

**[Report 1960] / Medical Officer of Health, Stamford Borough.**

**Contributors**

Stamford (England). Borough Council.

**Publication/Creation**

1960

**Persistent URL**

<https://wellcomecollection.org/works/nzmmh3kzn>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

BOROUGH OF



STAMFORD

# ANNUAL REPORT

of the Health of the Borough

for the year

1960



BY THE

Medical Officer of Health





## **BOROUGH OF STAMFORD**

---

### **HEALTH COMMITTEE**

Councillor G. W. Gray (Chairman)  
The Mayor  
Alderman E. S. S. Bowman, O.B.E., J.P., (Vice-Chairman)  
Alderman W. J. Aughton  
Councillor Mrs. G. M. Boyfield, J.P.  
Councillor J. W. L. Whincup  
Councillor F. J. McIntosh  
Councillor R. J. R. Seamer  
Councillor F. H. Ladds  
Councillor H. J. Warby

---

### **HOUSING AND PROPERTY COMMITTEE**

Councillor P. Bullard (Chairman)  
The Mayor  
Alderman G. C. Swanson (Vice-Chairman)  
Alderman E. S. S. Bowman, O.B.E., J.P.  
Councillor Mrs. G. M. Boyfield, J.P.  
Councillor A. L. Nichols  
Councillor A. W. P. Liddle  
Councillor J. Frisby  
Councillor F. H. Ladds  
Councillor R. B. Schorah

---

### **PUBLIC HEALTH OFFICERS**

#### **Medical Officer of Health :**

H. ELLIS SMITH, M.B., B.Ch., D.P.H.  
Town Hall, Stamford, Lincs. Tel : 2248. Ext. 14

#### **Senior Public Health Inspector :**

L. J. ROLL, A.R.S.H., Cert. S.I.B.  
Town Hall, Stamford, Lincs. Tel : 2248. Ext. 13

#### **Additional Public Health Inspector :**

A. R. BURT, A.R.S.H., Cert. S.I.B.  
Town Hall, Stamford, Lincs. Tel : 2248. Ext. 13

#### **Pupil Health Inspector :**

C. D. BOWRAN.



## BOROUGH OF STAMFORD

### ANNUAL REPORT

Town Hall,  
STAMFORD.  
May 1961.

**To the Mayor, Aldermen and Councillors of the  
Borough of Stamford.**

Alderman Swanson, Ladies and Gentlemen,

I have the honour to present my seventh Annual Report on the Vital Statistics, Health and Living Conditions of the Borough.

### BOROUGH OF STAMFORD STATISTICS

Area	...	...	...	...	...	1918 acres
Population (Census 1951)	...	...	...	...	...	10899
Population (Registrar General's estimate 31/12/60)	...	...	...	...	...	11520
Rateable Value	...	...	...	...	...	£159,154
Product of Penny Rate	...	...	...	...	...	£620
Number of inhabited houses from rate book at 31/12/60	...	...	...	...	...	3632

#### NOTE : Birth and Death Rates :

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this Report as "Net" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the rates for the Country as a whole.

These factors for Births and Deaths in respect of Stamford are 1.02 and 0.73 respectively. The corresponding figure when multiplied by the Crude rate (that is, for Births or Deaths as the case may be) will give the Net Rate.

### VITAL STATISTICS

	M	F	Total
LIVE BIRTHS	96	75	171
Legitimate	89	72	161
Illegitimate	7	3	10
CRUDE live birth rate per 1,000 of Estimate Population			14.84
NET live birth rate per 1,000 of Estimate Population			15.14
Rate for England and Wales			17.1
Illegitimate live births per cent of total live births			5.85

	M	F	Total
STILL BIRTHS ... ..	1	—	1
Legitimate ... ..	1	—	1
Illegitimate ... ..	—	—	—
Still Birth Rate per 1,000 live and still births ... ..			5.81
Rate for England and Wales ... ..			19.7
Total live and still births ... ..			172

	M	F	Total
DEATHS			
Number of Deaths ... ..	99	103	202
CRUDE death rate per 1,000 estimated population ... ..			17.53
Net death rate per 1,000 estimated population ... ..			12.8
Rate for England and Wales ... ..			11.5
Natural decrease, i.e. Excess of deaths over births ... ..			31

#### INFANTILE MORTALITY (i.e. Deaths of Infants under one year of age).

	M	F	Total
Number of Deaths ... ..	5	2	7
Legitimate ... ..	5	2	7
Illegitimate ... ..	—	—	—
Infantile Mortality rate per 1,000 live births ... ..			40.94
Rate for England and Wales ... ..			21.7
Infantile Mortality rate per 1,000 legitimate births ... ..			43.48
Infantile Mortality rate per 1,000 illegitimate births ... ..			Nil

The equivalent number of deaths of infants under one year of age was 3 in 1958 and 4 in 1959.

#### NEO NATAL DEATHS

(i.e. Deaths of Infants Under 4 weeks of age) ... ..	M	F	Total
	4	1	5
Neo Natal Mortality Rate per 1,000 live births ... ..			29.24
Rate for England and Wales ... ..			15.6

#### EARLY NEO NATAL DEATHS

(i.e. Deaths of Infants under one week) ... ..	M	F	Total
	4	1	5
Early Neo Natal Mortality Rate per 1,000 live births ... ..			29.24



## CAUSES OF DEATHS UNDER ONE YEAR OF AGE

Under One Week	M	F	Total
Cardio-respiratory failure, Haemolytic disease of the newborn. Prematurity ... ..	1	—	1
Haemolytic Disease, Rhesus incompatibility ... ..	—	1	1
Prematurity, Rhesus incompatibility	1	—	1
Prematurity, Cerebral Anoxia ...	1	—	1
Prematurity, Erythroblastosis foetalis ... ..	1	—	1
<b>Under One Year</b>			
Bilateral broncho pneumonia ...	1	1	2
	<hr/> 5	<hr/> 2	<hr/> 7

MATERNAL MORTALITY (i.e. Deaths due to Pregnancy, Child-birth or Abortion ... ..	NIL
Rate for England and Wales ... ..	0.39

## MARRIAGES SOLEMNISED IN THE BOROUGH OF STAMFORD

1957 ... ..	98
1958 ... ..	89
1959 ... ..	82
1960 ... ..	96

It appears that in Stamford, though not nationally, Cupid and his bow were more active than usual in 1960.

The live birth rate at 15.14 was two per thousand less than that for England and Wales as a whole at 17.1 which incidentally was the highest birth rate since 1948.

