[Report 1960] / Medical Officer of Health, County Council of the Parts of Lindsey (Lincolnshire).

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Lindsey (England : County). County Council.

Publication/Creation

1960

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COUNTY OF LINCOLN - PARTS OF LINDSEY



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1960

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



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C. D. CORMAC, M.A., B.M., B.Ch., D.P.H. County Medical Officer of Health Digitized by the Internet Archive in 2017 with funding from Wellcome Library



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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.

Deputy County Medical Officer of Health E. W. G. BIRCH, M.B., B.S., D.P.H. (appointed 25/1/60)

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

GEORGE R. THORPE, M.B., Ch.B., D.P.H.

(Appointed 26/9/60)

WILLIAM J. KERRIGAN,

M.B., C.Bh., B.A.O., L.M., D.P.H.

(Retired 24/10/60

RALPH J. R. MECREDY,

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

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

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.

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

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

ERNEST H. LAMB, M.B., Ch.B., D.P.H., D.I.H.,

(Appointed 7/9/60)

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

JOSEPHINE M. M. O'REGAN, L.R.C.P. & S.I.

(Appointed 28/3/60)

NORA LAING, L.R.C.P. & S.I.

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

(Retired 10/9/60) DORIS S. WILLIAMS, M.B., Ch.B., D.P.H.

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

ELIZABETH BRITAIN, M.B., B.S.

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

JESSIE D. CARRICK, M.B., Ch.B. Part-time

FAY P. S. MACDONAGH, M.B., Ch.B. Part-time

(Appointed 1/1/60)

Chief County Dental Officer

KENNETH H. DAVIS, L.D.S. (appointed 1/12/60) JOHN D. SYKES, L.D.S. (Resigned 30/9/60)

Assistant County Dental Officers

ROBERT B. DEARNALEY, L.D.S. (Resigned 16/1/60) DIGBY F. CAME, L.D.S., R.C.S.

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

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

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

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

CHRISTOPHER C. BULL, L.D.S., R.C.S., Part-time

DOUGALD R. STORR, L.D.S.

KEITH HUTCHINSON, B.D.S., Part-time

(Resigned 30/7/60)

JOHN A. DALY, L.D.S. Part-time (Resigned 9/6/60)

MARY S. S. DAVIS, L.D.S. (Appointed 1/3/60 - Resigned

1/12/60)

Orthodontist ALBERT W. GREENWOOD, B.D.S., L.D.S.

County Health Inspector GEORGE COLLINSON, D.P.A., P.H.ENG., M.A.P.H.I.

> Assistant County Health Inspector ARTHUR HENRY RANDS, M.A.P.H.I.

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. MARGARET BADDILEY, S.R.N., S.C.M., Health Visitors Cert. of R.S.H. MARY SAVILLE, S.R.N., S.C.M., Health Visitors Cert. of R.S.H. (Appointed 22/8/60) GWENDOLINE F. M. O'REILLY, S.R.N., S.C.M.

> Administrative Assistant CHARLES H. NICHOLSON

Senior Mental Welfare Officer W. DAVIES

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

DISTRICT MEDICAL OFFICERS OF HEALTH

District	Name	Qualifications	Address
URBAN	100	The state of the s	Affini Despetitus eliminatificantificantific
Alford	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	Council Offices, Alford
Barton-upon-Humber	J. S. Robertson	M.B., M.R.C.S., D.P.H., D.I.H.	50, Holydyke, Barton-upon-Humber
Brigg	J. S. Robertson	M.B., M.R.C.S., D.P.H., D.I.H.	Council Offices, Town Hall, Brigg
Cleethorpes Borough	G. Cust	M.B., Ch.B., D.P.H.	Health Dept., Council House, Cleethorpes
Gainsborough	W. C. Ward	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
	(Retires 24/10/60) G. R. Thorpe (Appointed 26/9/60)	M.B., Ch.B., 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
	(Retired 24/10/60) G. R. Thorpe (Appointed 26/9/60)	M.B., Ch.B., 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
	(Retired 10/9/60) E. H. Lamb (Appointed 7/9/60)	M.B., Ch.B., D.P.H., D.I.H.	Council Offices, Market Rasen
Scunthorpe Borough	S. Childs	M.A., M.R.F.P., & S.D., M.B., Ch.B., D.P.H., D.P.A., D.T.M., & H.	Health Dept., High Street East, Scunthorpe
Skegness	A. Loftus	L.R.C.P., L.R.C.S., L.M., D.P.H.	The Clinic, Cecil Avenue, Skegnes
Woodhall Spa	S. A. O'Hagan	M.B., B.S., D.P.H.	Council Offices, Woodhall Spa
RURAL Caistor	R. J. R. Mecredy (Retired 10/9/60)	B.A., M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Caistor
	E. H. Lamb (Appointed 7/9/60)	M.B., Ch.B., D.P.H., D.I.H.	Council Offices, Caistor
Gainsborough	W. C. Ward	M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Lord Street, Gainsborough
Glanford Brigg	J. S. Robertson	M.B., M.R.C.S., D.P.H., D.I.H.	Council Offices, Bigby Street, Brigg
Grimsby	G. Cust	M.B., Ch.B., 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	W. C. Ward	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,
	(Retired 24/10/60) G. R. Thorpe (Appointed 26/9/60)	M.B., Ch.B., D.P.H.	Louth Council Offices, Cannon Street, Louth
Spilsby	A. Loftus	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 1960

Registrar General's estimated mid-year population	 	 325,870
Live births	 	 5,823
Live birth rate per 1,000 population	 	 17.87
Illegitimate live births per cent. of total live births	 	 4.81%
Still births	 	 123
Still-births rate per 1,000 total live and still-births	 	 20.69
Total live and still births	 	 5,946
Infant deaths	 	 132
Infant mortality rate per 1,000 live births-total	 	 22-63
Infant mortality rate per 1,000 live births-legitimate	 	 21.47
Infant mortality rate per 1,000 live births-illegitimate	 	 46.43
Neo-natal mortality rate per 1,000 total live births	 	 14-60
Early neo-natal mortality rate per 1,000 total live births	 	 12.36
Perinatal mortality rate	 	 32.80
Maternal deaths (including abortion)	 	 Nil
Maternal mortality rate per 1,000 total live and still births	 	 Nil
Deaths from all causes	 	 3,492
Death rate per 1,000 population	 	 10.72
Deaths from tuberculosis—pulmonary	 	 11
Deaths from tuberculosis—pulmonary—rate per 1,000 population .	 	 0.034
Deaths from tuberculosis—other forms	 	 6
Deaths from tuberculosis—other forms—rate per 1,000 population	 	 0.018
Deaths from cancer	 	 633
Deaths from cancer—rate per 1,000 population	 	 1.94

The birth and death rates for the County and, for purposes of comparison, for England and Wales are given below:—

		Live births rate for 1,000 population	Death rate for 1,000 population
England and Wales	 	17-1	11-5
Lindsey	 	18-6	11.04

Live Births 1960

Districts	Total Births	Legi	timate	Illegitimate				
		male	female	male	female			
Urban								
Alford	30	12	17	1				
Barton-upon-Humber	107	54	49	2	2			
Brigg	76	32	39	2	2 3			
Cleethorpes Borough	608	288	289	17	14			
Gainsborough	327	161	148	10	8			
Horncastle	60	29	27	4	_			
Louth Borough	179	95	81	1	2			
Mablethorpe and Sutton	85	47	35	3				
Market Rasen	38	20	18	_	_			
Scunthorpe Borough	1.288	672	546	32	38			
Skegness	144	71	59	7	7			
Woodhall Spa	30	13	16	_	1			
Aggregate Urban Districts	2,972	1,494	1,324	79	75			
Rural					1000000			
Caistor	249	121	124	2	2			
Gainsborough	247	130	110	4	3			
Glanford Brigg	594	287	273	18	16			
Grimsby	318	155	152	5	6			
Horncastle	235	121	105	4				
Isle of Axholme	228	122	96	3	5 7 5			
Louth	308	147	149	7	5			
Spilsby	362	190	150	11	11			
Welton	310	155	138	7	10			
Aggregate Rural Districts	2,851	1,428	1,297	61	65			
Whole County	5,823	2,922	2,621	140	140			

Still Births 1960

Districts	Total Births	Legit	timate	Illegitimate				
		male	female	male	female			
Urban								
Alford	_		- 1	-	_			
Barton-upon-Humber	4	4		_	-			
Brigg	2	2	-		-			
Cleethorpes Borough	12	4	8	_				
Gainsborough	12 5 2 3	2	3		_			
Horncastle	2	1	1	_	_			
Louth Borough	3	2	1	_	_			
Mablethorpe & Sutton	1	_	-		1			
Market Rasen	-		_	_	_			
Scunthorpe Borough	35	15	16	4	_			
Skegness	2	1	1		_			
Woodhall Spa	- 1	_	_	_	-			
Aggregate Urban Districts	66	31	30	4	1			
Rural								
Caistor	4	1	3	-	_			
Gainsborough	6	4	3 2	_	-			
Glanford Brigg	11	4	6	1	_			
Grimsby	9	6	2	-	1			
Horncastle	5	4	1	_	_			
Isle of Axholme	4	3	1	_	-			
Louth	1	1	_		_			
Spilsby	8	4	4		_			
Welton	9	5	3	-	1			
Aggregate Rural Districts	57	32	22	1	2			
Whole County	123	63	52	5	3			

Causes of all deaths in the County at different ages, 1960

	Managali		to all	othy	land"		moinnek		75 and	
	Causes of death	0-	1—	5—	15	25—	45—	65—	over	Tota
1.	Tuberculosis, respiratory	_	_	_	61-	1	4	5	1	11
2.	Tuberculosis, other	_	_	_	_	_	2	4	-	6
3.	Syphilitic disease	-	-	-	-	1	77	-	2	3
4,	Diphtheria	-	-	-	-	-	-	-	-	55
5.	Whooping cough	-	-		-	-		-	-	-
6.	Meningococcal infections	_	_	-	-	-	-	-	-	-
7.	Acute poliomyelitis	-	-	-		-	-	_	-	-
8.	Measles	_	_	_		_	-	art-will	-	_
9.	Other infective and parasitic disease	1	1	-	-	-	6	3	2	13
0.	Malignant neoplasm, stomach	-	_			2	21	15	27	65
1.	Malignant neoplasm, lung bronchus	-	-	_	_	2	68	41	19	130
2.	Malignant neoplasm, breast					3	12	16	16	47
3.	Malignant neoplasm, uterus	_	_	_	_	3	17	5	4	29
4.	Other malignant and lymphatic		la l			1000		nearmoH		
	neoplasms	1	1	3	3	10	97	103	119	337
5.	Leukaemia, aleukaemia	_	2	1	4	- 3	9	4	2	25
6.	Diabetes	_	_	_	1	_	8	11	11	31
7.	Vascular lesions of nervous system	_	_		10 5	3	72	135	317	527
8.	Coronary disease, angina	-	_	_	_	13	152	209	226	600
9.	Hypertension with heart disease	_	_	_		_	16	32	49	97
0.	Other heart disease		_	_	1	10	42	87	318	458
1.		_	1990	01318	1	3	31	25	100	160
2.	Influenza	_	_		_	_	3	5	2	10
3.		18	1	2	2	4	11	19	54	111
4.	Bronchitis	2	1			1	32	40	52	128
5.	Other diseases of respiratory system	6	4	1	_	4	8	7	12	42
6.		_	1		E 200	2	3	5	18	29
	Gastritis, enteritis and diarrhoea	1			_	-	1	4	9	15
	37 1 12 1 1 1 1	,			1		8	11	10	30
9.	**				1		3	11	31	45
0.	Pregnancy, childbirth, abortion							11		
		26		-	-	2	-	-		20
1.	Congenital malformations Other defined and ill-defined diseases		3	2	1		4	51	166	39
2.		73	3	4	4	10	51	and the second	166	362
3.		_	2	1	13	11	12	4	5	48
	All other accidents	4	1	7	6	9	18	6	17	68
5. 6.	Suicide Homicide and operations of war	-	-	-	1	5	14	5	1	26
	Total	132	20	21	38	102	725	864	1,590	3,492

Table giving deaths for each County District, in respect of year 1960, population, number of births and deaths together with analysis of causes of death.

