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BOROUGH OF



STAMFORD

# ANNUAL REPORT

of the Health of the Borough

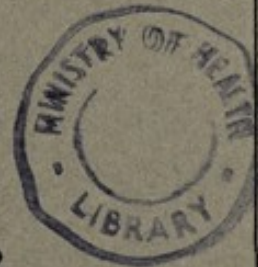
for the year

1961

QUINCENTENARY YEAR

BY THE

Medical Officer of Health







## **BOROUGH OF STAMFORD**

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### **HEALTH COMMITTEE**

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

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### **HOUSING AND PROPERTY COMMITTEE**

Councillor P. Bullard (Chairman)  
The Mayor and  
Deputy Mayor (Ex-Officio)  
Councillor A. W. P. Liddle (Vice-Chairman)  
Alderman G. C. Swanson  
Alderman E. S. S. Bowman, O.B.E., J.P.  
Councillor A. L. Nichols  
Councillor J. Frisby  
Councillor Mrs. M. I. James  
Councillor G. N. Riley  
Councillor F. H. Ladds  
Councillor R. B. Schorah

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Town Hall, Stamford, Lincs. Tel : 2248. Ext. 13

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

C. D. BOWRAN



## BOROUGH OF STAMFORD

### ANNUAL REPORT

Town Hall,  
STAMFORD, Lincs.  
May, 1962.

#### To the Mayor, Aldermen and Councillors of the Borough of Stamford

Mr. Mayor, Ladies and Gentlemen,

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

#### BOROUGH OF STAMFORD STATISTICS

Area	...	...	...	...	...	1918 acres
Population (Census 1961)	...	...	...	...	...	11743
Population (Registrar General's estimate 31.12.61)	...	...	...	...	...	11960
Rateable Value	...	...	...	...	...	£166,173
Product of Penny Rate	...	...	...	...	...	£650
Number of inhabited houses from rate book at 31.12.61.	...	...	...	...	...	3791

#### 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 0.80 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	103	90	193
Legitimate	101	85	186
Illegitimate	2	5	7
CRUDE live birth rate per 1,000 of Estimated Population			16.14
NET live birth rate per 1,000 of Estimated Population			16.46
Rate for England and Wales			17.4
Illegitimate live births per cent of total live births			3.63

	M	F	Total
STILL BIRTHS ... ..	1	1	2
Legitimate ... ..	1	1	2
Illegitimate ... ..	—	—	—
Total live and still births ... ..	...	...	195
Still Birth Rate per 1,000 live and still births ... ..	...	...	10.26
Rate for England and Wales ... ..	...	...	18.7
DEATHS	M	F	Total
Number of Deaths ... ..	79	93	172
CRUDE death rate per 1,000 estimated population ... ..	...	...	14.38
Net death rate per 1,000 estimated population ... ..	...	...	11.50
Rate for England and Wales ... ..	...	...	12.0
Natural increase, i.e. Excess of live births over deaths ... ..	...	...	21

INFANTILE MORTALITY (ie. Deaths of Infants under one year of age).

	M	F	Total
Number of Deaths ... ..	—	—	—
Legitimate ... ..	—	—	—
Illegitimate ... ..	—	—	—
Infantile Mortality rate per 1,000 live births ... ..	...	...	Nil
Rate for England and Wales ... ..	...	...	21.4
Infantile Mortality rate per 1,000 legitimate births ... ..	...	...	Nil
Infantile Mortality rate per 1,000 illegitimate births ... ..	...	...	Nil

The number of deaths of infants under one year of age was 4 in 1959 and 7 in 1960.

NEO NATAL DEATHS

	M	F	Total
(i.e. Deaths of Infants Under 4 weeks of age) ... ..	—	—	—
Neo Natal Mortality Rate per 1,000 live births ... ..	...	...	Nil
Rate for England and Wales ... ..	...	...	15.5

EARLY NEO NATAL DEATHS

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

PERINATAL MORTALITY RATE

	M	F	Total
(i.e. Stillbirths and deaths under one week combined) per 1,000 total live and still births ... ..	...	...	10.26

MATERNAL MORTALITY (i.e. Deaths due to Pregnancy, Childbirth or Abortion) ... ..

	M	F	Total
Rate for England and Wales ... ..	...	...	0.33



## MARRIAGES SOLEMNISED IN THE BOROUGH OF STAMFORD

1958	...	...	...	89
1959	...	...	...	82
1960	...	...	...	96
1961	...	...	...	86

The many peals of wedding bells in 1960 reverberated into 1961 with an increased birth rate.

The live birth rate at 16.46 was the highest since the war. The corresponding figure for England and Wales as a whole was 17.4, which incidentally was the highest rate since 1948.

The two still births accounted for a rate of 10.26 which bears favourable comparison with the National figure of 18.7. The number of illegitimate births while three down on the high figure of 1960 is still well above the average of the post war years.

The Death rate in the Borough was 11.50 against the figure of 12.0 for England and Wales and this would have been much less flattering had it not been arrived at by the use of the comparability factor. This factor makes a large correction for the over-weighting of the older age groups in the composition of the Borough's Population. There has however been a steady improvement in the balance over the past two or three years but there still remains a need for an influx of new population to redress the balance of the old.

The increased birth rate has led to the pleasing fact that for the fourth time in twelve years there has been an excess of births over deaths, making a natural increase for the year of 21.

For the seventh year in succession the Infantile Mortality rate for England and Wales was the lowest ever previously recorded being 21.4 per 1,000 live births. Stamford most happily had no deaths at all under this heading, compared with a rate of 40.94 in the previous year. This is indeed indicative of the skill and care which is dedicated to the expectant mother and her child by all engaged in the art of obstetrics and child welfare. In these comparisons it must be remembered that with the relatively small numbers involved in the Borough, a small increase or decrease produces a wide variation in the rate.

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

				Male	Female	Total
Tuberculosis (Respiratory)	....	....	....	....	—	—
Tuberculosis (other forms)	....	....	....	....	—	—
Syphilitic Diseases	....	....	....	....	—	—
Diphtheria	....	....	....	....	—	—
Whooping Cough	....	....	....	....	—	—
Meningococcal Infections	....	....	....	....	—	—