Only one still birth occurred during the year giving a still birth rate of 5.81, which bears very favourable comparison with the national rate of 19.7. The number of illegitimate births is the highest total since 1948.

The Death rate in the Borough was 12.8 against the figure of 11.5 for England and Wales and this would have been much less favourable had it not been arrived at by the use of the comparability factor. This factor makes a large correction for the fact that the Borough's population is over-weighted in the older age groups, though there has been a slight improvement in this respect.



In last year's Report it was pleasant to record that the number of births exceeded the deaths, giving a natural increase of twenty-three. Unfortunately this trend did not continue and this year it again reverted to a natural decrease of thirty-one. I use the word reverted advisedly as in the ten years since the last census only in 1959, 1953 and 1951 was there an excess of births over deaths. In a review of the ten year period as a whole there was an excess of deaths over births of sixty-three.

The Sociological implications of this must be plain to see and due regard will I am sure be paid to them in planning for the future of our ancient Borough. A moderate influx of new population would seem most desirable to redress the balance of the old.

For the sixth year in succession the Infantile Mortality rate for England and Wales was the lowest ever previously recorded being 21.7 per thousand live births. The figure for Stamford was 40.94. In these comparisons it must be borne in mind that with the relatively small total numbers involved in the Borough, a small increase or decrease produces a big variation in the rate.

The record low Infantile Mortality rate of 21.7 is a great achievement and to appreciate just how great it should be recollected that in 1900, 138 out of every thousand live born infants died before it reached its first birthday. Since then the figures for each decade are :-

1910	...	...	...	117
1920	...	...	...	90
1930	...	...	...	68
1940	...	...	...	55
1950	...	...	...	30

This represents a sixfold reduction in sixty years and is a living monument to the Maternity and Child Welfare Services of this Country.

## INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES, INJURIES AND CAUSE OF DEATHS

					Male	Female	Total
Tuberculosis (Respiratory)	....	....	....	....	1	—	1
Tuberculosis (other forms)	....	....	....	....	1	—	1
Syphilitic Diseases	....	....	....	....	—	—	—
Diphtheria	....	....	....	....	—	—	—
Whooping Cough	....	....	....	....	—	—	—
Meningococcal Infections	....	....	....	....	—	—	—
Acute Poliomyelitis	....	....	....	....	—	—	—
Measles	....	....	....	....	—	—	—
Other Infective and Parasitic Disease	....	....	....	....	—	—	—
Malignant Neoplasm of Stomach	....	....	....	....	3	1	4
Malignant Neoplasm of Lung, Bronchus	....	....	....	....	7	—	7
Malignant Neoplasm of Breast	....	....	....	....	—	3	3



	Male	Female	Total
Malignant Neoplasm of Uterus	—	2	2
Other Malignant and Lymphatic Neoplasms	11	4	15
Leukaemia, Aleukaemia	—	—	—
Diabetes	1	1	2
Vascular Lesions of Nervous System	7	25	32
Coronary Disease, Angina	26	10	36
Hypertension with Heart Disease	5	3	8
Other Heart Diseases	5	14	19
Other Circulatory Diseases	3	3	6
Influenza	—	1	1
Pneumonia	12	18	30
Bronchitis	1	5	6
Other Diseases Respiratory System	—	2	2
Ulcer of Stomach and Duodenum	2	1	3
Gastritis, Enteritis and Diarrhoea	—	—	—
Nephritis and Nephrosis	—	—	—
Hyperplasia of Prostate	2	—	2
Pregnancy : Childbirth and Abortion	—	—	—
Congenital Malformation	—	—	—
Other Defined and ill-defined Diseases	11	5	16
Motor Vehicle Accident	—	1	1
All Other Accidents	—	4	4
Suicide	1	—	1
Homicide and Operations of War	—	—	—
Total	99	103	202

Diseases of the cardio-vascular system again head the list of causes of death, accounting for exactly a half (101), and of these the largest single catastrophe was coronary thrombosis which was the terminal event in 36 instances.

Whilst research into the exact causes of this disease of modern civilisation continues, it might be well for the men over forty to give a thought to their mode of living. Adequate exercise should feature in the daily routine and the officebound might with advantage mislay their garage key periodically. The tendency to eat in excess of need and in particular of animal fats should be avoided. Finally the cultivation of the art of relaxing mind and body for a spell each day is an excellent antidote to the poisonous pace and strains of the mid-twentieth century.

“The world is too much with us late and soon  
Getting and spending we lay waste our powers.”

Diseases of the respiratory system (39) displaced malignant growths (31) from the unenviable second position into third. This was entirely due to there being 30 deaths from pneumonia, the highest figure since the introduction of penicillin, the first of the antibiotics. Is this indicative of a predominantly viral infection which is more difficult to treat than a bacterial, or to a breach in the defences? Of



the 31 deaths from malignant disease nearly a quarter (7) were due to cancer of the lung. There is overwhelming evidence that this is a largely preventable condition and yet there is no detectable public enthusiasm to see it prevented. The excise duty on tobacco, £789 million, more than covers the Governmental bill for expenditure on the National Health Service at £670 million !

It is pathetic on looking up the background to the four deaths from accidents, other than vehicular, to find that they referred to elderly ladies between the ages of eighty-eight and ninety-six. All four deaths resulted from falls, three in their own homes and one in the street. This underlines once more the unremitting care which should be taken in the homes of the elderly to obviate environmental hazards and accidents.

## **GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA**

### **NURSING IN THE HOME**

Under the County Council Scheme the Borough has one District Midwife.

Residence : 9 Adelaide Street, Stamford, Telephone 3218,  
and one District Nurse

Residence : Drift Road, Stamford, Telephone 3591.

### **HOME HELPS**

Home Helps are provided for the town of Stamford and the neighbouring area of South Kesteven by the County Health Department from the Barn Hill Clinic, Stamford. Application should be made to Barnhill House, Stamford :

Mondays	9 a.m.—1 p.m. and 2 p.m.—5 p.m.
Tuesdays	9 a.m.—1 p.m.
Wednesdays	9 a.m.—12 noon
Thursdays	2 p.m.—5 p.m.
Fridays	9.30 a.m.—12.30 p.m.

This service is engaged more and more in providing for the needs of the elderly and the disabled, though it was started originally as a service to expectant mothers around the time of their confinement. Some 32 Home Helps are employed for work in the Borough.