	1	_	-				-								-				1																					
District	Registrar General's estmated population	Live Births	Deaths	Tuberculosis,	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm stomach	Malignant neoplasm	Malignant nepolasm	Malignant neoplasm	Other malignant and	Leukaemia, Aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease,	Hypertension with heart disease	Other heart disease	Other circulatory diseases	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	astritis, o	Nephritis and nephroeis	yperplasis	Pregnancy, childbirth abortion	Congenital	Other defined and	otor	All other accidents	Suicide	Homicide and	
Urban																																			-				-	
Alford	2,090	30	35	5 _	-	_	-	_	-		_	_		_	_	1	6	_	-	8	5	1	5	3																Urban
Barton-upon- Humber	6,440	107	80	1	1	_	_							5	1	2	7			13			9						1		1				4	-	-		-	Alford Barton-upon-
Brigg	4,540			1	-		_						2	2	1	-	7		1	12		*	0	3		1	2	1	-	1	1	2		+	8	1	1	-	-	Humber
Cleethorpes Borough	1	1	353		_							1	10	18	3	2	32	1	4	44	65	22	32	11		*	3	-	1	1	2	1		1	10	1	2	1	-	Brigg
Gainsborough	17,340	1	239		_		_	_					1	11	3	3	24	1	2	26	48		30	13		11 7	25	3	4		-	2		2	37	4	6	3	-	Cleethorpes Borough
Horncastle	3,900	60			1	_	_	_	_	_			1	1	1	_	3		1	7	70	1	2	13			2		3		1	4		3	30		5	3	-	Gainsborough
Louth Borough	11,490	179	147	_	1	1	_	_	_	_		1	3	10	3	1	13	2	1	30	24	6	14	12		5	3				-	-		-	1		2	2	-	Horncastle
Mablethorpe and																	1			-	200						3				1	3		1	1+		-		-	Louth Borough
Sutton	5,230	85		-	-	-	-	-			-		-	7	1	1	8	1	3	16	12	3	15	1		2	4	2	-	-	-	1	-		8	-			-	Mablethorpe and Sutton
Market Rasen	2,090	38		-								-	-	-	-	-	7	-	_	0	4	2	0	1		1	1	-	-	2	1	-			4	-		1	-	Market Rasen
Scunthorpe Borough		1288				-		-				3	9	31	7	6	48	5	3	81	86	12	66	25	-	18	19	6	7	2	9	2		6	63	7	19	3	-	Scunthorpe Borough
Skegness	12,700											2	4	1	2	1	18	1	2	31	32	3	41	4	1	6	3	-	1	-	3	2			12	1		1	-	Skegness
Woodhall Spa	2,150	30	31										2	1		-	3			0	8	2	7	1		3		-		-	1				8	3	1		-	Woodhall Spa
Total	162,150	2972	1850	10	3	1	-	-	-	-	-	9	32	87	22	18	176	11	17	280	314	64	236	78	5	58	70	22	17	6	20	17		17	199	17	36	14	-	Total
Rural																																								Rural
Caistor	13,380	249	138	-	-	-	-		-	-	-		1	3	2		14	3	2	24	21	2	22	8	1	5	5	-		1		1		2	18	1	2		_	Caistor
Gainsborough	12,190	247	112	-		-	-	-	-	-	-	1	1	6	2	-	7	1	-	16	18	1	18	7	-	4	4	-	1	-	1	2			15	3	3	1	-	Gainsborough
Glanford Brigg	34,110	594	335	-	-	2	-	-	-		-	-	9	6	5	2	35	2	5	40	56	7	55	19	-	8	9	3	5	1	5	6		5	24	15	10	1	-	Glanford Brigg
Grimsby	16,270	318	151	-	-	-				-	-	-	2	4	3	1	17	2	2	26	32	5	13	4	-	4	8	2	1	-	1	3		1	14	2	3	1	-	Grimsby
Horncastle	13,890	235	118	1			-			-	-	1	3	5	2	2	7	2	-	15	25	-	10	8	1	5	9	1	-	-	2	2		2	8	2	3	2	-	Horncastle
Isle of Axholme	14,310	228	168	-	2	-	-	-	-	-	-	1	7	5	1	2	19	1	1	30	30	3	19	7	-	3	5	2	2	3	-	2		2	13	4	4		-	Isle of Axholme
Louth	19,010	308	220	-	1			-	-	-	-	-	5	2	4	-	35	1	3	29	29	8	23	8	2	10	8	6	1	3	-	4		2	26	1	1	2	-	Louth
Spilsby	23,100	362	254		-		-	-	-	-	-	-	3	4	4	2	20	1	-	46	49	5	49	10		8	6	3	1	1	1	5	-	4	24	1	3	4	-	Spilsby
Welton	17,460	310	146				-	-	-		-	1	2	8	2	2	7	1	1	21	26	2	13	11	1	6	4	3	1	-	-	3		4	21	2	3	1	-	Welton
Total	163,720	2851	1642	1	3	2	-	-	-	-	-	4	33	43	25	11	161	14	14	247	286	33	222	82	5	53	58	20	12	9	10	28	-	22	163	31	32	12	-	Total
Total for Admini- strative County	325,870	5823	3492	11	6	3	-	-	-	-	-	13	65	130	47	29	337	25	31	527	600	97	458	160	10	111	128	42	29	15	30	45	-	39	362	48	68	26	-	Total for Admini- strative County

								114.7	

General

The year 1960 was marked by the coming into operation on 1st November, of a scheme under which the Scunthorpe Borough Council was authorised to exercise, on behalf of the County Council, for and in respect of the Borough, functions under the Mental Health Act, 1959, except insofar as it amends Part III of the National Health Service Act, 1946, and the following functions under the National Health Service Act, 1946, as amended by the Mental Health Act:—

Section 21 - Health Centres

Section 22 - Care of Mothers and Young Children

Section 23 - Midwifery Service

Section 24 - Health Visiting Service

Section 25 - Home Nursing Service

Section 26 - Vaccination and Immunisation

Section 28 — Prevention of illness, Care and Aftercare, except functions relating to training centres for the mentally disordered and to the care or aftercare of such persons in residential accommodation.

Section 29 - Domestic Help Service

So far as the Domestic Help Service is concerned, although the service is subject to delegation, the Borough Council have agreed that for the time being the service is to be administered by the County Council through the area welfare organisation established for Scunthorpe and district.

At the end of the year practically the whole of the midwifery and home nursing services had actually been taken over, but it was expected that it would be the summer of 1961 before the transfer of the functions was complete.

INFANT AND CHILD MORTALITY, 1960

In 1947, the Registrar-Generals' estimated mid-year population of Lindsey was 288,630, and the infant and child deaths for that year were 332. Since that time there has been an appreciable rise in the population and in 1960 the figure was approximately 325,000, yet the number of infant and child deaths has fallen to 173 for the year. In this connection it is worthy of note that, of the 173 death returns studied, in no case was it recorded that a child had died from poliomyelitis, scarlet fever, whooping cough, tuberculosis, or in fact, of any of the old recognised killer diseases of the past. It is reasonable to suppose that the preventive medicine practised by public health authorities have almost eliminated these diseases as menaces and, whereas measles is with us in as great numbers as previously, curative medicine is now able, to a large extent, to overcome the serious complications which used to attend such outbreaks.

Causes of deaths in infants during the first week of life

Cause	Number of deaths	Percentage of total deaths in this age group	Percentage of total deaths of all children up to 16 years of age
Prematurity	36	45.0	20.8
Congenital causes	12 12	15-0	6-9
Atelectasis	12	15-0	6.9
Birth injury	0	11.25	5.2
Respiratory diseases	4	5-0	2.3
Infection	1	1.25	-6
Other causes	6	7.5	3.4
Total	80	100-0	46-1

As the above table shows, prematurity again is the greatest single cause of death in this group and actually accounts for 20% of all deaths up to the age of 16 years.

Atelectasis is shown as being the cause of 15% of deaths. In fact, these cases of atelectasis were frequently in premature babies and it was difficult to decide whether atelectasis or prematurity was the primary cause of death.

Causes of deaths in infants one week to one month of age

There were only eight deaths in this group, seven of which were due to congenital causes and one due to infection

Causes of deaths in infants one month to three months of age

Cause	Num of dec		Percentage of total deaths of all children up to 16 years of age
Congenital causes . Accidental death	9 6 3 1	42·8 28·6 14·4 4·7 9·5	5·2 3.5 1·7 ·6 1·1
Total .	21	100-0	12-1

It is sad to note that, at so tender an age, accidents can cause three deaths out of a total of only 21.

Causes of deaths in infants three months to one year of age

Cause	Number of deaths	Percentage of total deaths in this age group	Percentage of total deaths of all children up to 16 years of age
Infection	 14 7 2 1	58-3 29-2 8-3 4-2	8·1 4·0 ·1·1 ·6
Total	 24	100-0	13.8

Respiratory disease and congenital defects are almost the sole cause of death in this age group.

Causes of deaths in children 1 year to 5 years of age

Cause	Number of deaths	Percentage of total deaths in this age group	Percentage of total deaths of all children up to 16 years of age
Respiratory disease . Congenital causes . Accidental death .	5 4 3 2	26·3 21·0 15·8 10·6 26·3	2·9 2·3 1·7 1·2 2·9
Total .	19	100.0	11.0

There is little to comment upon in this table, except that one death in every 10 was accidental.

Causes of death in children 5 years to 16 years of age

Cause	Number of deaths	Percentage of total deaths in this age group	Percentage of total deaths of all children up to 16 years of age
Accidental death	9	42.9	5-2
Respiratory disease	3	14-3	1.7
Infection	2	9-5	1.1
Congenital causes	1	4-7	-6
Other causes	6	28-6	3-4
Total	21	100-0	12-0

As usual, accidental death looms high in this age group. It is disheartening that, whilst curative and preventive medicine have advanced so far as virtually to abolish tuberculosis, poliomyelitis, scarlet fever, diphtheria and whooping cough as killer diseases amongst young children, accidents or misadventure must rob us of our gains.

Causes of all deaths 0 - 16 years of age

Cause	Number of deaths	Percentage of total Deaths
Prematurity	 36	20.8
FR 1 1	 36	20-8
Respiratory disease	 34	20-0
	 15	8.7
Infection	 12	6.8
Atelectasis	 12	6.8
Birth Injury	 9	5.2
O.L.	 19	10-9
Total	 173	100-0

SANITARY CIRCUMSTANCES OF THE COUNTY

Housing

The improvement of housing conditions in some districts still presents a formidable task. The problems in most cases include repair, reconditioning and slum clearance. Most districts have reviewed the position with regard to slum clearance and, whilst the following statistics may be subject to slight revision, due to the varying circumstances which arise, the extent of the problem is abundantly clear and district councils should be urged to pursue vigorously the improvement of housing conditions by all possible means.

Houses placed under the category to be dealt with by the slum clearance procedure are as follows:--,

Boroughs and Urban Disrticts

Rural Districts 2,055

891

Total ... 2,946

...

The following table gives details of the number of houses dealt with by way of grant aid.

DISCRETIONARY GRANTS (under Housing Act, 1949)				STANDARD GRANTS (introduced by Housing Act, 1959)					Table 1	
No. of ap		No. of hous		TOTAL		No. of applications for grant No. of houses subject to grant			TOTAL	Total No. of houses sub- ject to Discre-
Boroughs and Urban Districts	Rural Districts	Boroughs and Urban Districts	Rural Districts		Boroughs and Urban Districts	Rural Districts	Boroughs and Urban Districts	Rural Districts		tionary and Standard Grants
241	427	218	415	633	179	683	160	682	842	1,475

The total number of houses subject to grant represents an increase of 631 over 1959 but, of this total, 842 were dealt with by the standard grant. This deals with the poorer class of property and provides for a bath, wash basin, W.C., hot water system and food store, subject to the estimated life of the house being not less than 15 years. The number of houses subject to the discretionary grant was 251 less than in 1959, the decrease being in the rural districts.

Camping Sites and Moveable Dwellings

The Caravan Sites and Control of Development Act, 1960, gives local authorities more comprehensive power to control the establishment and operation of caravan camps. One important provision of the Act is the power to prescribe standards to be applied to camps relating to the density of caravans, roads, hard standings, fire fighting appliances, water supply, drainage and sanitation and storage facilities. In this respect, the Ministry of Housing and Local Government have given a lead by publishing model standards which deal with these matters.

In order to achieve the maximum degree of uniformity, meetings of the officers of coastal and inland authorities have been held and general agreement reached on standard conditions for holiday and residential camps.

The continuation of modern chalet development has effected further improvement as these are replacing some of the older caravans and existing sub-standard chalets.

The absence of public sewerage facilities, particularly at Ingoldmells and the Trunch Lane area of Chapel St. Leonards, caused serious public health nuisances during the holiday season by reason of widespread pollution of dykes. It is gratifying to note that sewerage schemes covering these areas are likely to proceed in the near future.

The total number of caravans on licensed sites is 12,361, of which the vast majority are situate in the coastal areas.

Water supplies

Further progress has been made in the regrouping of water supplies. In the case of Lincoln and district, which includes the Gainsborough Urban and Rural Districts and Welton Rural District, the Minister of Housing and Local Government has confirmed the order giving effect to the formation and operation of a Board in 1961.

A draft order for the formation of a Board covering the East Lindsey districts has been submitted to the Minister for consideration.

The arrangements for the regrouping in the north of the county were concluded during previous years.

The practice of one industrial undertaking on the Humber Bank to return cooling water to the chalk strata under licence by the Minister has been kept under observation and satisfactory safeguards and conditions have been maintained.

A proposal of the North East Lincolnshire Water Board to increase the permitted rate of abstraction of water at Tetney was opposed in order to safeguard existing private consumers. This is in addition to the proposed regional development of the water resources of the chalk in the Louth Rural District which is being kept under close observation.

Further mains were laid in the parishes of Saltfleetby St. Peter, Saltfleetby All Saints, Saltfleetby St. Clements, Theddlethorpe All Saints and Theddlethorpe St. Helen in the Louth Rural District under the Regional Water Supply Scheme.

Sewerage and sewage disposal

Substantial progress has been made during the year as follows:-

Borough of Cleethorpes			Extensions of sewers to meet housing requirements mainly off Sandring-
------------------------	--	--	--

Borough of Scunthorpe ... Extensions of sewers to serve development in Westcliffe, Grange Lane,
Copse Road and Sutton Road.

Extension to sewage disposal works at Bottesford and Ashby commenced.

Brigg Urban District... ... Reconstruction of sewage disposal works of adequate capacity to serve
Brigg together with the parish of Wrawby in Glanford Brigg Rural

District commenced.

Skegness Urban District ... Provision of sewers in Burgh Road, Skegness.

Caistor Rural District ... Scheme commenced for new sewage disposal works to serve Caistor and Nettleton and the provision of sewers in Nettleton and extensions in

Caistor.

Gainsborough Rural District ... Completion of schemes for Sturton by Stow and Stow (joint) Marton and Gate Burton (joint) and Willingham.

Glanford Brigg Rural District ... Completion of scheme for Goxhill.

Schemes for Winterton (new outfall sewer to River Humber) and Wrawby

proceeding.

Sewer extension at Greetwell Cross Roads near Scawby carried out.

Grimsby Rural District ... Scheme for the provision of sewers in New Waltham proceeding (these

will discharge by the existing sea outfall).

