES W. MATHER S.R.N., S.C.M., Health Visitors Cert. of R.S.H. (Resigned 21/9/57)

MARGARET BADDILEY, S.R.N., S.C.M., Health Visitors Cert. of R.S.H. (Appointed 1/10/57)

Domestic Help Organiser

Mrs. LILIAN ELLERAY

Administrative Assistant

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. V. SMITH, County Offices, Lincoln.

A. JAMES, 48 Oswald Road, Scunthorpe.

C. L. WINK, 14 Upgate, Louth.

F. SLINGSBY, 31 Market Street, Cleethorpes.

J. N. RADFORD, Offord House, Spilsby.

C. L. VICKERS, 13, Spital Terrace, Gainsborough.

B. G. WILLIAMS, 32 Cecil Avenue, Skegness.

DISTRICT MEDICAL OFFICERS OF HEALTH

District	Name	Qualifications	Address
URBAN			
Alford	C. S. E. Wright (resigned 19/8/57) A. Loftus, (appointed 20/8/57)	B.A., M.B., B.Ch., M.R.C.S., L.R.C.P. D.P.H. L.R.C.P., L.R.C.S., L.M., D.P.H.	Council Offices, Alford
Barton-upon-Humber...	F. P. H. Birtwhistle (resigned 31/3/57) J. S. Robertson (appointed 1/4/57)	M.D., M.B., Ch.B. M.B., M.R.C.S., D.P.H., D.I.H.	50. Holydyke, Barton-upon-Humber
Brigg	J. H. Willis, (temporary until 31/3/57) J. S. Robertson (appointed 1/4/57)	M.B., B.S. M.B., M.R.C.S., D.P.H., D.I.H.	Council Offices, Town Hall, Brigg.
Cleethorpes Borough ...	C. A. McCleary	M.B., B.Ch., B.A.O., D.P.H.	Health Dept., Council House, Cleethorpes.
Gainsborough	J. C. Macartney (retired 26/6/57) W. C. Ward (appointed 1/10/57)	M.D., Ch.B., D.P.H. M.B., B.Ch., B.A.O., 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 & Sutton	W. J. Kerrigan	M.B., Ch.B., B.A.O., D.P.H.	Council Offices, Mablethorpe
Market Rasen	R. J. R. Mecredy	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., High Street East, Scunthorpe
Skegness	A. D. F. Menzies (resigned 19/8/57) A. Loftus (appointed 20/8/57)	M.B., Ch.B. L.R.C.P., L.R.C.S., L.M., D.P.H.	The Clinic, Cecil Avenue, Skegness
Woodhall Spa	S. A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Woodhall Spa
RURAL			
Caistor	R. J. R. Mecredy	B.A., M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Caistor
Gainsborough	J. C. Macartney (retired 26/6/57) W. C. Ward (appointed 1/10/57)	M.D., Ch.B., D.P.H. M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Lord Street, Gainsborough
Glanford Brigg	J. H. Willis (temporary until 31/3/57) J. S. Robertson (appointed 1/4/57)	M.B., B.S. M.B., M.R.C.S., D.P.H., D.I.H.	Council Offices, Bigby 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 (retired 26/6/57) W. C. Ward (appointed 1/10/57)	M.D., Ch.B., D.P.H. M.B., B.Ch., B.A.O., 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 (resigned 19/8/57) A. Loftus (appointed 20/8/57)	B.A., M.B., B.Ch., M.R.C.S., L.R.C.P. D.P.H. L.R.C.P., L.R.C.S., L.M., D.P.H.	Council Offices, Toynton All Saints, Spilsby
Welton	W. Sharrard	M.B., Ch.B.	"Elmhurst," The Avenue, Lincoln

VITAL STATISTICS, 1957

Registrar General's estimated mid-year population ... 318,600

Births

Live 5,337.	Still 141.	Total	5,478	Total Birth-Rate per 1,000 population	17.19
				Stillbirths-Rate per 1,000 total births	25.74
Illegitimate births	...	...	254	Illegitimate Births-Rate per 1,000 total births	46.37

Deaths

from all causes	...	...	3,409	Death rate per 1,000 population	10.7
Deaths of infants under 1 year of age			124	Rate per 1,000 births	22.64
Maternal deaths	...	...	2	Rate per 1,000 births	.37

Deaths from Tuberculosis

Pulmonary	...	...	21	Rate per 1,000 population	.066
Other forms	...	...	4	Rate per 1,000 population	.013
Deaths from Cancer	...	...	613	Rate per 1,000 population	1.92

The birth and death rates for the Administrative County continue to compare favourably with those of England and Wales. After correction for the difference in the age and sex distribution of the population the comparative figures are as follows :—

	<i>Live births rate for 1,000 population</i>	<i>Death rate for 1,000 population</i>
England and Wales ...	16.1	11.5
Administrative County ...	17.5	10.9

Live Births 1957

Districts	Total Births	Legitimate		Illegitimate	
		male	female	male	female
Urban					
Alford	25	5	19	1	—
Barton-upon-Humber ...	104	50	50	2	2
Brigg	85	38	39	4	4
Cleethorpes Borough ...	468	223	228	9	8
Gainsborough	277	127	128	9	13
Horncastle	62	27	29	2	4
Louth Borough	185	90	85	3	7
Mablethorpe and Sutton	70	33	34	1	2
Market Rasen	34	20	14	—	—
Scunthorpe Borough ...	1,154	576	534	18	26
Skegness	204	96	84	15	9
Woodhall Spa	21	12	8	1	—
Aggregate Urban Districts	2,689	1,297	1,252	65	75
Rural					
Caistor	221	105	110	2	6
Gainsborough	250	128	110	4	8
Glanford Brigg	535	242	263	16	14
Grimsby	283	136	140	4	3
Horncastle	206	96	99	6	5
Isle of Axholme... ..	242	101	134	2	5
Louth	299	157	136	2	4
Spilsby	343	167	158	9	9
Welton	269	136	123	6	4
Aggregate Rural Districts	2,648	1,268	1,273	51	56
Whole County	5,337	2,565	2,525	116	131

Still-Births 1957

Districts	Total Births	Legitimate		Illegitimate	
		male	female	male	female
Urban					
Alford	—	—	—	—	—
Barton-upon-Humber ...	5	1	4	—	—
Brigg	1	1	—	—	—
Cleethorpes Borough ...	11	5	5	—	1
Gainsborough	6	3	3	—	—
Horncastle	2	1	1	—	—
Louth Borough	2	—	2	—	—
Mablethorpe and Sutton	6	3	3	—	—
Market Rasen	2	2	—	—	—
Scunthorpe Borough ...	37	16	17	3	1
Skegness	7	3	4	—	—
Woodhall Spa	2	2	—	—	—
Aggregate Urban Districts	81	37	39	3	2
Rural					
Caistor	2	—	2	—	—
Gainsborough	2	2	—	—	—
Glanford Brigg	19	9	9	1	—
Grimsby	3	2	1	—	—
Horncastle	6	2	4	—	—
Isle of Axholme... ..	7	4	3	—	—
Louth	8	3	5	—	—
Spilsby	7	4	2	—	1
Welton	6	5	1	—	—
Aggregate Rural Districts	60	31	27	1	1
Whole County	141	68	66	4	3

Table giving for each County District, in respect of year 1957, population,

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
Urban																			
Alford	2,140	25	43	—	—	—	—	—	—	—	—	—	1	1	1	1	7	—	—
Barton upon Humber	6,400	104	89	—	—	—	—	—	—	—	—	—	2	6	—	1	10	—	—
Brigg	4,440	85	53	1	—	—	—	—	—	—	—	—	—	2	1	—	6	—	—
Cleethorpes Borough	30,160	468	353	2	—	—	—	—	—	—	—	—	11	9	5	4	39	1	4
Gainsborough ...	17,490	277	216	1	—	—	—	—	—	—	—	—	7	5	5	1	20	—	3
Horncastle	3,880	62	38	—	—	—	—	—	—	—	—	1	—	2	—	—	3	—	—
Louth Borough ...	11,470	185	117	—	—	—	—	—	—	—	—	—	3	3	3	1	9	—	—
Mablethorpe and Sutton	5,220	70	58	1	—	—	—	—	—	—	—	—	2	4	—	1	3	—	—
Market Rasen ...	2,170	34	32	1	—	—	—	—	—	—	—	—	1	1	—	—	1	—	1
Scunthorpe Borough	59,490	1154	517	2	—	1	—	1	—	—	1	1	15	24	7	4	50	—	6
Skegness	12,650	204	142	1	—	—	—	—	—	—	—	—	3	6	2	5	14	1	2
Woodhall Spa ...	2,190	21	52	—	1	—	—	—	—	—	—	—	1	1	—	—	8	—	—
Total ...	157,700	2689	1710	9	1	1	—	1	—	—	1	2	46	64	24	18	170	2	16
Rural																			
Caistor	14,480	221	160	—	1	—	—	—	—	—	—	1	5	3	3	2	18	—	2
Gainsborough ...	13,290	250	114	2	—	—	—	1	—	—	—	—	4	1	—	3	7	3	—
Glanford Brigg ...	33,080	535	325	1	—	1	—	—	—	—	—	—	9	9	5	3	40	—	4
Grimsby	14,590	283	155	1	—	—	—	—	—	—	—	—	3	6	4	1	19	1	—
Horncastle	1,3450	206	135	—	—	1	—	—	—	—	—	1	4	1	1	—	15	—	1
Isle of Axholme	14,300	242	139	2	1	—	—	—	—	—	—	—	2	3	2	1	13	—	1
Louth	18,600	299	201	2	1	2	—	—	1	—	—	1	9	5	2	1	15	1	2
Spilsby	23,460	343	316	2	—	—	—	—	—	—	—	1	1	7	5	1	35	2	2
Welton	15,650	269	154	2	—	—	—	—	1	—	—	—	4	2	1	1	15	—	2
Total ...	160,900	2648	1699	12	3	4	—	1	2	—	—	4	41	37	23	13	177	7	14
Total for Admini- strative County	318,600	5337	3409	21	4	5	—	2	2	—	1	6	87	101	47	31	347	9	30

number of births and deaths, together with analysis of causes of death.

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
15	8	1	1	1	—	1	1	—	—	—	—	—	—	—	2	2	—	—	—	Urban
12	10	3	13	8	1	—	3	3	—	1	1	—	—	1	11	1	2	—	—	Alford
7	7	—	5	1	2	1	1	1	—	1	1	1	—	—	13	—	2	—	—	Barton-upon-Humber
46	56	10	39	14	2	21	15	6	2	4	5	3	—	3	43	1	4	4	—	Brigg
41	26	3	24	7	3	10	12	1	2	2	1	3	—	3	25	4	6	1	—	Cleethorpes Borough
3	5	—	10	3	—	2	3	—	—	—	—	—	—	—	2	—	4	—	—	Gainsborough
16	17	—	16	12	3	3	5	2	2	—	2	—	—	—	16	—	4	—	—	Horncastle
12	6	1	11	4	—	1	2	—	—	—	—	3	—	1	5	1	—	—	—	Louth Borough
5	7	—	5	3	1	2	2	—	—	—	—	—	—	—	2	—	—	—	—	Mablethorpe and Sutton
52	82	12	67	19	6	16	26	3	2	3	11	12	2	6	56	10	14	6	—	Market Rasen
19	20	8	19	7	—	2	2	2	4	2	4	2	—	1	12	—	1	3	—	Scunthorpe Borough
11	5	1	8	4	—	3	2	—	1	—	—	1	—	—	3	1	1	—	—	Skegness
																				Woodhall Spa
239	249	39	218	83	18	62	74	18	13	13	25	25	2	15	190	20	38	14	—	Total
27	16	3	33	5	2	4	5	—	1	1	—	1	—	—	20	3	3	1	—	Rural
16	18	2	20	7	—	3	7	—	1	—	1	1	—	1	11	2	3	—	—	Caistor
34	49	8	51	11	5	12	16	5	2	—	2	4	—	6	29	10	9	—	—	Gainsborough
16	17	3	16	14	1	12	7	2	2	—	—	3	—	—	21	2	3	1	—	Glanford Brigg
22	15	3	17	10	5	6	9	3	—	1	1	1	—	1	10	5	2	—	—	Grimsby
21	16	4	26	3	2	4	7	1	—	—	1	4	—	2	17	—	6	—	—	Horncastle
30	22	5	31	15	6	10	8	1	—	—	1	2	—	1	19	2	6	—	—	Isle of Axholme
55	51	3	63	18	6	6	9	2	1	4	—	2	—	2	30	3	3	2	—	Louth
20	12	1	31	6	6	6	5	1	2	1	4	2	—	1	19	5	2	2	—	Spilsby
																				Welton
241	216	32	288	89	33	63	73	15	9	7	10	20	—	14	176	32	37	6	—	Total
480	465	71	506	172	51	125	147	33	22	20	35	45	2	29	366	52	75	20	—	Total for Administrative County

Causes of all deaths in the County at different ages, 1957

Causes of death	0—	1—	5—	15—	25—	45—	65—	75 and over	Total
1. Tuberculosis, respiratory	—	—	—	—	5	9	7	—	21
2. Tuberculosis, other	—	—	—	—	1	3	—	—	4
3. Syphilitic disease	—	—	—	—	—	1	3	1	5
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping cough	1	1	—	—	—	—	—	—	2
6. Meningococcal infections	—	1	1	—	—	—	—	—	2
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—
8. Measles	—	1	—	—	—	—	—	—	1
9. Other infective and parasitic diseases	—	—	—	1	2	1	1	1	6
10. Malignant neoplasm, stomach ...	—	—	—	—	1	24	31	31	87
11. Malignant neoplasm, lung bronchus	—	—	—	—	4	60	28	9	101
12. Malignant neoplasm, breast	—	—	—	—	5	23	11	8	47
13. Malignant neoplasm, uterus	—	—	—	—	4	8	14	5	31
14. Other malignant and lymphatic neoplasms	—	—	5	4	13	95	109	121	347
15. Leukaemia, aleukaemia	—	1	—	—	—	4	2	2	9
16. Diabetes	—	—	—	1	1	5	12	11	30
17. Vascular lesions of nervous system	—	—	—	3	7	67	151	252	480
18. Coronary disease, angina	—	—	—	—	11	145	161	148	465
19. Hypertension with heart disease ...	—	—	—	—	—	9	24	38	71
20. Other heart disease	—	—	—	1	5	44	106	350	506
21. Other circulatory disease	—	—	—	1	3	17	42	109	172
22. Influenza	1	1	3	1	—	11	11	23	51
23. Pneumonia	12	3	1	1	2	24	27	55	125
24. Bronchitis	3	2	2	—	3	29	48	60	147
25. Other diseases of respiratory system...	4	—	1	—	3	6	7	12	33
26. Ulcer of stomach and duodenum ...	—	—	—	—	1	3	11	7	22
27. Gastritis, enteritis and diarrhoea ...	6	—	—	—	—	6	4	4	20
28. Nephritis and nephrosis	—	—	1	1	5	9	7	12	35
29. Hyperplasia of prostate	—	—	—	—	—	2	8	35	45
30. Pregnancy, childbirth, abortion ...	—	—	—	—	1	1	—	—	2
31. Congenital malformations	18	2	1	—	4	4	—	—	29
32. Other defined and ill-defined diseases	73	4	5	8	13	54	51	158	366
33. Motor vehicle accidents	—	2	4	18	7	9	9	3	52
34. All other accidents	6	3	4	6	10	15	8	23	75
35. Suicide	—	—	—	2	2	8	6	2	20
36. Homicide and operations of war ...	—	—	—	—	—	—	—	—	—
Total ...	124	21	28	48	113	696	899	1480	3409

INFANT AND CHILD MORTALITY

Causes of all deaths between 0—16 years of age

In 1947, when these tables were first formed, there were 332 infant and child deaths to be accounted for. In 1957 the number was 173. So great has been the improvement in the general health of children and so spectacular has been the medical treatment of infections, that the annual number of deaths has been almost halved in ten years. Nevertheless it is disappointing to note that there has been an increase of five over the previous year.