	Male	Female	Total
Acute Poliomyelitis ....	—	—	—
Measles ....	—	—	—
Other Infective and Parasitic Disease ....	—	2	2
Malignant Neoplasm of Stomach ....	2	1	3
Malignant Neoplasm of Lung, Bronchus ....	4	1	5
Malignant Neoplasm of Breast ....	1	4	5
Malignant Neoplasm of Uterus ....	—	3	3
Other Malignant and Lymphatic Neoplasms ....	11	2	13
Leukaemia, Aleukaemia ....	1	1	2
Diabetes ....	—	2	2
Vascular Lesions of Nervous System ....	7	17	24
Coronary Disease, Angina ....	15	12	27
Hypertension with Heart Disease ....	—	3	3
Other Heart Diseases ....	7	10	17
Other Circulatory Diseases ....	1	8	9
Influenza ....	—	3	3
Pneumonia ....	8	9	17
Bronchitis ....	4	2	6
Other Diseases Respiratory System ....	1	2	3
Ulcer of Stomach and Dueodenum ....	3	—	3
Gastritis, Enteritis and Diarrhoea ....	—	—	—
Nephritis and Nephrosis ....	—	1	1
Hyperplasia of Prostate ....	5	—	5
Pregnancy : Childbirth and Abortion ....	—	—	—
Congenital Malformation ....	—	—	—
Other Defined and ill-defined Diseases ....	4	6	10
Motor Vehicle Accidents ....	3	—	3
All Other Accidents ....	2	1	3
Suicide ....	—	3	3
Homicide and Operations of War ....	—	—	—
Total	79	93	172

Diseases of the cardio-vascular system again head the list of causes of death (80) and of these a little over a third (27) were due to coronary thrombosis. This has become the major killing disease of middle life affecting men in particular. Whilst all the factors which predispose to it are being fully elucidated it nonetheless seems abundantly clear that many dig their own grave with their teeth. Over-eating particularly when this is accompanied by too little exercise is one potent cause. So also is the high animal fat content in the Western diet which has been proved conclusively to raise the blood cholesterol which is the forerunner of coronary disease. Substituting vegetable oils such as corn oil or sunflower oil for some of the animal fat would undoubtedly help to improve the position for those who value the integrity of their arterial walls. Excessive smoking plays a part also in this disease in addition to its villain's role in cancer of the lung.

This year malignant growths and diseases of the respiratory system (29 each) were equal contestants for the unenviable position of second place as the most frequent cause of death. Six of the 29 cancers were of the lung ! This scourge, which year after year increases is



allowed to continue with little but a few mild words of protest, drowned in the blast of advertising propaganda. Last year more was spent on tobacco than ever before—£1,200 million, 90 per cent of it being expended on cigarettes. In 1940 206 per million of men died of lung cancer. In 1960 this had increased to 856 per million and last year it was up again. There has been a fifty-fold increase in fifty years yet the nicotine induced complacency continues behind its screen of tobacco smoke.

In the respiratory group of diseases bronchitis again as in the previous year caused six deaths. This however reflects only a small part of the disability and suffering which it occasions. This complaint is particularly rife in Britain and on the Continent is known as "The English Disease". While the exact causes of bronchitis are not fully understood there are three enormously important factors :—

- 1) Cigarette smoking—one more offence to add to its crime sheet
- 2) Smoke and fumes in the air we breathe
- 3) Infection with germs carried into the bronchial tubes

The first two at least with their irritant effect on the bronchial tubes should be easily preventable.

The modern techniques of preventive and therapeutic medicine are dedicated to the effort of prolonging the span of human life as long as possible and making that span as healthy and meaningful as possible. It is therefore sad that nine deaths should have been preventable and were a direct contradiction of all for which modern medicine and social welfare stand.

3 from accidents in the home  
3 from accidents on the roads  
3 Suicides

The three fatal accidents in the home were :—

A male aged 3	Carbon Monoxide Poisoning
A male aged 5	Carbon Monoxide Poisoning
A female aged 84	Fractured hip from a fall at home

Falls in the home contributed to the deaths of two other persons a male aged 90 and a female of 81.

The three fatal motor vehicle accidents all involved males who were aged 36, 30 and 19. The lure of speed exerts a heavy toll of young life. May be it would be as well if all motorists remember that the faster they travel the less journey time proportionately do they save.



## On a one hundred mile journey

### Average Speed Increases

### Time Saved

30 to 40 M.P.H.

50 minutes

40 to 50 M.P.H.

34 minutes

50 to 60 M.P.H.

20 minutes

Is the difference worth it ?

Suicide is occurring with increasing frequency and nationally has gone up by 50 per cent during the past decade. In the country at large as in Stamford numerically deaths of persons by their own hand are much the same as those resulting from road accidents. Here is a subject for research by our social scientists.

All three suicides in the Borough involved females. A fifty year old decapitated by a train and two aged 82 and 23 who utilised the domestic coal gas supply. Apparently the Welfare State has not found the answer to personal psychological stresses and the strains imposed by contemporary society.

## 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 : Stamford 3218; and one District Nurse.

Residence : Drift Road, Stamford. Telephone : Stamford 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 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, working approximately 28,000 hours annually in respect of 80 individual cases.

## 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 there is an establishment of two full time Health Visitors to serve the Borough and the surrounding Rural District. When Miss A. Evans left in September to embark on the seas of matrimony, Miss E. Wright was left alone to carry on the manifold facets of the work. These include an advisory health and social service to the family and the tuberculous patient and his family ; in co-operation with the family doctors 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 general 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 record keeping. The doctor attends the first, third and fifth Fridays in the month. The average attendance at these clinics has increased from the record figure of 77 per session in 1960 to the new record figure of 82. This has become an embarrassment as it is more than can be dealt with without some degree of overcrowding of the premises and a longer waiting period for the individual than I would wish. Possible alternatives to ease the pressure are constantly under consideration. Certain it is that additional facilities are required.

During the year the screening of all infants for the detection of phenylketonurea was continued and 193 infants had the necessary urine test. This is an abnormality of metabolism which if not detected in the early weeks of life can cause brain damage and mental disability. Fortunately it is a rare condition but even if only one case were found in a life time it would be well worthwhile seeking for it.

#### **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 ...	...	182
Reinforcing Dose	...	171
		<hr/>
		353
		<hr/>

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

Primary Dose ...	...	55
Reinforcing Dose	...	19
		<hr/>
		74
		<hr/>



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

126 children were immunised by the Family Doctors, 91 Primary and 35 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 :**

The Mothercraft and Relaxation Classes started in 1960 continued to flourish. This meets on Thursday afternoons and is primarily intended for women expecting their first baby. As well as educational it is made a much enjoyed social occasion. A first annual reunion was held in March and was well attended by mothers and babies.

In the twelve months up to 31st December, 1961, 72 mothers to be made an aggregate attendance of 611. There have been many expressions of appreciation for the help which they have received as a result of it.

### **School Health Service Clinic :**

This is situated at Barn Hill House, Stamford. providing Ophthalmic, Orthopaedic, Physiotherapy and Dental Clinics. The arrival of the new Speech Therapist, Miss M. E. Wright, in September was a great asset to the service and it is to be hoped her stay will be a long and happy one.

### **(b) PROVIDED BY THE REGIONAL HOSPITAL BOARD**

#### **Tuberculosis :**

At Stamford Hospital :	Tuesdays from 2 p.m.
Weekly Clinics	Fridays from 2 p.m.

Under Dr. G. Bernard Royce, Consulting Chest Physician, Peterborough Group of Hospitals. Miss A. M. Evans attended once a month until May.