Isle of Axholme Rural District ... Partial scheme for Epworth nearing completion.

Scheme for Haxey proceeding.

Welton Rural District ... Scheme for Welton and Dunholme completed.

Extension of Sewers in Wragby Road East and Hawthorne Avenue in

Nettleham and Greetwell parishes.

Reference has been made in the section dealing with camping to the unsatisfactory conditions at Ingoldmells and Chapel St. Leonards, owing to the lack of public sewers. After prolonged discussion, relating particularly to grant aid, the Spilsby Rural District Council now propose to proceed with these schemes.

Conversion of pail closets to water closets

During the year, 1,598 pail closets were converted to water closets, of which 1,545 were in rural districts. This represents an increase of 285 over 1959 and indicates a substantial improvement in housing amenities by the completion of sewerage schemes.

Coastal pollution

Conditions on the whole of the Lincolnshire Coast have been kept under observation. Apart from certain localised circumstances which are receiving attention as necessary, the situation remains quite satisfactory and there is no evidence whatsoever of any infectious disease having been contracted by reason of sea bathing.

Refuse collection and disposal

The frequency of collection during the year has varied from one week in the urban areas to one to three weeks in the rural areas, with the exception of Horncastle Rural District, where in twelve parishes refuse was collected at 3 monthly intervals. The Rural District Council considered the matter and the service has since been extended to a collection throughout the district not less frequently than once every three weeks.

Representation has been made in the case of unsatisfactory refuse tips, particularly in rural districts.

Atmospheric pollution

One area in Scunthorpe comprising mainly the Ridding's Estate, which includes some 1,600 houses, has been designated as a smoke control area.

As this area is situate on the south side of the Borough, the Glanford Brigg Rural District Council are proceeding with an application for a smoke control zone to include an adjacent area in the parish of Bottesford which is being developed for residential purposes. In addition, consideration is now being given to a further area in the western sector of Scunthorpe known as the Western Escarpment.

The Alkali Inspectorate of the Ministry of Housing and Local Government are concerned with emissions from the major steel and chemical industries of Scunthorpe and the Humber Bank respectively, together with the cement factories which are situate at South Ferriby and West of Hibaldstow.

Emergency public health measures

The flooding which occurred in the Horncastle area during the early part of October gave rise to public health problems requiring immediate attention. Assistance was rendered, particularly in connection with the safeguarding of water and food supplies and general matters connected with hygiene and sanitation.

Approximately 550 business and other premises which included a substantial number of sub-standard houses were affected by flooding to varying degrees.

Hot air drying apparatus was made available at relatively short notice mainly by the Services and this greatly assisted in drying out these propoerties. In addition, local authorities assisted by placing refuse collection and other vehicles, together with workmen, at the disposal of the urban district council.

INSPECTION AND SUPERVISION OF FOOD AND DRUGS

Sampling of Foods and Drugs for analysis

The basic legislation relating to Food and Drugs administration remained unaltered but the following new or amended Regulations were introduced:—

The Arsenic in Food (Amendment) Regulations, 1960, raised the permitted limit of arsenic in brewers yeast for use by manufacturers in the production of yeast products, from 2 to 5 parts per million. The limit for all other products remains at 1 part per million. The Skimmed Milk with Non Milk Fat Regulations, 1960, which become operative on 19th September, 1961, will permit the sale of skimmed milk to which non milk fat (i.e., in practice vegetable oil or fat) has been added. Provision is included in the Regulations for adequate labelling but this may be dispensed with when the commodity is served as a beverage.

An Advisory Food Standards Committee was constituted during the year which includes representatives of the Ministry of Agriculture, Fisheries and Food and the associations of local authorities. The terms of reference of the Committee include making recommendations on food standards generally and whether these should be enforced by regulation or code of practice. This is a welcome step as the introduction of new standards and the revision of some existing standards is overdue. During the year reports of the Advisory Committee were published in connection with bread and flour.

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

								Number Analysed	Geniune	Adulterated or otherwise below standard
1.	Milk							12	9	3
2.	Processed milk products	s (incl	uding cr	ream	butter ar	d ice cr	ream)	69	64	5
3.	Edible fats and oil					***		25	25	Nil
4.	Preserves							24	24	Nil
5.	Tinned, bottled and d	ried :	articles					70	69	1
6.	Alcoholic beverages							24	24	Nil
7.	Non-Alcoholic beverag	es						38	38	Nil
8.	Sugar and flour confe	ctione	ry					38	29	9
9.	Meat and fish products	(not	included	d in I	tem 5)			97	79	18
10.	Vinegars, pickles, sauce					ssences		44	44	Nil
11.	Cereal products							5	5	Nil
12.	Miscellaneous		***					22	22	Nil
13.	Medicines and drugs							35	35	Nil
					Total			503	467	36

In addition 1,012 samples of milk (including 85 samples of school milk) were examined in the laboratory at the county offices during the year.

Samples which showed evidence of adulteration or those which were otherwise unsatisfactory were dealt with by warning letters or advisory action, except for two samples described as bread and butter which were the subject of legal proceedings. These were found to consist in one instance of margarine and in the other of a mixture of 45 per cent. butter and 55 per cent. margarine. Fines and costs totalling £10.5.0d. were imposed in connection with these offences.

Complaints were received in ten instances from purchasers of food stuffs relating to the presence of extraneous matter. These included mould, fibrous matter, wire and other substances. The circumstances were fully investigated in each case and the manufacturers or retailers were duly warned under the Act.

One sample of cockles and one of muscles were found to contain bacillus coli, the presence of which indicates unsatisfactory collecting grounds or processing arrangements or both. The matter was referred to the Medical Officer of Health of the District concerned and subsequent samples were satisfactory.

Merchandise Marks Act, 1887-1953

Inspections were carried out in order to ensure the correct labelling or marking of imported foodstuffs.

Retailers are now much more alert to these requirements and the situation is generally satisfactory although constant surveillance is necessary.

Specified areas

The whole of the county is included in "specified areas" which have been made under the Food and Drugs Act and which require that all milk sold by retail shall be tuberculin tested, pasteurised or sterilised. The sale of ungraded milk is still permitted to agricultural workers by their employers, if the latter do not engage in the sales of designated milk.

The following samples of milk were taken in the course of retail delivery:-

Tuberculin teste		(paste	urised)	 	 	151
Pasteurised milk				 	 	161
Sterilised milk	***	,		 	 	175

These samples which include both milk pasteurised in Lindsey and in adjacent food and drug areas passed the prescribed tests for efficiency of heat treatment and keeping quality.

The sampling of milk for biological examination which is dealt with in the succeeding paragraph covers the retail sales of raw tuberculin tested milk and all sales of ungraded milk.

Biological Examination of Milk

Six hundred and thirty-eight samples of raw milk were subject to biological examination of which one sample showed positive evidence of tuberculosis and 35 samples showed positive evidence of brucella abortus.

The herd from which the sample was taken which showed positive evidence of tuberculosis was subject to disposal and slaughter before an investigation was carried out and the producer re-stocked with an attested herd.

One of the samples showing evidence of brucella abortus was from a tuberculin tested herd, the milk of which was retailed in its raw state. Further samples were taken from individual cows and two were found to be secreting infected milk. The producer disposed of these for slaughter.

In all other cases the milk was subject to pasteurisation except that which was consumed by the producers or their employees, who were appropriately advised.

Supervision of pasteurising plants

Five pasteurising plants are licensed by the County Council and all operated in a satisfactory manner during the year. The following samples were taken direct from the dairies concerned:—

T	uberculin tested mi (Pasteurised)	lk		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 phosphate test †
220	Nil	Nil	386	Nil	Nil

^{*} Test relates to keeping quality of milk.

[†] Test relates to efficiency of heat treatment.

In addition to the samples of milk from pasteurising establishments the mechanism and instruments of the plant are kept under close observation and the bacteriological condition of the plant, together with that of the milk churns and bottles, is subject to periodic check.

The Milk (Special Designation) Regulations, 1960, which became operative on 1st January, 1961, have placed the responsibility for licensing all milk dealers upon the food and drugs authority in lieu of the district councils.

During recent years the milk industry has become organised into larger and fewer units, particularly in so far as the sterilising and pasteurising of milk is concerned. Having regard to other supervisory duties of food and drugs authorities over milk supplies, the change in licensing is a logical step and has resulted in a reduction in the number of licences required by milk dealers and a greater degree of uniformity in administration.

Food Hygiene Regulations, 1960

Although the majority of food premises, including restaurants and cafes, now comply with the required standards and indeed many are provided with most elaborate and expensive equipment, it would be a retrogade step for public health officers to relax in their efforts to promote food hygiene.

Frequent inspections and the education of food handling personnel is an essential routine and is particularly important in the coastal areas with the influx of holiday makers and the operation of seasonal food businesses by temporary staff.

The school canteens have been under the surveillance of the County Health Inspector and conditions are generally satisfactory.

Slaughterhouses and meat inspection

All local authorities have completed a survey of slaughterhouses in their districts and the reports relating to the structural and hygienic conditions, together with the requirements for slaughtering facilities, have been considered by the Minister of Agriculture, Fisheries and Food in most cases. Some of the most unsatisfactory premises have been closed and time limits for carrying out the necessary works of improvements have been imposed on the remainder.

The following table gives details of the number of animals slaughtered and inspected. The amount of meat inspected is almost 100 per cent. of the animals slaughtered but the scattered nature of some rural districts, together with other factors, make 100% inspection difficult to achieve:—

	Cattle excluding Covs	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	17,844	1,116	368	46,167	55,350	DIA TO
Number inspected	17,668	1,114	366	45,285	55,287	-
All diseases except Tuberculosis and Cysticerci Whole carcases condemned	26	47	23	177	122	Min_be
Carcases of which some part or organ was condemned	3,434	128	21	425	3,334	_
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	19-58	15.70	12.02	1-19	6.36	molely:
Tuberculosis only Whole carcase condemned	8	7		Tank lalas	4	-
Carcases of which some part or organ was condemned	503	19	_144	returned to	1,176	_
Percentage of the number inspected affected with tuberculosis	2.89	2.33	_		2.10	_
Cysticerosis Carcases of which some part or organ was condemned	70	1	100	IOLAM 4		_
Carcases submitted to treatment by refrigeration	70	1	_	_	002	_
Generalised and totally condemned	_	_			_	

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal care

Ante-natal clinics are held only at the locations listed below. In addition there are ante-natal and mothercraft classes held at Cleethorpes, Gainsborough, Louth, Scunthorpe and Skegness. Attendances at Louth and Skegness were very disappointing and it is proposed to discontinue the medical officer's attendance at the Skegness clinic early in 1961.

The Scunthorpe and Horncastle ante-natal sessions are held in conjunction with other clinics.

Attendances at Ante-Natal Clinics, 1960

Clinics	Number of expectant mothers	Number of attendances	Sessions held	Average attendances
Cleethorpes (closed 31.12.60) Crowle Haxey Horncastle Mablethorpe	176 22 44 14 75 71	189 66 164 42 189 85	28 24 24 28 23 48	7 3 6 2 8 2
	402*	735	175	4
Attendances for Ante-Natal Exami- ation at Infant Welfare Centres	51	74		
Total	453	809		

Included-attendances for blood test.

Not included-attendances at Relaxation Classes-1,519.

Attendances at Ante-Natal Clinics for Post natal Examination, 1960

Cli	inic		No. of expectant mothers	No. of attendances	Sessions held	Average attendances
Cleethorpes (clos	sed 31	.12.60)	 nil	nil	28 24 24 24 28	nil
Crowle			 4	7	24	_
Haxey			 3	13	24	=
Horncastle			 19	28	28	1
Mablethorpe			 16	13 28 47	23	2
Scunthorpe			 nil	nil	48	nil
		Total	 42*	95	175	

^{*}Number of new cases-31 (i.e., making 1st attendance at Clinic during year).

^{*}Number of new cases-350 (i.e., making 1st attendance at clinic during year).

Clinic		Number of attendances	Number of sessions	Average attendance
Cleethorpes Gainsborough (Woods Terra Louth	ice)	357 285 162	23 23 37 48	16 12 4
Scunthorpe Skegness		599 116	48 26	12 4
Tot	al	1,519	157	10

Maternity outfits

There were 2,134 maternity outfits supplied during the year.

Care of unmarried mothers

The arrangements which were made with the Lincoln Diocesan Association for Moral Welfare for residential care of unmarried mothers continues as they have done in the past.

During the year 34 unmarried mothers were cared for under these arrangements.

Child Welfare

Infant welfare centres

Three new clinics were opened during 1960, at Binbrook R.A.F. Station, Healing and Sturton by Stow, making a total of 60 clinics covering the County.

Following the introduction of the National Health Service Act, 1946, attendances at infant welfare clinics began to decline. In 1948 there was a total of 58,067 attendances at clinics. By 1956 this figure had fallen to 50,203. The years 1957 and 1958 showed a very small rise to 52,513. The year 1959, however, showed a very substantial rise in attendances up to 58,513 and 1960 has shown a further increase in attendances, the figure being 63,020.

In other words, clinic attendances have increased by 10,507 in two years, an increase of approximately 18%.

This increase, more than any other comment which can be made, indicates the continued value of these clinics to the community, and that the policy should be to increase rather than decrease these services.

Were the clinics to be housed in new modern purpose-built buildings, even greater use would be made of the medical facilities which the authority have to offer.

There is every indication that the modern mother wants to know all about herself and her baby and infant welfare clinics are the only place where a mother can sit and discuss freely apparently trivial problems without the fear that she is keeping a sick patient waiting while she discusses her affairs with the doctor.