### **WELFARE FOODS**

Welfare Foods can be obtained from the Barn Hill Clinic at the following times :

Monday to Friday	10.00 a.m. to 12 noon 2.00 p.m. to 4 p.m.
Saturday	10.00 a.m. to 12 noon



## HEALTH VISITORS

Under the County Council Scheme two full time Health Visitors, Miss Evans and Miss Wright, work in the Borough and the surrounding Rural District. They provide an advisory health and social service to the family, and in particular to the mother and infant, the aged, the problem family and the tuberculous patient and his family ; in co-operation with the family doctor and the hospitals.

## AMBULANCE SERVICE

This service is a County Council directly controlled one. There are three ambulances and one sitting case car, with District Headquarters at Ryhall Road, Stamford. Telephone No. Stamford 2379.

## GENERAL HOSPITALS

Stamford and Rutland Hospital, Stamford provides full facilities for medical, surgical and maternity cases.

The Geriatric and the more chronic cases are served by St. George's Hospital, Stamford.

Diseases of the chest are served by the Chest Hospital, Bourne.

Infectious persons requiring in-patient treatment are admitted to the Peterborough Isolation Hospital.

All these Hospitals are controlled by the East Anglian Regional Hospital Board.

The services to the mentally disordered patient are provided by the Sheffield Regional Hospital Board—based on the Harmston Hall and Rauceby Hospitals.

## TREATMENT CENTRES AND CLINICS

### (a) PROVIDED BY KESTEVEN COUNTY COUNCIL

#### **Child Welfare :**

Weekly Clinic—Friday 2—4 p.m. Barn Hill House, Stamford.

This is staffed by two Health Visitors. Mrs. Grundy and her devoted band of voluntary workers give generously of their time and energies in making food supplements and baby foods available, in ensuring the success of the social side and in helping with the documentation. The doctor attends the first, third and fifth Fridays in the month. The average attendance at these clinics has increased again this year to a new record figure of 77 per session. The need for increased facilities seems undeniable. During the year the screening of all infants was commenced for the detection of phenylketonurea. This is a congenital abnormality of metabolism which can cause mental disability.



## **Diphtheria Immunisation :**

A Diphtheria Immunisation clinic is held at Barn Hill House, Stamford on the first Wednesday in each month from 2 p.m. to 4 p.m. Immunisation is also done at both the Friday morning and afternoon clinics if requested.

Numbers immunised during the year :

Primary Dose	...	...	102
Reinforcing Dose	...	...	100
			<hr/>
			202
			<hr/>

In addition the following children living outside the Borough were immunised.

Primary Dose	...	...	82
Reinforcing Dose	...	...	39
			<hr/>
			121
			<hr/>

This is indicative of how much this, and our other services, are used by persons residing in the surrounding areas.

124 children were immunised by the General Practitioners, 87 Primary and 37 Reinforcing Doses.

Help at the Barn Hill Immunisation Clinic has again been given by Mrs. Winterton and Mlle. Dauzou of the British Red Cross Society, to whom I would like to express my thanks.

## **Stork Club :**

An innovation this year at Barn Hill was the starting of the first Mothercraft and Relaxation Class for expectant mothers in the County. This meets weekly on Thursday afternoons and is primarily intended for primipara. As well as educational it is made a pleasantly sociable occasion. In its first ten months up to 31st December, 43 mothers made an aggregate attendance of 268.

## **School Health Service Clinic :**

This is situated at Barn Hill House, Stamford, providing Ophthalmic, Orthopaedic, Physiotherapy and Dental Clinics. The defunct Speech Therapy Clinic was much lamented.

(b) PROVIDED BY THE REGIONAL HOSPITAL BOARD

## **Tuberculosis :**

At Stamford Hospital :  
Weekly Clinics

Tuesdays from 2 p.m.  
Fridays from 2 p.m.



Under Dr. G. Bernard Royce, Consulting Chest Physician, Peterborough Group of Hospitals. The Health Visitor, Miss A. M. Evans, attends once a month.

### **Venereal Disease :**

Clinics are held at the Out-Patient Department, Memorial Hospital, Peterborough, under Dr. N. A. Ross.

<b>Males</b>	Mondays	4.30—6.30 p.m.
	Wednesdays	5.30—7.00 p.m.
<b>Females</b>	Tuesdays	10.30—12 noon
	Thursdays	4.30—6.30 p.m.

### **(c) PROVIDED BY THE MEDICAL RESEARCH COUNCIL Laboratory Facilities :**

Bacteriological investigations are carried out by the Public Health Laboratory at Peterborough under the direction of Dr. E. J. Glencross. The service includes the examination of milk and water samples and general bacteriological examinations for the family doctors and the Health Department.

## **SANITARY CIRCUMSTANCES OF THE AREA**

### **Water :**

The water supply for the Borough is provided by the Stamford Waterworks, a private company. It is derived from six sources and the chemical analysis of these are shown on opposite page. (Leicester Road Springs Supply is indivisible from the Bone Mill Supply).

The main items of interest are the very high degree of "hardness" which these samples show, constituting a bugbear alike to the housewife in search of a good lather and the heating engineer concerned for his pipes. There is no danger of plumbo-solvency however from this composition.

A few miles to the eastward are underground water supplies which are soft and contain fluorine, which is an extraordinarily valuable asset in the fight to preserve dental health and to protect children from the ravages of dental caries. Is it too much to hope that one day these waters may be exploited for the benefit of our population?

Meantime the Borough's supplies have been adequate in quantity and apart from one incident the quality gave no cause for anxiety. In December 1959 some thousands of gallons of fuel oil were accidentally spilled on the gathering grounds of the Whitewater supply. It disappeared. In January complaints began to come from consumers that their water derived from this source had a peculiar paraffin-like taste and smell and accordingly its distribution was curtailed. Chemical analysis showed this water to contain 0.5 parts per million of



General Chemical Examination :—		Whitewater parts/ million	Bone Mill parts/ million	Wothorpe parts/ million	Northfields parts/ million	Ryhall Road parts/ million
Nitrogen, Ammoniacal	....	0.005	0.042	0.030	0.024	0.018
Nitrogen, Albuminoid	....	0.066	0.060	0.042	0.040	0.042
Nitrogen, Nitrous	....	none	none	none	none	none
Nitrogen, Nitric	....	8.82	9.97	10.50	7.06	11.80
Reaction, pH Value	....	7.2	7.4	7.0	6.9	7.3
Free Carbon Dioxide	....	15	5	13	26	6
Pernanganate Oxygen	....					
Absorbed in 15 mins.	....	0.22	0.14	0.14	0.16	0.16
Absorbed in 4 hours	....	0.52	0.26	0.30	0.34	0.30
Hardness, Temporary	....	205	197	222	250	180
Hardness, Permanent	....	177	151	184	246	188
Hardness, Sum of above	....	382	348	406	496	368
Total Alkalinity, as CaCO <sub>3</sub>	....	225	217	242	270	200
Solids, Suspended	....	none	none	none	none	none
Solids, Dissolved, dried at 100° C.	....	550	490	620	700	560
Solids, Total	....	550	490	620	700	560
Mineral Analysis :—						
Calcium Ca	....	148	131	151	187	137
Magnesium, Mg	....	3	4.5	7	7	6.5
Iron, Fe	....	none	none	none	none	none
Carbonates, CO <sub>3</sub>	....	135	130	145	162	120
Sulphates, SO <sub>4</sub>	....	117	86	97	204	117
Chlorides, CL	....	28	24	40	27	31
Nitrates, NO <sub>3</sub>	....	39	44	46.5	31.5	52.5