These 173 deaths during the year have been classified into various disease categories and age groups as is shown in the following tables.

Causes of deaths in Infants during the 1st week of life

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths in this age group</i>	<i>Percentage of total deaths of all children up to 16 years of age</i>
Prematurity ...	36	47.3	20.2
Birth injuries ...	19	25.6	11.0
Congenital defects	7	9.5	4.0
Atelectasis ...	5	6.8	2.8
Accident or Misadventure	1	1.3	1.4
Other causes ...	7	9.5	4.0
Totals	75	100.0	43.4

In the total the enormous toll exacted by prematurity is clearly shown. Nearly half the deaths in the first week are because the babies are too young to be born. A few more quiet weeks in the uterus would have made all the difference.

The prevention of prematurity and the treatment of the premature baby when it arrives is now one of the greatest problems before us.

There is, in this year's table, an unusually high number of deaths following birth injuries. Of the 19 deaths due to this cause, thirteen babies were delivered in hospital or maternity homes. The remaining six cases were delivered at home.

Causes of deaths in Infants 1 week—1 month of age

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths in this age group</i>	<i>Percentage of total deaths of all children up to 16 years of age</i>
Congenital defects	7	58.3	4.0
Prematurity	1	8.3	.58
Atelectasis	1	8.3	.58
Accident or Misadventure...	1	8.3	.58
Infection ...	1	8.3	.58
Other causes ...	1	8.3	.58
Totals	12	100.0	6.9

There has been an unusually low number of deaths during this period of life. One can normally regard the period of 1 week to 1 month of age as being the quiet and tranquil period, usually free from many deaths, but this very low incidence up to the first month, excluding the first week, indicates a very high standard of medical and nursing care.

It would appear from the tables that once we can sustain life in the premature baby for a week, the hopes of survival are enormously increased. There was only one death due to prematurity after the first week of life.

Causes of deaths in Infants 1 month—3 months of age

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths in this age group</i>	<i>Percentage of total deaths of all children up to 16 years of age</i>
Respiratory disease	14	70	8
Congenital causes	2	10	1.1
Accident or Misadventure	2	10	1.1
Infection ...	2	10	1.1
Totals	20	100	11.3

The number of deaths in this age group were more than doubled by comparison with the previous year when the total was nine. Respiratory diseases take their usual place at the top of the table.

Causes of deaths in Infants 3 months—1 year of age

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths in this age group</i>	<i>Percentage of total deaths of all children up to 16 years of age</i>
Respiratory disease	7	41.2	4
Accident or Misadventure	4	23.5	2.3
Congenital defects	4	23.5	2.3
Infection ...	2	11.8	1.2
Totals	17	100.0	9.8

This table shows that the prophylactic immunisation programmes of the local authorities and modern therapy keep severe infection fairly well in check.

Causes of deaths in Children 1—5 years of age

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths in this age group</i>	<i>Percentage of total deaths of all children up to 16 years of age</i>
Accidents or Misadventure	8	36.4	4.5
Infection ...	5	22.7	2.9
Respiratory causes	4	18.2	2.3
Other causes ...	5	22.7	2.9
Totals	22	100	12.6

It is unfortunately again necessary to draw attention to the high proportion of deaths due to accident or misadventure in this age group and very disappointing to point out that the proportion has increased from 24% in 1956 to 36.4% in 1957.

Causes of deaths in Children 5—16 years of age

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths in this group</i>	<i>Percentage of total deaths in all groups to 16 years</i>
Respiratory Causes	8	28.6	4.5
Accident or Misadventure	7	25	4.0
Congenital defects	2	7.1	1.1
Infection ...	1	3.6	.6
Other causes ...	10	35.7	5.8
Totals	28	100.0	16.0

Although the number of deaths due to accident or misadventure in this age group is still high it is pleasing to be able to record a fall of about 30% compared with 1956.

Causes of all deaths 0—16 years of age

<i>Cause</i>	<i>Number of deaths</i>	<i>Percentage of total deaths</i>
Prematurity ...	36	20.8
Respiratory causes	33	19
Accident or Misadventure	23	13.3
Congenital causes	22	12.7
Birth Injury ...	19	11
Infection ...	11	6.4
Atelectasis ...	6	3.5
Other causes ...	23	13.3
Totals	173	100

One important final comment can be made in connection with these tables which has been impossible in the past. The word "tuberculosis" has not appeared in any table and, for the first time, there has been no death due to this cause reported in any child up to the age of 16 years.

This indeed is a milestone and many factors will have contributed to it, including improved social conditions, discovery of new drugs and by no means least the preventive measures which the Council have undertaken under Section 28 of the National Health Service Act.

SANITARY CIRCUMSTANCES OF THE COUNTY

Housing

Once again the reconditioning of houses by way of grant under the Housing Act, 1949, has been a prominent feature of housing work in the County, especially in rural districts. Details for the whole County area are as follows :—

<i>Boroughs and Urban Districts</i>		<i>Rural Districts</i>	
<i>No. of houses subject to application for grant</i>	<i>No. of houses subject to grant</i>	<i>No. of houses subject to application for grant</i>	<i>No. of houses subject to grant</i>
111	107	781	744

It will be seen that grants were made in respect of 851 houses which is an increase of 211 over the number of grants made in the previous year.

The work in connection with slum clearance is making moderate progress.

Conversion of Pail Closets to Water Closets

Some 918 pail and vault closets were converted to water closets during the year of which 863 were in rural districts. This represents an increase of 71 over 1956.

Refuse Collection

A weekly collection of refuse is maintained in the urban districts but in the rural districts the period between collections varies from one to three weeks and in the smaller villages of the Horncastle Rural District collection is quarterly. The condition of refuse tips varies from the controlled type in which the refuse is properly consolidated and covered to the partially controlled type which in some cases consists of little more than dumping.

Camping Sites and Moveable Dwellings

The total number of caravans permitted on licensed sites amounts to 9,425 of which the majority are situated on the coast line ranging from Mablethorpe to Skegness and on a camping site at Humberston.

The high standard of hygiene achieved in the County Council's camp at Ingoldmells Point sets an excellent example to other camp owners and caravan occupiers in the neighbourhood.

Water Supplies

Further consideration has been given by the local authorities and statutory water undertakers with regard to the re-grouping of water undertakings in accordance with the Ministry of Housing and Local Government circular 52/56 and although no Orders for re-grouping have been promoted there has been a limited measure of agreement in connection with the formation of Boards. The following is a summary of the situation at the end of the year :—

1. Proposed Louth and Horncastle Water Board to include :—

Borough of Louth
Urban Districts of Horncastle and Woodhall Spa
Rural Districts of Horncastle and Louth

Horncastle and Woodhall Spa Urban District Councils and Horncastle Water Company have stated that objection will be lodged to the proposed order.

2. Proposed East Lindsey Water Board to include :—

Urban Districts of Alford, Mablethorpe and Sutton and Skegness
Rural District of Spilsby.

3. It is proposed that Market Rasen Urban District and Caistor Rural District shall be included in the Grimsby, Cleethorpes and District Water Board.

4. Proposed Water Board to include :—

Urban District of Gainsborough
Rural districts of Gainsborough and Welton
Lincoln City and parts of Nottinghamshire.

An Order has been promoted by the North Lindsey Water Board for the Board to take over from the district councils concerned, all duties relating to the distribution of water.

A proposal of the Grimsby, Cleethorpes and District Water Board to abstract six million gallons of water daily from a source situated at Tetney in the Louth Rural District which lies outside the statutory area of the Board, was the subject of a public inquiry, at which the County Council, together with the Louth Rural District Council and certain Parish Councils, objected to the terms included in the proposal, for compensating persons whose private supplies would be subsequently affected, as these terms only apply where the sources of water which would be affected are situated within an area with a radius of two miles of the proposed borehole at Tetney.

Further progress has been made in connection with regional schemes, particularly in the Horncastle, Louth and Spilsby Rural Districts, where distribution mains have been laid and householders are now enjoying the benefit of a piped water supply.

Sewerage and Sewage Disposal

Progress in connection with the provision of sewerage and sewage disposal has been made as follows :—

Caistor Rural District	...	...	Scheme for Waddingham village nearing completion.
Gainsborough Rural District	...	...	Scheme for Lea completed.
Glanford Brigg Rural District	...	...	Scheme for Barrow-on-Humber and part of New Holland proceeding.
Grimsby Rural District	...	...	Scheme for Laceby, including Cottager's Plat, proceeding.
Louth Rural District	...	...	Curtailed scheme for North Somercotes proceeding.
Spilsby Rural District	...	...	Scheme for Chapel St. Leonards and Hogsthorpe completed.
Welton Rural District	...	...	Scheme for Nettleham completed.
* Woodhall Spa Urban District	...	...	Improvement to sewage disposal works and sewage pumping stations completed.

* (Classed as an area having rural characteristics by the Ministry of Housing and Local Government for grant aid purposes under the Rural Water Supplies and Sewerage Acts).

INSPECTION AND SUPERVISION OF FOOD AND DRUGS

Sampling of Food and Drugs

During the year the Colouring Matter in Food Regulations, 1957, were made. These regulations, which became operative in 1958, control the addition of colouring matter in home and imported foods in accordance with a prescribed list of permitted colours which were recommended as being suitable for addition to food stuffs by the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food.

There was widespread concern during March, in connection with the large number of milk samples which showed natural deficiencies in solids non fat. The cause was generally attributed to the mild weather which caused a rapid growth of grass of inferior quality and to the fact that many herds consisted of cows capable of high milk yields.

Representations were made to one firm in connection with an advertisement claiming that vitamin C had been added to orange drink, which was intended for consumption without dilution. The analysis of a sample of the orange drink revealed that the total amount present was much below that normally present in undiluted orange juice, in spite of the fact that the firm claimed vitamin C had been added. The manufacturers voluntarily agreed to omit the claim of added vitamin C in their advertisement.

Other miscellaneous matters receiving attention included :—

Presence of a mouse in flour, taint in milk and the mislabelling of plain pilchards as "Pilchards with Tomato".

The availability of the laboratory at the County Offices makes it possible for the milk of many producers to be kept under close observation where the milk is known to be of sub-standard quality. Some 900 samples were tested during the year.

The following table shows the results of samples submitted to the Public Analyst:—

	Number Analysed	Genuine	Adulterated or otherwise below standard
1. Milk	182	111	71
2. Processed Milk Products (including cream, butter and ice cream)	55	55	—
3. Edible Fats and Oil	40	40	—
4. Preserves	22	22	—
5. Tinned, Bottled and Dried Articles	55	53	2
6. Alcoholic Beverages	12	12	—
7. Non-Alcoholic Beverages	59	55	4
8. Sugar and Flour Confectionery	58	57	1
9. Meat and Fish Products (not included in 5)	95	69	26
10. Vinegars, Pickles, Sauces, Spices, Flavourings and Essences	39	38	1
11. Cereal Products	13	13	—
12. Medicines and Drugs	74	74	—
13. Miscellaneous	45	45	—
Total	749	644	105

The total number of samples submitted to the Public Analyst for analysis decreased by 331 compared with the previous year and this was in part due to the fact that the County Council were not able to replace one of their assistant county health inspectors who left towards the end of the year and in part due to the fact that many samples which would otherwise have been submitted to the Public Analyst were tested in the County Council's own laboratory.

Legal proceedings were instituted in respect of certain samples found to be adulterated and details are given in the following table :—

Sample No.	Food	Adulteration	Fine and Costs
A4427 A4428 A4433	Same producer Milk	18% added water 22% added water 6% added water	Producer awarded absolute discharge and costs remitted following a confession by cowman of adding water for no gain. (County Council could not summons cowman in this case)
B3468	Channel Island Milk	1.84% milk fat (5.40% deficient)	Fine £5 and costs £1 8s. 0d. imposed on producer
B3471 B3472 B3473	Same producer Channel Island Milk	3.36% milk fat (17.0% deficient) 2.96% milk fat (26.0% deficient) 3.32% milk fat (17.0% deficient)	Fine £5 and costs £4 4s. 0d. imposed on producer
(Note. Samples B3471-3 taken in course of delivery to the retailer. The deficiencies are based on the absolute standard of not less than 4.0% of milk fat which is prescribed for Channel Island and Guernsey milk).			
A4248	Channel Island	3.48% milk fat (13.0% deficient)	Conditional discharge and £1 8s. 0d. costs. (Producer has ceased to retail this grade).
B3475	Potted Beef	12.0% dry starchy matter	Fine £5 and costs £2 10s. 0d.
A4346	Haslet	196.0 p.p.m sulphur dioxide (a preservative not permitted in haslet)	Fine £5 and costs £2 10s. 0d.

In other cases where samples failed to satisfy the prescribed tests, warnings were issued or advice given.

Merchandise Marks Acts, 1887 to 1953

Inspections under the above Acts have been carried out in order to ensure the correct marking or labelling of food stuffs and informal action has been taken in numerous instances. The Acts apply to both home and imported food including milk.

Specified Areas

The Food and Drugs Act 1955, provides that all milk retailed in specified areas has to be sterilised, pasteurised or tuberculin tested. The sale of ungraded milk by producers to their agricultural workers is however permitted if the producer does not engage in other retail sales of designated milk.