Many cases of maladjustment can be avoided by the early discussion on minor behaviour difficulties at welfare clinics. Such clinics are organised for this service, the clinic doctors devote time to their apparently trivial problems and the important thing is they are prepared to listen to whatever mother has, that worries her. Owing to the scarcity of public transport in rural areas many mothers and children are denied the opportunity to make use of the clinics, but it is hoped that means may be devised in the future to overcome this. Consideration may for example be given to the provision of a mobile clinic in the most sparsely populated parts of the county.

The following table gives details of infant welfare clinics held during 1960:-

tracking the section of the	attended	r of child d during no were	the year	Total number who attended during	year n dren w	er of s durin nade by who at the endance	g the chil- ie date	Total attend- ances during the	Number of sessions held	Average attendance at each	Number seen by
Centres	1960	1959	1958-55	year	Under 1 year	1 but under 2	2 but under 5	year	neid	session (per session)	doctor
Alford	16	19	18	53	182	42	41	265	25	11	138
Ashby	365	325	196	886	5,544	487	202	6,233	155	40	990
Bardney	24	15	30	69	242	70	69	381	24	16	192
Barnetby	16 11	16 15	30	62	242	83	64	389 629	28 29	14	311
Barrow-on-Humber Barton-on-Humber	52	70	36 20	62 142	300 1,405	177 420	152	1,834	51	22 36	280 888
Binbrook Village	13	17	14	44	184	35	16	235	28	8	120
*Binbrook R.A.F	53	43	21	117	428	82	35	545	28	19	319
Brigg	47	52	29	128	1,308	420	330	2,058	52	40	774
Broughton	16	36	23	75	444	243	144	831	48	17	477
Burton Stather	13 10	28	15	56	312	149	88	549	24	23	175
Caistor Cherry Willingham	22	8 32	27 31	45 85	83 296	125	78 90	202 511	23 24	9 21	62 296
Cleethorpes	308	252	72	632	4.942	503	39	5,484	100	55	1,278
Coningsby	47	42	15	104	361	81	63	505	24	21	285
Crowle	36	31	9	76	502	141	75	718	24	30	389
East Halton	6	14	27	47	170	91	128	389	24	16	143
Epworth	11	18	20	49	191	94	41	326	24	14	175
Friskney	16	17	19	52	245	161	60	466	23	20	172
Gainsborough Spital Terrace Gainsborough	143	111	107	361	2,041	513	575	3,129	68	46	884
Woods Terrace	101	71	61	233	1,874	433	328	2,635	48	55	647
Goxhill	8	12	28	48	210	189	162	561	24	23	161
Grainthorpe	10	9	15	34	126	54	90	270	23	12	111
Haxey	20	32	16	68	261	91	54	406	24	17	249
†Healing Hemswell R.A.F	23 30	16 23	26 34	65 87	242 276	70 53	93	405 437	17 24	24 18	238
Holton-le-Clay	6	19	2	27	147	15	13	175	12	15	230 100
Horncastle	50	51	35	136	1,056	306	231	1,593	51	31	455
Humberston	51	36	72	159	725	179	219	1,123	30	37	411
Immingham	40	58	55	153	1,089	215	208	1,512	68	22	477
Keadby	61	46	49	156	1,139	438	321	1,898	51	37	711
Keelby	10	20	34	64	273	167	231	671	23	29	194
Kirton Lindsey Village	22 11	21 13	12 19	55 43	259 159	67 47	47 65	373 271	24 24	16 11	155
Kirton Lindsey R.A.F.	11	18	38	67	178	205	161	544	24	23	140 149
Louth	115	81	70	266	1,498	199	72	1,769	51	35	372
Mablethorpe	85	106	76	267	1,790	265	608	2,663	52	51	1,055
Manby	25	41	57	123	475	177	200	852	24	36	400
Market Rasen	40	42	7	89	421	55	44	520	28	19	294
Messingham	31	23	15	69	832	225	356	1,413	52	27	161
New Holland	12 14	19 12	20 29	51 55	149 321	138	46 187	260 646	28 23	9 28	144 289
Marie Comment	19	19	38	76	244	105	182	531	24	22	159
North Kelsey	9	4	9	22	121	25	44	190	24	8	71
North Somercotes	12	17	24	53	204	83	71	358	25	14	205
Saxilby	20	24	12	56	279	41	39	359	24	15	162
Scunthorpe	328	281	256	865	5,744	755	417	6,916	100	69	1.144
Skegness	114	85	30	229	1,903	250	178	2,331	53	44	851
South Killingholme	19	7	23	39	153	103	107	363	24	15	213
Spilsby ‡Sturton by Stow	6	22 16	17	58 29	200 46	48 28	78	326 81	25	13	77 60
Tetney	22	14	28	64	274	37	70	381	24	16	130
Ulceby	7	16	20	43	147	124	82	353	23	15	165
Wainfleet	30	33	57	120	425	210	208	843	24	35	314
New Waltham	39	29	40	108	516	115	125	756	24	32	229
Old Waltham	40	43	25	108	567	112	43	722	24	30	297
Welton (Lincoln)	32	21	22	75	321	83	52	456	28	16	197
Winteringham	11 16	15	21	47	232	126	65	423 540	24	18	167
Winterton Woodhall Spa	25	32 24	23 20	71 69	321 276	139 86	80 53	540 415	24 24	23 17	344 274
Woodhall Spa	2,759	2,632	2,201	7,592	44,895	10,081		63,020	2,078	30	20,550

^{*}Binbrook R.A.F. opened 1st January, 1960. †Healing opened 12th April, 1960. ‡Sturton by Stow opened 9th August, 1960

Toddlers Clinics

Whereas there has been a considerable increase in attendances at infant welfare clinics over the past two years,

attendances at toddlers clinics are very poor.

The years from 2 to 5 are vital in a child's life. One psychologist is reported as saying, "give me a child up to the age of six years of age and you can do what you like with him afterwards." What is implied is that the basic foundations of good mental health are laid down during those years and if a child is carefully fostered and guided during these years, his foundation is sufficiently stable to allow him to meet and withstand the usual frustrations of adolescent and adult life without any great mental conflict or breakdown. The evidence for the truth of this is overwhelming and toddler clinics can select these mild cases of behaviour or emotional difficulties and deal with them and refer those whose emotions are more deeply seated to the School and Family Psychiatric Service.

If parents could realise that nothing concerning a child and his environment is too trivial to be dealt with at these

clinics, then more valuable work could be done.

The following tables show the attendances and the conditions treated at toddler clinics during the year:—

	7	oddlers	Clinic	s			
Sessions held							265
Attendances						***	1,692
(Ro	utine !	1,212, 8	Supervi	sory 48	(0)		
Requiring treatn	nent						217
Observation only	y						385
Toddlers	atten	ding In	fant W	elfare	Centres		
Cases seen							162
Requiring treatn				***		***	4
Observation only	y		***	***			39

Defect			Requiring treatment	For observa- tion but not requiring treatment
Cleanliness			1	1
Infestation: Head			1	1
Body			1	0
Teeth			58	34
Skin			17	16
Eyes: (a) Vision			2	3
(b) Squint			19	13
(c) Other			4	2
Fann (a) Hanning			i	1
(b) Otitis Media Rt.	***		1	0
T.		***	0	1
/-\ O-1		***	0	3
Nose or Throat	***	***	9	
m. I	***	***		60
Speech		***	6	25
Cervical Glands		***	2	36
Heart and Circulation	***	***	1	17
Lungs	***	***	10	8
Development: (a) Hernia			1	4
(b) Other		***	2	45
Orthopeadic: (a) Posture			1	3
(b) Flat Foot			10	16
(c) Other			10	51
Nervous System: (a) Epilep	sy	***	2	2
(b) Other			1	5
Psychological: (a) Developm	ent	***	5	4
(b) Stability			1	11
Eneuresis			1	5
Anonevia			0	1
Anaemia	***		2	Ô
Inguinal Glands			ő	2
Other Deformities			7	21
Other Defects or Diseases			45	33
	Tota	1	221	424

No. of attendances at I.W.C.'s by children between 1 and 5 years ... 18,000.

Care of premature infants

When required midwives and general practitioners are able to acquire oxygen and heated baskets from ambulance stations for the conveyance of premature babies to hospitals.

There were 359 premature live births during the year and 60 premature still births.

							1	Prematu	re Live	Birt	lis							
Weight at	1	* Born : Hospit			n at hon ursed ent there	irely	h	rn at ho ransferr ospital o fore 28ti	ed to m or	hon	orn in nu ne and i ntirely t	nursed	hor	orn in m me and t red to ho or before day	trans- ospital		orematu till-Biri	
Birth (1)	T'tl (2)	Died within 24 hrs. of birth (3)	Sur- vived 28 days (4)	T'tl (5)	Died within 24 hrs. of birth (6)	Sur- vived 28 days (7)	T'tl (8)	Died within 24 hrs. of birth (9)	Sur- vived 28 days (10)	T'tl (11)		vived	T'tl (14)	Died within 24 hrs. of birth (15)	Sur- vived 28 days (16)	Born in hos- pital (17)	Born at home (18)	Born in nurs- ing home (19)
(a) 3 lb. 4 oz. or less (1,500 gms. or .less)	35	13	13	2	2		7	3	3	_		_	_		_	23	5	_
(b) Over 3 lb. 4 oz. up to and including 4lb. 6 oz. (1,500- 2,000 gms.)	53	5	42	3		3	3		3							18	1	
(c) Over 4 lb. 6 oz. up to and including 4lb. 15 oz. (2,000- 2,250 gms.)	63	4	56	11		11	5	72	5	_					_	2		-
(d) Over 4 lb. 15 oz. up to and including 5lb. 8 oz. (2,250- 2,500 gms.)	131	4	126	42	_	42	4		3						_	9	2	
Totals	282	26	237	58	2	56	19	3	14	_	_	_	_	_	_	52	8	_

^{*}The group under this heading will include cases which may be born in one hospital and transferred to another.

Total premature births: 419, Live, 359, Stillborn 60.

Welfare Foods

During 1960 the distribution points at Aisthorpe, Blyborough, Burringham, Coningsby R.A.F. Station, Holton Beckering, Theddlethorpe, Toynton All Saints and Worlaby were closed owing to a fall off in demand and additional centres were opened at Dragonby, South Killingholme Haven and Sturton by Stow. The new distribution point at Sturton by Stow was set up in conjunction with the infant welfare centre opened there in 1960.

At 31st December, there were 142 distribution points in operation, 55 at infant welfare centres and the remaining 87 in shops, Women's Institutes and distributors' homes.

Paid staff are employed at the 9 main centres only, the remainder being staffed by unpaid voluntary workers.

During the year 1960, 94,833 tins of national dried milk, 17,243 bottles of cod liver oil, 14,708 packets of vitamin A and D tablets and 133, 915 bottles of orange juice were distributed compared with 96,813 tins of milk, 18,087 bottles of cod liver oil, 14,687 packets of vitamin tablets and 143,360 bottles of orange juice in 1959.

The following table gives details of the average weekly take up of welfare foods since the County Council became responsible for distribution in July 1954:—

						Aver	age weekly	distribution o	f:
	P	Period				N.D.M.	C.L.O.	A. & D.	O.J.
27 w	eeks en	ded 31/12/	54		 	4,022	614	195	2,885
Year	Ended	31/12/55	*	***	 	3,647	636	243	3,417
,,	,,	31/12/56			 	3,509	601	263	3,759
,,	,,	31/12/57			 	2,998	555	272	4,058
,,	,,	31/12/58			 	2,104	356	248	2,634
,,	>>	31/12/59		***	 	1,862	348	275	2,757
,,	,,	31/12/60			 	1,831	332	275	2,498

DENTAL CARE

During 1959 the dental staff reached its highest effective strength since the inception of the National Health Service in 1948. This position has however not been maintained, there being during 1960 a loss of the equivalent of whole-time dental officers. The affected areas were Skegness, Cleethorpes and Scunthorpe. In consequence of these changes there is now no service for treatment of priority classes in Skegness and a reduced service is operating in Cleethorpes and Scunthorpe.

Despite the loss of these dental officers the number of nursing and expectant mothers seeking treatment shows a slight increase but in comparison with previous years the following table shows that on the average slightly less treatment was required to secure dental fitness per patient. The comparative figures for pre-school children show a reversion to the state that existed in 1958 in that the number of extractions exceeded the number of fillings. However, of the number examined in 1958, 12.5% did not require treatment whereas, in 1960, 21% did not require treatment.

		New patients examined	New patients found dentally fit	Attendances for treatment	Extractions per patient treated	Fillings per patient treated	Dentures per patien treated
Mothers	1949 1958 1959 1960	86 143 168 187	1 2 8 10	537 491 707 656	5·2 1·7 1·7 1·4	·5 1·5 2·5 1·9	1·1 ·2 ·4 ·4
Infants	1949 1958 1959 1960	122 161 197 191	4 20 39 40	156 227 244 207	1·3 ·7 ·5 ·7	·2 ·5 ·6 ·5	=

The majority of new patients attending these clinics are referred by medical officers, health visitors and general medical practitioners. Few mothers attend of their own volition but there is an increasing tendency for pre-school children to be brought with their elder brother or sister when they attend for treatment. These cases are encouraged to maintain the system of routine inspections and it is not uncommon for whole families to attend for treatment at the one time. Benefit is derived from this arrangment by dental officers for it eases the approach to Dental health education, an important aspect of the dental officer's duties.

The arrangements made for the provision of dental treatment for R.A.F. families has now been extended to Kirton Lindsey. The enthusiasm of the families for this scheme continues unabated and shows an increase over the previous year at both R.A.F. Hemswell and R.A.F. Scampton. By agreement with the Air Ministry R.A.F. anaesthetists now attend general anaesthetic sessions arranged for R.A.F. families. This use of service anaesthetists will be of great benefit to the patients and because of their immediate availability be of assistance in the development of these schemes.