non-volatile oil which while not dangerous in amount yet rendered it unpleasant to drink either neat or in tea. This episode while short in the telling caused much concern to the Water Undertaking and the Health Department equally. It involved the taking of a dozen samples for chemical analysis and denied the full use of the source for over ten weeks. The Ministry of Housing and Local Government sent expert help to inquire and advise on the spot.

Any threat to the Quality of a Community's water supply must always rank as a major crisis and immediate action on reasonable suspicion must be the rule.

The Council after very carefully weighing all the advantages and disadvantages of the alternatives available to them were prevailed upon to join the proposed South Lincolnshire Water Board.

As water is a National asset it was inevitable that some degree of Governmental control, in the guise of Regional Water Boards, would come, possibly leading eventually to a National Water Grid. It is furthermore inevitable that water will become more expensive. It is to be hoped that these facts will be accepted in the knowledge that the underlying conception is in the long term National interest, however inconvenient parochially.

The approximate daily consumption is 735,000 gallons, which allowing for industrial usage, gives a domestic consumption of around 35 gallons per head per day ; much the same as in former years in spite of the increase in new buildings.

The water engineer estimates that there are still 24 properties in the Borough supplied from standpipes and serving some 30 occupants.

The modernisation of the sewage disposal works was continued with a start on the necessary installations for a cold digestion process, which should produce from the sludge a much more aesthetic final product than was possible in the past ; and less malodour in the process. With the cold wet summer there were fewer complaints of smell from the works—and it is sanguinely hoped that there will be none when the new additions are in full operation.

Trial boreholes have been sunk along the line of the proposed new trunk sewer, which is to be built by tunnelling below the centre of the town from North Street to St. Leonard's Street. This will be a novel solution to an urgent problem and is a sine qua non for the comprehensive and very necessary scheme of general sewer reconstruction, which has been recommended in four phases and may cost £180,000.

A weekly refuse collection service is given and disposal is by a controlled tipping system. Close attention is paid to rodent control at the tip.

The Borough Swimming Baths are a very popular feature of the town but during a season which was notable for its deplorable weather it was to be expected that there would be a marked drop in the attend-



ance, and so there was ; the 1959 total being 97,007 compared with this year's total of 73,078, a reduction of 23,929 during a season which lasted from 30th April to 24th September. All the Schools utilise the Baths with the exception of the purely infant St. John's and the Stamford School which has its own. Routine daily checks were kept on the water for Chlorine content and acidity and the bacteriological condition of the water was also watched. All these remained completely satisfactory throughout the season.

The Swimming Baths consist of one 100 feet by 30 feet varying in depth from 2 feet 6 inches to 6 feet 6 inches ; a smaller 60 feet by 25 feet varying in depth from 1 foot 6 inches to 4 feet 6 inches and a paddling pool. The water required for these is around 130,000 gallons, which is obtained from the town supply. Mechanical filtration is used and breakpoint Chlorination is automatically controlled. Soda Ash is added to maintain a pH of 7.6. The plant is capable of turning over the water in four and a half hours. Both of the pools are tiled to a depth of nine inches at the sides and in the case of the small pool the remainder of the sides and the floor are finished in rendered brick. The floor of the large pool is finished in glazed brick and the remainder of the side in rendered brick. Rules for Health and Cleanliness are displayed for compliance and the provision of foot sprays adds to the hygienic safeguards of the baths. Wooden duckboards are not used in the dressing cubicles as a precaution against spread of athlete's foot and plantar warts.

During the year the large swimming pool surround was equipped with non-slip tiles, and scum channels were built in the ends. The diving stage steps were replaced with non-slip aluminium stair heads. Throughout the season the whole of the swimming bath area was hosed and swept at least once daily and an attendant was on duty at all times the pool was open. A Minuteman Resuscitator was kept readily available at all times in case of an emergency.

The War Memorial Swimming Bath at the Stamford School is used by the boys in the Summer Term and by a limited clientele during the holiday period. The water comes from the town mains and can be changed over in six hours. Filtration is effected by two 5 h.p. rotary pumps driving the water through a nine foot filter bed. Breakpoint Chlorination is used and a close check is maintained on the Chlorine content of the water.

The Borough Council maintain a Mortuary which is used by the Rutland and Stamford Hospital for all their Post Mortem examinations as well as serving the Coroner and the Police.

18 Post Mortems were carried out during the year and there were a total of 29 admissions to the Mortuary. At all times it was well served.

The nearest Crematorium is at Marholm near Peterborough and this is being used more and more frequently.



# PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

## ANALYSIS OF CASES OF INFECTIOUS DISEASES AND DEATHS THEREFROM

Notifications received during the year.

	Total Cases Notified 1960	Cases Admitted to Hospital	Total Deaths	Total Cases Notified 1959
Scarlet Fever ....	62	—	—	24
Food Poisoning ....	—	—	—	2
Dysentery ....	—	—	—	8
Meningococcal Infection	—	—	—	1
Puerperal Pyrexia ....	6	6	—	1
Measles ....	95	—	—	30
Whooping Cough ....	5	—	—	22
Total	168	6	—	88

In addition 29 cases of Pneumonia (2 of which were admitted to Hospital) were notified as compared with 32 cases notified during 1959. One case of Erysipelas was notified during 1960 as compared with no cases during 1959.