One breach of the Order was discovered and dealt with by a warning to the dairyman concerned.

A further survey has been carried out by the Ministry of Agriculture, Fisheries and Food with a view to promoting a further Order to extend as far as Lindsey is concerned the area at present covered by specified Area Orders to the whole of the County except the Welton Rural District.

Supervision of Pasteurising Plants

The six pasteurising plants which are licensed by the County Council have in the main functioned satisfactorily during the year, as indicated by the following table :—

Tuberculin tested milk (Pasteurised)			Pasteurised Milk		
Total No. of Samples	Samples failing to satisfy methylene blue reduction test	Samples failing to satisfy phosphatase test	Total No. of Samples	Samples failing to satisfy methylene blue reduction test	Samples failing to satisfy phosphatase test
263	Nil	1	329	Nil	1

The failure of the two samples of milk to satisfy the phosphatase test was attributed to defective thermometers controlling the heat treatment of the milk. In addition to routine sampling, the plants are subject to frequent examination when the instruments and other vital parts are checked in order to ensure the correct heat treatment of the milk. Swabs are also taken from sections of the plants and subjected to bacteriological examination, in order to ensure that the system of sterilisation is satisfactory. The cleansing and sterilisation of milk churns and the bottles is also kept under close observation.

Biological Examination of Milk

During the year 713 samples of raw milk were taken for biological testing and 8 showed positive evidence of tuberculosis. Following the routine examination of the herds concerned by the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, one affected cow from each herd was removed and slaughtered. In all cases except one, the milk was normally subject to pasteurisation except that consumed by the producer or his employees.

Of the above samples 24 showed positive evidence of *Brucella Abortus*, 4 of these being from herds of producer retailers. In these cases quarter sampling was carried out and advice given in conjunction with the Divisional Veterinary Officer of the Ministry.

One sample of cream showed positive evidence of tuberculosis and, following an investigation in an adjacent food and drugs area in which the cream was processed, it was found that the milk prior to separation had not been adequately pasteurised. Although it is desirable to pasteurise milk prior to separation for the manufacture of cream, this cannot be enforced under the Food and Drugs Act, 1955.

Food Hygiene Regulations, 1955

The District Councils and departments of the County Council concerned with catering have again been engaged during the year in connection with the improvement of food premises, to bring them up to the standards prescribed by the Food Hygiene Regulations, 1955. These measures, together with education of food handlers, should result in considerably improved standards of food hygiene.

Meat Inspection

The following table gives details of the numbers of animals slaughtered and inspected. Meat inspection is carried out by the officers of the District Councils and the number of animals inspected amounts to almost 100 per cent of those slaughtered.

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed (if known)	15,836	863	287	34,999	39,191	Nil.
Number inspected	15,778	863	287	34,715	39,161	Nil.
<i>All diseases except Tuberculosis and Cysticercii</i>						
Whole carcasses condemned	27	20	19	79	113	Nil.
Carcasses of which some part or organ was condemned	3,295	199	17	564	3,411	Nil.
Percentage of the number inspected affected with disease other than tuberculosis and cysticercii	21.1	25.4	12.5	1.8	8.9	Nil.
<i>Tuberculosis only</i>						
Whole carcasses condemned	30	21	2	Nil.	21	Nil.
Carcasses of which some part or organ was condemned	968	129	Nil.	Nil.	1,551	Nil.
Percentage of the number inspected affected with tuberculosis	6.3	17.4	0.7	Nil.	4.0	Nil.
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	115	Nil.	Nil.	Nil.	Nil.	Nil.
Carcasses submitted to treatment by refrigeration	120	Nil.	Nil.	Nil.	Nil.	Nil.
Generalised and totally condemned	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal Care

The following table illustrates that the attendances at ante-natal clinics is very poor although the attendance increased by about 100 compared with the previous year. An ante-natal clinic was opened at Mablethorpe in 1956 as it was thought that there was a demand for such facilities, but as the table shows, the average attendances of 4 per session is very low. It might have been thought that 45 patients would put in more than 92 attendances during the year and it is evident that two attendances per patient during pregnancy does not constitute proper ante-natal care, but there is no information available as to how many patients also attended their own general practitioners.

The ante-natal clinics at Crowle and Lincoln were closed during the year.

Attendances at Ante-natal Clinics 1957

Clinic	No. of expectant mothers	No. of attendances	Sessions held	Average attendances
Brigg	20	68	27	3
Crowle	15	48	23	2
Cleethorpes	222	328	32	10
Haxey	33	131	23	6
Horncastle	15	37	29	1
Immingham	23	25	24	1
Lincoln	13	46	20	2
Market Rasen	22	59	24	2
Mablethorpe	45	92	21	4
Scunthorpe	64	81	52	2
Attendances for Ante-Natal Examination at Infant Welfare Centres	472	915	275	3
	29	100	—	—
Total	501	1015	275	—

Included Attendances for Blood Test.

Not Included Attendances at Relaxation Classes 324.

Toxaemia of Pregnancy

It is now known that this condition constitutes about the only remaining important cause of avoidable maternal deaths and stillbirths. Such deaths can in many cases be avoided by early recognition of the condition and early recognition in turn depends on proper ante-natal care.

At the instigation of the Ministry of Health a meeting was held at the County Offices, on 17th October, 1956. It was attended by professional representatives of the general practitioners, consultant obstetricians and local authorities in order to consider the memorandum on ante-natal care in relation to toxaemia of pregnancy issued by the Standing Maternity and Midwifery Advisory Committee of the Central Health Services Council.

The meeting was convened by Mr. E. W. Scorer, the Chairman of Lincoln No. 1 Hospital Management Committee, and the following report of the meeting gives a succinct and faithful summary of the proceedings :—

“1. Discussion on the Memorandum.

The importance of early detection and treatment of toxaemia was generally accepted.

The advantage of having local advisory obstetric committees centred on the chief obstetric units in the County was approved. Such Committees should include representatives of the three bodies dealing with ante-natal care, namely General Practitioners, Local Authorities and Consultant Obstetricians and Maternity Unit Staff.

Obstetric Examinations

The subject under this heading was discussed and it was generally agreed that more than two ante-nata examinations by the Doctor were desirable and necessary, particularly during the 6th and 8th months when toxæmia develops. It was thought advisable that patients should be examined at intervals as follows :—

Monthly up to the 28th week.
Fortnightly up to the 36th week.
Weekly up to period of confinement.

These examinations should be undertaken by the doctor and the midwife attending the patient so that the midwife is really familiar with the case when confinement occurs. This is important should the doctor not be available, particularly in emergency cases.

Where the patient is booked for home confinement by the midwife, she should report any abnormality to the patient's doctor.

2. *The part to be played by Hospital ante-natal clinic, General Practitioner, Midwife and Local Authority ante-natal clinic in the ante-natal care of :—*

(a) *The patient booked for admission to hospital under a Consultant Obstetrician :—*

The General Practitioner should continue to give ante-natal care to the patient in collaboration with the Consultant who would arrange his own examinations of the patient.

(b) *The patient booked for admission to a General Practitioner Hospital Unit :—*

The Practitioner shall be responsible for the ante-natal care of patients booked by him for confinement in a General Practitioner Hospital Unit.

(c) *The patient booked for home confinement under Maternity Medical Services :—*

It is felt that there should be more co-operation between Practitioner and Midwife. They should undertake ante-natal care jointly, and where possible a special time for an ante-natal clinic should be arranged when Midwife and Doctor can be present.

(d) *The patient booked for home confinement by a Midwife :—*

Although these cases are few in number, it is felt that a Doctor should also see the patient with the Midwife during the pregnancy.

3. *Follow-up Arrangements*

The Medical Officer of Health of the Local Health Authority should be asked to provide machinery to ensure a home visit to a patient who fails to attend the ante-natal clinic on the date appointed, irrespective of where she is booked for confinement.

4. *Hospital Treatment*

It was agreed that a sufficient number of beds should be available in the Maternity Units for observation and treatment of toxæmia.

Allied to this is the question of the provision of home help when the mother is in the unit.

5. *Blood Tests*

The arrangements made for the testing of blood with regard to grouping, Rhesus factor and venereal disease were considered satisfactory, but that for estimation of haemoglobin per cent in early and late pregnancy were not considered satisfactory. Improvement in this direction should be pursued by the Local Committees.

6. *Ante-Natal Records*

It was recommended that there should be a simple national ante-natal record card which would fit into E.C.6., and that space should be given on form E.C.24 counterfoil for duplication of the ante-natal data by the Practitioner.

The ante-natal record card would be carried by the patient at all times, and thus be available to all those who may be responsible for her during her pregnancy and delivery.

7. *Health Education*

It was agreed that this was very necessary and in fact is being carried out in Lincoln. It was thought desirable that such services should be extended to country districts and that hospitals should encourage local authorities in this matter, possibly making a hall available for lectures.

ACTION TO BE TAKEN ON THESE RECOMMENDATIONS

- (a) A copy of this letter giving the conclusions reached is being addressed to all members attending the meeting.
- (b) In accordance with the Ministry's recommendations regarding any points arising from these conclusions requiring administrative action, it now remains for members of the Committee to deal directly with the administrative bodies concerned, i.e.,
 - (i) General Practitioners through their appropriate executive council :
 - (ii) Hospital Medical Staff with the appropriate Hospital Management Committee, through their medical staff committee ; and
 - (iii) Medical Officers of Health through their own local authorities."

Thus it was left for each of the three branches of the National Health Service to put its house in order as far as its own individual aspects of ante-natal care are concerned and as far as practicable to foster the utmost mutual co-operation.

In order to help with the follow-up of defaulters who should be having ante-natal care, the services of health visitors have been made available both to hospitals and general practitioners and already useful assistance has been given by them in this respect.

An obstetric committee has been set up in the Scunthorpe area and for several years an obstetric committee for the south of the area has been meeting regularly at Lincoln. These committees are comprised of professional representatives of the general practitioner hospitals and local authorities and have proved excellent media for ensuring the smooth running of the maternity services.

As the detection of toxæmia is dependent on the taking of blood pressure recordings regularly, district midwives have now been equipped with suitable apparatus and are in a position to report any abnormalities found to the family doctors.

So far no record card (as recommended in paragraph 6 of the above report) has been devised locally but it is known that the design of such a card has been under consideration by the Ministry of Health for general adoption.

Ante-Natal Classes

Since the National Health Service Act came into operation in 1948, it has become evident that the role of the Local Health Authority clinics in ante-natal work has changed. Ante-natal care is now almost entirely carried out by general practitioners and this leaves the Local Health Authority to carry out the educational work essential to good ante-natal care.

With this in view, ante-natal classes are now held at Scunthorpe, Cleethorpes and Gainsborough and shortly classes will be held at Brigg and Skegness.

The classes at Scunthorpe, Cleethorpes and Gainsborough consist of tuition in relaxation and exercises, followed by a talk illustrated by film strips and ending with a group discussion.

Three hundred and twenty four attendances were made at relaxation classes during the year.

Maternity Outfits

There were 2,023 maternity outfits issued during the year.

Care of Unmarried Mothers

During the year, arrangements were made with the Lincoln Diocesan Association for Moral Welfare for 41 unmarried mothers to be admitted to special homes catering for this type of case, compared with 46 during the previous year.

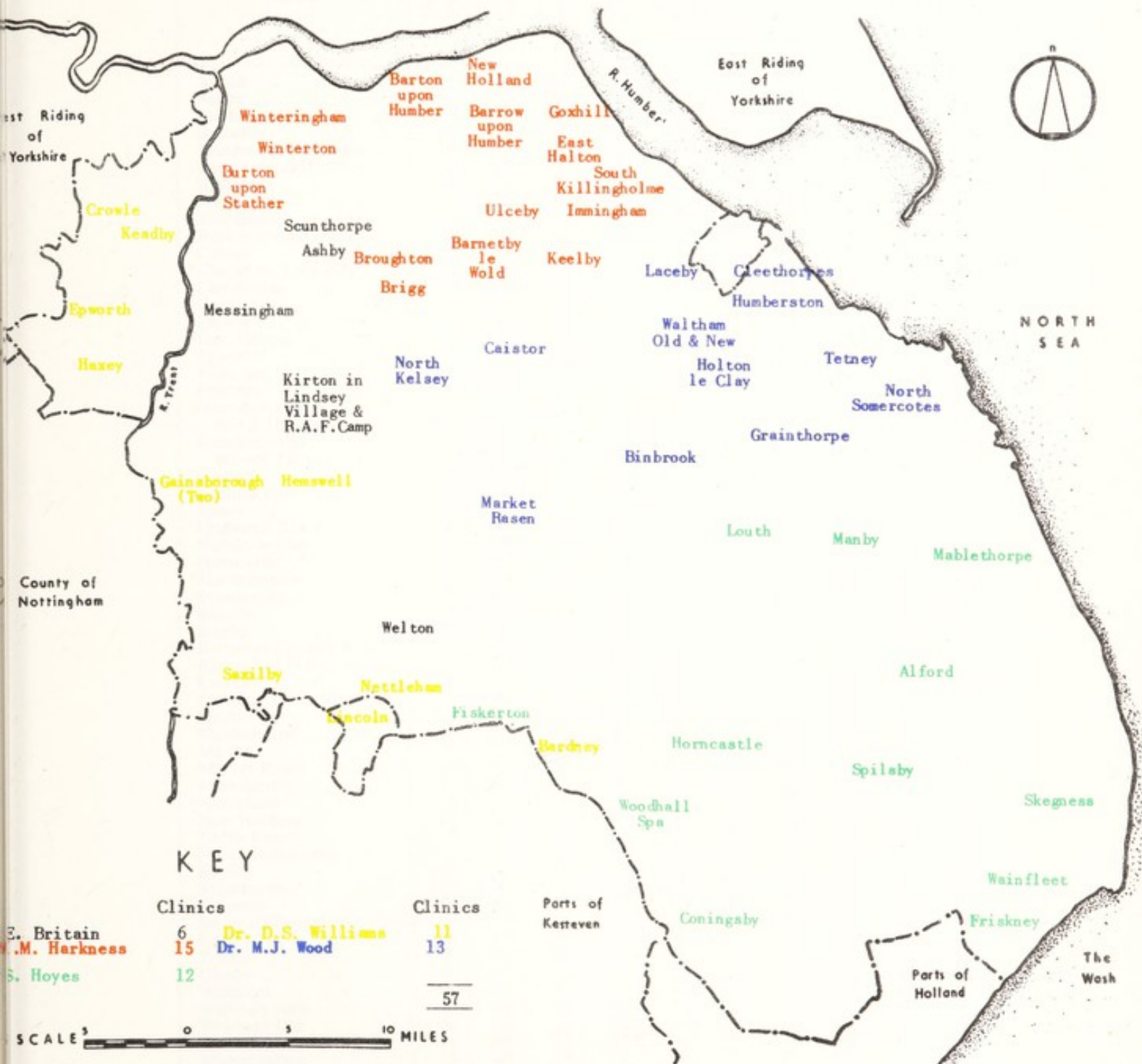
Child Welfare

Infant Welfare Centres

The clinic at Chapel St. Leonards was closed in May, and two new clinics, at Humberston and Nettleham, were opened. The total attendances increased by more than 2,000 compared with the previous year and the average attendance per session increased from 25 to 26.