The local authority dental service for treatment of the priority classes is greatly restricted by the lack of staff, a complaint common to the majority of local authorities. This situation can only deteriorate unless local authorities can offer to the young graduate a worthwhile career providing a variety of work and financial reward comparable to those found in general practice. Failure to do so can only bring into jeopardy the existing schemes for treatment of priority classes.

The following tables give information of the number of patients treated and the form of treatment provided, 1959 statistics being shown for comparison:—

(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	1960	187	177	164	151	727	656
mothers	1959	168	160	143	122	773	707
Children under	1960	191	151	142	123	217	207
five	1959	197	158	148	122	253	244

(b) Form of treatment provided

	Expecta		Children under five		
	1959	1960	1959	1960	
Extractions under —local anaesthetic	144	118	9	7	
—general anaesthetic	105	131	61	91	
Administrations of —local anaesthetic	109	142	8	6	
-general anaesthetic	16	32	36	59	
Fillings	362	347	92	31	
Scalings and or gum treatment	136	94	12	6	
Silver nitrate treatment	5	5	99	99	
Other operations, dressings, etc	230	182	22	30	
Radiographs	24	18		_	
Dentures—complete	23	34	_	-	
—partial	33	35	-		
—repairs	9	7			

HOME NURSING

The pattern of the home nursing service shows little change. In all the rural areas the home nurses are also the midwives and whilst it is sometimes possible to obtain extra help with the nursing from part-time nurses when vacancies or sick leave reduce the staff, midwifery cannot be organised satisfactorily in this way, nor are the midwives available. It is sometimes necessary to use a nurse with no midwifery qualification for relief and this complicates the midwifery relief and sometimes makes it impossible for the staff to have routine off duty when holidays reduce the number of staff available. Inevitably the organisation of the work is upset and patients receive visits from strange nurses at unusual times. The co-operation of the public must be enlisted by careful explanation of the difficulties and assurance that the best possible service will be provided by a willing but depleted staff who must by some means have regular off duty and holidays.

MIDWIFERY

The total of 5,526 births attended by midwives in Lindsey consisted of 1,960 (35%) domiciliary and 3,566 (65%) in benefits. Of the total of 1,960 demiciliary higher 71% were conducted by midwives alone

in hospital. Of the total of 1,960 domiciliary births, 71% were conducted by midwives alone.

The total of 5,526 births, the highest since 1948, continues the trend first evident in 1955, when after a peak of 6,245 births in 1947 and a fall to 4,727 in 1954, the number began to increase. This continuing increase throws into further relief the difficulty of recruiting midwives either in hospital or on the district. In order to provide the necessary off duty, the service must be spread over larger areas until the people using it sometimes feel insecure because the midwife may live further away than usual. If adequate free time is not available to the domiciliary midwife, likely entrants to the service are discouraged and the situation worsens. Nevertheless this situation must be met, but constant publicity of the difficulties and failures in the service will be more likely to hinder than help. Everything possible must be done to give a satisfactory service with the staff available and if the co-operation of all concerned, including the patients can be enlisted and the changing pattern accepted, the difficulties can largely be surmounted by careful re-organisation. Creating security here depends on the approach of the midwife to the patient and her continued prompt service.

HEALTH VISITING

The number of health visitors at the end of 1960 was 39, as it was at the end of 1959. There have been a few resignations and retirements, but recruitment has kept the number stable. The Ministry circular 26/59, notifying local authorities that certain recommendations of the Jameson Report had been accepted, was received during the later months of 1959 and local authorities were asked to look into the organisation of their health visiting service. As a result four posts for group advisers were established and advertised. Three were appointed from health visitors on the staff. The circular recommended an establishment of one health visitor per 4,300 of the population but, although bursaries are offered annually for the training of health visitors and vacant posts are advertised, the average population per health visitor in Lindsey remains approximately 8,000.

The variety of work which comes within the scope of the health visitor's duties is so wide that no one person could, however small her population, give equal interest and skill to every aspect of it. Furthermore, woman power must be shared with all the other professions drawing women from the same stratum of ability and it is unlikely that in the fore-seeable future, 74 health visitors will be available to Lindsey. Nevertheless, statutory duties are carried out, a wide range of visiting to all sections and ages of the population continues, the level of immunisation and vaccination compares favourably with other authorities and every request for follow-up from whatever source is promptly dealt with. It is evident that a valuable contribution is made by every health visitor to the health of the people in her area. Constant consideration must be given to relieving her of tasks which can be done by workers without her skills and she should feel free to make her own contribution within the wide frame-work of the service.

When the Mental Health Act, 1959, became law, it was necessary to designate sufficient mental welfare officers to provide an adequate service. Prior to this Act the health visitors had visited mentally sub-normal patients at home and had, when requested, submitted reports on mentally ill patients prior to consultation at hospital and on discharge from hospital. The health visitors were, therefore, designated part-time mental welfare officers and continued with the duties they were already undertaking, with support from other mental welfare officers.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

Vaccination and Re-vaccination carried out during 1960

		Prima	ry Vaccin	ation			1	Re-vaccina	ation	
County District		Age at d	ate of vac	cination			Age at	date of v	accination	1
	Under 1	1-5	5-15	15 or over	Total	Under 1	1-5	5-15	15 or over	Tota
Urban Districts			72.00						THEST	
Alford	12	1	-	1	14	-		2	4	6
Barton-upon-Humber	49	4	5	5	63				6	6
Brigg	27	4	3	8	42		-		3	3
Cleethorpes M.B.	210	12	11	32	265	_	4	7	48	59
Gainsborough	138	6	7	16	167	1	1	6	23	31
Horncastle	31	7	52	4	94			3	2	5
Louth M.B	48	8	3	17	76	_	_	3	10	13
Mablethorpe and	20000		75055							
Sutton	57	24	2	6	89	_	_	1	4	5
Market Rasen	19	1	1	1	22	_	_	_	2	5 2 37 27
Scunthorpe M.B.	369	69	9	53	500		1	3	33	37
Skegness	71	18	11	13	113		1		26	27
Woodhall Spa	19	2	-	3	24	-	1	3	10	14
Rural Districts				and the same	12					100
Caistor	117	15	1	7	140	1	3	7	10	21
Gainsborough	60	14	5	8	87		_	-	5	5
Glanford Brigg	189	22	12	25	248	-	-	3	10	13
Grimsby	174	25	4	21	224	_	4	10	23	37
Horncastle	58	11	7	15	91	_	3	6	14	23
Isle of Axholme	41	12	2	9	64	_	_	1	4	5
Louth	128	16	9	14	167		-	_	13	13
Spilsby	106	50	13	16	185	-	1	1	13	15
Welton	75	19	5	20	119	-	2	1	19	22
Totals	1,998	340	162	294	2,794	2	21	57	282	362

Immunisation against Diphtheria

The following table gives information relating to children immunised against diphtheria during 1960.

District		Primary	injections	
District		Under five years of age	between 5 and 14 years of age	Reinforcing injections
Urban				
Alford		_	1	16
Barton-upon-Humber		1	9	74
Brigg		_	_	28
Cleethorpes Borough		6	42	377
Gainsborough	***	1	10	246
Horncastle		_		64
Louth Borough		_	14	108
Mablethorpe and Sutto	n	_	2	91
Market Rasen		_	10	43
Scunthorpe Borough	***	17	163	555
Skegness	***	2	53	262
Woodhall Spa	***	_	1	24
Rural				
Caistor		4	33	175
Glanford Brigg		7	61	280
Gainsborough	***	1	38	166
Grimsby		3	19	198
Horncastle		_	11	211
Isle of Axholme	***	1	60	166
Louth		5	35	237
Spilsby		5 3 5	34	301
Welton		5	17	252
Total		56	613	3,874

The following table gives particulars of children who at any time between 1st January, 1946 and 31st December, 1960, had completed a course of immunisation against diphtheria.

Age at 31st Dec. 1960	Under 1	1—4	59	10—14	Total
Born in year	1960	1959—1956	1953—1951	1950—1946	under 15
Number immunised	1,132	13,288	18,834	20,868	54,122
Estimated mid-year child population, 1960	5,740	21,360	52,	500	79,600

Immunisation against Whooping Cough

The following table gives details of children immunised against whooping cough during the year by the use of a separate vaccine. The total of 54 is 48 less than the total for the previous year. This is no doubt due to the decision of the Health Committee to allow combined vaccines to be used throughout the whole of the year and not during the first and fourth quarters as was the case previously, and the information given in the table must, of course, be considered in conjunction with the details appearing later in the report in relation to immunisation against whooping cough by the use of combined vaccines.

		Age at date of immunisation										
District		Under One	One	Two	Three	Four	5—9	10—14	Total			
Rural			27			-		Helfil				
Caistor		18	1	2	-	-	2	-	23			
Gainsborough		-		1	_		-		1			
Glanford Brigg	***	8	2	2		-	2		14			
Grimsby		_	1	_	_	_	2	_	3			
Horncastle				_		_	-	-				
Isle of Axholme		_	_	_	_		_	-	-			
Louth		-	_			_	_	_				
Spilsby		8	1	-	-		1	-	10			
Welton		1	_	1	-	-	1	-	3			
Total		35	5	6	_	_	8	1	54			

Immunisation against Tetanus

In 1957 the County Council introduced a scheme for the immunisation of persons of all ages against tetanus. During 1960, 694 persons were given primary immunisations and 22 received booster doses. Details are given in the following table and these details should also be considered in conjunction with the details appearing later in this report in relation to immunisation against tetanus by the use of combined vaccines.

Tetanus Immunisation 1960

		Prima	ry Immur	nisation			Boost	er Immun	isation		
		Age at da	ate of imm	unisation		Age at date of immunisation					
District	Under 1	1—4	5—14	15 or over	Total	Under 1	1—4	5—14	15 or over	Total	
Urban									-		
Alford	_	1	_	2	3		-	_	_	-	
Barton-upon-Humber		_	6	3	9			-		_	
Brigg	_	1	1	1	3	_		_	-	-	
Cleethorpes Borough		5	4	2	11	_			_	_	
Gainsborough	_	_	_	1	1	_	-		_	-	
Horncastle	_	3	13	7	23	_	1		_		
Louth Borough	_	10	22	5	37				-	-	
Mablethorpe and Sutton	_	_	3	1	4	_			_	_	
Market Rasen	_	_	1		1	_		_	_	_	
Scunthorpe Borough		21	27	8	56			1	_	1	
Skegness	1	2	4	2	9		_	_	1	1	
Woodhall Spa	_	_	15	1	16	-	_	-	_	-	
Rural											
Caistor	1	2	2	3	8	_		_		_	
Gainsborough			2	_	8 2	_				_	
Glanford Brigg	2	4	12	10	28	_			2	2	
Grimsby	1 1	11	17	5	34	_	_		1	1	
Horncastle		7	73	22	102		in the second	1020310	2	2	
Isle of Axholme	_	_			102				_		
Louth	_	9	43	24	76		_	1	4	5	
Spilsby	2	12	83	140	237			3	7	10	
Welton	-	3	24	7	34		-	_	-	-	
Total	7	91	352	244	694			5	17	22	

Immunisation by use of Combined Vaccines

(a) Immunisation against Diphtheria and Whooping Cough

The following table gives information relating to children immunised against diphtheria and whooping cough by the use of the combined vaccine.

District	Under One	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten to Fourteen	Total
Urban												
Alford		-	-	-		-	_		-	_	1	1
Barton-upon-Humber	-		_	-	-		-	_		-	1	1
Brigg	_	-	_	-	-	_	_	_	-		-	_
Cleethorpes Borough	1	-	-		1	1	-	-	-	_	-	3 5
Gainsborough	3	1	-	1		_	_		-	-	_	5
Horncastle	_	_	-	_		_	_	_		-	-	-
Louth Borough	-		_	-	1	_	_	_	-	-	-	1
Mablethorpe and												
Sutton	_	3	_		-	1	_				_	1
Market Rasen	3	1	2	-			-	_		_	1	7
Scunthorpe Borough	_	3	1	_	1	_	_					5
Skegness	_	_	_	_		_	-		-	_		_
Woodhall Spa	-	-	_	-		-	_	-	_	_	_	_
Rural												
Caistor	6	2	_	2		1	_			_		11
Glanford Brigg	11	3	_	1			_			1	_	16
Gainsborough	39	10	_	i	1	3		1				55
Grimsby	_	_	_	î		_			_	_		1
Horncastle	2	10	1		_	1	_	_	_	_		14
Isle of Axholme	1	10	2	1	1	_					100	5
Tt	10	4		1	1			_				15
C - 11-1-	13	4	20	18	19	4	1	2	1		1	83
Welton	-	2	-	-	-	_						2
Total	89	40	26	25	25	11	1	3	1	1	4	226

(b) Immunisation against Tetanus and Diphtheria

The following table gives information relating to children immunised against diphtheria and tetanus by the use of the combined vaccine.

District	Under One	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten to Fourteen	Total
Urban												
Alford			_	-		-	-	_	-	-		-
Barton-upon-Humber	-	-	-	-	-		-	-	_	-	-	-
Brigg	-		_	-	_	-	-	_	-	-	_	_
Cleethorpes Borough	1	-	-	1	1	5	1	2	1	-	-	12
Gainsborough	-			-	-	-	-	-	_	-	_	-
Horncastle	-		-	-	-	1	3	4	1	5	44	58
Louth Borough		1	_	-	_	-	-	-	_	_	1	2
Mablethorpe and												
Sutton	_	-		_			1	-	_	1	1	3
Market Rasen	-	2	-		-	-	-	-	_	_	-	2
Scunthorpe Borough	- 1	1	9	-	1	1	-		-	_	_	12
Skegness	-	-	_	-	1	-	_	-	_	-	_	1
Woodhall Spa	-		-	-	-	-	_	-	-	_	_	
Rural			1									
Caistor	4	16	3	3	2	1	_	2	_	1	1	33
Glanford Brigg	_	1	3	_	_	1	_	_	-	_	-	5
Gainsborough	-	6	1	1	_	1	1	_	-	_	_	10
Grimsby	_	4	1	-		-	-	_	-	-	-	5
Horncastle	_	-	-	-	1	1	4	2	2	1	3	14
Isle of Axholme	-	-	-	-	_	1	-		-	-	-	1
Louth	-	4	1	-	1	4	1	-	1	2	1	15
Spilsby	-	1	_	-	2		2	_	2	1	3	11
Welton	1	1	-	-	-	3	-	1	1	1	1	9
Total	6	37	18	5	9	19	13	11	8	12	55	193

(c) Immunisation against Tetanus and Whooping Cough

The following table gives information relating to children immunised during 1960 with this combination of vaccine.