## AGE DISTRIBUTION OF THE NOTIFIED INFECTIOUS DISEASES

	Not known	Under 1 year	1	2	3	4	5	10	15	20	25	35	45	55	65 and over	Total
Scarlet Fever ....	—	1	1	3	6	8	31	9	2	1	—	—	—	—	—	62
Food Poisoning ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ....	—	—	—	—	—	—	—	—	—	3	3	—	—	—	—	6
Measles ....	—	2	7	8	8	11	41	15	1	1	1	—	—	—	—	95
Whooping Cough ....	—	2	1	1	1	—	—	—	—	—	—	—	—	—	—	5
Pneumonia ....	—	1	—	—	1	—	—	3	—	—	1	5	1	5	12	29
Erysipelas ....	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Total	—	6	9	12	16	19	72	27	3	5	6	5	1	5	12	198



The incidence of notifiable infectious disease, excluding Tuberculosis, was slightly up on the previous year, 198 compared with 120 in 1959 and 518 in 1958. This moderate increase was largely due to the inclusion of 95 cases of measles and a marked rise in the incidence of clinical Scarlet Fever to 62 cases. While Scarlet Fever is a much less formidable entity than in days gone by it causes discomfort to the individual and can result in an unwelcome disruption in the home, place of work, or at school. Most of the cases affected school children and it was endemic in one school during the first half of the year. There were eighteen notified cases. In April the peak was reached and in the overcrowded conditions which prevail in the infant classrooms of this school, it was not surprising that we found Group A type 4 haemolytic streptococci on swabbing the desks after school. Even after a thorough scrubbing and disinfection over a weekend similar organisms were recovered the following week. Only the fortuitous advent of the Easter holiday obviated my taking the drastic step of requesting consideration for the closure of the Infants' Department. I was of the opinion that the crowding was a potent factor in keeping the streptococcal infection smouldering over a period of more than four months.

Would that all the infant and junior schools in Stamford had the environmental qualities which the four senior schools enjoy by contrast. En passant why is the inspection chamber for the drains in the kitchen at the Exeter School?

Influenza was not a feature of the epidemiological scene but its prevalence in surrounding areas as the year drew to a close was a warning that it was probably on its way.

There were no cases of Dysentery or of infections with other pathogenic intestinal organisms.

Five years have now elapsed since the last case of Poliomyelitis occurred in the town. The vaccination programme against this scourge has met with a resounding success and deserves the full support of the community by each individual adding to the "herd immunity" through the acceptance of the simple protecting procedure, either from their own doctor or the clinic. A few minutes now may save a lifetime's regret if this dreaded virus and its potentialities go unheeded and it is allowed to strike. The maintenance of good personal hygiene, the avoidance of crowded gatherings and over fatigue are important second lines of defence when the infection is about.

Fifteen years of immunity from diphtheria has ensured that few in the Borough have had any experience of the disease or have ever seen the ghastly picture of a child dying from it or the picture of a child crippled in heart or limb as a result of it.

There have been many warnings sounded about its return unless a high level of immunity is maintained by having all children immunised in their first year of life and again at five years. That these warnings are only ignored at one's peril or rather at the sacrifice of a child's



future has been all too well illustrated by a number of outbreaks throughout the country accompanied by deaths from diphtheria during the past twelve months. To refuse to have a child immunised is not a legitimate exercise of a democratic right, it is just plain criminal folly. There is a tendency for mothers to ask for protection against whooping cough for their children, because they are familiar with it, rather than against diphtheria. I think this fact is a very cogent argument for the use of a combined vaccine which protects against both diseases simultaneously and also against tetanus for good measure and with only three injections ! The assets of such a procedure would seem to outweigh by far any alleged technical snags.

Though not notifiable, verruca (plantar warts) appeared to be more prevalent. They are troublesome to clear up as well as necessitating irritating restrictions on bathing and bare foot exercises.

To obviate the remotest risk of contracting Weils' disease, Council employees liable to come into contact with rat contaminated water at sewage disposal works or in drains or sewers, were given a card of "Do's and Don'ts" when working at such places. This card incorporated a note to their doctors as an aide memoir on the relevant facts.

It is a disturbing fact that venereal disease has shown a great resurgence as a national problem and is now a challenge to Society as a whole and to preventive medicine.

The figures in Stamford during 1960 were :—

	Males	Females	Total
Syphilis	1	1	2
Gonorrhoea	3	1	4
Other Venereal Conditions	8	5	13
	12	7	19

The two cases of syphilis were tertiary and so no infectious syphilis was recorded. Omitting these, seventeen new cases of venereal diseases in one year give little cause for complacency and token a considerable degree of promiscuity. I have not the ages of those involved locally but it is undeniable that on a national basis this is to a marked degree a teenage problem—a very unpalatable disclosure.

Details of the nearest venereal disease clinic and times have been provided for all the public conveniences in the Borough.



## TUBERCULOSIS

	Deaths during 1960				New Cases during 1960			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 years	—	—	—	—	—	—	—	—
5—15 years	—	—	—	—	—	1	—	—
15—25 „	—	—	—	—	—	1	—	—
25—35 „	—	—	—	—	—	—	—	—
35—45 „	1	—	—	—	2	—	—	—
45—55 „	—	—	—	—	—	—	—	—
55—65 „	—	—	—	—	—	—	—	—
Over 65 years	—	—	1	—	—	—	—	—
Total	1	—	1	—	2	2	—	—

Four new cases of Pulmonary Tuberculosis were notified during 1960, precisely the same number as in 1959. For the second successive year there were no cases of the non-pulmonary type, and it would be a happy result if this could be a reflection of the great efforts and care which have gone into ensuring milk supplies free from all tubercle infection.

Two deaths were ascribed to tubercle in the same period, one being of the Pulmonary and one of the non-pulmonary type. In spite of the phenomenal advances in treatment in recent years the battle with this Acid Fast bacillus is by no means won.

The need for surveillance of the known cases and their contacts remains as vital as ever and included in the service for ensuring this must be the rounding up of those who default on their appointments at the Chest Clinic or surgery. This has been a very fruitful year in this sphere of aftercare as a very full and happy liaison has been established between the Chest Clinic and the Health Visitor from which all have benefited and in particular the patient. It allows of a full interchange of information between the Chest Physician who knows the patient's clinical condition and the Health Visitor who knows his home and his social problems.

It augurs well for the future as if pulmonary tuberculosis in man is to be eradicated it will require an all out effort all along the line, with all the services in this field co-operating fully together. This locally we now have and I would like to express my sincere thanks to Dr. Bernard Royce for his help in bringing it about and to Miss Evans who visits the homes.

In the Spring the B.C.G. Vaccination scheme to afford protection to susceptible school children aged thirteen years and upwards was launched. A total of 1055 children qualified in these age groups for the vaccination and of these 727 accepted and were subsequently vaccinated, making a 69 per cent response within the Borough. This



immunising procedure should provide protection for those who accept it during a very vulnerable period in their lives ; namely when they leave the sheltered environment of home and school to engage in the hurly burly of earning a living and mixing with a far wider population in the process.

