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BOROUGH OF



STAMFORD

ANNUAL REPORT

of the Health of the Borough

for the year

1962

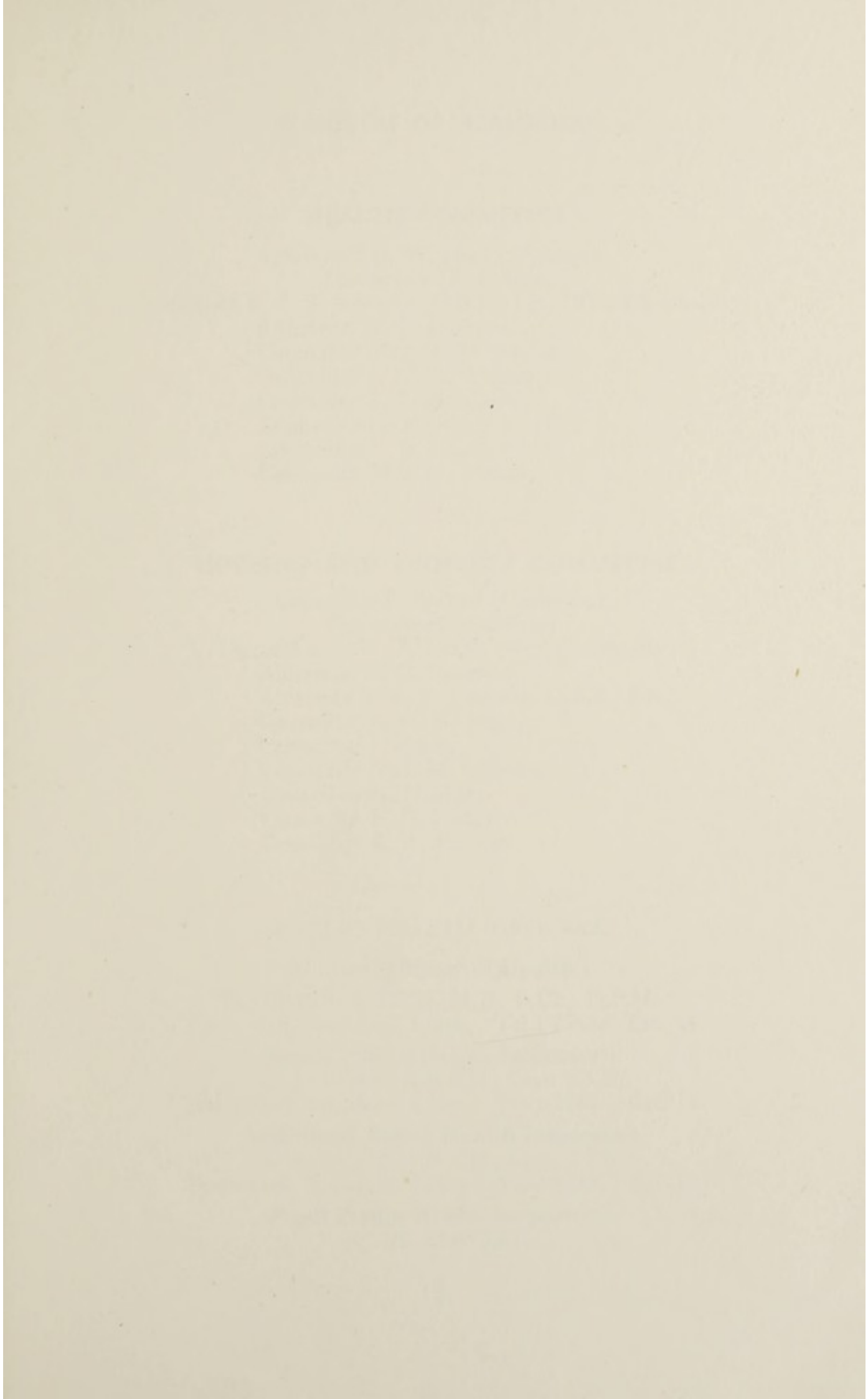


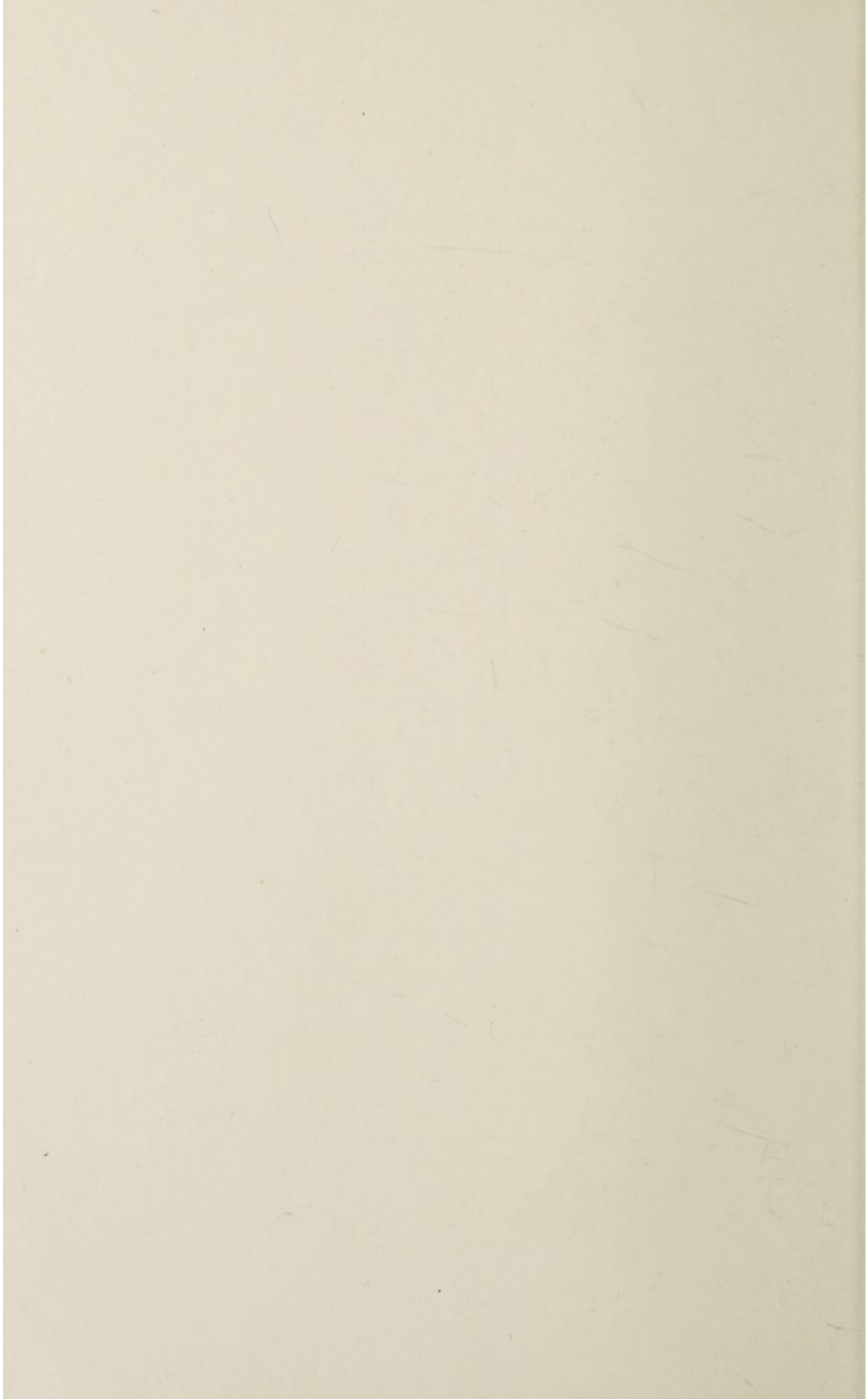
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Medical Officer of Health



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BOROUGH OF STAMFORD

HEALTH COMMITTEE

Councillor G. W. Gray (Chairman)
The Mayor (Ex-Officio)
Alderman E. S. S. Bowman, O.B.E., J.P., (Vice-Chairman)
Alderman W. J. Aughton
Councillor Mrs. G. M. Boyfield
Councillor J. W. L. Whincup
Councillor F. J. McIntosh
Councillor G. N. Riley
Councillor F. H. Ladds
Councillor Mrs. M. Nichols

HOUSING AND PROPERTY COMMITTEE

Councillor P. Bullard (Chairman)
The 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

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 Public Health Inspector :

C. D. BOWRAN

BOROUGH OF STAMFORD

ANNUAL REPORT

Town Hall,
STAMFORD. LINCS.
May, 1963.