Division	Age at date of immunisation												
District	Under One	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten to Fourteen	Total	
Urban Alford						_					2	2	
Cleethorpes Borough	-	-	-	-	-	-	-	1	-	-	1	2 2	
Rural						- 1							
Grimsby	1	_	_		_	-		_	_	_	_	1	
Horncastle	_	_	_	-	1		1	_	_	1	_	3	
Louth	-	_	-		-	1	1	3	1		_	6	
Spilsby	_	-	-	_	-	_	_	_	-	1	_	1	
Total	1	_	_	_	1	1	2	4	1	2	3	15	

(d) Immunisation against Diphtheria, Whooping Cough and Tetanus

The following table gives information relating to children immunised against diphtheria, whooping cough and tetanus by the use of the combined vaccine.

District	Under One	One	Two	Three	Four	Six	Seven	Seven	Eight	Nine	Ten to Fourteen	Total
Urban												
Alford	21	6	5 5		1	2	_	1	_	-	-	36
Barton-upon-Humber	64	42	5	-	2	1	_	_	-	_	_	114
Brigg	48	21	2	3	_	1	-	_	-	-	-	75
Cleethorpes Borough	264	109	52	11	10	4	1	_	_	_	_	451
Gainsborough	222	48	17	7	4	2 5	2	1	_	_	1	304
Horncastle	52	13	6	5	3	5	5	5	6	3	21	124
Louth Borough	127	40	6	6	5	1	_	_	_	1		186
Mablethorpe and									6	2		100
Sutton	72	11	4	5	5	3	6	1	1	_	2	110
Market Rasen	27	6	1	1	_	_	_		_		1	36
Scunthorpe Borough	693	365	115	28	14	20	4	7	2		5	1,253
Skegness	115	36	0	5	9	3	1	i	4	32	1	184
Woodhall Spa	34	4	1	1	-	_	-			_	_	40
Rural												Brown.
Caistor	95	25	2	3	2	4		_	_		_	131
Glanford Brigg	249	169	2 25	14	8	14	2	_	1	_	_	482
Gainsborough	89	33	11	2	_	5		_	i	_	2	143
Grimsby	202	93	16	6	4	3	2	1		1	1	329
Horncastle	132	56	12	6	5	11	6	6	2	3	4	243
Isle of Axholme	106	43	15	4	7	6	4	_		_		185
Louth	214	71	32	13	8	16	4	3		2	1	364
Spilsby	208	101	33	11	13	13	6	3	4	ĩ	8	401
Welton	197	41	10	5	7	7	2	2	2	1	6	280
Total	3,231	1,333	379	136	107	121	45	31	23	12	53	5,471

Vaccination against Poliomyelitis

The scheme introduced in 1956 for vaccination against poliomyelitis was again extended during 1960. In February it was announced that vaccination should be extended to all persons who have not at the time of their application for vaccination reached the age of forty and also to the following small groups:—

- (a) Persons going to visit or reside in a country outside Europe, other than Canada or the United States of America.
- (b) Practising dental surgeons, dental students, dental hygienists, student hygienists, dental surgeons' chairside assistants, and their families.
- (c) Practising nurses not working in hospitals and their families.
- (d) Public health staff who might come into contact with poliomyelitis cases, and their families.

During the year the County Council received 63,546 c.c.'s of British Vaccine and 500 c.c.'s of penicillin free Salk Vaccine.

In 1960, 16,452 persons completed a course of two injections and 28,360 were given the third injection.

The following table gives details relating to the 16,452 who completed the course of two injections.

Children born in the years 1943 to 1960 ... 5,763

Persons born in the years 1933 to 1942 ... 2,206

Persons born before 1933 who have not passed their 40th birthday 7,833

All other groups 650

At the end of the year about 500 persons were awaiting the first injection.

Since the commencement of the scheme in 1956, 95,197 persons have received two injections and 78,167 of these have been given the third injection.

AMBULANCE SERVICE

The Ambulance Service in Lindsey continues to be operated jointly with the Fire Service.

The ambulance fleet consists of 36 vehicles, of which 3 are used as reserve vehicles to replace vehicles undergoing repair or overhaul. Twenty-one of the County Council's ambulances are equipped with two-way radio, controlled from two fixed stations sited near Louth and Scunthorpe.

The following table gives the mileage run year by year since 1950. It will be seen that, compared with the previous year, the mileage run in 1960 decreased by 42,949. The mileage travelled by the County Council's own vehicles decreased by 5,051, although during the year the transfer to the County Council from the Lincoln County Borough Council of responsibility for arranging transport for non-emergency cases arising in an area of Lindsey to the northeast and west of Lincoln was completed. The result of this transfer of responsibility was that the mileage covered by the Lincoln County Borough Council in respect of Lindsey cases decreased by 21,739 compared with figures for 1959. The mileage covered by the Hospital Car Service showed a decrease of 16,159 compared with the previous year.

		THE RESIDENCE	22 11011	A CHIENTING		ALL STREET					Aug to
- CANALIS IN	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Ambulances: Mileage	709,849	560,846	641,641	656,836	685,228	733,800	727,529	772,060	768,909	768,871	763,820
Hospital Car Service Mileage	339,511	511,923	426,735	499,199	532,826	443,697	400,701	332,446	339,820	363,023	346,864
Other Authorities: Mileage	43,382	43,666	48,000	46,699	50,661	48,227	46,754	45,086	47,447	43,432	21,693
Total Mileage	1,092,742	1,116,435	1,116,376	1,202,734	1,268,715	1,225,724	1,174,984	1,149,592	1,156,176	1,175,326	1,132,37

The following table gives details of the cases dealt with by the County Council's Ambulance Service during the year ended 31st December, 1960:—

	Cases for admission to hospital		Cases for Out- Patient Treatment		Cases discharged and transferred from hospital or institutions		Totals		
Station	Stretcher	Sitting	Stretcher	Sitting	Stretcher	Sitting	Stretcher	Sitting	Total
	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Cases	Mileage
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Louth Cleethorpes Sainsborough Scunthorpe Barton-upon-Humber Mablethorpe Market Rasen	955	293	301	13,457	159	535	1,415	14,285	146,768
	1,629	496	1,171	9,439	359	577	3,159	10,512	90,822
	655	353	284	8,081	186	488	1,125	8,922	88,769
	567	447	2,767	20,169	652	1,572	3,986	22,188	170,648
	906	298	438	6,907	265	1,318	1,609	8,523	114,700
	116	51	378	2,527	97	203	591	2,781	33,796
	373	46	116	2,971	71	107	560	3,124	39,868
	378	77	202	3,587	68	161	648	3,825	40,919
	255	39	253	3,816	44	75	552	3,930	37,530
Totals	5,834	2,100	5,910	70,954	1,901	5,036	13,645	78,090	763,820

Number of accident and emergency cases included in columns (7) and (8) ... 7,049.

The figures for emergencies show a considerable increase over the figures for previous years. This does not, however, indicate that there has been an increased demand for transport for such cases. The increased figure is due to the fact that in the middle of 1959 a wider interpretation was placed on the word "emergency", which, of course, had the effect of bringing many more cases into this category.

Cases conveyed by Rail

Year	Stretcher cases	Sitting Cases	Rail miles	Mileage travelled by County Council Ambulances and Hospital Car Service vehicles in conveying patients to and from railway stations
1960	42	1,002	83,772	8,270
1959	52	895	78,575	7,169
1958	70	802	73,348	6,842
1957	75	736	68,208	5,219
1956	54	542	50,709	4,909

It will be noted that whilst the number of sitting cases conveyed by rail showed a considerable increase, the number of stretcher cases carried by rail decreased still further compared with the preceding three years. Diesel trains, which have replaced many of the steam trains, are not suitable for the accommodation of stretcher cases, and road vehicles must be increasingly used for such long distance cases over routes now operated by diesel services.

Arrangements with other authorities

The Holland County Council continued to provide an ambulance service in an area in the South-East of Lindsey adjacent to Boston, containing about 26,000 acres and having a population of about 3,500.

Reference has already been made in this section of the report to the transfer to the County Council from the Lincoln County Borough Council of responsibility for non-emergency work. The Borough Council are continuing to provide on behalf of the County Council an emergency service in the same area.

Details relating to cases conveyed by these two Authorities on behalf of the County Council are given in the following table:—

	St	retcher Ca	ses	S	itting Cas	es	Total	Total of Journeys (8)	Total Mileage (9)
Desired Print Series and American	No. of Cases (1)	No. of Journeys (2)	Mileage (3)	No. of Cases (4)	No. of Journeys (5)	Mileage (6)	of Cases (7)		
Lincoln County Borough Council	527	322	6,310	1,243	449	13,978	1,770	771	20,288
Holland County Council	46	47	794	86	61	611	132	108	1,405
Totals	573	369	7,104	1,329	510	14,589	1,902	879	21,693

Number of accident and emergency journeys included in column 8 = 278.

Hospital Car Service

During the year the Hospital Car Service conveyed 21,704 patients and travelled 346,864 miles, compared with 18,923 patients and 363,023 miles in the previous year.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis

The County Council have a scheme for the admission of patients to the Papworth Village Settlement and at the commencement of the year two patients were being maintained there. One of these patients, a male, was, however, offered a permanent place in the settlement which he accepted and the responsibility of the County Council ceased on the 23rd March, 1960. The other patient, a female, was discharged from Papworth on the 9th July, 1960.

During the year arrangements were made for 806 persons who have been in contact with cases of tuberculosis to be examined, giving a ratio of 5.48 for each new case of tuberculosis reported.

The County Council provided during the year extra nourishment in 38 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.

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 1960. The number of staff X-rayed under these arrangements during the year was 170 and the number examined without X-ray was 485. All members of such staff are encouraged to undergo X-ray examination through the mass radiography unit as and when they have the opportunity.

Vaccination against Tuberculosis

During the year the number of skin tests and vaccinations was as follows:-

the modernment afficient to specify and the modern table and		School children age 13 years and over	Students attending establishments of further education
Number skin tested	 	5,463	212
Number found positive	 	665	66
Number found negative	 	4,797	146
Number vaccinated	 	4,796	146

The number of children who showed a positive reaction (665) represented 12% of the number tested.

The number of students attending establishments of further education who showed a positive reaction (66) represented 31% of the number tested.

An arrangement was made with the Medical Director of the Lincolnshire Mass Radiography Unit for those who showed a positive reaction to be offered a chest x-ray as and when the Unit was visiting the County.

Contact scheme

The scheme for vaccination of persons known to have been in, or likely to come into, contact with cases of tuberculosis was carried out at the chest clinics. The returns submitted by the chest physicians indicated that of the number of persons seen by them, 629 were skin tested, 131 were found to be positive, 464 were found to be negative and 471 were vaccinated.

Mass Radiography Service

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

		Males	Females	Total
Miniatures taken		1,077	1,832	2,909
Recalled for large films		19	42	61
Recalled for clinical examination		17	29	46
Referred to Chest Clinic		2	7	9
Referred to own doctor		3	11	14
Cases of pulmonary tuberculosis under	close		O MONTON	
clinic supervision or treatment		2000	2	2
Cases of pulmonary tuberculosis under	occa-			
sional supervision			_	
Cases of post primary inactive pulmo	onary			2
tuberculosis		1	2	3
Cases of bronchiectasis		-	-	-
Cases of pneumokoniosis		_	-	_
Cases of neoplasm		_	_	
Cases of cardiac abnormality		4	13	17
Cases of sarcoidosis		1	1	2
Observation		_	_	_

Health education

Progress in this field cannot be measured by results but merely by an increase in the demand for activities. During 1960 more members of the public health staff, both at headquarters and in the field, were asked to speak on health topics at various meetings. These included Parent-Teacher Associations, Women's Organisations and Youth Groups.

The Mothers' Clubs pursued their activities with enthusiasm and during the year new clubs were formed at Immingham and East Halton, bringing the total number of clubs in the County to seven.

Health teaching is a duty of every member of the public health staff and those who visit the homes of the public are doing this daily. Arrangements for more formal teaching are made chiefly through headquarters. When possible the local member of staff is encouraged to give talks in her own district and in the case of nursing and health visiting staff advice and visual aids are supplied by an assistant superintendent nursing Officer whose special duty it is to concern herself with health education, she being responsible for building up a stock of health education material, arranging small educational programmes and encouraging group health teaching. At present this officer does the work connected with health education along with her other duties and the amount of time given to this activity increases each year.

Display work as a form of health teaching has been attempted, but it is easily recognised that unless health departments are in a position to compete with commercial advertisers our efforts will look amateurish and not prove their point.

The publicity staffs of the commercial firms dealing in medical products are experts and can help, but little of their material is either available or suitable for local health authority work.

Problem families

The Problem Families scheme was set up in 1954 in response to the Ministry circular (No. 27/54) the purpose of which was to prevent the break up of families. It makes provision for help for families with children where, because of illness or some other incapacity of the mother, the children may suffer. The assistance may take the form of home help or sitter-in, provision of clothing, bedding or household equipment when no other organisation can provide it, and, when suitable, the training of the mother at a rehabilitation centre.