There are now 57 Infant Welfare Clinics in the County.

MAP SHOWING INFANT WELFARE CLINICS AND DOCTORS IN ATTENDANCE



MAP SHOWING INFANT WELFARE CLINICS AND DOCTORS IN KENYA



K E Y

The following table gives details of infant welfare clinics held during the year:—

Infants attending infant welfare centres during 1957

Centres	Under one year		Over one and under two years		Over two and under five years		Total		No. of sessions	Average Attendances per session
	No. Attended	No. of Attendances	No. Attended	No. of Attendances	No. Attended	No. of Attendances	No. Attended	No. of Attendances		
Alford	36	274	22	57	34	55	92	386	24	16
Ashby	384	4,052	165	457	287	543	836	5,052	103	49
Bardney	14	143	11	34	26	71	51	248	23	11
Barnetby	18	174	13	101	29	168	60	443	29	15
Barrow-upon-Humber ...	14	236	12	151	22	123	48	510	28	18
Barton-upon-Humber ...	88	1,521	47	515	34	34	169	2,070	53	39
Binbrook	45	572	24	108	22	102	91	782	53	15
Brigg	80	1,332	40	483	34	365	154	2,180	50	44
Broughton	36	320	18	114	30	64	84	498	23	22
Burton-upon-Stather ...	15	280	17	64	8	61	40	405	24	17
Caistor	16	174	10	38	11	72	37	284	23	12
*Chapel St. Leonards ...	4	33	6	9	2	17	12	59	10	6
Cleethorpes	236	3,437	175	594	82	44	493	4,075	124	33
Coningsby	43	393	18	66	15	31	76	490	23	21
Crowle	36	410	28	71	18	69	82	550	24	23
East Halton	16	190	5	49	26	135	47	374	24	16
Epworth	22	192	12	85	35	111	69	388	23	17
Fiskerton	13	187	7	73	30	135	50	395	23	17
Friskney	20	246	15	76	24	115	59	437	22	20
Gainsborough Spital Terrace ...	152	1,368	75	275	114	256	341	1,899	80	24
Gainsborough Woods Terrace ...	74	1,445	60	349	86	349	220	2,143	49	44
Goxhill	21	299	8	174	29	186	58	659	24	27
Grainthorpe	12	66	6	16	9	20	27	102	23	4
Haxey	21	148	12	57	40	109	73	314	23	14
Hemswell R.A.F. ...	38	410	29	85	29	100	95	595	27	22
Holton-le-Clay	9	108	13	31	8	16	30	155	23	7
Horncastle	50	648	25	185	32	283	107	1,116	53	21
*Humberstone	42	258	8	76	21	47	71	381	20	19
Immingham	48	467	33	161	45	155	126	783	25	31
Keadby	51	1,374	43	385	20	276	114	2,035	52	39
Keelby	29	298	8	121	25	162	62	581	22	26
Kirton-in-Lindsey R.A.F.	16	159	12	30	18	93	46	282	23	12
Kirton-in-Lindsey Village	17	155	8	36	20	64	45	255	23	11
Laceby	20	271	14	178	36	219	70	668	23	29
Lincoln	6	15	1	2	5	15	12	32	27	1
Louth	105	1,327	59	246	34	209	198	1,782	53	34
Mablethorpe	82	1,151	61	326	116	312	259	1,789	51	35
Manby	17	396	53	125	13	59	83	580	24	24
Market Rasen	44	415	32	82	37	76	113	573	28	20
Messingham	24	471	17	186	26	215	67	872	51	17
*Nettleham	9	17	4	5	3	4	16	26	3	8
New Holland	15	271	8	139	26	138	49	548	24	23
North Kelsey	9	98	3	29	11	84	23	211	23	9
North Somercotes ...	9	231	23	89	12	75	44	395	27	15
Saxilby	22	191	10	107	28	65	60	363	23	16
Scunthorpe	326	4,314	167	620	222	925	715	5,859	150	39
Skegness	142	1,908	72	255	44	129	258	2,292	50	46
South Killingholme ...	16	170	16	97	24	142	56	409	23	18
Spilsby	32	259	18	93	48	112	98	464	49	9
Tetney	27	282	22	94	17	37	66	413	23	18
Ulceby	15	191	12	123	20	114	47	428	22	19
Wainfleet	41	487	30	236	67	389	138	1,112	27	41
Waltham New	29	363	30	89	37	121	96	573	23	25
Waltham Old	34	393	25	82	33	159	92	634	23	28
Welton, Lincoln	18	228	17	53	35	158	70	439	28	16
Winteringham	9	205	13	73	14	70	36	348	24	14
Winterton	19	149	12	87	28	117	59	353	23	15
Woodhall Spa	23	140	9	41	17	* 35	49	216	23	9
Total ...	2,809	35,312	1,713	8,583	2,217	8,410	6,739	52,305	2,018	26

*Humberstone opened 12-3-57 Nettleham opened 29-11-57 Chapel-St-Leonards closed 24-5-57

Toddlers' Clinics

The special clinics held for toddlers are not working up to full capacity. Although 260 sessions were held only 1,674 toddlers attended, yet in 211 cases, or 12.5%, defects were found which required treatment.

Much more good work could be done if only mothers could be persuaded to bring their toddlers even just once a year for a routine check-up.

The following table illustrates the defects found at toddler clinics :—

Teeth	46	Lungs	26
Skin	20	Development	a. Hernia
Eyes	1		b. Other
a. Vision	18	Orthopaedic	a. Posture
b. Squint	6		b. Flat foot
c. Other	—		c. Other
Ears	1	Nervous System	a. Epilepsy
a. Hearing	—		b. Other
b. Otitis Media Rt.	1	Psychological	a. Development
Otitis Media Lt.	—		b. Stability
c. Other	1	Non Pulmonary T.B.	—
Nose or Throat	15	Other Deformities	—
Speech	3	Other Defects and Diseases	25
Cervical Glands	—		
Heart and Circulation	—		
		Total	211

Care of Premature Infants

The County Council's arrangements for the care of premature infants have continued. The health visitors give particular attention to them on discharge from hospitals or maternity homes and when, in respect of those born at home, special nursing care by the County Council's nurse-midwives is no longer required. Special equipment such as premature baby cots are provided by the County Council where necessary. There were 375 premature live babies born in 1957 an increase of 41 compared with the previous year. There were 77 premature still births compared with 76 in 1956.

The following table gives detailed information regarding premature births :—

Weight at Birth (1)	Premature live births															Premature still births		
	Born in Hospital *			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day					
	T'tl (2)	Died within 24 hrs. of birth (3)	Survived 28 days (4)	T'tl (5)	Died within 24 hrs. of birth (6)	Survived 28 days (7)	T'tl (8)	Died within 24 hrs. of birth (9)	Survived 28 days (10)	T'tl (11)	Died within 24 hrs. of birth (12)	Survived 28 days (13)	T'tl (14)	Died within 24 hrs. of birth (15)	Survived 28 days (16)	Born in hospital (17)	Born at home (18)	Born in nursing home (19)
(a) 3 lb 4 oz. or less (1,500 gms. or less)	37	15	18	2	2	—	4	1	2	—	—	—	—	—	—	27	4	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.) ...	63	4	54	—	—	—	4	1	—	—	—	—	—	—	—	24	3	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	53	1	52	6	—	6	6	—	6	—	—	—	—	—	—	5	—	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.) ...	143	3	136	50	—	48	6	—	5	1	—	1	—	—	—	13	1	—
Totals ...	296	23	260	58	2	54	20	2	13	1	—	1	—	—	—	69	8	—

* The group under this heading includes any cases born in one hospital and transferred to another.

Day Nursery Accommodation

At the end of the year, the County Council had no day nurseries in operation, the one at Scunthorpe having been closed at the end of March. The average attendance at that nursery up to the date of closure was 7 per day.

Child Minder Service

When the County Council decided to close the Scunthorpe Day Nursery they recognised the need for making available to households facilities for the care of their children where the mothers really have to go out to work, or where other circumstances existed which made it necessary for the child to be cared for during the day time away from its own home. A child minder scheme was accordingly introduced in Scunthorpe under which the County Council employ child minders to look after, during the day time, children up to the age of five years where the parents desire such provision to be made and where their circumstances are such that they can be classified as priority cases. Priority cases are defined as follows :—

- (i) where the mother is compelled to go out to work because she is unmarried, widowed, separated or divorced or because the father is ill and unable to work ;
- (ii) where the mother is prevented by illness or other special circumstances acceptable to the County Medical Officer from looking after the child properly and needs someone to care for the child whilst the father is at work ;
- (iii) where the mother is dead or where the father is separated or divorced and he needs someone to care for the child whilst he is at work ;
- (iv) where in any other case the County Medical Officer is satisfied that special circumstances exist to justify the case being accorded priority.

The County Council pay the child minders 4/- per child per day or part of the day, in return for which the child minder undertakes to accept supervision and inspection by the County Council's Health Visitors and feed and care for the children during the time they are in her care. Parents who avail themselves of this service are required to contribute towards the cost in accordance with the County Council's scale. The scheme came into operation on 1st April and during the year a child minder has been provided for two cases only.

Welfare Foods

During 1957 additional welfare foods distribution points were established at Barnetby, East Keal, Langrick, Louth and Scawby, bringing the number of distribution points to 156. Paid staff are employed at only 9 centres, the remainder of the centres being staffed by voluntary distributors.

During the year 155,384 tins of national dried milk, 28,886 bottles of cod liver oil, 14,129 packets of vitamin A & D tablets and 211,000 bottles of orange juice were distributed.

In April 1957 the price of national dried milk was increased from 10½d. to 2/4d. per tin and the take up of national dried milk decreased considerably, the mothers apparently preferring to use the tokens to obtain supplies of liquid milk at the reduced rate and to buy proprietary brands of dried milk for the baby. During the six months July to December 1957, 70,118 tins of dried milk were issued compared with 94,868 tins during the corresponding period of 1956, a decrease of 26%.

As from 1st October, 1957, orange juice was only available for children up to 2 years of age instead of for children up to 5 years of age and during the 3 months ended 28th December 41,026 bottles were issued compared with 45,328 bottles during the corresponding period of 1956.

The following table gives details of the average weekly issues of welfare foods year by year since the County Council assumed responsibility for distribution in 1954 :—

<i>Period</i>	<i>National Dried Milk</i>	<i>Cod Liver Oil</i>	<i>Vitamin A & D Tablets</i>	<i>Orange Juice</i>
27 week period ended 31/12/54	4,012	614	195	2,885
1955	3,647	636	243	3,417
1956	3,509	601	263	3,759
1957	2,988	555	272	4,058

Dental Care

There has again been a slight improvement in the staffing situation though it has not permitted any new clinics to be opened. There is still no dental service available under the maternity and infant welfare scheme in the Brigg, Barton on Humber, Isle of Axholme, Immingham, Caistor and Gainsborough areas. Patients, however, are given an appointment at the nearest staffed clinic if they are prepared to undertake the necessary travelling.

The number of mothers and children under treatment, whilst varying from year to year, has not altered substantially in the last seven years, but the nature of the treatment has changed considerably. In the case of mothers, the average number of extractions per patient has fallen steadily from 7 in 1950 to 2 in 1957, whilst the number of fillings rose from .5 in 1950 to 1.5 in 1953 and fell to 1.2 in 1956 and 1957. In no year has the number of fillings exceeded the number of extractions. This indicates that the majority of patients come for the relief of pain or because of serious dental disorder. Of 135 inspected only 11 were found not to need treatment. Similarly only 24 children of the 191 inspected were found not to require treatment.

Patients are referred for treatment by medical officers, health visitors and general medical practitioners. A few seek treatment on their own initiative. Quite frequently, as a result of one member of the family being sent for treatment, other members are brought under dental care. Similarly, mothers of children under treatment at school will ask if their pre-school children can come along for treatment. The number of patients seen in the two categories, mothers and pre-school children, is, however, very small indeed in relation to the number eligible for treatment. It could undoubtedly be increased but any marked increase could be only at the expense of school work of which the majority of dental officers have much more than they can manage.

Some mothers in the course of producing a family and thereby being eligible for treatment throughout pregnancy and for a year after confinement, attend for treatment at regular intervals over a period of years, often bringing their children with them. These cases are not many, but, as the mothers become accustomed to the idea of regular attendance they offer a rewarding field of work for the dental officer.

It is suggested that much more could be done if mothers were eligible for treatment for five years after confinement so that dental officers could call them and their infants for regular dental supervision until such time as the latter come under the school dental service. Experience shows that a mother who has been under regular treatment for a period of years will ask to be directed to a general dental practitioner when she can no longer attend the clinic. This is rarely so with the mother who has been attending clinics for a short time only.

The Council's dental laboratory was reopened in new premises at the beginning of the year and dentures or other dental appliances are made there. A portable x-Ray unit is carried by Mr. Greenwood, the orthodontist, who visits clinics weekly and patients requiring radiographic examination are given appointments to attend on these particular sessions. Processing is all done in the dark-room at the County Offices.

The following tables give information regarding the number of patients provided with treatment and the form of treatment provided:—

(a) Numbers provided with dental care

	New patients examined	New patients needing treatment	New patients treated	Number made dentally fit	Appointments	Attendances
Expectant and nursing mothers	135	124	121	121	512	462
Children under five	191	167	153	141	240	213

(b) Form of treatment provided

	Expectant and nursing mothers	Children under five
Extractions under—local anaesthetic ...	93	22
—general anaesthetic ...	139	89
Administrations of —local anaesthetic ...	41	17
—general anaesthetic ...	44	54
Fillings ...	148	63
Scalings and or gum treatment ...	33	6
Silver nitrate treatment ...	—	90
Other operations, dressings, etc. ...	172	24
Radiographs ...	8	—
Dentures —complete ...	32	—
—partial ...	33	—
—repairs ...	12	—
Crowns ...	—	—
Inlays ...	—	—

MIDWIFERY AND HOME NURSING

There have been no fundamental changes in the arrangements for the provision of midwifery and general nursing services in the home and the practice of providing these services in the main by the employment of nurses to undertake both duties has been continued. At the end of the year the staff consisted of a superintendent nursing officer, two assistant nursing officers, a superintendent in charge, under the superintendent nursing officer, of the services in Scunthorpe, 63 nurse midwives, 9 midwives and 19 district nurses. If anything, it has become more difficult to fill vacancies but because of the decrease in domiciliary midwifery in recent years it has up to now been possible to maintain an efficient service, by the adjustment of boundaries of nursing districts in those parts of the County where vacant posts have arisen and it has not been possible to fill them. The position has however been reached in some areas of the County where if further vacancies occur which cannot be filled, it will not be possible to provide an efficient service without depriving nurses of their days off duty and holidays.