#### **Venereal Disease :**

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

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

General Chemical Examination :—		Whitewater parts/ million	Bone Mill parts/ million	Wothorpe parts/ million	Northfields parts/ million	Ryhall Road parts/ million
Nitrogen, Ammoniacal	....	0.042	0.006	none	none	0.006
Nitrogen, Albuminoid	....	0.068	0.020	0.004	0.020	0.012
Nitrogen, Nitrous	....	none	none	none	none	0.002
Nitrogen, Nitric	....	5.24	7.56	7.92	3.66	7.52
Reaction, pH Value	....	7.4	7.5	7.4	7.0	7.3
Free Carbon Dioxide	....	5	3	5	10	4
Permanganate Oxygen	....					
Absorbed in 15 mins.	....	0.12	0.06	0.04	0.06	0.06
Absorbed in 4 hours	....	0.95	0.18	0.22	0.20	0.16
Hardness, Temporary	....	220	200	235	275	207
Hardness, Permanent	....	159	152	181	203	169
Hardness, Sum of above	....	379	352	416	478	376
Total Alkalinity, as CaCO <sub>3</sub>	....	240	220	255	295	227
Solids, Suspended	....	none	none	none	none	none
Solids, Dissolved, dried at 100° C.	....	490	470	570	610	480
Solids, Total	....	490	470	570	610	480
Mineral Analysis :—						
Calcium Ca	....	146	131	157	175	142
Magnesium, Mg	....	4	5	6	10	5
Iron, Fe	....	none	none	none	none	none
Carbonates, CO <sub>3</sub>	....	144	132	153	177	136
Sulphates, SO <sub>4</sub>	....	107	86	101	161	109
Chlorides, Cl	....	27	23	41	26	27
Nitrates, NO <sub>3</sub>	....	23.2	33.5	35	16.2	33.3



(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. I would like to acknowledge gratefully the ever ready help and courtesy which Dr. Glencross has extended to us throughout the year.

(d) PROVIDED BY THE FAMILY PLANNING  
ASSOCIATION

**Family Planning Clinic :**

This year saw the start of a Family Planning Clinic at Barn Hill House, Stamford. The objective is to help married people in the planning of their families. At the Clinic patients can obtain advice on methods of contraception, and medical help with sexual problems and advice in cases of sterility and sub-fertility.

Oral methods of contraception are not used and in my opinion very rightly so, for they depend on the use of Progesterone which inhibits the action of the ovaries. Can one in the end upset the endocrine orchestra with impunity? In the 1961 report of the Sheffield Branch of the Family Planning Association it says "Early fears of possible long term effects have been considerably allayed since the trials began". Why have any fears?

The Clinic is under the direction of Dr. E. A. Whiteley, Assistant County Medical Officer, and the Sessions are held :—

First Tuesday	2 p.m. to 3 p.m.
Third Tuesday	7 p.m. to 8 p.m.

SANITARY CIRCUMSTANCES OF THE AREA

**Water :**

The water supply for the Borough is provided by the Stamford Waterworks, a private company which is about to become an integral part of the newly created South Lincolnshire Water Board. The water is derived from six sources and the chemical analyses of these are at the Ministry of Health's request being shown on the preceding 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.

Strangely enough a few miles to the eastward at Tallington and stretching towards the Deepings and the sea are underground water supplies which are soft, only having about a quarter of this total hardness. They also have by a process of base exchange a fluorine content of 1.5 to 2 parts per million. Such a water would be of extraordinary value in fighting the epidemic of dental caries in children's teeth, consequent on excessive and ill-timed sweet eating between meals. That this blessing carries no risks to general health is plain to see in the Deepings where such water has been consumed for the past twenty-five years. Is it too much to hope that the new Water Board will exploit these waters one day to the immense benefit of our population?

Meantime the Borough's supplies have been adequate in quantity except for occasional drops in pressure. Apart from two incidents the quality gave no cause for concern :—

Wothorpe Supply—This comes from shallow springs. On 30th December, 1961—Heavy rain in the early morning hours together with frozen ground conditions resulted in pollution of this source of supply. A consumer noticed that the water was discoloured and reported to the Manager at 12.45 p.m. The spring head was immediately inspected by Mr. W. Dutton the Waterworks Manager who notified your Medical Officer. This source of supply was cut off to the section of the town of Stamford which it normally supplied and this was served from another source. There were twenty-nine houses which could not be given this alternative supply so the occupants were requested individually to boil all drinking water until further notice, and steps were taken to increase chlorination. By 5 p.m. on the afternoon of 30th December, the water was no longer discoloured. Samples were sent daily and the one forwarded on 1st January showed considerable improvement, the chlorinated sample being clear. On the afternoon of 1st January owing to heavy overloading of the substitute supply, the Wothorpe supply was put back into service but before this was done all residents in the area affected were individually notified to boil all drinking water until further notice as a precaution. Subsequent samples taken until the 6th January produced good results, the residents in the affected area were notified accordingly and the incident was closed. Dr. E. J. Glencross of the Peterborough Public Health Laboratory made his Laboratory facilities available and came in himself specially to help us over the weekend in question and I would like to express deep appreciation of his assistance.



The second incident though not apparent until January had its roots probably in the Autumn of 1961. It involved the Northfields source. Here the borehole is 160 feet deep and the Rest Level of water on 9th January, 1962 was 128 feet and the Pumping Level 137 feet. Samples taken on that day showed contamination both in the unchlorinated and chlorinated waters, the latter indicating that the chlorinator was not working efficiently. Immediate steps were taken to install a standby chlorinator pending which the borehole was out of commission. Looking back over the episode I am of the opinion that the contamination may have stemmed from an itinerant pleasure fair which was permitted the use of the field adjoining the bore for a fortnight in September. Though Elsan closets were universally used, the strictest supervision was maintained and the field left tidy there may have been some fouling of the site with nightsoil resulting in the contamination. The fifteen weeks from the fair to the detection of the pollution was not an unduly long interval for the contamination to travel the 130 feet from the surface to water level.

Following on the episode mentioned in the 1960 Report in which the Whitewater Supply had been contaminated by the accidental spilling of Petroleum Kerosene mixture, a request was received from the Director of the Geological Survey for a paper on the subject. With the gracious permission of the Mayor and the Council this was written and presented at the Annual Meeting of the Society for Water Treatment and Examination under the Auspices of the Survey.

Such incidents again underline the axiomatic that one cannot be too careful in avoiding the remotest risk to underground water reservoirs and the community's water supplies obtained therefrom.

The decision to join the South Lincolnshire Water Board was duly implemented and the Borough is now one of the nine constituent local authorities and will have three members on the Board when it is formed. The other District Councils are :—

Bourne Urban	Spalding Urban	Barnack Rural
Boston Rural	East Elloe Rural	Ketton Rural
South Kesteven Rural	Spalding Rural	

The actual date on which the Board takes over responsibility for the water supplies will be 1st October, 1962. Then for the first time the Council will have a direct voice in the policy and development of this essential service and in safeguarding the immensely important underground water supplies of this region which if not rigorously controlled in the local and national interest might well be dissipated in local irrigation schemes or polluted by ill-conceived mining operations or refuse disposal procedures. Our representatives do in fact shoulder great new responsibilities.