During 1960 help was provided as under:-

Bedding		 	 ***	in	3 cases
Cot		 	 	in	1 case
Home help		 	 	in	9 cases
Training		 	 	in	1 case
Waterproof	sheet	 	 	in	2 cases

If the family is unable to make a contribution towards the cost of home help, this help is provided free of charge. It is one of the most useful of the services called on to help with problem families, as a wise, capable and sympathetic woman can do a great deal to educate inadequate housewives to run their homes satisfactorily.

Loan of equipment

Equi	ipment		No.	of patients supplied
Wheelchairs		 		94
Dunlopillo n	attresses	 		68
Commodes		 		23
Crutches		 		15 pairs
Bedsteads		 		17
Spinal carria	ges	 		1
Walk aid		 		2
Walking mac	hines	 		1
Premature ba		 		1
Self lifting p		 		2
Cot bedstead		 		6
Lifting mach		 		3
Fracture boa		 		9 sets

Convalescence

The number of cases admitted under the Council's scheme to convalescent homes for a recuperative holiday was 17 compared with 13 in 1959. The average stay of the patients admitted in 1959 was 2.70 weeks.

Sitter's-in Service

The County Welfare Officer is now responsible for the administration of the sitter's-in service in conjunction with the Domestic Help Service and he has submitted the following report:—

Help through the Sitter's-in Service has been provided in 45 cases as compared with 58 cases in 1959. A further 23 cases were investigated but did not receive help.

27 Sitters-in were enrolled at 31st December, 1960.

Great difficulty has been experienced in recruiting sitters-in for night duties and this accounts for the decrease in help provided during this year as compared with the previous year.

The following table shows the number of hours of sitting-in help given during the year.

D	istrict			No. of Cases	Hours of Help
Cleethorpes				16	5,627
Scunthorpe		***	***	14	1,564
Gainsborough				5	4,107
Skegness				2	116
Other parts of				8	6,152
		Total		45	17,566
					1

Causes of Deaths

It will be seen from figure (i) that 600 deaths occurred during the year as a result of coronary disease. This was the highest number of deaths from any one particular condition and although there is a slight fall in 1960 the death rate from it has been rising steadily during recent years. Figure (i) illustrates in graphic form how this rise has taken place. In ten years the number has about doubled and thus cannot be accounted for by the small rise in population. The greater number of cases occur amongst males over 45 years of age. The actual cause is uncertain, although many authoritative opinions have been expressed. Those who are overweight and those who lead sedentary lives are particularly at risk. Careful attention to diet and to the amount of physical exercise should, therefore, go some way towards lessening the risks.

Other diseases of the heart and circulatory system come next on the list and these are followed by deaths from cancer in its various forms. Bronchitis also ranks high with its 128 deaths in 1960. It may well be that a high proportion of the deaths from bronchitis were among those who have come from other parts of the country to reside in our seaside towns during retirement. If anything, the trend has been a slightly falling one in Lindsey during the last decade and is illustrated graphically in figure (ii).

Chiropody Service

At the time the Minister of Health issued to local health authorites the circular indicating that he was prepared to approve proposals for the establishment of chiropody services, the position in Lindsey was that the Lindsey Old Peoples Welfare Committee were providing a service for old people in most of the rural areas of the County. In most of the urban areas and in certain rural districts a service for old people was being provided by local voluntary committees.

Following a meeting between representatives of the Lindsey Old Peoples Welfare Committee and of the Health Committee of the County Council, it was agreed that the Old Peoples Welfare Committee should, with financial assistance from the County Council, continue to provide a service for old people until 1st April, 1961, when the service would be taken over by the County Council. The Old Peoples Welfare Committee decided to employ two whole-time chiropodists instead of one, such chiropodists to be taken over by the County Council when they became directly responsible for providing the service. In May, the Old Peoples Welfare Committee appointed a second chiropodist and she took up her duties in July.

DOMESTIC HELP SERVICE

The County Welfare Officer is now responsible for the administration of the Domestic Help Service and he has submitted the following report:—

During the year there has been a greater increase in the use made of the County Council's Domestic Help Service.

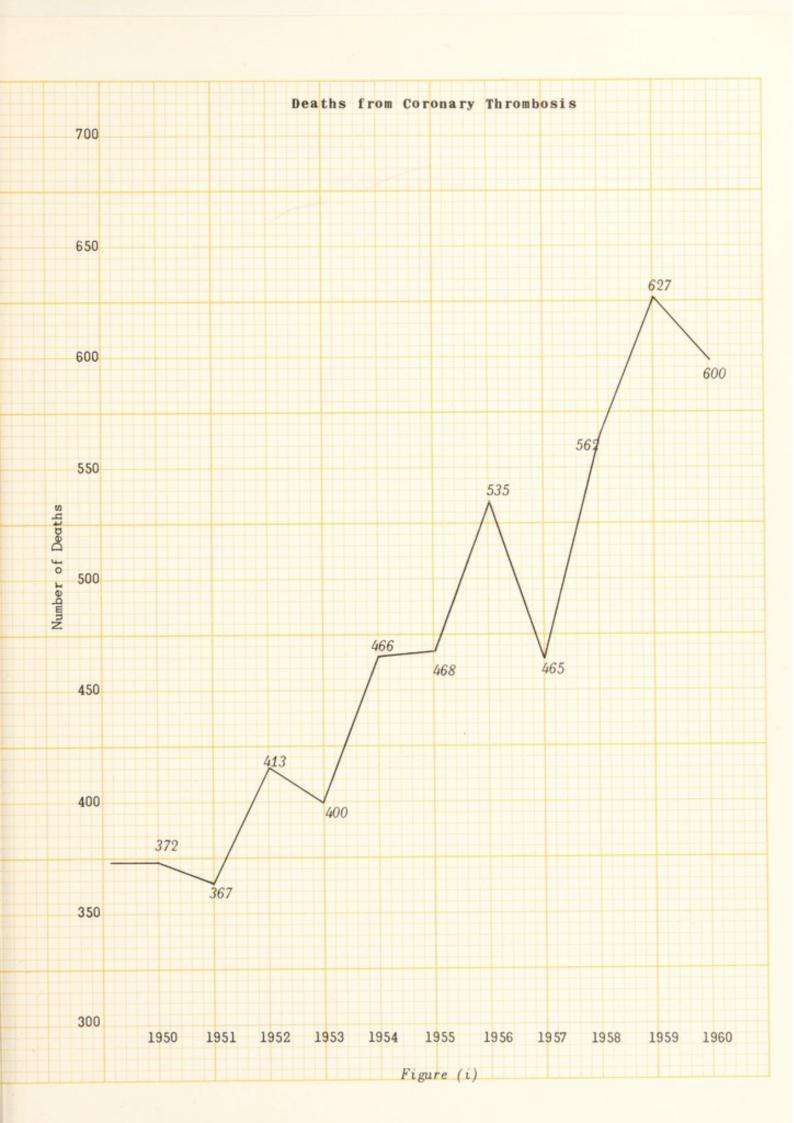
The increase is greater than that shown in 1959. Throughout the county 1,785 cases were investigated and help was provided in 1,343 as compared with 1,579 and 1,154 respectively during 1959.

The number of helpers employed at 31st December, 1960, was 452 as compared with 416 at the same time during 1959.

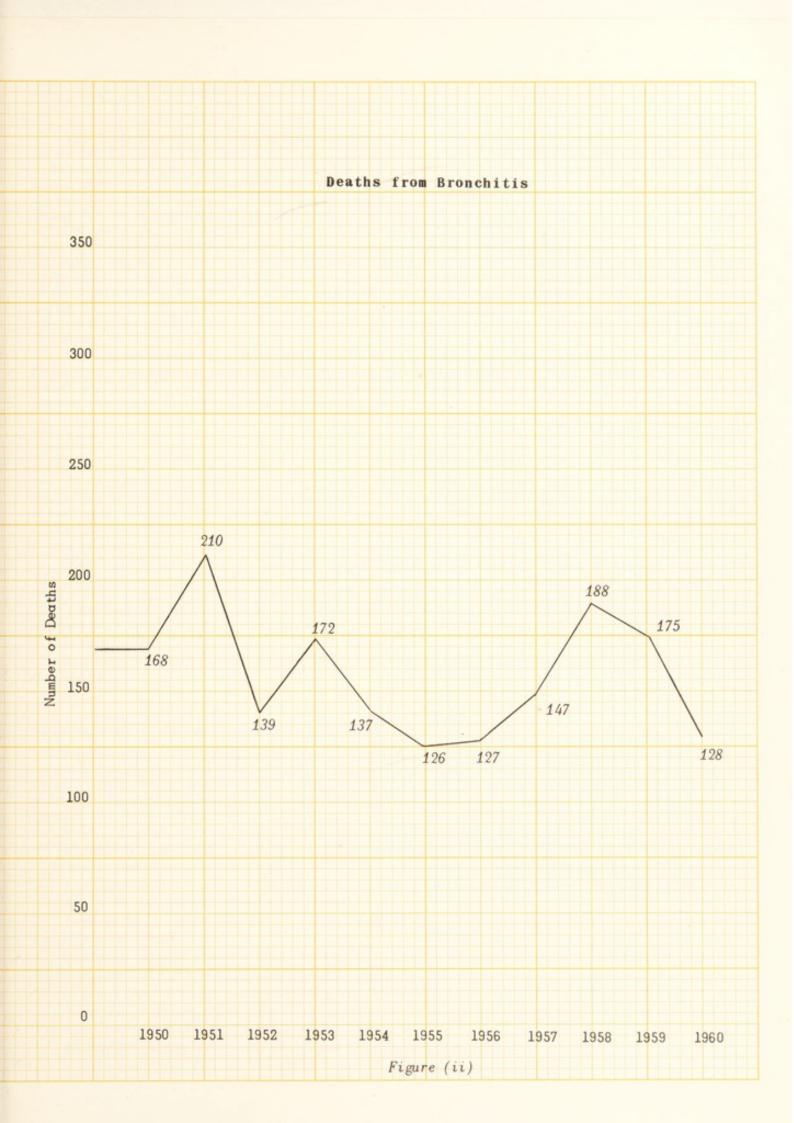
There has been a general increase in the number of cases in all categories with the exception of tuberculosis cases.

The following table shows the comparison between 1959 and 1960.

Cate	gory			No. o	f Cases		l Hours Ielp
				1959	1960	1959	1960
Maternity				58	90	3,857	5,094
Tuberculosis		2.0.0		3	3	811	308
Chronic Sick				340	423	95,790	113,127
Aged and Infir	m			609	649	148,182	169,373
Others			***	144	178	31,080	27,057
		Total		1,154	1,343	279,720	314,959









MENTAL HEALTH

The World Federation for Mental Health nominated 1960 as World Mental Health Year and most appropriately on the 1st November, 1960, the remaining parts of the Mental Health Act, 1959, came into operation. As a result of this major legislative change two sets of statistics relating to mental health appear in this report. One set gives details of the position which existed under the old lunacy and mental deficiency legislation which was operative for the first ten months of the year. The other set relates to the position existing at the end of the year when the Mental Health Act was in operation and the old legislation repealed. The Authority's scheme for the provision of a mental health service under Section 28 of the National Health Service Act, 1946, was approved by the Minister early in the year. The scheme provides for the provision of services to meet the needs of the mentally disordered living in the community and for making these services known to those in need of them. In particular, a home visiting service, junior and adult training centres, residential accommodation, social clubs and day centres will be provided. Section 6 of the Mental Health Act, 1959, of course, allows the Authority to amplify the scheme. Good progress was made during the year in the development of the service. I should mention here that the new legislation has introduced many new terms and definitions and abolished others, and a glossary of the new nomenclature appears at the end of this section of the report.

The County Council has, subject to the provisions of their standing orders and financial regulations, delegated responsibility for providing a mental health service to their Health Committee. This Committee have appointed a mental health sub-committee to give detailed consideration to mental health matters and to make such recommendations as they think fit to the Health Committee.

Staff

The deputy county medical officer, who commenced his duties in January, has devoted a major portion of his time to the mental health service. Thirteen of the Authority's medical officers have been approved under Section 28 of the Mental Health Act, 1959, as having special experience in the diagnosis or treatment of mental disorder, while the Council have designated fourteen of their medical officers to act as responsible medical officers for guardianship cases arising in their areas.

Home visiting of the mentally disordered is carried out by 3 full time and 48 part-time mental welfare officers. The County Council has appointed the senior mental welfare officer, 2 specialist mental welfare officers, 6 area welfare officers and all its health visitors to act as mental welfare officers for the purpose of the Mental Health Act, 1959. Both specialist mental welfare officers were appointed during the year and a place for one of these officers was obtained on a special course for mental welfare officers held at the University of Leeds. The course commenced in September, 1960.

By arrangement with the local psychiatric hospital, mental welfare officers attend weekly case conferences held at the hospital.

Training centres and residential accommodation

A junior training centre for 35 pupils was opened at Horncastle in June. The Council now has 5 junior training centres at Scunthorpe, Louth, Gainsborough, Skegness and Horncastle, with a total of 200 places, and in addition the Council continues the arrangements by which certain Lindsey children attend the training centre at Grimsby and a number of Nottinghamshire children attend the centre at Gainsborough. The opening of the Horncastle centre, together with improved transport arrangements, means that junior training centre facilities are now available throughout the county. Pending the completion of adult training centres some adults are allowed to attend at all the junior training centres. The Council provides transport for the pupils to and from their homes to the various centres.

Routine medical and dental (when dental staff are available) examinations are carried out at the centres.

The planning of a new junior training centre at Louth has proceeded. The site has been obtained and loan sanction for the expenditure given by the Ministry.

Towards the end of the year the Council approved in principle the erection of an adult training centre for males and females at Brigg.

Residential accommodation is to be provided for males and females in association with the new junior training centre at Louth and the adult training centre at Brigg.