In pursuance of the County Council's policy two nurses and nineteen midwives attended refresher courses during the year.

Midwifery

The duties placed upon the County Council by the Midwives Act, 1951, are carried out by the superintendent nursing officer and two of her assistants. The following table gives details of deliveries attended by midwives in Lindsey during 1957.

Number of deliveries attended by Midwives in the Area during 1957.

	Deliveries attended						
	No.	Doctor not booked		Doctor booked		Totals	Cases in Institutions
		Doctor present	Doctor not present	Doctor present	Doctor not present		
Midwives employed by local health authority	75	17	56	517	1,079	1,669	—
Midwives employed by hospital management committees ...	49	—	—	—	—	—	3,162
Midwives in private practice ...	6	—	—	8	2	10	—
Totals	130	17	56	525	1,081	1,679	3,162

Of the total of 4,032 deliveries in Lindsey, 1,814 were delivered at home, a fall of 1% compared with the figures for the previous year.

In 75% of the home confinements gas and air was administered by the midwives, an increase of 2% compared with the figures for the previous year.

Home Nursing

The number of cases dealt with by the County Council's nurses again decreased, the decrease amounting to 228 cases. The number of visits paid to cases by the nurses showed an increase of 8,065.

The following table gives details of the demand on the service year by year since 1949 :—

Home Nursing 1950—1957

	1950	1951	1952	1953	1954	1955	1956	1957
County population ...	308,600	309,800	310,900	312,300	313,500	316,200	316,800	318,600
Nurses employed (whole-time equivalent) ...	47	48	49	51	51	49	49	53
Cases attended ...	7,208	7,867	8,256	8,697	8,502	8,001	7,557	7,329
Average case per nurse ...	153	163	168	170	167	163	154	139
Visits paid ...	156,179	164,278	182,703	191,257	201,442	185,528	187,861	195,926
Average visits per nurse ...	3,334	3,423	3,729	3,730	3,950	3,786	3,834	3,697
Average visits per patient ...	21	20	22	22	24	23	25	27

In the following table the cases attended and the visits paid by home nurses in 1957 are allocated according to various types of cases and comparative figures are given for 1956.

	Medical	Surgical	Infectious Diseases	Tuberculin	Maternal Complications	Others	Total
Number of cases attended							
1956 ...	5,327	1,999	13	81	53	84	7,557
1957 ...	5,257	1,825	15	68	43	121	7,329
Number of visits paid							
1956 ...	144,781	38,555	120	3,233	326	846	187,861
1957 ...	155,390	36,643	75	2,740	268	810	195,926

It will be noticed from the above figures that although the number of surgical cases attended fell by 70 from one year to the next the number of visits paid to these cases increased by almost 10,000. The home nurses attended during the year 2,695 cases where at the time of the first visit in the year the patient had reached the age of 65. This was 300 fewer than during the previous year and yet the visits paid to these patients increased from 116,646 to 121,955.

No special arrangements were made for the care of sick children at home. During the year the nurses attended 586 cases where at the time of the first visit the children were under five, compared with 579 in the previous year. 4,146 visits were paid to these children in 1957 compared with 4,314 in 1956.

HEALTH VISITING

At the end of the year there were forty-one health visitors on the County Council's staff, a decrease of three compared with the position at the end of the previous year and fourteen short of the County Council's establishment of fifty-five. No applications were received for bursaries offered by the County Council under the health visitors' training scheme and it is extremely rare for even one application to be received for vacant posts. The position is undoubtedly becoming serious and the only hope of any improvement seems to lie in the profession being made a much more attractive one than it is at the moment. This calls for positive and realistic action at a national level.

The County Council recognised that if the dwindling strength of the health visiting staff was to be able to cope with ever increasing duties something must be done to reduce a certain part of their work. Attendance at vaccinations and immunisation sessions and at school medical inspections, and the carrying out of cleanliness inspections in the schools does not demand some of the skills in which health visitors are highly trained. The Council therefore agreed to appoint part-time auxiliary helpers in parts of the county for these duties. Most of these are married state registered nurses and the few who are not qualified nurses have other qualifications and experience which enable them to carry out these duties satisfactorily. The experiment has been a success and the new arrangements are being extended to cover the whole county during 1958.

There must be few who disagree with the old adage that prevention is better than cure, yet how paradoxical it is that in the National Health Service, now a decade old, many millions of pounds have been spent on curative services while the amount spent on prevention can but have run into thousands. I have little doubt that one of the reasons for this great discrepancy is the fact that it is easy to observe the result of curative treatment and even fallacious results are at times thought to be good ones. On the other hand it is usually impossible to measure prevention with any real accuracy. It is difficult to measure with certainty for example the number of cases of a disease which have been prevented from occurring. Many local authorities whose duty it is to carry out preventive measures have therefore exercised reticence, and have not carried out measures beyond those they have been compelled to adopt by Act of Parliament.

A useful and important method of prevention is the enlightenment of the public on health matters, and one medium of health education is the health visitor. In earlier days her time was devoted almost entirely to the care of the young infant, and in this direction her efforts have not been without success. With the fall of infant mortality and the high standard of maternal care today, the time has come for the health visitor to devote more time to other fields. This she is endeavouring to do, especially with the care of old people, an ever increasing problem, with the care of problem families and with the care of the mentally ill.

Health education has been gradually developed during the year and this of course has involved the health visitors in an extension of their work. In Gainsborough a mothers club has been formed, largely due to the efforts of the health visitors working in that part of the County and it is hoped that similar clubs will be formed elsewhere. At some of the secondary schools, health visitors undertake group health education, including mothercraft instruction.

The County Council arrange for their health visitors to attend refresher courses about once every five years and in 1957 nine health visitors attended these courses.

The work which the health visitors carried out during the year is summarised as follows :—

Sessions attended :—

School clinics	...	...	...	771
Ante-natal Clinics	...	...	...	275
Infant Welfare Centres	...	...	...	2,018
Immunisation Clinics	...	...	...	245
Hospital Board Clinics	...	...	...	687
School Medical Inspections	...	...	...	1,138
Toddlers' Clinics	...	...	...	260
Sunlight Clinics	...	...	...	390

Home visits to :—

School children	...	...	...	4,808
Expectant mothers	...	...	...	1,375
Infants under 1 year	...	...	...	31,623
Infants aged 1 — 5 years	...	...	...	37,108
Mental defectives	...	...	...	2,835
Tuberculous patients	...	...	...	3,327
Psychiatric patients	...	...	...	223
Old people	...	...	...	1,717
Patients discharged from hospital	...	...	...	351
Others	...	...	...	4,447
Examination of school children (cleanliness)	...	...	...	71,656

IMMUNISATION AND VACCINATION

Vaccination against Smallpox

It is again possible to record an increase in the number of primary vaccinations. During the year 2,059 were carried out compared with 1,716 during the previous year. The number vaccinated is however still far too low. The number re-vaccinated during the year was 638 a considerable increase over the previous year when the number was 281. In the following table the numbers of vaccinations and re-vaccinations are classified according to age groups and according to the county district in which they were carried out.

Vaccination and Re-Vaccination carried out during 1957

District	Primary vaccinations					Re-vaccinations				
	Age at date of vaccination					Age at date of vaccination				
	Under 1	1-5	5-15	15 or over	Total	Under 1	1-5	5-15	15 or over	Total
Urban										
Alford	17	4	—	—	21	1	—	—	—	1
Barton-on-Humber	44	6	2	1	53	—	1	2	4	7
Brigg	26	4	—	1	31	—	—	—	—	—
Cleethorpes										
Borough	105	25	19	36	185	—	2	9	58	69
Gainsborough	126	14	15	25	180	1	—	—	17	18
Horncastle	30	5	10	5	50	—	2	2	3	7
Louth Borough	32	7	6	12	57	—	—	—	7	7
Mablethorpe and Sutton	32	11	2	6	51	—	—	—	3	3
Market Rasen	13	1	—	4	18	—	—	—	1	1
Scunthorpe										
Borough	220	18	21	48	307	—	3	10	54	67
Skegness	38	12	7	7	64	—	10	25	250	285
Woodhall Spa	15	—	1	2	18	—	—	3	3	6
Rural										
Caistor	77	5	2	10	94	—	1	8	10	19
Gainsborough	39	9	3	8	59	2	1	1	6	10
Glanford Brigg	117	18	7	24	166	—	2	5	22	29
Grimsby	125	27	15	20	187	1	4	4	17	26
Horncastle	57	10	4	10	81	—	3	9	14	26
Isle-of-Axholme	27	5	2	7	41	—	1	—	6	7
Louth	106	13	7	9	135	—	6	2	14	22
Spilsby	77	18	7	19	121	1	3	—	15	19
Welton	97	24	3	16	140	—	1	3	5	9
Total	1,420	236	133	270	2,059	6	40	83	509	638

Immunisation against Diphtheria

The number of children immunised against diphtheria during the year by the use of a separate diphtheria vaccine was 762. This total is 429 less than the one for the previous year. Doubtless the extension of the scheme for vaccination against poliomyelitis will have had some effect on the figures as many parents will, it is reasonable to presume, have concentrated on getting their children protected against poliomyelitis but even so the decrease in the number of those protected against diphtheria is disappointing particularly as, as will be seen in detail later in the report, the number of children immunised against diphtheria and whooping cough with a combined vaccine also showed a decrease. The following table gives information relating to children immunised against diphtheria during 1957 :—

Diphtheria immunisations carried out during year ended 31.12.57

District	Primary injections		Reinforcing injections
	under five years of age	between 5 and 14 years of age	
Urban			
Alford	1	1	12
Barton-upon-Humber	2	5	70
Brigg	5	9	40
Cleethorpes Borough	36	54	282
Gainsborough	7	35	311
Horncastle	3	8	24
Louth Borough	5	12	99
Mablethorpe and Sutton	7	7	69
Market Rasen	2	8	22
Scunthorpe Borough	43	71	678
Skegness	2	22	61
Woodhall Spa	—	—	21
Rural			
Caistor	21	38	146
Glanford Brigg	22	62	332
Gainsborough	4	26	179
Grimsby	10	35	168
Horncastle	10	11	122
Isle of Axholme	2	67	169
Louth	7	63	284
Spilsby	10	13	143
Welton	5	11	111
Total	204	558	3,343

The following table gives particulars of children who at any time between 1st January, 1943 and 31st December, 1957, had completed a course of immunisation against diphtheria.

Number of children at 31st December, 1957, who had completed a course of immunisation at any time since 1st January, 1943

Age at 31st Dec., 1957	Under 1	1—4	5—9	10—14	
Born in year	1957	1956—1953	1952—1948	1947—1943	Total under 15
Number immunised	569	11,806	19,352	18,608	50,335
Estimated mid-year child population, 1957	Children under 1 5,190	Children 1—4 20,710	Children 5—14 51,900		77,800

Immunisation against Whooping Cough

The following table gives details of children immunised against whooping cough during the year by the use of a separate whooping cough vaccine. It will be seen that only 54 children were so immunised. This figure must of course be taken in conjunction with the number of children immunised against whooping cough by a combined vaccine which also gives protection against diphtheria but even so the result is disappointing, although the extension of the poliomyelitis vaccination scheme will also, it is reasonable to presume, have affected the position. Towards the end of the year the County Council decided to extend the scope of their scheme by making immunisation available to children up to the age of 15 years.

District	Age at date of immunisation					Total
	Under One	One	Two	Three	Four	
Urban						
Alford	—	—	—	—	—	—
Barton-upon-Humber ...	—	—	—	—	—	—
Brigg	—	—	—	—	—	—
Cleethorpes Borough ...	—	—	2	1	—	3
Gainsborough	—	—	—	1	—	1
Horncastle	—	—	—	—	1	1
Louth Borough	—	—	—	1	—	1
Mablethorpe and Sutton	—	—	—	—	—	—
Market Rasen	—	—	—	—	—	—
Scunthorpe Borough ...	—	1	1	1	2	5
Skegness	—	—	—	—	4	4
Woodhall Spa	—	—	—	—	—	—
Rural						
Caistor	7	2	1	1	—	11
Gainsborough	—	1	—	1	3	5
Glanford Brigg	2	5	1	2	1	11
Grimsby	—	—	—	1	—	1
Horncastle	1	—	—	—	—	1
Isle of Axholme	—	—	—	1	—	1
Louth	1	1	—	1	1	4
Spilsby	2	1	—	1	—	4
Welton	—	—	—	1	—	1
Total	13	11	5	13	12	54

Immunisation against Tetanus

Towards the end of the year the County Council introduced a scheme for the immunisation of persons of all ages against tetanus. General practitioners are participating in the scheme in the same way as they are taking part in other immunisation schemes.

There are few deaths from tetanus, and usually prevention is effected by the giving of anti-tetanic serum immediately following a wound when there is a possibility of contamination by the tetanus bacillus.

The giving of anti-tetanic serum itself causes severe reactions on occasions, but it need not be given if the patient has previously been effectively immunised. The number of cases of unpleasant reactions following the giving of serum will therefore be lessened.