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

Mr. Mayor, Ladies and Gentlemen,

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

BOROUGH OF STAMFORD STATISTICS

| | |
|--|------------|
| Area | 1918 acres |
| Population (Census 1962) | 11743 |
| Population (Registrar General's estimate 31.12.62) | 12310 |
| Rateable Value | £164,142 |
| Product of Penny Rate | £670 |
| Number of inhabited houses from the rate book at 1.4.62 | 3808 |

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 0.99 and 0.83 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 | 97 | 110 | 207 |
| Legitimate | 94 | 107 | 201 |
| Illegitimate | 3 | 3 | 6 |
| CRUDE live birth rate per 1,000 of Estimated Population | | | 16.82 |
| NET live birth rate per 1,000 of Estimated Population | | | 16.65 |
| Rate for England and Wales | | | 18.0 |
| Illegitimate live births per cent of total live births | | | 2.90 |

| | M | F | Total |
|--|----|----|-------|
| STILL BIRTHS | 3 | — | 3 |
| Legitimate | 3 | — | 3 |
| Illegitimate | — | — | — |
| Total live and still births | | | 210 |
| Still Birth Rate per 1,000 live and still births | | | 14.29 |
| Rate for England and Wales | | | 18.1 |
| DEATHS | M | F | Total |
| Number of Deaths | 75 | 80 | 155 |
| CRUDE death rate per 1,000 estimated population | | | 12.59 |
| Net death rate per 1,000 estimated population | | | 10.45 |
| Rate for England and Wales | | | 11.9 |
| Natural increase, i.e. Excess of live births over deaths | | | 52 |

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

| | M | F | Total |
|--|---|---|-------|
| Number of Deaths | 1 | 1 | 2 |
| Legitimate | 1 | 1 | 2 |
| Illegitimate | — | — | — |
| Infantile Mortality rate per 1,000 live births | | | 9.95 |
| Rate for England and Wales | | | 21.4 |
| Infantile Mortality Rate per 1,000 legitimate births | | | 9.66 |
| Infantile Mortality Rate per 1,000 illegitimate births | | | Nil |

The number of deaths of infants under one year of age was 7 in 1960 and Nil in 1961.

NEO NATAL DEATHS

| | M | F | Total |
|--|---|---|-------|
| (i.e. Deaths of Infants under 4 weeks of age) | 1 | — | 1 |
| Neo Natal Mortality Rate per 1,000 live births | | | 4.83 |
| Rate for England and Wales | | | 15.1 |

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

| | | | |
|---|--|--|-------|
| (i.e. Stillbirths and deaths under one week combined) | | | |
| per 1,000 total live and still births | | | 14.29 |

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

| | | | |
|----------------------------|--|--|------|
| Rate for England and Wales | | | 0.35 |
|----------------------------|--|--|------|

MARRIAGES SOLEMNISED IN THE BOROUGH OF STAMFORD

| | | | | |
|------|-------|-------|-------|----|
| 1959 | ..... | ..... | ..... | 82 |
| 1960 | ..... | ..... | ..... | 96 |
| 1961 | ..... | ..... | ..... | 86 |
| 1962 | ..... | ..... | ..... | 95 |

Matrimony was popular this year and marriages almost reached the 1960 peak figure.

The live birth rate at 16.65 was the highest since the war. The corresponding figure for England and Wales as a whole was 18.0, which was the highest rate since 1947.

The three still births gave a rate of 14.3, a little below the National rate of 18.1. Illegitimate births were 3 per cent of the total.

The Death Rate in the Borough was 10.45 against the figure of 11.9 for England and Wales, but this would not have been so favourable had it not been arrived at by the use of the comparability factor. This factor makes a correction for the over-weighting of the elderly in the composition of the Borough's population. It is gratifying that there has been a small but steady improvement in this composition over the past few years and the raised birth rate augurs well for the future, provided that employment can be found for the young people and that they are not forced to emigrate to find it. The natural increase of 52 was the highest for any year since the war.

For the eighth 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 after a clear year in 1961 had two infant deaths giving a rate of 9.66—a most creditable figure bearing testimony again to the skill and care which are given to the expectant mother and her child by those engaged in obstetrics and child welfare.

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 | — | — | — |
| Acute Poliomyelitis | — | — | — |
| Measles | — | — | — |
| Other Infective and Parasitic Disease | — | — | — |
| Malignant Neoplasm of Stomach | 1 | 1 | 2 |
| Malignant Neoplasm of Lung, Bronchus | 5 | 1 | 6 |
| Malignant Neoplasm of Breast | — | 2 | 2 |
| Malignant Neoplasm of Uterus | — | 1 | 1 |