The Council give generous priority in approved cases to those suffering from tuberculosis and in need of rehousing, and in two such instances rehousing was affected during the year.

## HOUSING

### PROVISION OF NEW HOUSES

Statistics of new houses erected in the Borough during 1960 as supplied by the Housing Department :

#### 1. BUILT BY LOCAL AUTHORITY :

Traditional Brick Houses	...	...	42	4 flats
Houses in course of erection at end of year	...	...	62	

#### 2. BUILT BY PRIVATE ENTERPRISE :

Traditional Brick Houses	...	...	76
Houses in course of erection at end of year	...	...	99

Applicants for Council Houses as supplied by the Housing Department at December, 1960 :

Effective Housing List	...	...	111
Old Persons' Dwelling Applicants	...	...	43
Miscellaneous Applicants	...	...	Nil

The Council's Slum Clearance programme as submitted to the Ministry of Housing and Local Government in 1955 involved 91 houses of which 50 were included in the programme for the first five years. Actually in the five year period 1955—1960 much better progress was made than could have been anticipated and by 31st December, 1960, 108 houses had been dealt with—14 during the year as follows :—

Undertakings 12, Closing Orders 1, Demolition Orders 1.

The completion and occupation in April of the two bungalows and four maisonettes in Eight Acres—formerly the site of slum clearance properties has added a further valuable contribution to the sum of properties designed for and available to the Elderly. This speedy redevelopment, nine months from demolition to resurgence (June 1959 to April 1960), adds yet one more chapter to the story of close co-operation between the Health and Housing Committees which has been such a marked feature of the Slum Clearance programme from its inception.



The Council have pressed on with their scheme for rehousing the occupants of the temporary housing estate on Empingham Road, the former POW Camp. By the end of the year 35 of the tenants had been rehoused, mostly on the fine new Council estate at King's Road. It is hoped that the remaining 50 will be similarly blessed by the end of 1961. The demolition of the huts will allow the developers a chance to make this entrance to the town a pleasure to the eye, after its unprepossessing appearance of post war years.

A major programme of house clearance must inevitably dispossess some who would have preferred to stay with the "devil they knew." It has been the laudable policy throughout the past five years to give the fullest consideration to the needs of each household when selecting their new accommodation. The sociological and geographical needs were carefully assessed and in all cases where there were relevant medical factors these were also taken into account in reaching a decision. This way the operation was made as humane and painless as possible.

With the completion of the Camp clearance no further clearance areas are envisaged and there remains only the mopping up of "individual" unfit houses, during the next quinquennium.

The Council continued to give the fullest encouragement to those owning properties capable of being modernised and given a new lease of life, by awarding 17 improvement grants during the year.

Following on the comprehensive review of the Almshouses in 1959, some have had to be abandoned for human habitation, but some were modernised. It is regretted that between these two fates lie others which are far from fit, are capable of being modernised but on which no works of rehabilitation have yet been commenced—a great pity.

The demand for Elderly Persons' accommodation is as keen as ever in spite of the Council's efforts. It is a clear reflection of the national problem and it is small wonder that during the year under review apart from Slum Clearance replacements only one bedroomed dwellings for the Elderly attracted Government Subsidy—but why a single bedroom only I could never understand. Of the 154 on the Housing List, 43 require this type of accommodation, being 28 per cent. It would be the solution to many of the problems confronting the social services to the elderly if there were a grouped Elderly Persons' Bungalow scheme with a warden in charge.

The new Caravan legislation was eagerly awaited but on publication it revealed lower standards than those generally accepted throughout this area. I looked in vain for a definition of overcrowding applicable to these homes on wheels. Why, when even canal boats and hop-pickers' vans have air space regulations applicable to them should these "homes" where some quarter of a million persons dwell have none?



Twelve new caravan licences were granted and forty renewals were agreed to, of these however twenty two were in respect of personnel engaged in work on the By-Pass and so could be regarded as temporary. While residential caravans must be accepted as a form of "home" for the foreseeable future they provide a poor background for bringing up a young family and for dealing with illness when it arises.

The Council operates a Points Scheme and during the year forty applications were received for priority rehousing on the grounds of ill-health. All of the applicants received a personal visit from your Medical Officer and the social and medical circumstances were fully investigated, before a recommendation was made. I enjoyed the full co-operation of my general practitioner colleagues in this and their observations in each case were carefully considered before a decision was arrived at. I would like to thank them for their assistance in ensuring that help is really equated to need.

The decision of the Council to freeze the housing list at the end of the probationary waiting period of twelve months does make the subsequent award of Health Points to those seeking priority rehousing on health grounds more difficult than in the past—but it has the great advantage of keeping their place in the queue for those who have once joined it.

Two cases of statutory overcrowding were reported during the year and both families have since been rehoused.

There are still 24 Council houses without separate bathrooms. It is hoped to rehabilitate them in the near future.

A most unusual situation arose when early in the year a complaint was received from the tenants of a council house that they were experiencing a strange smell which was alleged to cause unpleasant nose, throat and chest symptoms. Investigations were carried out by the appropriate officials of the Council and representatives of all the Public Utilities. Floor boards were removed, the advice of Consultant Analysts was obtained and television and other electrical gadgets were examined to exclude arcing. In spite of all efforts no specific abnormality could be detected but the complaints remained of smells as elusive as the Scarlet Pimpernel. The only solution was one of rehousing. It is interesting that an almost similar case with equally negative findings was recently reported from a not far distant City. Their solution and ours were identical.

## INSPECTION AND SUPERVISION OF FOOD

The Food Hygiene Regulations of 1955 and the Codes of Practice consequent on them have been sufficiently long in operation to warrant universal compliance. However, if time permitted, friendly routine visits to all food businesses—including licensed premises—would be



an advantage to all concerned for lapses in the *modus operandi* are all too easy and such lapses may be dangerous. With so many articles of food now processed, precooked and otherwise sophisticated, the rules of Food Hygiene and safe food handling are more than ever applicable in the home. They need to be scrupulously observed by those responsible for the family's meals as no matter how carefully the route from producer to consumer is scrutinised all the benefits can be lost through a thoughtless slip on the last lap—in the home kitchen.

Market stalls have nothing to commend them as sites for food businesses as the critically observant can see for themselves. This is equally true of those which accompany the Mid Lent Fair and I am grateful that flying insects are still hibernating when it comes to town. The food purchasing public by being fastidious and selective in what and where they buy can exert a tremendous pressure for the maintenance of high hygienic standards.

The Municipal Slaughterhouse provides a first class service to the town and over a considerable radius around it. One hundred per cent meat inspection is maintained by the Health Inspectors.