Immunisations by use of combined vaccines

(a) Diphtheria and Whooping Cough

During the year 3,151 children were given protection against diphtheria and whooping cough by the use of a combined vaccine. This total is 12 less than the total for the previous year. The following table gives details :—

Combined Whooping Cough and Diphtheria Immunisations carried out during year ended 31.12.57

District	Age at date of immunisation					Total
	Under One	One	Two	Three	Four	
Urban						
Alford	11	6	1	—	—	18
Barton-upon-Humber ...	64	12	—	—	—	76
Brigg	43	8	—	—	1	52
Cleethorpes Borough ...	185	78	8	3	6	280
Gainsborough	185	37	10	2	4	238
Horncastle	25	9	2	2	6	44
Louth Borough	50	22	1	2	1	76
Mablethorpe and Sutton	39	8	2	2	1	52
Market Rasen	16	4	—	—	—	20
Scunthorpe Borough ...	400	163	19	13	4	599
Skegness	57	26	6	5	1	95
Woodhall Spa	18	7	—	—	—	25
Rural						
Caistor	113	17	1	1	1	133
Glanford Brigg	228	57	13	6	6	310
Gainsborough	60	23	2	—	—	85
Grimsby	179	56	9	9	6	259
Horncastle	82	29	8	4	1	124
Isle of Axholme	76	30	6	3	2	117
Louth	104	54	7	6	5	176
Spilsby	129	36	13	3	2	183
Welton	137	43	6	3	—	189
Total	2,201	725	114	64	47	3,151

- (b) *Diphtheria and Tetanus*
Whooping Cough and Tetanus
Diphtheria, Whooping Cough and Tetanus

With the introduction of the scheme for immunisation against tetanus and the decision of the County Council to use combined vaccines parents are able to have their children protected against the three diseases or against any two of the three by means of a combined vaccine.

- (c) *Restriction in the use of combined vaccines*

Following the receipt from the Minister of Health of a circular on immunological procedures, the County Council decided that combined vaccines should only be used during the first and fourth quarters of the year.

Vaccination against Tuberculosis

Early in the year the Minister of Health approved a proposal submitted to him by the County Council for vaccinating against tuberculosis children between their thirteenth and fourteenth birthdays.

The skin tests and vaccinations, which were carried out at schools by the County Council's School Medical Officers, were started at the beginning of October and from then to 31st December, 1957, 1,552 children of the appropriate age at 32 schools were skin tested. Of these children, 1,302 had a negative reaction and were vaccinated. The number of children who showed a positive reaction, viz. 250, represented 16% of the number tested.

In no case was a child skin tested or vaccinated unless the parent had given written consent to vaccination.

The number of children whose parents consented to vaccination represented 75% of the total number of children who were eligible for vaccination.

The scheme for the vaccination of children aged 13 years against tuberculosis is additional to the scheme which has operated for a number of years whereby persons known to have been in, or likely to come into, contact with cases of tuberculosis receive B.C.G. vaccination at the several Chest Clinics. During 1957 the number skin tested under this scheme was 293, the number found to be negative was 205 and the number vaccinated was 202.

Vaccination against Poliomyelitis

The scheme introduced by the Minister of Health in 1956 for vaccination against poliomyelitis was extended twice during the year. The first extension was announced in May when children born in the year 1955 and 1956 were included. At the same time, the Minister stipulated that the parents of children born in the years 1947 to 1954 who did not register their children for vaccination when the initial scheme was operating were to be given a further opportunity of doing so. General practitioners were given an opportunity of taking part in the scheme by vaccinating children where the parents so wished and almost half of the general practitioners practising in Lindsey expressed a desire to do so. The extension of the scheme was publicised by the County Council through their health visitors and school teachers and through the Press.

In November, the Minister of Health announced that the scheme was to be further extended by including children born in 1957 who had reached the age of six months and children born in the years 1943 to 1946, expectant mothers, ambulance staff and their families, general practitioners and their families and hospital staff concerned with the care of infectious poliomyelitis cases, together with the families of such staff. Steps were taken by the County Council to ensure as far as possible that the parents of children in the additional age groups and those in the other priority groups were aware of the extension of the scheme.

The first supply of vaccine in 1957 was delivered to this County in March and during the year 31,844 c.cs. were received.

At the end of the year about 31,500 children had been registered for vaccination since the scheme first came into operation representing about 44% of those eligible for registration. During the year about 12,200 children received two injections, about 2,400 children received the first injection and at the end of the year approximately 15,000 children were awaiting vaccination.

Vaccination against Influenza (Virus A — Asian type)

The Minister of Health supplied to the County Council 1,134 c.cs. of Influenza vaccine and the following tables show what was achieved during the year in the protection of persons against the infection:—

- (a) *Details of persons who received two injections:—*

General Practitioners	75
County Council Medical Staff	9
County Council Nursing Staff	71
County Council Health Visiting Staff	19
County Council Ambulance Staff	160
County Council Domestic Helpers...	101

- (b) *Details of persons who received one injection:—*

County Council Nursing Staff ...	4
County Council Health Visiting Staff	6
County Council Ambulance Staff	11
County Council Domestic Helpers	30

As is indicated by the above details, 921 c.cs. of the vaccine were used.

AMBULANCE SERVICE

The Ambulance Service in Lindsey continues to be operated jointly with the fire service, most of the personnel undertaking both fire fighting and ambulance service duties.

Four new ambulances were introduced into the fleet during the year to replace a similar number of vehicles no longer considered efficient for the work they have to do.

Twenty one of the County Council's ambulances are equipped with wireless, these vehicles being controlled by fixed stations established near Louth and Scunthorpe.

The following table gives details of the mileage travelled in 1957 by the County Council vehicles, by the hospital car service and by vehicles of other authorities on behalf of the County Council :—

	5th July to 31st Dec., 1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Ambulances: Mileage	157,117	682,588	709,849	560,846	641,641	656,836	685,228	733,800	727,529	772,060
Hospital Car Service: Mileage ...	85,833	221,049	339,511	511,923	426,735	499,199	532,826	443,697	400,701	332,446
Other Authorities: Mileage ...	4,757	21,333	43,382	43,666	48,000	46,699	50,661	48,227	46,754	45,086
Total Mileage ...	247,707	924,970	1,092,742	1,116,435	1,116,376	1,202,734	1,268,715	1,225,724	1,174,984	1,149,592

It will be seen that the total mileage showed a decrease of 25,392 compared with the previous year. The mileage travelled by the County Council's own vehicles increased by 44,531 but this was due to a reorganisation which resulted in the Hospital Car Service mileage being reduced by 68,255 miles.

Details of the cases dealt with by the County Council Ambulance Service during the year ended 31st December, 1957

Stations	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	759	289	18,805	237	14,225	125,244	150	554	17,335	1,146	15,068	161,384
Cleethorpes	1,304	378	21,136	1,307	7,336	59,879	287	559	9,518	2,898	8,273	90,533
Gainsborough	539	246	16,329	595	8,024	60,273	205	367	8,814	1,339	8,637	85,416
Scunthorpe	2,153	803	34,033	3,973	24,306	126,544	554	1,181	14,221	6,680	26,290	174,798
Skegness	746	603	27,079	251	6,259	65,139	217	607	16,723	1,214	7,469	108,941
Barton-upon Humber	290	87	9,670	321	2,859	21,043	71	130	1,995	682	3,076	32,708
Horncastle	171	198	12,603	27	2,589	22,339	30	140	4,157	228	2,927	39,099
Mablethorpe	150	225	10,699	12	3,585	27,847	12	188	3,084	174	3,998	41,630
Market Rasen	241	59	10,002	106	2,065	25,673	33	58	1,876	380	2,182	37,551
Totals	6,353	2,888	160,356	6,829	71,248	533,981	1,559	3,784	77,723	14,741	77,920	772,060

Number of accident and emergency cases included in columns (10) and (11) ... 2,432

The following table gives details of cases conveyed by rail during 1957 and for purposes of comparison during 1954, 1955 and 1956. Efforts have been continued to send as many long distance cases as possible by rail and it is pleasing to be able to record a further increase in the number of cases transported in this way.

	Stretcher cases	Sitting cases	Rail miles	Mileage travelled by County Council ambulances and Hospital Car Service vehicles in conveying patients to and from stations
Year ended 31st December, 1957 ...	75	736	68,208	5,219
Year ended 31st December, 1956 ...	54	542	50,709	4,909
Year ended 31st December, 1955 ...	60	394	42,345	4,767
Year ended 31st December, 1954 ...	54	365	42,837	4,768

The County Council have continued to use the hospital car service for the conveyance of many of the sitting cases but as has been pointed out earlier in this report reorganisation has resulted in the County Council's own vehicles conveying a considerable number of sitting cases which under the former arrangements would have been conveyed by the Hospital Car Service. The arrangement with the Lincoln County Borough Council whereby the latter authority covers an area of Lindsey in the north of Lincoln containing approximately 97,299 acres with a population of about 18,250 and with the Holland County Council under which that authority covers an area in Lindsey to the north of Boston containing 26,000 acres and a population of 3,500 have also continued throughout the year. Details of cases dealt with by these two authorities and by the hospital car service are given in the following table :—

Cases dealt with under arrangements with 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 ...	886	522	10,854	2,933	1,140	33,074	3,819	1,662	43,928
2. Holland County Council ...	33	32	619	44	30	539	77	62	1,158
3. Hospital Car Service ...				14,824	7,873	332,446	14,824	7,873	332,446
Totals ...	919	554	11,473	17,801	9,043	366,059	18,720	9,597	377,532

Number of accident and emergency journeys included in column (8) ... 201

Personnel and Vehicles

The following table gives details by stations of the number of personnel employed and the number of vehicles in use at the end of the year, compared with the establishment fixed by the County Council. The third main column relates only to paid female attendants. In addition the County Council use as female attendants persons who are prepared to act in this capacity without pay, receiving only subsistence and travelling expenses.

Station	Whole-time Men		Retained Men		Female Attendants		Ambulances	
	Establishment	Number employed	Establishment	Number available	Establishment	Number enrolled	Establishment	Available for use
Louth ...	9	9	15	14	7	5	5 plus 2 Sitting Case Cars plus 2 spares	5 plus 2 Sitting case cars plus 2 spares
Cleethorpes ...	9	9	12	9	7	3	5	5
Gainsborough ...	6	6	12	12	7	3	4	4
Scunthorpe ...	14	14	9	9	7	5	9	8
Skegness ...	6	6	12	12	7	5	4	4
Barton-upon-Humber	2	2	12	12	3	1	1	1
Horncastle ...	2	2	12	12	3	3	1	1
Mablethorpe ...	2	2	12	11	3	1	1	1
Market Rasen ...	2	2	12	12	3	3	1	1
Totals ...	52	52	108	103	47	29	31 plus 2 Sitting Case Cars plus 2 Spares	30 plus 2 Sitting case cars plus 2 spares

Number of vehicles off the road for repair or overhaul at 31st December, 1957 ... 1

Number of vehicles awaiting disposal ... 2

Training of Personnel in First Aid

The following statement indicates the position at 31st December, 1957, regarding the qualifications of personnel to administer first aid treatment.

<i>Whole-time Personnel</i>			
Untrained but receiving training	...	...	3
Trained to certificate standard	...	...	3
Trained to voucher standard	...	...	3
Trained to medallion standard	...	...	43
<i>Retained Personnel</i>			
Untrained but receiving training	...	...	6
Trained to certificate standard	...	...	4
Trained to voucher standard	...	...	2
Trained to medallion standard	...	...	91
<i>Female Attendants</i>			
Nursing experience	...	...	20
First Aid qualifications	...	...	9
Untrained	...	...	—

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

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.

One open-air shelter was in use at the end of the year, compared with three at the end of the previous year.

One tuberculous patient was issued with a bedstead and bedding during the year.

The County Council have a scheme for the admission of patients to the Papworth Village Settlement and at the end of the year one Lindsey patient was being maintained there.

The arrangements which the County Council made some time ago for the medical or X-ray examination of staff whose duties bring them into close contact with children continued during 1957. The number of staff X-rayed under these arrangements during the year was 152 and the number examined without X-ray was 363. All members of such staff are encouraged to undergo X-ray examination through the mass radiography unit as and when they have the opportunity.

During the year arrangements were made for 830 persons who had been in contact with cases of tuberculosis to be examined giving a ratio of 4.39 for each new case of tuberculosis reported.

The County Council provided during the year extra nourishment, consisting of milk and eggs, in 46 cases where such provision was recommended by the chest physician and where the financial circumstances of the recipients were such that they could not afford to purchase it themselves.

Dr. J. Bauer, Medical Director of the Lincolnshire Mass Radiography Unit, has forwarded the following details relating to the work of the Unit in Lindsey during the year :—

	Males	Females	Total
Miniatures taken	12,766	6,510	19,276
Recalled for large films	246	103	349
Recalled for clinical examination	119	54	173
Referred to Chest Clinic	42	20	62
Referred to own doctor	26	12	38
Cases of bronchiectasis	5	—	5
Cases of pneumokoniosis	3	—	3
Cases of neoplasm	5	—	5
Cases of cardiac abnormality	28	12	40
Cases of active pulmonary tuberculosis	8	5	13
Cases of post primary inactive pulmonary tuberculosis	22	15	37

Smoking and Cancer of the Lung

In July the County Council's Health Committee considered the circular and memorandum received from the Ministry of Health on the question of smoking and lung cancer. The Committee decided that the attention of the public should be drawn to the position by means of propaganda leaflets and posters and District Councils in the County co-operated by arranging for posters to be displayed on their notice boards. Posters were also placed in libraries and in County Council clinics. The Committee also thought it desirable that action should be taken in the schools in order to make children aware of the risks which accompanied smoking and the Education Authority readily agreed to co-operate. Accordingly headteachers of secondary grammar and secondary modern schools were supplied with a copy of the statement issued by the Medical Research Council and they were asked to arrange for children by means of talks etc. to be made aware of the views of the Medical Research Council.

Loan of equipment

Equipment required in the routine nursing of patients is held by the district nurses and supplied on loan as required. Other articles of equipment requested by the doctors or nurses have been supplied direct from the County Health Department as follows :—

<i>Equipment</i>	<i>No. of patients supplied</i>
Wheel chairs ...	78
Dunlopillo mattresses ...	59
Spinal carriages ...	8
Bedsteads ...	18
Crutches ...	13
Commodes ...	13
Self-lifting poles ...	8
Fracture boards ...	24
Premature Baby Cots ...	5
Bedding ...	8
Special walking aids ...	3
Rubber sheeting ...	7

Convalescence

The number of patients admitted under the Council's scheme to convalescent homes for a recuperative holiday was 11, compared with 21 in 1956. The average stay of the patients admitted in 1957 was 2.73 weeks.

Problem Families

As was mentioned in the previous report a scheme for dealing with problem families came into operation in August, 1956, and as the scheme has only been in operation a comparatively short time it is worthwhile mentioning again the salient features of it.

The health visitors have been designated as the caseworkers with the responsibility of taking charge of the problem families in their area, exercising close supervision, ensuring that these families know how to make full use of the various services available to them and, by sympathy and understanding, helping them to achieve a better standard of life.

Selected domestic helpers can be sent into households where there is a need for someone to help the mother with the housework and to show her by practical demonstration how to do the work herself. Domestic help so provided is free of charge except insofar as householders offer to make some payment for the service provided.