| | Male | Female | Total |
|---|------|--------|-------|
| Other Malignant and Lymphatic Neoplasms | 3 | 8 | 11 |
| Leukaemia, Aleukaemia | 1 | 1 | 2 |
| Diabetes | — | — | — |
| Vascular Lesions of Nervous System | 15 | 13 | 28 |
| Coronary Disease, Angina | 16 | 9 | 25 |
| Hypertension with Heart Disease | 1 | 1 | 2 |
| Other Heart Diseases | 8 | 10 | 18 |
| Other Circulatory Diseases | 3 | 7 | 10 |
| Influenza | — | — | — |
| Pneumonia | 6 | 9 | 15 |
| Bronchitis | 6 | 2 | 8 |
| Other Diseases Respiratory System | — | — | — |
| Ulcer of Stomach and Duodenum | — | — | — |
| Gastritis, Enteritis and Diarrhoea | 1 | — | 1 |
| Nephritis and Nephrosis | 1 | — | 1 |
| Hyperplasia of Prostate | 1 | — | 1 |
| Pregnancy : Childbirth and Abortion | — | — | — |
| Congenital Malformation | 1 | — | 1 |
| Other Defined and ill-defined Diseases | 1 | 7 | 8 |
| Motor Vehicle Accidents | 3 | — | 3 |
| All Other Accidents | 1 | 4 | 5 |
| Suicide | 1 | 4 | 5 |
| Homicide and Operations of War | — | — | — |
| Total | 75 | 80 | 155 |

Diseases of the cardio-vascular system again head the list of causes of death (83), and of those about a third (25) were due to Coronary Thrombosis. Overeating with consequent obesity, a diet consisting of excess of animal fats which raises the blood cholesterol, inadequate exercise and excessive smoking all play a part it is thought in the development of this disease.

Diseases of the Respiratory system come next with 23. This was largely due to an increase in bronchitis, of which the three main causes are infection of the bronchial passages by germs, smoke and fumes and cigarette smoking. As atmospheric pollution is minimal in Stamford it would appear that once again tobacco smoke is incriminated. The deaths attributable to Bronchitis bear little relationship to the total suffering and disability which it causes. The disease is more common in Britain than anywhere in the world and results in over two million working days being lost in this Country each year.

This year malignant growths are just displaced into third place, totalling 22.

Six of these deaths from cancer were due to cancer of the lung. This scourge is still allowed to continue with a public apathy which is quite incomprehensible. Nationally deaths from it were up another thousand last year averaging just 65 every day. Road deaths amounted to 19 and as usual evoked a storm of protest and the attention of many

Committees up and down the land ; yet this latter toll is no more preventable than the former. There is no possible doubt that lung cancer is related to smoking and in particular to cigarette smoking yet last year the Government collected £870 million in excise duty on tobacco compared with a total expenditure of £772 million on the National Health Services. In the same time the Government expended £12,000 and the total spending of Local Authorities was £10,000 on spreading information about the dangers of smoking. This is rather parsimonious and hypocritical, while the cigarette manufacturers spent £20 million in advertising their wares and one large tobacco company alone made £22½ million profit, an increase of £1¾ million on the previous year.

The public spent £1074 million on tobacco just about the same as the total expended on Rent Rates and Water in the same year ; so " Do it yourself " cancer kits in packets of ten and twenty are as much in demand as ever.

Nationally of 54,735 male deaths from cancer last year, 20,279 or 37 per cent were due to cancer of the lung. Turning to the local picture out of the 10 male deaths from cancer 5 or 50 per cent were due to cancer of the lung. Could not most of these have been prevented ?

That man in the highly civilised communities of the West is often his own executioner is reflected in the fact that a perusal of the deaths returns shows

- 3 from accidents in the Home
- 3 from accidents on the Road
- 1 from an accident at Work
- 1 from an accident at Play
- 5 Suicides

Thirteen more probably preventable deaths. The three fatal accidents in the home were :—

- | | |
|------------------|------|
| A female aged 86 | Fall |
| A female aged 77 | Fall |
| A female aged 85 | Fall |

Two of the three road deaths were due to aged pedestrians being knocked down by cars on the street.

Is there some degree of malaise in our society ? The five suicides found the personal answer to this question. In four instances it was the domestic gas tap and in the fifth it was strangulation by hanging. Materialism, the affluent society and the Welfare State have certainly not provided all the answers.

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

NURSING IN THE HOME

Under the County Council Scheme the Borough has one District Midwife, Miss Morris, Residence : Drift Road, Stamford. Telephone Stamford 3591 and one District Nurse, Miss Warby, Residence : 9 Adelaide Street, Stamford. Telephone : Stamford 3218.

Relief Nurse for Stamford, Mrs. Hughes, Deeping St. James. Telephone : Market Deeping 3249.

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 26 Home Helps are employed for work in the Borough, working approximately 25,600 hours annually in respect of 94 individual cases.