There are no private slaughterhouses in the Borough and there is enough capacity to meet all foreseeable needs, as was agreed by all the interested parties who were consulted under the requirements of the Slaughterhouses Act, 1958. There have been no applications for new slaughterhouse licences which is a further affirmation that the demands made on the Municipal one are being fully met. The provision of a stunning pen will satisfy a much felt need.

Samples of non-pasteurised Tuberculin Tested milk were taken for biological examination for brucellosis. No organisms of this type, which can cause undulant fever in man, were found in them.

Mr. Hawley, the Chief Inspector of Weights and Measures of the County took 39 samples within the Borough under the provisions of the Food and Drugs Act, 1955. The articles sampled were :—

Blackcurrant Syrup	...	1	Honey	...	...	2
Butter	...	...	Milk	...	...	10
Butter Sweets	...	...	Milk (Flavoured)	...	...	3
Coffee Extract	...	...	Olive Oil	...	...	1
Cough Sweets	...	...	Preserves	...	...	3
Cream	...	...	Sausages (Pork)	...	...	3
Cream Cakes	...	...	Soft Drinks	...	...	2
Cream Cheese Spread	...	1	Tomato Ketchup	...	...	3
Cream Soup	...	...	Vinegar (Malt)	...	...	2
						—
						39
						—

Speaking of his work Mr. Hawley comments that “ In the complex organisations of food production and distribution, the Sampling



Officer under the Food and Drugs Act plays his small, though by no means unimportant part. Observant, disinterested and impartial, he acts very much like a referee at an important football match. His primary duty is to ensure, so far as an intelligent sampling policy can do so, that purchasers are not prejudiced as to the nature substance and quality of the food and drugs they buy. To help him, in his task, there is an imposing array of statutory and non-statutory instruments, case law, trade agreements, Codes of Practice and other devices by which he and others concerned are able to determine what, for example, a buyer is entitled to get if he asks for Cream of Chicken Soup ; Flavoured Milk or any one of many hundreds of other articles used as food and drink by Man.

The principal administrative function of a Food and Drugs Authority, therefore, is the direction of this sampling policy and the prosecution of those who infringe the law. It speaks well for the many agencies concerned with the production and marketing of food in Kesteven that in all the samples obtained during the year, there was no infringement serious enough to warrant the institution of legal proceedings.

## CREAM

The Sample of cream was of what is known as "double" or "thick" for which the Food Standards (Cream) Order, 1951, sets a butterfat standard of 48 per cent. This sample had 53.2 per cent of butterfat.

## CREAM SOUPS

By a Code of Practice agreed between the Ministry and the "Trade" cream—or creamed soups are required to contain not less than  $2\frac{1}{2}$  per cent of butterfat. This sample satisfied this condition.

## PRESERVES

The three samples obtained all complied with the requirements of the Food Standards (Preserves) Order, 1953, which specifies a minimum fruit content for jams, marmalades, mincemeat and fruit curds.

## SAUSAGES

In view of the importance of the homely "banger" in the Nation's diet sheet (according to the well-informed British Food Journal, six million were sold during the year, which is about 10 per cent of the national annual consumption of carcase meat) it is interesting to record that the meat content of pork sausages selling for three shillings per pound or thereabouts continues to be well above 65 per cent. Although there is now no statutory standard for sausages, it is generally accepted that a beef sausage should contain not less than 50 per cent



of meat and a pork sausage 65 per cent. These three samples contained an average of 71.3 per cent of meat and cost on average, three shillings and twopence per pound.

## SOFT DRINKS

The two samples were obtained from a local manufacturer, as were a sample of Blackcurrant Syrup and one sample of Malt Vinegar. All were found to be satisfactory.

## MILK

Milk in Stamford has always been above average, due to the considerable quantity of Channel Island milk sold there.

The statutory standard for milk under the Sale of Milk Regulations is 3.0 per cent butterfat (4.0 per cent for Channel Island milk) and 8.50 per cent other solids, figures which are usually exceeded by a comfortable margin nowadays. For example, the Stamford averages were 3.9 per cent butterfat and 8.95 per cent other solids for ordinary milk and 4.9 per cent and 9.3 per cent for Channel Island milk.

At Stamford, a Tinwell producer has installed a milk-vending machine on St. Peter's Hill, where half pint cartons of milk, flavoured milk and orange can be obtained for sixpence. Three samples of milk obtained from this machine during the year averaged 4.0 per cent butterfat and 9.05 per cent other solids.

## FLAVOURED MILK

While there is no statutory standard for flavoured milk, the Public Analyst has expressed the opinion that it should be whole milk undiluted in any way except by the addition of not more than 15 per cent flavouring syrup. The three samples of flavoured milk taken from the vending machine in Stamford fulfilled these conditions.

It is a happy thought that these facts indicate the high standards and integrity maintained by those engaged in the Food Business within the Borough—and further afield.

In food production today highly toxic chemicals are used in sprays and dressings, antibiotics of many varieties are incorporated in the feeds of farmyard animals and birds, biological products such as oestrins (female hormones) are implanted in steers to accelerate beef production : and the farmers veterinary cupboard is like a miniature drug store.

The food preparation trade adds over four hundred chemicals to the items of food we eat.

Amidst this complex technology those who watch over the safety and quality of the Nation's food at national and local level have a heavy responsibility.



## FOOD POISONING

No case of food poisoning was notified during the year. There was one incident involving a family which clinically appeared like it. The only items of food common to all who complained were apples but a chemical analysis of these showed no abnormality and both lead and arsenic were well within the permitted limits.

## NATIONAL ASSISTANCE ACT

Every conceivable effort is rightly made to obviate action under Section 47 of this Act which provides for the compulsory removal of persons from their homes who are in need of care and attention, which they are unable to give themselves and are not receiving from others. However it was necessary to resort to it in one instance. This involved an incontinent almost bedfast man living alone, who was quite incapable of looking after himself. He adamantly and violently refused all offers of help and in spite of a fall also rejected the advice and efforts of his own doctor, the Health Visitor, the Health Inspector, the Police and myself to persuade him to go to hospital. As he had no proper appreciation of his own physical needs an Order was obtained and his compulsory removal to hospital effected, where he subsequently died.

## HEALTH EDUCATION

“Look to your health ; and, if you have it, praise God and value it next to a good conscience ; for health is the second blessing that we mortals are capable of ; a blessing that money cannot buy.”

Isaac Walton “The Complete Angler”.