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 22 properties in the Borough supplied from standpipes and serving some 27 occupants.

The modernisation of the sewage disposal works continued and the new tanks designed for the cold sludge digestion process were completed and came into operation at the end of the year. The project was designed with a view to producing a better final product from the sludge with a minimum of malodour in the process—an important point having regard to the works situation on the periphery of a residential area of the town. With the ever increasing demands on it it will indeed be important to ensure that alkaline digestion of the sludge is achieved and maintained.

With the sewage works completed, a start will it is hoped soon be possible on the new trunk sewer which is to be built by tunnelling under the centre of the town. This will form the nucleus for the general sewer reconstruction which is so urgently required to relieve the greatly over-burdened present system. It will be costly but it is a vital necessity.

A weekly refuse collection service is given and disposal is by a controlled tipping system. Rodent control at the tip is maintained by a contract arrangement which works satisfactorily. Unfortunately facilities at the present tipping site are almost at an end and an urgent search is being made for suitable alternatives, so if anyone reading this Report knows of a large hole in the ground near to the Borough which needs filling we would be most grateful to hear of it !

The Borough Swimming Baths continue to be a great asset to the town's population and are an amenity shared by many from further afield during the summer months. The season was again a bad one from a climatic point of view, a fact which was reflected in a further fall in the attendance figures. The 1961 total was 57,775 compared with 73,078 in 1960 and the peak figure of 97,007 in 1959. The season lasted from 29th April to 23rd September. All the schools with the exception of St. John's Infants and the Stamford School, which has its own, make regular use of the baths for recreational and instructional purposes.

Soon after the commencement of the season the chlorination plant broke down and until it could be replaced emergency chlorination was



carried on by the use of chloros. Routine daily checks were kept on the water for chlorine content and acidity and these remained completely satisfactory. Bacteriological estimations were made at weekly intervals and apart from a lapse from grace at the time of the hitch with the chlorination plant they remained of a very high standard throughout the season. A total of 43 samples were taken and submitted to the Public Health Laboratory for examination. 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 130,000 gallons of water which the baths contain in about four and a half hours.

Rules for Health and Cleanliness are displayed, foot sprays are provided for use before entering the baths and the cubicles are swilled out with chlorinated water at frequent intervals. The wooden duckboards have been removed. I am of the opinion that these measures have played a part in reducing the incidence of plantar warts and athlete's foot amongst the bathing population.

A Minuteman Resuscitator was kept readily available at all times in case of an emergency and is regularly overhauled to ensure its efficiency.

Throughout the season the whole swimming bath area was hosed and swept at least once daily and an attendant was on duty at all times the pool was open.

The Borough Council maintain a Mortuary which is used by the Rutland and Stamford Hospital for all their Post Mortem examinations pending the completion of their own new one as well as serving the Coroner and the Police. It was redecorated throughout during the year. 20 Post Mortems were carried out during the year and there was a total of 32 admissions to the Mortuary. At all times it was well served by Mr. Saddington.

Stamford has a Joint Burial Board and there is ample grave space for the foreseeable future.

The nearest Crematorium is at Marholm near Peterborough and this is being used more and more frequently as an alternative to burial.

## **PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES**

### **ANALYSIS OF CASES OF INFECTIOUS DISEASES AND DEATHS THEREFROM**

Notifications received during the year.



	Total Cases Notified 1961	Cases Admitted to Hospital	Total Deaths	Total Cases Notified 1960
Scarlet Fever ....	22	—	—	62
Food Poisoning ....	—	—	—	—
Dysentery ....	—	—	—	—
Meningococcal Infection	—	—	—	—
Puerperal Pyrexia ....	5	5	—	6
Measles ....	299	—	—	95
Whooping Cough ....	3	—	—	5
Total	329	5	—	168

In addition 13 cases of Pneumonia (1 of which was admitted to Hospital) were notified as compared with 29 cases notified during 1960. No case of Erysipelas has been notified since February 1960.

#### 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	1	14	4	1	—	—	—	—	—	—	22
Food Poisoning ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ....	—	—	—	—	—	—	—	—	1	3	—	1	—	—	—	5
Measles ....	2	6	29	39	31	22	155	13	1	—	1	—	—	—	—	299
Whooping Cough	—	—	2	—	—	1	—	—	—	—	—	—	—	—	—	3
Pneumonia ....	—	—	1	—	—	—	—	—	1	—	1	1	2	—	7	13
Erysipelas ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2	6	33	39	32	24	169	17	4	3	2	2	2	—	7	342

The incidence of notifiable infectious disease excluding Tuberculosis, was considerably up on the previous year, being 342 compared with 198 in 1960 and 120 in 1959. This increase was due to the epidemic of measles in the susceptible community which had developed



since the last major outbreak in 1958 and 299 cases were notified. Scarlet Fever remained endemic but its notified incidence was down from 62 to 22.

For the second year there were no cases of Dysentery.

The Influenza which was beginning to make itself felt at the close of the previous year reached epidemic proportions in the early months of this year making heavy demands on the family doctors and hitting hard at the elderly, in whom it caused three deaths.

Six years have now elapsed since the last case of Poliomyelitis occurred in the town. The vaccination programme has been a major success but it is of vital importance that the immunity of the population be kept high by everyone entitled to it ensuring that they accept the protection so easily available to them. With the advent of the new oral vaccine the procedure becomes even simpler and the neglect to make full use of it even more reprehensible. It is highly advisable however where a member of a family has the oral vaccine that all the other members should be protected at the same time.

Sixteen years have elapsed since Diphtheria last struck in this town and this fact tends to generate apathy amongst those who have never known this dread disease and a reluctance to have their children immunised against it. To counter this the general use of triple vaccines combining protection against Diphtheria, Whooping Cough and Tetanus simultaneously has marked a great step forward in ensuring that the defences are secure against attack. Only by keeping up a high level of immunity in the population at large can we keep Diphtheria in subjection and a medical curiosity which might crop up somewhere else, but never here !

In order to reduce the risk to a minimum of contracting Weil's disease all the Council's employees who are liable to come into contact with rat-contaminated water at sewage disposal works, drains or sewers were given a card of precautions to take when working in such situations. The card also stresses the necessity for showing it to their family doctor if they are ill and incorporates an aide memoire to him as the initial symptoms can be both vague and misleading. The recent death of a drain worker in South Lincolnshire from this disease tragically underlined the fact that the risk is no theoretical one.

The time has surely come for a comprehensive review of the diseases which are made compulsorily notifiable under the Public Health Act. What good is done by notifying cases of measles and whooping cough for what control measures are applicable to them ? Yet by law the doctor in attendance must notify each case to me. After this a copy has to be made and sent to the County Medical



Officer of Health and at the end of the week the Registrar General and the County M.O.H. have to be informed of the total number in that week. A week after this the General Registrar Officer publishes a booklet giving all the cases which have occurred in every local authority district in England and Wales. So far as these diseases are concerned is it worth it?