Where there is found to be a need for cooking utensils, children's bedding and clothing etc., and where the need cannot be met by the parents, the National Assistance Board or by voluntary organisations, such necessary equipment is provided on loan by the County Council.

Sitters-in can be employed by the County Council to go into homes to care for children both during the daytime and the night time in cases where, because of illness or for some other acceptable reason, the parents are not able to look after them. Persons availing themselves of the services of a sitter-in are required to contribute towards the cost of this service according to their means.

During the year domestic help was made available in five cases involving 1,214 hours, sitters-in were employed in six cases involving 262 hours and equipment was provided on loan for 12 families as detailed below :—

Waterproof sheeting	2 families
Beds and/or bedding	10 families
Clothing for children	3 families
Washing requisites ...	3 families
Cooking utensils ...	1 family

Following the issue of the Joint Circular of the Ministry of Health, Ministry of Education and the Home Office in 1950, dealing with the co-ordination of all the services dealing with the welfare of children in their own homes, the County Council's Children's Officer was appointed as co-ordinating officer.

The standing case conference established in Scunthorpe during 1956 has continued to meet at regular intervals to discuss problem families. Elsewhere in the County the Children's Officer has continued to convene case conferences to consider specific cases as and when it has appeared that the needs of a problem family could best be dealt with in this way.

Sitter-in Service

The service introduced in 1956 whereby sitters-in can be provided by the County Council for old people to make it possible for them to continue to live in their own homes instead of having to be moved to hostels or to similar accommodation developed in 1957 to the extent that a total of 26,241 hours were put in by sitters-in compared with 5,228 hours during 1956. Sitters-in were provided in 61 cases compared with 29 in 1956.

DOMESTIC HELP SERVICE

Once again there has been a considerable increase in the use made of the County Council's Domestic Help Service. One thousand four hundred and eighty-eight applications for help were investigated and help was provided in 1,029 of these compared with 1,121 and 909 respectively during the previous year. The County Council only employ part-time helpers and their number increased from 291 to 355.

The following table shows, in terms of hours for which helpers were employed, how the service has grown since it came into operation under Section 29 of the National Health Service Act, 1946 :—

Year	No. of hours of help supplied
July to December	
1948	6,801
1949	28,213
1950	50,255
1951	70,768
1952	90,444
1953	104,314
1954	133,261
1955	165,892
1956	206,700
1957	256,984

The following table shows the classification of the cases in which help was provided in 1957 and the number of hours put in by domestic helpers on these cases :—

Category	No. of cases	Total No. of hours worked
Maternity ...	81	4,123
Tuberculosis ...	9	2,077
Chronic Sick ...	326	106,007
Aged and Infirm ...	508	125,505
Others ...	105	19,269
Total	1,029	256,981

MENTAL HEALTH SERVICE

A definition of mental health is difficult to give but a good though lengthy definition was given by the Chief Medical Officer of the Ministry of Health in his Annual Report for 1954, as follows :—

“ Good physical health, a modicum of intelligence, lively instincts, with sufficient reasonable control ; full participation in family and social life, giving and receiving in a warm hearted way ; an eye to the welfare of others, the family, the community and the nation ; the facing of reality, which is a characteristic of the sound mind, which implies some facing of the world and the universe, in fact which embraces a philosophy of living, and a capacity to react favourably to changes and chances of life.”

Another definition is :—

“ That state of moral, mental and physical well being, which enables a man or woman to face any crisis in life with the utmost facility and grace.”

From these definitions it is evident that the problems of mental health cover a wide field and this becomes all the more apparent when one considers that there is now evidence suggesting that approximately one-third of all illness for which patients consult their doctors are troubles of the mind. It is also a fact that about 42 % of hospital beds in Western Europe and North America are filled with cases of mental illness.

Unfortunately research into mental illness, even though associated with great names in psychiatry (including Bleuler, Kraepelin, Jung, Adler and Freud, all of whom have made material contributions) has not been carried out on anything like the scale as that associated with some other branches of medicine. Quite apart from physiological study of the nervous system by all the means at our disposal, there is still much to be learned concerning the factors in a person's environment which influence his state of mind. For example, we already know that the chance that a person will commit suicide is higher when he resides in an urban area than in a rural area. Mental illness is also more common among those living in surroundings unfamiliar to them. We already know of these and many other environmental factors influencing mental health, but there is much more to be learned and local health authorities have opportunity for research through the media of health visitors and other social workers. Even, however, with our present knowledge (or lack of it) a great deal more can be done in the preventive sphere, and the burden of those suffering from nervous breakdown can be lightened considerably through the efforts of a good social worker.

Unfortunately there is no medical officer for mental health on the staff of the County Health Department, there are no psychiatric social workers, and, as stated above, the health visiting staff are well below establishment. Also the Mental Health Sub-Committee of the County Health Committee has met but rarely, and it is perhaps a little ironical that the only occasions within recent years when this Sub-Committee has met have been for the purpose of removing a few persons from statutory supervision as mental defectives.

The future, however, looks very much brighter for in May the Report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency was published. Important changes in antiquated legislation are recommended, but even if such changes were not introduced by legislation the whole outlook of those concerned with the mentally ill both in the community and in hospital will undoubtedly be modified in the future.

The Report is extremely comprehensive and I feel it would be out of place to offer detailed comment upon it here. It has already been widely discussed by both national and local bodies and there are few parts of it to which anyone has taken exception. Suffice it to say that this Report is shortly to be considered by the Mental Health Sub-Committee and, in spite of the fact that implementation of the recommendations would involve the spending of money, I hope the Council will face their obligations unflinchingly, for the benefit of the mentally ill in the community.

Mental Deficiency

In contrast to the care of the mentally ill in the community, the County Council have made extensive provision insofar as the welfare of mental defectives is concerned.

The names of 55 mental defectives were added to the register during the year. The names of 34 cases were removed from the register, either because of death or removal from the County or because they were no longer considered to be mentally defective within the meaning of Section 1 of the Mental Deficiency Act, 1927.

The total number of mental defectives whose names were on the register at the end of the year was 1,174 compared with 1,153 at the end of the previous year.

Of the 55 new cases reported, 21 were children who had been found to be ineducable and had been referred by the Education Authority.

The 1,174 cases registered as mental defectives were placed in the following categories :—

Under Statutory Supervision	553	(including 136 cases on waiting list for institution)
In Institutions	450	
Under Guardianship	8	
Under Voluntary Supervision	163	

Supervision

The County Council's health visitors exercise supervision over defectives in their own homes and during the year they paid 2,835 visits in this connection.

Institutional Care

There is still a serious shortage of institutional accommodation and this is indicated by the fact that the number on the waiting list has increased from 122 at the end of 1956 to 136 at the end of 1957.

Advantage was again taken of the provisions of Ministry of Health Circular 5/52 to secure the admission of cases to institutions for short periods in order to afford temporary relief to parents. During 1957, 16 vacancies were obtained for these cases.

Guardianship

The number of cases under guardianship increased from six at the end of 1956 to eight at the end of 1957.

Occupation and Training

During the year a new occupation centre was opened at Scunthorpe to cater for about 50 mental defectives in Scunthorpe and in other northern areas of the County. This new centre brought the number of occupation centres administered by the County Council to four. In addition the County Council have an arrangement with the Grimsby County Borough Council under which mental defectives from Cleethorpes and the nearby county area attend the Grimsby occupation centre.

The numbers in attendance at the end of the year were as follows :—

Gainsborough	18	Skegness	26
Louth	28	Scunthorpe	30
Grimsby	14		

Because of the opening of the Scunthorpe occupation centre, the County Council reduced the establishment of home teachers from two to one. At the end of the year eleven mental defectives were being visited by the home teacher.

During the year two trainees recruited under the County Council's scheme for training supervisory staff for occupation centres completed their training and took up appointments as assistant supervisors at the Scunthorpe centre. Two further trainees commenced a course of training during the year.

Register of Mental Defectives as at 31st December, 1957

	Under age 16		Aged 16 and over		Total
	M	F	M	F	
1. Particulars of cases reported during 1957					
(a) Cases ascertained to be defectives "Subject to be dealt with"					
Number in which action taken on reports by:—					
(1) Local Education Authorities on children					
(i) While at school or liable to attend school	12	9	—	—	21
(ii) On leaving special schools	—	—	—	—	—
(iii) On leaving ordinary schools	5	4	—	—	9
(2) Police or by Courts	—	—	1	—	1
(3) Other sources... ..	2	1	3	9	15
(b) Cases reported who were found to be defectives, but were not regarded as "subject to be dealt with" on any ground	1	—	3	6	10
(c) Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, 1957, and are thus excluded from (a) or (b)	—	—	1	—	1
Total	20	14	8	15	57
2. Disposal of cases reported during 1957					
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1(a)), number...					
(i) Placed under Statutory Supervision	17	13	3	7	40
(ii) Placed under Guardianship	—	—	—	—	—
(iii) Taken to "Places of Safety"	—	—	—	—	—
(iv) Admitted to Hospitals	1	1	1	2	5
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1(b)), number					
(i) Placed under Voluntary Supervision	1	—	3	6	10
(ii) Action unnecessary	—	—	—	—	—
Total	19	14	7	15	55
3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1957 and admitted to...					
(a) National Health Service hospitals	6	4	2	2	14
(b) Elsewhere	—	—	—	—	—
Total	6	4	2	2	14
4. Total cases on Authority's Registers at 31.12.57.					
(i) Under Statutory Supervision	93	71	207	180	553
(ii) Under Guardianship... ..	1	1	3	3	8
(iii) In "Places of Safety"	—	—	—	—	—
(iv) In Hospitals	31	13	222	184	450
(v) Under Voluntary Supervision	1	—	77	85	163
Total	126	85	509	452	1,174
5. Number of defectives under Guardianship on 31st December, 1957, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (included in 4 (ii))	—	—	—	—	—

		Under age 16		Aged 16 and over	
		M	F	M	F
6. Classification of defectives in the Community on 31st December, 1957 (according to need at that date)...					
(a) Cases included in 4(i)-(iii) in need of care and reported accordingly to the hospital authority ...					
(1) In urgent need of hospital care:—					
(i) "cot and chair" cases ...	3	4	2	2	11
(ii) ambulant low grade cases ...	5	1	7	1	14
(iii) medium grade cases ...	7	6	9	7	29
(iv) high grade cases ...	1	1	5	6	13
Total urgent cases ...	16	12	23	16	67
(2) Not in urgent need of hospital care:—					
(i) "cot and chair" cases ...	1	—	2	5	8
(ii) ambulant low grade cases ...	2	5	3	—	10
(iii) medium grade cases ...	2	1	19	12	34
(iv) high grade cases ...	—	1	7	9	17
Total non-urgent cases ...	5	7	31	26	69
Total ...	21	19	54	42	136
(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for:—					
(i) occupation centre ...	71	59	41	56	227
(ii) industrial centre ...	—	—	—	—	—
(iii) home training ...	3	5	11	5	24
Total ...	74	64	52	61	251
(c) Of the cases included in 6(b), number receiving training on 31/12/57:—					
(i) In occupation centre ...	52	43	5	16	116
(ii) In industrial centre ...	—	—	—	—	—
(iii) At home ...	5	1	2	3	11
Total ...	57	44	7	19	127

Lunacy and Mental Treatment Acts

The Local Health Authority is responsible, through their Authorised Officers, for taking what proceedings are necessary under the Acts to provide care and treatment in hospital for persons suffering from mental illness. These Officers are mainly concerned in cases where certification and the making of statutory orders are necessary though they advise and assist in cases of voluntary admission.

The following is a summary of the cases dealt with in 1957.

Cases investigated ...	301
Admitted to Mental Institutions as certified patients under Section 16, Lunacy Act, 1890 ...	152
Admitted to Mental Institutions on "Three Day Order" under Section 20, Lunacy Act, 1890 ...	25
Admitted to Mental Institutions on "Fourteen Day Order" under Section 21, Lunacy Act, 1890 ...	84
Admitted to Mental Institutions as voluntary patients under Section 1, Mental Treatment Act, 1930 ...	7
Admitted to Mental Institutions as temporary patients under Section 5, Mental Treatment Act, 1930 ...	3
No action taken ...	30

When patients needing after-care are discharged from mental hospitals, the medical superintendents notify the local authority whose health visitors carry out visits in some cases when requested and forward reports to the hospital superintendents. In 1957, 22 new cases were referred from hospital and the health visitors carried out 223 visits. The total number of cases under supervision was 55.

NOTIFIABLE DISEASES

The following table gives details of notifications of infectious diseases made to district medical officers of health during 1957. The total number of cases notified is almost twice the figure for 1956, due in the main to an increase of more than three thousand in the notification of measles.

Notified Cases of Infectious Diseases in Urban and Rural Districts, 1957

Sanitary Districts	Total number notified	Scarlet Fever	Whooping Cough	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-paralytic)	Measles	Diphtheria and Membranous Croup	Dysentery	Meningococcal Infection	Pneumonia	Acute encephalitis (Infective)	Acute encephalitis (Post-infectious)	Enteric or Typhoid Fevers	Paratyphoid Fevers	Erysipelas	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Malaria (Believed to be contracted abroad)	Tuberculosis respiratory	Tuberculosis other forms
Urban																					
Alford	23	1	14	—	—	3	—	—	—	3	—	—	—	—	—	—	—	—	—	2	—
Barton-upon-Humber	199	—	21	2	—	158	—	—	—	14	—	—	—	—	1	—	—	—	—	3	—
Brigg	174	2	30	—	—	136	—	3	—	2	—	—	—	—	1	—	—	—	—	—	—
Cleethorpes Borough	925	28	45	—	—	782	—	21	—	21	—	—	—	—	1	3	8	—	—	14	2
Gainsborough	222	8	78	—	—	111	—	—	1	9	—	—	—	—	5	—	—	—	—	10	—
Horncastle	200	2	2	1	—	190	—	2	—	1	—	—	—	—	—	—	—	—	—	2	—
Louth Borough	664	1	2	1	—	641	—	—	—	4	—	—	—	—	—	—	6	—	—	8	1
Mablethorpe & Sutton	81	—	6	—	1	63	—	—	—	1	—	—	—	—	1	1	—	—	—	6	2
Market Rasen	174	2	24	—	—	147	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Scunthorpe Borough	803	65	105	6	2	437	—	78	3	64	—	1	—	—	2	6	1	—	—	31	2
Skegness	84	19	9	1	—	42	—	1	—	3	—	—	—	—	1	1	2	—	—	4	1
Woodhall Spa	81	1	1	1	—	64	—	—	—	13	—	—	—	—	1	—	—	—	—	—	—
	3630	129	337	12	3	2774	—	105	4	135	—	1	—	—	13	11	17	—	—	81	8
Rural																					
Caistor	551	42	144	—	—	343	—	1	—	13	—	—	—	—	—	1	—	—	1	6	—
Gainsborough	109	4	29	—	4	60	—	2	1	3	—	—	—	—	1	—	—	—	—	5	—
Glanford Brigg	568	41	105	1	—	349	—	24	1	35	—	—	—	—	1	1	1	—	—	8	1
Grimsby	440	7	11	1	—	403	—	3	—	5	—	—	—	—	1	2	—	1	—	6	—
Horncastle	241	—	61	2	—	157	—	6	—	8	1	—	—	—	3	1	—	—	—	2	—
Isle of Axholme	321	2	16	—	—	294	—	—	—	1	—	—	—	—	—	—	1	—	—	5	2
Louth	447	—	70	—	1	340	—	8	—	14	—	—	—	1	2	1	—	—	1	6	3
Spilsby	412	7	22	3	—	358	—	—	2	13	—	—	1	—	2	—	—	—	—	2	2
Welton	253	13	49	3	—	165	—	4	—	6	—	—	—	—	—	7	—	—	—	5	1
	3342	116	507	10	5	2469	—	48	4	98	1	—	1	1	10	13	2	1	2	45	9
Total for County	6972	245	844	22	8	5243	—	153	8	233	1	1	1	1	23	24	19	1	2	126	17

Poliomyelitis

Thirty cases of Poliomyelitis were reported of which 22 were paralytic and 8 non-paralytic. The corresponding figures for 1956 were 6 and 11. Of the paralytic cases 5 occurred in children under 5 years of age, 8 in children of school age and 9 in adults. Of the non-paralytic cases 1 occurred in a child under 5 years of age, 4 in school children and 3 in adults.