Health Education is and must always remain the devoted handmaiden of Preventive Medicine. So long as there are preventable diseases—either physical or mental, or problems of mismanagement in the home and so long as there is a toll of accidents and deaths therefrom in the home—at present greater than those on the roads and at work put together—there will be vital tasks confronting the Health Educators.

Our Health Visitors and Health Inspectors are fully conscious of the challenge and they are the spear head of the attack against the factors in the family, the home and the environment generally which militate against safer, happier and healthier ways of living. Their work in this sphere shows few dramatic and immediate results but over a period of time they have achieved revolutionary change in the outlook of many a home. It is this personal contact and pressure which achieves results rather than the glossy magazines, the ubiquitous pamphlets and posters or the smooth blandishments of the “goggle box”.



The Council support the Central Council for Health Education and in return benefit from their propaganda material and other activities.

An "anti-smoking" campaign was carried out in the Secondary Modern Schools, with a film backed up by a talk and an open forum in which the motives which start teenagers—and younger—to smoke in the first instance were discussed. I would like to be able to report that it made some impact !

Health Education is by no means a speciality for the experts. It is the duty of all who agree with Isaac Walton to use their influence on others in promoting the rules for safeguarding and maintaining Good Health within a good code of living.

" Of Ships and Sails and Sealing Wax  
Of Cabbages and Kings "

In reviewing the year it is I hope not irrelevant to cover the dry statistical bones with some flesh and blood. There is a growing tendency for more problems of a medico-social need to be presented to the Health Department in the first instance. There were sixteen such cases compared with seven the year before. Each was fully investigated and every effort made, in association with a multiplicity of other agencies and services, to find a solution or a compromise as the problems are human not mathematical.

An octogenarian lady in hospital was desperately anxious to return to her home where in spite of periodical falls she lived alone. Her return was thought to be impracticable but the ban on subletting her home was generously waived in this instance and a suitable person found to live in with her so that her ardent desire could be fulfilled.

Two septuagenarian ladies shared a house, where neither had been upstairs for over a year, one being blind and the other disinclined. They slept in turns half a night each, on a bed downstairs, a cup of tea at 3 a.m. dividing the stints. Relevant services were found for them to improve their lot. There were three or more cases where the disruption of the family unit was occasioned by the unfathomable selfishness and wanton disregard for the legitimate needs of others in the family on the part of the husband and father. Social workers can expend enormous time in supporting families existing on such insecure foundations but a satisfactory answer has yet to be found when there is little moral fibre to which one can appeal.

A man applied on medical grounds for help with his house garden yet he tilled an allotment !

A housewife deserted her husband without a word or warning leaving three young children. Every effort has been made to effect a reconciliation.

A man living in an almshouse allowed himself to sink into the abyss of squalor and social unconsciousness from which he was only



rescued at the eleventh hour when he consented to enter welfare accommodation voluntarily. His re-adaption has been dramatic.

After many vicissitudes but with the kindly co-operation of two Ministries, a local firm and the Council, who had previously rehoused her suitably, a badly crippled lady was found a new type of shelter for her invalid chair. At one time her independence and employment were alike jeopardised by the near impossibility of getting a shelter to house the chair on the one hand and of being allowed to retain the chair without a shelter on the other.

These were some of the sixteen and each one of them was and doubtless still is a challenge to those interested in the individual as a person and the family as a unit.

Growing old presents problems to the individual and to the Community. In an effort to assist the former a synopsis of the Services, National, Local Authority and Voluntary available locally was prepared with the support of the Council. Copies of this were sent out by Toc H and the Old People's Welfare Committee in over three hundred Christmas parcels which were distributed to the elderly in the Borough. In future with the generous co-operation of the Stamford Manager of the Ministry of Pensions and National Insurance a copy will be sent to each person on reaching pensionable age and a hundred per cent distribution will thus be ensured.

The Home Help Service continues to do wonderful work in making it practicable for the elderly—often living alone—to continue living in their own homes where they so long to remain.

The Meals on Wheels Service of the W.V.S. provided 2,783 meals to the elderly in their homes during the year. It is a profound regret to me and even more to the grateful recipients that these invaluable additions to the diet of the needy should have to cease at school holiday time, as they come from the Central School Kitchen. It cannot be easy to equate appetite to the educational calendar. In fact what started as a voluntary contribution to community welfare has like many another inspiration become a social necessity. Though voluntary visiting of the aged and lonely is done, more is needed in the individual's home, in the Welfare Homes and the Geriatric Wards.

From time to time during the year complaints were received about effluvia from various chimneys in the Borough. All these allegations were fully investigated. It is needful to say however that an annoyance is far removed from a Statutory Nuisance for which a remedy can be demanded from the person permitting it. In no instance were any of the complaints found to fit fortuitously into the latter category. It is equally true to say that the owners of the chimney in every case



were voluntarily prepared to do everything possible to obviate the alleged trouble.

Schemes for treatment as a private patient in and out of hospital are being patronised more and more widely . I wonder will they in time undermine the National Health Service ?

As your Medical Officer I was elected to serve on the Area Maternity Liaison Committee and the Control of Infections Committee of the Peterborough Hospital Group. I have continued to serve on the Disablement Advisory Committee and the Medical Panel of the Stamford area of the Ministry of Labour. The active participation in the work of these bodies is more than justified by the co-operation and benefits which it brings us in return.

Suspense is bad for human beings and this is equally true of Local Authorities and the Services they provide. The final proposals of the Local Government Commission as they affect the boundaries of the Borough and the neighbourhood have had a long gestation period. It is to be hoped the accoucheur is now ready and skilled—or will it result in another still-birth ?

In April Miss Butler retired from the post of Secretary in the Health Department after sixteen years of valuable service to Dr. Hawes and myself. Happily she has generously acted since then as Honorary Secretary at the Barn Hill Welfare Clinic for which I am most grateful. Miss Brooks is a worthy successor whose abounding verve and initiative have been a great asset to the Department.

I wish to express my sincere thanks to the members of the Council for their great interest in and help with the work of cherishing the health of the community which it is my privilege to serve. In particular I wish to thank Councillor Gray and the members of the Health Committee for that unfailing support which makes the monthly meetings always pleasurable and adds a zest to the daily work between them.

I extend a warm acknowledgement to Mr. Roll, whose illness caused widespread concern as the year ended, and his staff for their liberal co-operation. In conclusion I wish to thank Mr. Bedford and my other colleagues in the Town Hall for their assistance on so many occasions, and Dr. Mackey for kindly standing by for me when I have been away.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

H. ELLIS SMITH.



Printed by WARNERS  
(Midlands) Ltd.  
Stamford and Bourne