It is now an established fact that there is a risk to the developing baby if a woman contracts German Measles in the first three months of her pregnancy. It was felt by all the family doctors in the three Southern Districts of Kesteven and by myself; and in this the Council gave their full support, that it would be valuable if German Measles in all women of child bearing age was made notifiable and it was agreed to ask permission to make it so. This was refused by the Ministry whose spokesman in explanation of the decision said :—

“ Notification is not regarded as of practical use in reducing the risk of infection in pregnant women or facilitating the early discovery of related defects in children.

“ The Minister is advised that rubella is difficult to diagnose and that patients are infectious before the rash appears; furthermore they are often not seen by a doctor. But when he is aware of the infection the doctor himself can best take useful action.”

By these criteria there is indeed cogent need for a review of those diseases which are compulsorily notifiable. Again for every case of Scarlet Fever which is notifiable there are probably half a dozen streptococcal sore throats—due to the same organism but without the rash or with one so fleeting as to be missed—which are not. Frankly except for contacts who are food handlers or practising midwives what can one do about it? The Ministry of Education advocate all school child contacts of a case being allowed to continue at school. The books on loan from the library can be destroyed or fumigated and are and the house can be terminally disinfected but is the streptococcus controlled?

I look forward to the day when our hard worked family doctors are given much more than the present 2/6d. in return for notifying conditions which are really worthwhile.

Nine new cases of Venereal Disease occurred in Stamford in 1961 compared with nineteen in the previous year.

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



## TUBERCULOSIS

	Deaths during 1961				New Cases during 1961			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 years	—	—	—	—	—	—	—	—
5—15 years	—	—	—	—	1	—	—	—
15—25 „	—	—	—	—	1	—	1	—
25—35 „	—	—	—	—	—	—	—	—
35—45 „	—	—	—	—	—	—	—	—
45—55 „	—	—	—	—	3	—	—	—
55—65 „	—	—	—	—	1	—	—	—
Over 65 years	—	—	—	—	1	—	—	—
Total	—	—	—	—	7	—	1	—

Seven new cases of Pulmonary Tuberculosis were notified during 1961, three more than the year before and actually the highest number in any year since 1953. After two years of freedom one case of the non pulmonary type of the disease occurred. It is heartening however that no death was attributable to the disease during the twelve months under review. This is indicative of the potency and effectiveness of modern methods of treatment, in combating the attacks of the tubercle bacillus. Unfortunately this is not all of the story as the rehabilitation of ex patients and their full reinstatement in employment is by no means easy. It is axiomatic to say that the policy of prevention must be pursued to the uttermost. In this pursuit the need for surveillance of known cases and their contacts remains as imperative as ever as also does the organisation to chase up those who default on their appointments at the Chest Clinic and Surgery. This was achieved during the first five months of the year by a full, happy and purposeful liaison between the Chest Clinic and the Health Visitor from which everyone benefitted. This permitted full interchange of information on the clinical, the social and the environmental conditions in each case. It was a much felt want when it came to an end.

In the light of the increased incidence of Pulmonary Tuberculosis this year it is fortunate that the Medical Director of the Mass Radiography Unit of the East Anglian Regional Hospital Board has notified the intention of visiting the Borough in 1962, as a survey might uncover a nidus of infection. May I appeal to all sections of the community to utilise this service when it is available to them, as only then can it be really effective. It is often the elderly "chronic bronchitic" who is the reservoir of infection and yet these are just the people who are so difficult to persuade to attend when the Mass Radiography Unit is around.



In the spring once again B.C.G. Vaccination was offered to all susceptible school children aged thirteen years and upwards. A total of 135 children were Mantoux tested and of these 115 were found to be negative and subsequently Vaccinated. While thirteen years of age may be the optimum age for vaccinating those who intend to leave school at fifteen it might well be better postponed two years for those who stay on at school until seventeen or older as the purpose is to provide maximum protection for those who accept it at a very vulnerable period in their lives ; namely when they leave the shelter of their homes to meet the storms and stresses of life and mix with a wider population.

The Council give generous priority in recommended cases to those suffering from Tuberculosis and in need of rehousing.

## HOUSING

### PROVISION OF NEW HOUSES

Statistics of new houses erected in the Borough during 1961 :

#### 1. BUILT BY LOCAL AUTHORITY :

Traditional Brick Houses	...	...	...	58	4 flats
Houses in course of erection at end of year	...	...	...	Nil	

#### 2. BUILT BY PRIVATE ENTERPRISE :

Traditional Brick Houses	...	...	...	158	
Houses in course of erection at end of year	...	...	...	67	
Applicants for Council Houses as supplied by the Housing Department at December, 1961 :					
Effective Housing List	...	...	...	94	
Old Person's Dwelling Applicants	...	...	...	42	
Miscellaneous Applicants	...	...	...	17	

The Council's Slum Clearance programme as submitted to the Ministry of Housing and Local Government in 1955 involved 91 houses which it was estimated would be dealt with in ten years. Actually by 31st December, 1961 after six years 119 had been dealt with—11 during the year as follows :

Undertakings Nil, Closing Orders 11, Demolition Orders Nil.

The Council pressed on with the project for rehousing the occupants of the temporary housing estate on Empingham Road, the former POW Camp. By the end of the year the remaining 50 families had been rehoused suitably. Though demolition of the huts proceeded also this was far from meaning that the site was cleared so we must wait a little longer for a more aesthetic appearance than it presents at the moment.



As from the start and throughout the progress of the slum clearance operation the closest co-operation has been maintained between the Housing and Health Committees. This ensured that the legitimate social, environmental and medical needs of the displaced tenants were given every consideration when they were rehoused.

Though it was not anticipated at the time of last year's Report, two other small but possible Clearance Areas have been considered (namely in Foundry Road and in High Street, St. Martin's) involving together with individual unfit houses a total of some 50 to be dealt with in the next four years.

The year has not unfortunately seen any further large scheme for modernisation of Almshouses in the Borough. The remaining three tenants were all rehoused from the Wothorpe Road Callises and all six are now vacant—and waiting.

The Council continue to encourage the owners of suitable properties to modernise them and give them a new lease of life. During the year 11 Standard and 5 Discretionary Grants were paid.

The demand for Elderly Persons accommodation goes on unabated. Of the 153 on the Housing List 42 require this type of accommodation being 28 per cent and there is almost one application for it for each two on the Effective Housing List. Against this background it is indeed cause for rejoicing that a scheme for a group of Elderly Persons dwellings with a resident Warden has been decided upon and will soon be off the drawing board. It will be of enormous social significance to meet the problem of the elderly frail person who needs a little friendly supervision and yet would be very averse to the suggestion of a bed in a Welfare Hostel at St. George's. It should truly be a happy half-way-house between the home too large for failing physical resources and residential accommodation.