In July a party of children and staff from the training centres spent a week at a holiday home in Mablethorpe.

A sports day held at the Scunthorpe Training centre for the pupils and parents of the Scunthorpe and Gainsborough Training Centres proved a great success.

All training centres were open to the public during the week 10th to 16th July.

Guardianship

At the end of the year two cases of mental disorder were under guardianship. In each case the responsible medical officer appointed by the Authority has been made the nominated medical attendant.

Psychiatric hospitals

In the first half of the year the waiting list of subnormal and severely subnormal persons for admission to hospital was reviewed. It was found that the need for admission was no longer present in several cases. The training centres have played no small part in bringing about this situation. Consequently, at the end of the year the number awaiting admission to hospital had decreased from 110 to 43. Of these cases, 16 were classed as cases in urgent need of hospital admission with varying degrees of priority. During the year 26 cases were admitted to hospital from the waiting list. In addition, short term care was arranged for 18 cases.

Mental health education

Members of the section addressed a variety of audiences on mental health subjects during the year. Mental health was the theme of the departmental exhibition at the Lincolnshire County Show.

Cases reported under the Mental Deficiency Acts

Under	age 16	Aged 16	and over	Total
М	F	M	F	
			lenikezii ya ich service	carl lead
-				
12	1	-	-	13
_	_	3	3	6
3	2	_		5
	_	3	_	3
2	1	7	5	15
_	_	3	2	5
moi	labogon	noon lein	nobles b	na zori
17	4	16	10	47
14	4	10	7	35
	-	-	To The last	Mali To
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Manual Hanny architects for	М	F	М	F	М	F	М		М	F	М	F	М	F	М	F	М	F	М	F
-non villages-bolm self to yo	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1. Admissions to Guardian ship of Local Health AuthL.H.A. ority or other Guardian during period 1.11.60 toOther 31.12.60:—	ods ods							-								1 m				
2. Total number underL.H.A. Guardianship at 31.12.60Other													1		1		1	ell —	1	
3. Number of Patients under Local Health Authority care at 31.12.60 (a) Receiving training or occupa-			en pa					200			-									
tion in day centre Awaiting training or occupation in day centre			100						76	55	34 43	33 42	}-	_	norm	with	76	55	34 43	33
(b) Receiving training or occupa-									-	-	45	72	,		lion	late	-	-	73	72
tion in residential centre Awaiting training or occupation in residential centre											Not	vet	asses	sed						
(c) Receiving home training				-											-					
Awaiting home training																				
(d) Resident in L.A. home/hostel	15					laga laga			Ac 3		III modat		1	Inch	uded	with	3	5	14	12
Awaiting residence in L.A. home/hostel									24	_	14	14	}	Sub	norm	nals		_	14	14
(e) Resident at L.A. expense in private residential home	125	In it				Trum In the														
(f) Resident at L.A. expense by boarding out in private home																				
(g) Receiving home visits and not included under (a) to (f)	-		77	20	_	_	3		15	15	204	175			luded	with mals	15	15	284	195
(h) Others (including not yet visited)		THEFT																		
(i) Number of Patients involved (a) to (h). (See note 3)	_	_	77	20	_	_	3		96	79	309	276			luded	with mals	96	79	389	296
Number of Patients in L.H.A. area on waiting list for admission to hospital at 31.12.60 (a) In urgent need of hospital care									00	_	1	_	1	5	4	5	1	5	5	5
(b) Not in urgent need of hospital care					11.	die	eme			_	_	_	7	6	11	3	7	6	11	3
5. Number of Patients admitted temporarily for residential care during 1960 (a) To N.H.S. hospitals		- 130	hay suler		Harrie Control		L	1365	olo plo				3	10	5		3	10	5	
(a) To N.H.S. hospitals (b) Elsewhere	ID28			2 US					-	-	-	-	-	-	-	-	-	-	-	-

A glossary of mental health nomenclature and terminology

Psyche Greek for "min	d" hen	ce	
			Psychology study of mind Psychiatry healing of mind Psychotherapy treatment of mind
Psychiatrist			medical practitioner specialising in mental disorder.
Psychologist			person who has studied the functioning of the mind—usually non-medical. By the use of specialised tests, he assesses intelligence, aptitudes and personality and from these results he predicts behaviour and capacities for various mental functions.
Educational Psychologist			Psychologist who is also experienced teacher.
Psychotherapist			a medical practitioner treating mental disease is practising psychotherapy.
			Some forms of treatment for the mentally ill may be given by —
Lay-psychotherapist			non medical but highly trained.
Psychiatric Social Worker	(P.S.W	7.)	A professionally qualified social worker who has undertaken further training in the special needs of psychiatry in this field.
Mental Welfare Officer (M	.W.O.)		is concerned with the welfare of the mentally disordered—may be a P.S.W. but title also applied to men and women working in the mental health service with other types of experience and training.
Mental Disorder			in the Mental Health Act means mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind.
Severe Subnormality			a state of arrested or incomplete development of mind which includes subnormality of intelligence and is of such a nature or degree that the patient is incapable of living an independent life or of guarding himself against serious exploitation, or will be so incapable when of an age to do so.
Subnormality			a state of arrested or incomplete development of mind (not amounting to severe subnormality) which includes subnormality of intelligence and is of a nature or degree which requires or is susceptible to medical treatment or other special care or training of the patient.
Psychopathic Disorder			a persistent disorder or disability of mind (whether or not including sub- normality of intelligence) which results in abnormally aggressive or seriously irresponsible conduct on the part of the patient, and requires or is susceptible to medical treatment.
Residential Hostels for Men	tally		Local Health Authorities are empowered under the Mental Health Act
Disordered		***	to provide hostels for various groups of mentally disordered— (a) Subnormal and Severely Subnormal Patients under 16 years of age (b) ,, ,, over 16 years (male) (c) ,, ,, over 16 years (female). (d) The aged mentally disordered. (e) The mentally ill.
Guardianship	***	***	Formerly used to protect the interests of mental defectives under the old Mental Deficiency legislation—has now been extended to cover all types of mental disorder. The Local Health Authority is likely to be appointed Guardian in certain cases. Other applications for Guardianship must be approved by the Local Health Authority. The Guardian exercises in relation to the patient powers of a father over a child of 14 years. An application for guardianship must be supported by two medical recommendations.

Health Act, 1959

Compulsory Detention under the Mental This form of detention will be necessary in a minority of cases. It will be arranged by a relative or Mental Welfare Officer making an application to a hospital to detain and treat the patient. The application must be supported by two medical recommendations. In certain circumstances—emergency—a patient may be admitted for an observation period of 3 days on an application by a relative or Mental Welfare Officer supported by one medical recommendation.

Mental Health Tribunals

Bodies set up by the Lord Chancellor to whom mentally disordered persons detained compulsorily in psychiatric hospitals or under guardianship may appeal.

The terms mental deficiency, mental defectives and the classes of defectives, viz: - idiot, imbecile, feeble-minded and moral defective have now been abolished.

NOTIFIABLE DISEASE

		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 Fever	Paratyphoid Fevers	Erysipelas	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Malaria (Believed to be contracted abroad)	Tuberculosis— Respiratory	Tuberculosis—
Urban		-																				
Alford Barton-upon		7	-	-	-	-	5	-	-	-	1	_	-			-	-			-	1	-
Humber		16	_	2	_	_	2	_	10	1		_		_			_		_		_	1
Brigg		9	_	2 4	_				2	1	_		_	_		_	_			_	3	
Cleethorpes																						
Borough	***	169	37	48	-	-	18	-	14	-	4	-	-	-	-	5	20	3	-	-	13	7
Gainsborough		54	19	12	-	-	16	-	1	-	2	-	-	-	_	-	-	-	-	-	3	1
Horncastle		35	5	12	_	1	2	-	13	-	1	-	-	-		-	-	-	-	-	1	=
Louth Borough		87	1		-	-	-	-	76	-	-	-	_	-	-	-	-	3	-	-	- 6	1
Mablethorpe an Sutton		2																			1	1
Market Rasen		13	1	9					1	1											1	1
Scunthorpe		15	1	1						1												
Borough		459	33	39	-	_	285	_	57	2	6	_	_	_	_	6	10	1	1	1	17	1
CI		32	2	12	_		7	_	_	1	2	_	_	1	_	-	1	2	_	_	4	_
*** 11 11 C		23	2	4	-		7	-	5	-	1			-	-	1	_	_	-	1	1	1
		906	100	142	_	1	342	_	179	5	17	_	_	1	_	12	31	9	1	2	51	13
										-	_				_			_		_	-	-
Rural		100	25	22			0.4				-						-				2	1
Fr 1 1 1		155	25	23 29	1		84		11	_	2	-	1			1	3			-	2	2
C11 C 1 TO 1		95	13	31			1 12		17	2	5					1	5				7	2
61 1		41	8	9			5		5		3					1	1				8	2
77		173	12	34	_	_	10		97	1	7	_				1	9	_	_		2	-
Isle of Axholme		17	1	_	_	_	11		2	-	_	_	_	_				1	_		1	1
Louth		84	9	20	_	_	21	_	18	_	8	_	_	_	_	2	_	1	_	_	5	_
Spilsby		74	33	5	-	-	7	_	6	2	9	1	1	-	1		1	-	-	_	5 7	1
Welton		108	9	11	-	1	15	-	47	1	11	-	-	-	-	3	5	-	-	-	2	3
		793	119	162	1	1	166	_	207	6	46	1	2	-	1	8	24	2	_	-	35	12
Total for Coun	tv	1,699	219	304	1	2	508		386	11	63	1	2	1	1	20	55	11	1	2	86	25

Poliomyelitis

Three cases of poliomyelitis were reported during the year. One of these cases was paralytic and the other 2 non-paralytic. Their ages were 6, 12, and 25.

Ophthalmia Neonatorum

One case of Ophthalmia Neonatorum was reported during the year. There was, however, no impairment of the child's vision.

Diphtheria

It is again pleasing to be able to report that no case of diphtheria was notified in the County during the year despite the increase in other parts of the country.

Acute Rheumatism

Tabulation by age, sex and clinical classification of cases notified as Acute Rheumatism during 1960

				A	ige in	yea	rs			То		
	Clinical classification of cases notified	0-	4	5-	-9	10-	-14	15 : ov		1 -	11	Total both Sexes
		М	F	M	F	М	F	M	F	M	F	Sexes
1.	Rheumatic pains and/or arthritis without heart disease,	2	_	1	1	1	1	_		4	2	6
2.	Rheumatic Heart Disease (Active) (a) with polyarthritis (b) with chorea	=	=	2	=	1	=	=	=	3	=	3
3.	Rheumatic Heart Disease (Quiescent)	_	_	_		_	_	_	_	_	_	_
4.	Rheumatic Chorea (alone)	-	-	-	-	-	-	-	-	-	-	-
	TOTAL Rheumatic Diseases	2	-	3	1	2	1	_	-	7	2	9
5.	Congenital Heart Disease	-	-	-	-	-	-	-	-	-	-	-
6.	Other Non-Rheumatic Heart Disease or disorder	_	_	_	_	_	_	_	_	_	_	_
7.	Non-Rheumatic or cardiac Disease	-	-	-	-	-	-	-	-	-	-	-
	TOTAL Non-Rheumatic	_										

Tuberculosis

The following table gives particulars of the incidence of tuberculosis during the years 1937 to 1960. The number of cases reported in 1960 was 147 a decrease of 46 compared with the previous year. The number of persons dying from tuberculosis who had not been notified during life as tuberculous was 6 compared with 7 in 1959.

Cases of tuberculosis reported from all sources, 1937-1960

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
1958	140	33
1959	159	34
1960	120	27

Summary of formal notifications during the period from the 1st January, 1960 to 31st December, 1960

								F	orma	l not	ificat	ions			
Age periods		0-	1-	2-	5	10-	15-	20-	25-	35-	45-	55-	65-	75 and upwards	Total (all ages
Respiratory males		 -	-	-	2	-	5	4	11	7	11	6	2	1	49
Respiratory females		 -	-	-	1	-	5	7	7	7	3	3	3	1	37
Non-Respiratory males		 -	_	-	2	-	2	1	1	1	_	1	-	_	8
Non-Respiratory females	111	 -	-	-	3	1		-	3	5	1	2	2	-	17

New cases coming to the notice of the Medical Officer of Health during the year, otherwise than by formal notifications

Age periods	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75 and upwards	Total cases
Respiratory males	-	-	1	-	-	-	4	2	-	4	-	4	-	15
Respiratory females	-	-	-	-	-	2	5	6	1	2	1	2	_	19
Non-Respiratory males	-	-	-	-	-	-	-	-	1	_	-	-	_	1
Non-Respiratory females	_	-	-	_	_	_	_	_	_	_	_	1	_	1

Venereal Disease

The following tables give details relating to the incidence of venereal disease. The number of cases of syphilis and gonorrhoea under treatment at clinics situated in Lindsey in 1960 was 103 the same figure as for last year. There is, however, a slight increase in the number of new cases reported, 94 new cases as against 79 in 1959.

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
1958	17	33	50
1959	18	61	79
1960	24	70	94

Number of cases of syphilis and gonorrhoea under treatment during the year 1960 at clinics situated in the County

Clinic	Syphilis	Gonorrhoea	Total
Gainsborough	9	3	12
Louth	7	3	10
Scunthorpe	35	34	69
Skegness	4	8	12
Total	55	48	103

NURSERIES AND CHILD MINDERS REGULATIONS 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 two persons were registered under the Act as daily minders, one to take up to 9 children and the other up to 5 children.

PUBLIC HEALTH ACT, 1936 - REGISTRATION OF NURSING HOMES

At the beginning of the year there were four nursing homes registered with the County Council, providing beds for 88 general cases. During the year two new homes were registered providing beds for 35 general cases, bringing the total number of beds provided to 123.