The figure of thirty cases occurring over the period of one year was comparatively low, especially as several places in the County including the City of Lincoln suffered fairly severe outbreaks.

The cases in Lindsey were fairly evenly distributed apart from a small outbreak in the village of Nettleham and its environs early in the year. There were nine cases in and near this village over a period of several weeks.

Apart from all the usual preventive measures, in order to attempt to minimise the risk of further spread poliomyelitis vaccination was offered without further delay to all those children born between 1947 and 1954 — the age group specified by the Ministry of Health — whose parents had been invited to register. Whether the immediate stepping up of the vaccination programme in this village had any effect on the further progress of the outbreak is uncertain. Expert opinion is divided as to the efficacy of such a procedure, but it is interesting to note that no further cases were notified from the village during the course of the year.

Diphtheria

Once again it is possible to report that no case of diphtheria was notified during the year.

Dysentery

For the first time for several years there has been a reduction in the number of cases of dysentery notified. There were 153 cases in 1957 compared with 465 in 1956.

Ophthalmia Neonatorum

One case was notified during the year and a follow-up of this case showed there was no impairment of vision.

Acute Rheumatism

In January, the Acute Rheumatism Regulations, 1953, were extended for a period of twelve months by the Acute Rheumatism (Amendment) Regulations, 1957. These regulations require the notification of cases of acute rheumatism in persons under the age of sixteen years occurring in certain areas of England and Lindsey is one of these areas. The following table gives details of cases notified under the regulations in 1957. The total number of notifications received was 12 compared with 4 in 1956.

*Tabulation by age, sex and clinical classification of cases notified
as Acute Rheumatism during 1957*

Clinical classification of cases notified	Age in years								Total all ages		Total both sexes
	0-4		5-9		10-14		15 and over				
	M	F	M	F	M	F	M	F	M	F	
1. Rheumatic pains and/or arthritis without heart disease	—	—	—	1	—	1	—	1	—	3	3
2. Rheumatic heart disease (Active) (a) with polyarthritis (b) with chorea ...	—	—	1	—	2	2	—	—	3	2	5
3. Rheumatic heart disease (Quiescent)	—	—	—	1	—	—	—	—	—	1	1
4. Rheumatic chorea (alone)	—	—	—	—	—	1	—	—	—	1	1
Total rheumatic diseases	—	—	1	2	2	4	—	1	3	7	10
5. Congenital heart disease	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic heart disease or disorder	—	—	—	—	—	—	—	—	—	—	—
7. Non-rheumatic or cardiac disease	—	—	—	1	—	1	—	—	—	2	2
Total non-rheumatic diseases	—	—	—	1	—	1	—	—	—	2	2

Tuberculosis

The following table gives particulars of the incidence of tuberculosis during the years 1937 to 1957. The number of cases reported in 1957 was 189 a decrease of 23 compared with the previous year. The number of persons dying from tuberculosis who had not been notified during life as tuberculous was 5 compared with 6 in 1956.

Cases of tuberculosis reported from all sources, 1937-1957

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
1953	224	45
1954	220	40
1955	178	24
1956	168	44
1957	168	21

The following tables classify the cases according to age, sex and type of case :—

Summary of formal notifications during the period from the 1st January, 1957, to the 31st December, 1957.

	Formal notifications														
Age periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75 and upwards	Total (all ages)	
Respiratory males	1	—	3	—	4	8	16	8	12	6	11	3	1	73	
Respiratory females	—	1	1	1	1	9	7	10	5	8	3	6	1	53	
Non-respiratory males	—	—	—	1	1	2	2	1	1	1	—	—	—	9	
Non-respiratory females	—	—	—	—	3	2	—	1	—	2	—	—	—	8	

New cases coming to the notice 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	—	—	—	—	—	—	2	8	3	2	1	1	—	17
Respiratory females	—	—	—	—	2	1	6	10	4	1	—	1	—	25
Non-respiratory males	—	—	—	—	—	—	—	1	—	1	—	—	—	2
Non-respiratory females	—	—	—	—	—	—	—	—	1	—	1	—	—	2

Venereal Disease

The following tables give details relating to the incidence of venereal disease. The number of cases of syphilis and gonorrhoea under treatment in 1957 was 125 compared with 130 in the previous year.

New cases 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
1953	18	43	61
1954	33	36	69
1955	18	31	49
1956	14	32	46
1957	22	49	71

Number of cases of syphilis and gonorrhoea under treatment during the year 1957 at clinics situated in the County.

Clinic	Syphilis	Gonorrhoea	Total
Gainsborough ...	20	7	27
Louth ...	9	—	9
Scunthorpe ...	45	25	70
Skegness ...	6	13	19
Total ...	80	45	125

WELFARE OF HANDICAPPED PERSONS

Handicapped Persons (General classes)

Although the County Council had, during the year, given further consideration to the question of providing a service for the welfare of handicapped persons other than the blind and partially sighted and the deaf and dumb and had in fact submitted a scheme to the Minister of Health for approval no decision had been reached at the end of the year as to how and when the scheme, if approved by the Minister, would be implemented.

As this report goes to press however I am able to say that approval to the Council's scheme by the Minister has been given and a minimal sum has been included in the Council's financial estimates to enable a scheme to be started during 1958.

Deaf and Dumb

In 1956 a conference of representatives of local authorities in Lincolnshire was held to explore the possibility of adopting a joint scheme for the welfare of the deaf and dumb in the geographical county. No definite proposals had been formulated at the end of that year and it is not possible to report that any further progress has been made.

Blind and Partially Sighted Persons

During the year 104 new cases were registered, 78 of these being blind and 26 partially sighted. The corresponding figures for 1956 were 67 blind and 45 partially sighted. At the end of the year the register contained the names of 590 blind persons and 132 partially sighted persons compared with 576 and 134 respectively for the previous year.

The following tables give details of new cases registered as blind and partially sighted in 1957, indicating the cause of the eye defect and the age at which it occurred.

Blind—New cases registered in 1957

Cause of Eye Defects	Age at which blindness occurred											Total	%
	0-5	6-16	17-20	21-39	40-49	50-59	60-69	70-79	80-84	85-89	90+		
1. Senile Macula Degeneration ...	—	—	—	—	—	—	2	10	5	6	—	23	29.5
2. Cataract ...	—	—	—	—	1	1	1	6	5	1	2	17	21.8
3. Glaucoma ...	—	—	—	—	—	—	5	3	3	—	—	11	14.1
4. Optic Atrophy ...	—	—	—	2	2	—	1	1	—	—	—	6	7.7
5. Myopia ...	—	—	—	—	—	1	3	—	1	—	—	5	6.4
6. Chorioiditis ...	—	—	—	—	—	1	—	1	2	—	—	4	5.1
7. Diabetes ...	—	—	—	—	—	—	3	1	—	—	—	4	5.1
8. Thrombosis ...	—	—	—	—	—	1	2	1	—	—	—	4	5.1
9. Corneal Opacities ...	—	—	—	—	—	—	—	1	—	—	—	1	1.3
10. Iritis ...	—	—	—	—	—	—	1	—	—	—	—	1	1.3
11. Nystagmus ...	—	—	—	—	—	—	1	—	—	—	—	1	1.3
12. Retinitis ...	—	—	—	—	—	—	—	—	1	—	—	1	1.3
Grand Total ...	—	—	—	2	3	4	19	24	17	7	2	78	
Percentage ...	—	—	—	2.6	3.8	5.1	24.5	30.7	21.8	8.9	2.6		100.00

Partially Sighted—New cases registered in 1957

Cause of Eye Defects	Age at which partial sight occurred											Total	%
	0-5	6-16	17-20	21-39	40-49	50-59	60-69	70-79	80-84	85-89	90+		
1. Cataract ...	—	—	—	—	—	—	1	4	2	—	—	7	26.92
2. Glaucoma ...	—	—	—	—	—	—	2	1	1	—	—	4	15.38
3. Senile Macula Degeneration ...	—	—	—	—	—	—	—	1	2	—	—	3	11.54
4. Myopia ...	—	1	1	—	—	—	—	1	—	—	—	3	11.54
5. Keratitis ...	—	—	—	—	—	—	1	1	—	—	—	2	7.69
6. Nystagmus ...	2	—	—	—	—	—	—	—	—	—	—	2	7.69
7. Optic Atrophy ...	—	—	—	1	—	—	—	1	—	—	—	2	7.69
8. Diabetes ...	—	—	—	1	—	—	—	—	—	—	—	1	3.85
9. Thrombosis ...	—	—	—	—	—	—	1	—	—	—	—	1	3.85
10. Uveitis ...	—	—	—	—	—	—	1	—	—	—	—	1	3.85
Grand Total ...	2	1	1	2	—	—	6	9	5	—	—	26	
Percentage ...	7.69	3.85	3.85	7.69			23.08	34.61	19.23				100.00

In respect of the new cases registered in 1957, the following table gives details of the cause of the disability and indicates whether treatment was recommended or not and, if it was, the number of cases in which it was received.

	<i>Cause of disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Other</i>
(i) Number of cases registered during the year in respect of which para 7(c) of Form BD8 recommends				
(a) No treatment ...	11	11	—	46
(b) Treatment (Medical, Surgical & Optical) ...	17	5	—	14
(ii) Number of cases at (i) above which on follow up have received treatment ...	4	1	—	10

It will be noted that treatment was recommended in 36 cases and only obtained in 15. Of the 21 cases where treatment had not been provided, the position was as follows :—

- 5 persons refused treatment
- 6 persons were awaiting admission to hospital
- 1 person was unfit to undergo treatment
- 3 persons had died
- 5 persons were awaiting the completion of arrangements for treatment
- 1 person had left the area

The following table from the annual report of the Lindsey Blind Society shows the position of blind and partially sighted persons in the County as regards education, training and employment at 31st December, 1957.

Blind Persons

<i>Classification</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>% of Total</i>
Children 2-4 plus				
<i>Educable</i>				
In Sunshine Homes	—	1	1	} .51
At Home	1	1	2	
Children 5-15 plus				
<i>Educable</i>				
In Special Schools	4	2	6	} 1.69
<i>Ineducable</i>				
In Mental Deficiency Hospitals	2	—	2	
At Home	1	1	2	
Employed				
Workshops for the Blind	10	—	10	1.69
Home Workers	15	5	20	3.38
All Others	25	6	31	5.25
Undergoing Training				
Sheltered Employment	2	—	2	} .51
Open Employment	—	1	1	
Unemployed				
Employable—				
Trained Sheltered	—	—	—	
Trained Open	3	1	4	.68
Trainable Sheltered	—	—	—	
Trainable Open	1	—	1	.17
Without Training—Sheltered	—	—	—	
Without Training—Open	2	—	2	.34
Not Available— (a) 16-59	15	33	48	8.14
(b) 60-64	3	15	18	3.05
Not Capable— (a) 16-59	12	22	34	5.76
(b) 60-64	10	12	22	3.73
Not Working Over 65				
(a) 65-69	18	26	44	7.46
(b) 70-79	43	100	143	24.24
(c) 80-84	45	53	98	16.62
(d) 85-89	26	35	61	10.34
(e) 90 and over	8	30	38	6.44
Totals	246	344	590	100.00

Partially Sighted Persons

<i>Classification</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>% of total</i>
A. Prospective Blind Persons (other than children) who are near blind and likely to become blind and to need the full range of blind welfare services				
1. Employed	—	1	1	.76
2. Undergoing training	—	—	—	—
3. Unemployed but available for and capable of training or work	—	—	—	—
4. Incapable of or not available for work	13	37	50	37.88
B. Industrially Handicapped Persons (other than children) whose principal needs are likely to be met by proper placement in industry				
1. Employed	12	3	15	11.36
2. Undergoing training	—	—	—	—
3. Unemployed but available for and capable of training or work	3	—	3	2.27
4. Incapable of or not available for work	2	—	2	1.52
C. Requiring observation Persons (other than children) whose defect is neither industrially nor socially a serious handicap and whose vision may or may not deteriorate	19	20	39	29.55
D. Children 5-15 plus				
1. Attending Special Schools	13	1	14	10.60
2. Attending other schools	—	3	3	2.27
3. Educable but not at school	3	1	4	3.03
4. Ineducable	1	—	1	.76
Totals	66	66	132	100.00

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

There is one nursery in the County registered under this Act. It is run by a voluntary Committee at Skegness, is open only during the holiday season and provides places for 25 children.

At the end of the year only one person was registered under the Act as a daily minder.

PUBLIC HEALTH ACT, 1936—REGISTRATION OF NURSING HOMES

At the beginning of the year there were seven nursing homes registered with the County Council, providing beds for 111 cases. During the year the certificates of registration were surrendered in respect of two homes with the result that at the end of the year five homes, providing beds for 91 cases were registered with the County Council.

C. D. CORMAC,
County Medical Officer.