It is hardly needful to stress the paramount importance of the appointment of the Warden, as the ultimate potentialities of the whole scheme so largely depend on the calibre of that person. It is hoped that the design throughout will be formulated with the needs of the elderly, and also handicapped, in mind. Might I suggest that in the final equipping the Consultant Geriatrician might be consulted and the feminine mind with its often inspired intuition be also concerned. It is very hard for a healthy and agile man in the prime of life and unused to wrestling with the problems of old age and the running down of physical resources to appreciate all the little things which can make such a world of difference to the alleviation of old age and its attendant problems of health and safety. Very many of the accidental deaths in the home are due to elderly persons falling and this is a challenge to the designers.



Journeying to and fro I often think what an ideal spot for bungalows for the elderly the unused ground Eastwards of St. George's Home would make. The proximity to the Welfare Accommodation and St. George's Hospital would make the transfer to either if necessity arose easy from a physical, psychological and an emotional point of view.

The Council's caravan site on Empingham Road is licensed for 18 vans. This meets most of the demand for sites for residential caravans within the Borough, now that the itinerant workers on the By-Pass have moved on taking their many mobile homes with them.

It should be envisaged that residential caravans must be accepted as a form of home for many years to come and the environmental conditions for them made as salubrious as possible. It is undeniable however that with their cramped dimensions they make a poor background for bringing up young children in health or for nursing them when they are sick. Furthermore tragedy can strike quickly as could so easily have happened when a caravan on the Council's site was burnt out completely during the year.

The Council operate a Points Scheme and during the year twenty-one applications were received for priority rehousing on the grounds of ill-health. All of these applicants received a personal visit from your Medical Officer and both the social and medical circumstances were fully investigated before a recommendation was made. In all cases of doubt the opinion of their own family doctor was obtained and fully considered in arriving at a decision. I am most grateful to my medical colleagues for their invaluable help in this respect. These researches do help to ensure that the award of medical points is really related to the individual urgency of each application.

The effective housing list has shown a decline of 16 in the year to 94. This is praiseworthy. The actual numbers however on the housing list do not give a completely reliable guide to the demand for Council houses within the Borough as the present qualifications for admission thereto of having worked in the Borough for five years or been on the Tied Tenants list for ten years do keep this unrealistically low.

Two cases of Statutory overcrowding were reported during the year and both had been abated by the end of the year.

The house with the elusive smell to which I referred last year and which baffled the olfactory senses and deductive ability of many experts has given rise to no further trouble since then. Can a house be temperamental?



In last year's review I reported that 24 Council houses had no bathrooms. It has been decided to modernise these as the circumstances of occupation permit but this has not yet been possible.

Encouragement was given to the tenants of under-occupied four bedroomed Council houses to exchange them for smaller dwellings and so help those with larger families. There was a gratifying response to the appeal.

It is indicative of the vitality of the Borough that 220 new houses were built during the year, 158 by private enterprise and 62 by the Council. This is the highest total for any year since the war, the two previously highest being 122 in 1960 and 110 in 1952.

## INSPECTION AND SUPERVISION OF FOOD

The Food Hygiene Regulations of 1955 and the Codes of Practice based thereon should now be met with universal compliance and in the main they are. It is evident however that premises may be provided with all the necessary facilities and yet not function up to the standards required from a food hygiene point of view. This may be due to the actual work being carried on in a muddle or in an unmethodical way thereby begetting untidiness which in turn always results in uncleanness. The state of a food premises can often be judged on its back-yard. If the area where refuse and salvage is stored is unsatisfactory one can expect to find other parts of the premises also substandard, so tidiness is an asset which should be treasured.

More frequent friendly supervisory visits if these were possible to all food premises would be a great help to the maintenance of high standards ; for unsuspected lapses in the working conditions can occur and such deviations from rectitude may be dangerous.

The rules for clean food preparation are as apposite to the home kitchen as to the commercial undertaking.

Market Stalls in the middle of the Twentieth Century are something of an anachronism as sites for food businesses ; particularly when unwrapped articles of ready to eat food are concerned. How can they be kept free from " the risk of contamination " ? These remarks are equally applicable to the open air stalls which accompany the Mid Lent Fair.

Whether it be at shop or stall, or in restaurant, hotel or licensed premises, it is the fastidious customer and the discriminating buyer, who can exert the greatest pressure for the maintenance of high standards of food handling and service by refusing to patronise those that don't. The purse string is more potent than propaganda.



The Municipal Slaughterhouse continued to provide a first class service to the town and surrounding areas. It has coped efficiently with all the demands made upon it even at peak periods. One hundred per cent meat inspection is maintained by the Health Inspectors. Improvements have been effected during the year by the addition of a stunning pen and some structural alterations.

Mr. Hawley, the Chief Inspector of Weights and Measures of the County took 45 samples within the Borough under the provisions of the Food and Drugs Act, 1955. The articles sampled were as follows:—

Aspirin	...	...	1	Milk (Flavoured)	...	4
Butter	...	...	1	Pork luncheon meat	...	2
Coffee extract	...	...	2	Preserves	...	2
Cream	...	...	2	Sausages	...	2
Fish Cakes	...	...	1	Sausage meat	...	1
Milk	...	...	21	Soft drinks	...	3
Milk (Evaporated)	...	...	2	Stewed Steak	...	1

Speaking of his work Mr. Hawley comments that

“ I need hardly say that sampling under the Food and Drugs Act is merely one of the many ways in which the interests of the consumer are safeguarded. Many other officials are equally concerned to ensure the public get good food in wholesome and hygienic condition and whenever it is possible to collaborate in these matters I try to establish effective liaison with others doing similar work. There is an extremely harmonious relationship between my Department and the Public Health Department (of the Borough) and this certainly helps to improve the quality of the work done by the County as Food and Drugs Authority ”.

## BUTTER

By definition (Butter & Margarine Regulations, 1955), butter must be made exclusively from milk, with or without salt and with or without certain permitted colouring matters. It must NOT contain preservative (other than salt) and not more than 16 per cent of water. This sample was genuine, free from chemical preservatives and contained 15.7 per cent of water—a tribute to the skill of modern butter blenders.

## CREAM

The samples were what is known as ‘Double’ or thick cream for which the Food Standards (Cream) Order stipulates a minimum of 48 per cent butterfat. The butterfat content of the two averaged 50.2 per cent.



## FISH CAKES

It is interesting to realise that such an unremarkable thing as a fish cake has been the subject of parliamentary legislation. The Food Standards (Fish Cakes) Order, 1950, provides, *inter alia*, that a fish cake shall contain not less than 35 per cent fish. This sample contained 70 per cent fish.

## MILK

The milk sampled in Stamford continues to be well above average. There is a great demand in the Borough for Channel Island milk.

The milk-vending machine at Stamford which is operated by a Tinwell producer continues to provide an additional source of supply. Six samples were obtained from this machine during the year and all were found to be genuine with an average of 3.45 per cent milk-fat and 8.81 per cent other solids (the statutory minimum standard is 3.0 per cent milk-fat and 8.5 per cent solids—and for Channel Island milk 4.0 per cent milk-fat and 8.5 per cent solids). Four samples of flavoured milk obtained from this vending machine were also found to be satisfactory, with a milk content in each case of not less than 85 per cent.

An interesting case was investigated at Stamford when a housewife complained that she had found a live slug in a bottle of pasteurised milk. The complainant was absolutely certain the slug was alive when she recovered it from the basin into which she had tipped the milk, just as she was sure the slug was 'inside' the bottle and not on the outside or in the basin. It was ascertained that the milk had been pasteurised twenty-four hours before delivery and kept a further twenty-four hours before use. The slug was recovered and submitted for examination and was reported as 'a common or 'garden' slug of the genus *Limax* which breathed and would die quite quickly if placed in water or milk.' In these circumstances, the complainant was informed that further proceedings would be unjustified.

## PRESERVES

The Food Standards (Preserves) Order, 1953, fixes standards for all jams, marmalades, fruit curd and mincemeat. As a matter of interest, the minimum fruit content of jams ranges from 25 per cent (blackcurrant) to 38 per cent (strawberry) and 40 per cent (rhubarb and ginger); while all commercial marmalades must have a fruit content of not less than 20 per cent citrus fruit. Both samples taken satisfied the conditions applicable.

## SAUSAGES

The two samples obtained contained 66.6 per cent and 70.7 per cent of meat respectively, well above the minimum of 65 per cent which is now generally accepted as the standard for a pork sausage.



## SOFT DRINKS

Soft drinks, like preserves, are strictly regulated as to composition. The minimum quantity of fruit juice and sugar and the maximum quantity of saccharin are all listed carefully in the Food Standards (Soft Drinks) Order, while the Preservatives Regulations permit the addition of very small quantities of either sulphur dioxide or benzoic acid. All three samples satisfied all these requirements.

## STEWED STEAK

The very great increase in the number of women at work has led to an enormous increase in the number of foodstuffs which are packed ready for almost instant use. Of these, meats are always popular, because they form the basis of a nutritious meal. Tinned stewed steak lends itself admirably to speedy preparation and when, as at one time was common, there is upwards of 95 per cent of meat in the tin, it suffers little by comparison with butchers' meat. In recent years, however, there has been a tendency for some overseas packers to reduce the meat content at the expense of what are known as cereal fillers, in other words to replace meat with a thickened gravy. Although this tendency has been widely deprecated, many packers now add the words 'with gravy' or describe the mixture as 'Casserole Steak' and are thus able to avoid a head-on collision with the Law. In a recent case it was held that a 'Casserole Steak' which contained 70 per cent of meat was not improperly described.

This sample was packed in Ireland (under strict government control) and contained 100 per cent meat.

These reports indicate the high quality of the foodstuffs sampled within the Borough and give cause for satisfaction.

In these days when the production, preparation and service of the Nation's food is so highly complex and subject to so many chemical additives and other sophistications, those who watch over its safety and standards carry a heavy burden of responsibility. An error in composition could have far reaching and tragic consequences as was recently demonstrated in one country of Western Europe and in North Africa.

## FOOD POISONING

No case of food poisoning was actually notified during the year. However on a Monday in May, following on a Wednesday business luncheon in a catering establishment in the Borough, reports began to come in of illness amongst those who had consumed the meal.

In all seventeen cases, scattered over a wide area reported untoward symptoms. A full investigation was carried out and the evidence made up a *prima facie* case of bacterial food poisoning. Unfortun-



ately owing to the long delay from the event to the first complaint being received none of the food on which suspicion rested was left. Bacteriological examinations of specimens from the catering staff proved negative.

#### NATIONAL ASSISTANCE ACT, Section 47

No compulsory removal of persons from their homes as being in need of care and attention was necessary during the year. In one instance it was only narrowly avoided but persistence fortunately won the day, as action under this heading must be regarded as a defeat for the socio-medical services.

#### HEALTH EDUCATION

The Council gives generous support to the Central Council for Health Education and in return receives their propaganda posters, magazines and other materials ; as well as help in our other activities during the twelve months.

At the close of the (Quincentenary) year a N.A.L.G.O. Exhibition was held in the Town Hall and the Health Department's contribution consisted largely of a clean food and anti rodent display. The Public Health Laboratory helped with a comprehensive display of culture plates of food poisoning organisms and the " Do's and Don'ts " in clean food handling were exhibited. Even allowing for the inclement weather of the week in which it was held, the public interest was lukewarm.

More than ever do I feel that the real impact in Health Education is made by the Health Visitors and the Health Inspectors in their visits to the homes and in their conversations with individuals. Facts may be presented as forcibly and cleverly as all the modern techniques of communication allow but the lesson will be lost unless the facts can be put across in a personal way to the individual.

Sex education in particular is a highly personal matter with its biological, psychological, social—and spiritual elements and in a healthy society the latter must overrule the others. The subject is profound and needs enormous finesse in its presentation. From a National standpoint the adolescent having been given sex instruction, baby care classes, lessons on beauty and fashion can hardly be expected to wait ten years before putting in some practical experience. Is that why last year there were 82,000 brides under twenty and more than 5,000 aged sixteen ? Is this early matrimony good ? I do not know the answer I can but note the social trend and the enormous pressures which the commercial world exerts on the adolescents of today.

The campaign for the discouragement of the child from embarking on smoking should be aimed in particular at the twelve year group.



To wait much longer is to be too late as the habit will have already been acquired from adult example.

During the year a campaign was launched drawing the attention of mothers to the dangers of small children playing with large plastic bags and being suffocated by getting their heads inside them.

## MISCELLANY

1961 was the Quincentenary year of the granting of a Charter to the Borough and this fact has coloured many of the activities throughout the year. No report on any subject connected with Stamford could fail to mention the historic occasion and the climax of the commemorations which was the visit of H.M. The Queen and H.R.H. The Duke of Edinburgh on 19th June. Their charm and graciousness made an indelible impression and gave a new and deeper significance to all that is meant by Noblesse Oblige.

The Health Department's main contribution to the programme was to act as Host to a Sessional Meeting of the Royal Society of Health on 23rd June. This took the form of a Symposium on the Welfare of the Elderly and was attended by 247 delegates drawn from an area bounded by Cambridge, Biggleswade, Birmingham and Huddersfield. Papers were read by Dr. P. E. Jackson, M.D., M.R.C.P. Consultant Physician, Peterborough and Stamford Group of Hospitals on "The Evolution of a Geriatric Unit". Mr. L. J. Roll's paper was on "Housing for the Aged ; Past, Present and Future" and mine "Growing Old—Who Cares?". Between them they covered most aspects of the care of the Elderly in health and in sickness and what can be done to improve the environment in which they live. Dr. L. R. Holt opened the Discussion which followed and voiced the views of the Family Doctor faced so often with a geriatric problem. Mr. Roll's programme of afternoon visits to workplaces and almshouses, and a filmshow on Health topics in the Town Hall filled a memorable day.

The tendency for your Health Department to be faced ever more frequently with problems of a socio-medical nature on which I commented last year has continued. This year there were eighteen such cases compared with sixteen and seven in the two previous similar periods. In each case a full investigation was made and as each presented a highly complex but human problem this was often long and time consuming. In conjunction with a large number of other organisations both statutory and voluntary every effort was made to find a workable solution and I must pay tribute to the enthusiastic desire to help of all who were approached to that end.

There was the man unable to work owing to a crippling nervous disease. He lived in a Council house with his widowed mother in which they had been rehoused. There was no place at all to garage



his all important wheelchair, which had to be left behind. The Council built him a shelter annexe and all was well.

A septuagenarian virtually bedfast chronic bronchitic was being looked after by an unfit unrelated octogenarian. They had arrived at the stage where both the house and themselves were in a deplorable state. The Home Help Service, Meals on Wheels, appropriate medical attention and a wireless provided by the Rotary Club made a metamorphosis.

A lonely middleaged man who was left a sole tenant by bereavement and as a result allowed his domestic circumstances to slip to such a degree as to be anti social. The furniture was chopped for firewood, his diet was neglected and his attitude was aggressive. Medical treatment and welfare accommodation solved his problem.

Loneliness and bereavement accounted for yet another descent into the abyss of social disintegration. Here the consolation was a clouder of over twenty cats in virtual possession of the house which was fouled with their excreta and their food. The R.S.P.C.A. were of assistance in this instance.

A lady in her late eighties was living alone though she was suffering from a chronic and disabling disease and with failing eyesight. She steadfastly demanded to remain in her home and the efforts of the Home Help and Meals on Wheels Service, Voluntary Visiting and the help of the National Assistance Board have made this feasible for the time being.

These are some of the human dramas behind the statistics.

Efforts to assist the Elderly have been increased both by the Statutory and Voluntary Bodies active in the town. Mr. J. G. Farrar, Manager of the Local Office of the Ministry of Pensions and National Insurance, has generously continued to co-operate in the distribution of information. This he does by including a copy of the Council's synopsis of all the National, Local Authority and Voluntary services available to the elderly in the documents sent to each person on reaching pensionable age. This is an invaluable method of ensuring a hundred per cent distribution.

Through the efforts of the Old People's Welfare Committee and the many organisations represented thereon close on five hundred parcels were delivered to the homes of Elderly needy persons on the Sunday prior to Christmas. Each parcel contained seasonable fare, groceries and messages from the Vicar of St. Mary's Church and your Doctor. These tokens of remembrance must have brought some additional warmth to many otherwise rather lonely Christmas firesides.

The Committee however on which I have the privilege to serve are anxious to help at all other times not merely in the dark days of



December. The Voluntary Visiting service has been increased and it has been possible to provide radios to elderly persons who otherwise would have been without. In one instance a television set was provided. During the year the Council adopted the idea of leaving with those living alone and either elderly or handicapped, a stamped card, addressed to the Health Department asking for a visit. The motive behind this has both a psychological and a practical basis.

The Home Help Service continues to do its wonderful work in making it possible for many to remain in their own homes where they long so desperately to be but otherwise couldn't. They also halt the social deterioration and lapses in domestic hygiene and general cleanliness which so often are the accompaniment of old age and its failing senses and sensibility.

The Meals on Wheels Service of the W.V.S. has come to mean so much in the homes of the recipients that a prolonged break in it causes real hardship. Based exclusively as it was until this year, on the School Meals Kitchen a hiatus was bound to occur during the Summer, Christmas and Easter School holidays. It was therefore a great boon when a local caterer—Mr. W. H. Greenwood offered to fill the gap. This service has certainly become a social necessity and with an aging population the demands on it will inevitably become greater as the years go by. During the year 3,295 meals were provided by the Central School Kitchen and 535 during the holiday weeks by Mr. Greenwood making a total of 3,830 compared with 2,783 during 1960. There are approximately 50 regular recipients of whom 76 per cent get two meals a week and the remaining 24 per cent one a week.

Whilst the calorific and dietetic deficiencies of many in the older age groups are a cause for concern this is certainly not a contemporary problem in the young. I often wonder in these days of the affluent society whether there is a continuing necessity for the free and universal provision of school milk. It costs the country well over £11 million in the year. Is it appreciated and is it dietetically necessary? Does it aid in the fight against dental caries? Fruit would do so. Of course milk could still be provided where there was an indication for it but its universality is worth thinking about.

Vandalism of public property still occurs from time to time and cannot be condemned too highly but the culprits I am convinced are few and every generation has its thugs, lacking in self respect and self control and aggravated by poor mental equipment, and a poor home background.

In the course of my work I have formed the impression that the posture of many adolescents leaves room for improvement; particularly so far as round shoulders are concerned. How far this may be due to too prolonged bowing at the shrine of the television tube I do not know but I have my suspicions. Many boys in particular cannot touch their toes due to poor mobility of the lumbar spine. In the days when



corporal punishment was in vogue—as in my school days—the lumbar spine was more frequently flexed for other reasons than occurs today.

It is an Anglo Saxon trait to criticise frequently what they hold most dear and to denigrate often that of which they are most proud. Into this paradox falls a major part of the criticism of the teenager. Their drainpipes, their wrinkle-pickers and other exotic creations which they patronise, the music and movement which they cultivate may after all be just a quest for self expression and a break from the stereotyping uniformity of the Welfare State. I am convinced that if their enthusiasms were touched they would respond as effectively as did any former generation. The vast majority are healthy in mind and body though the undisciplined minority may present a challenge to youth workers and society.

Complaints of alleged Public Health Nuisances have been remarkably few this year. The occasional chimney still causes fleeting inconvenience but everything possible is done to mitigate it.

As your medical representative I have continued to serve on the Area Maternity Liaison Committee and the Control of Infections Committee of the Peterborough Hospital Group. I have also served on the Disablement Advisory Committee and the Medical Panel of the Stamford Area of the Ministry of Labour and lectured the nurses on Public Health matters at the Part II Midwifery Training School at the Gables. I am certain that any small effort involved in these activities reaps a large return in happy co-operation.

The gestation period for the final proposals of the Local Government Boundary Commission has extended over yet another twelve months without visible results. Overlong expectancy is unhealthy.

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 and social needs of the community which it is my privilege to serve. Especially would I like to thank Councillor Gray for his unfailing understanding and help and the Members of the Health Committee for their informed support and encouragement, which contribute so much to the work of the Department.

I extend a warm thank you to Mr. Roll and his Staff for their always cheerful assistance and I acknowledge with gratitude the abundant and zestful help given by Miss Brooks.

Finally I wish to thank Mr. Bedford and my other colleagues in the Town Hall for their always liberal co-operation 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.







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