WELFARE FOODS

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

| | |
|------------------|--|
| Monday to Friday | 10 a.m. to 12 noon 2 p.m. to 4 p.m. |
| Saturday | 10 a.m. to 12 noon |

HEALTH VISITORS

Under the County Council scheme there is an establishment for two full time Health Visitors to serve the Borough and the surrounding Rural District. Throughout the year Miss E. M. Wright has had to

shoulder the many faceted duties alone. These include a domiciliary advisory health and social service to the family and tuberculosis visiting. Close liaison with the family doctors and the hospitals must be maintained to make the service fully effective.

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 a Health Visitor, and a State Registered Nurse assists when the Doctor attends. 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 82 per session in 1961 to the new record of 90. These ever increasing numbers result in overcrowding of the present accommodation and

also a longer waiting period for the individual than is desirable. There is an overwhelming case for an extension of the premises, which have the great asset of being centrally situated. The provision of a French window in the waiting room will be a boon during the warmer weather next year.

During the year the screening of all infants for the detection of phenylketonurea was continued. This is an abnormality of metabolism which if not detected in the early weeks of life can cause brain damage and mental disability. No case was found.

Diphtheria Immunisation :

A Diphtheria Immunisation clinic is held at Barn Hill House, Stamford on the first Wednesday of 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 Protection | ..... | 171 |
| Reinforcing Protection | ..... | 153 |
| | | — |
| | | 324 |
| | | — |

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

| | | |
|------------------------|-------|----|
| Primary Protection | ..... | 12 |
| Reinforcing Protection | ..... | 9 |
| | | — |
| | | 21 |
| | | — |

66 children were immunised by the Family Doctors, 48 for Primary and 18 for Reinforcing Protection.

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 :

This is run by Miss E. M. Wright — Health visitor — and very alive it is. The Mothercraft and Relaxation Classes started in 1960 continued to flourish. It 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. An annual reunion was held in March and was well attended by 45 mothers and babies.

In the twelve months up to 31st December, 1962, 81 mothers-to-be made an aggregate attendance of 698. There have been many expressions of appreciation for the help and benefits which have resulted from the Classes. An innovation this year has been the attendance of some prospective foster parents at their own request.

School Health Service Clinic :

This is situated at Barn Hill House, Stamford, providing Ophthalmic, Orthopaedic, Physiotherapy and Speech Therapy Clinics. Unfortunately the dental surgery has lain idle all the year as no dental surgeon could be found to fill the vacancy.

(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.

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. |

(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. Even on Christmas Eve unfortunately it was necessary to ask for his services.

| | Whitewater parts/ million | Bone Mill parts/ million | Wothorpe parts/ million | Northfields parts/ million | Ryhall Road parts/ million |
|--|---------------------------------|--------------------------------|-------------------------------|----------------------------------|----------------------------------|
| General Chemical Examination :— | | | | | |
| 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 ₃ | 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 ₃ | 144 | 132 | 153 | 177 | 136 |
| Sulphates, SO ₄ | 107 | 86 | 101 | 161 | 109 |
| Chlorides, Cl | 27 | 23 | 41 | 26 | 27 |
| Nitrates, NO ₃ | 23.2 | 33.5 | 35 | 16.2 | 33.3 |

(d) PROVIDED BY THE FAMILY PLANNING
ASSOCIATION

Family Planning Clinic :

Now in its second year, this is providing a welcome service to the married people who wish to plan their families. At the Clinic advice is given 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 rightly so, while there remains the least possible suspicion that they may be associated with unpleasant complications.

The Clinic is under the direction of Dr. Anne Whiteley — Senior Assistant County Medical Officer — and Miss E. M. Wright is also in attendance.

The Sessions are held :—

| | |
|-----------------------------|------------------|
| First Tuesday in each month | 2 p.m. to 3 p.m. |
| Third Tuesday in each month | 7 p.m. to 8 p.m. |

SANITARY CIRCUMSTANCES OF THE AREA

Water :

The South Lincolnshire Water Board came into being on 1st October and from that date was responsible for the supply and distribution of water within the Borough. It continued to derive its water from the six sources as previously. Chemical analyses of these are again shown at the request of the Ministry of Health. There is a high degree of hardness and an absence of naturally occurring fluorine. There is no liability to plumbo solvency.

The approximate daily consumption is 685,000 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 20 properties in the Borough supplied from standpipes and serving some 27 occupants.

There was one untoward incident in the early days of January, when following on the heavy rain and a thaw the Wothorpe Supply became polluted. It was discontinued as far as possible to the area of the town normally served and the Whitewater Supply was substituted. After thirty-six hours the pressure of the Whitewater Supply had dropped to a critical degree and it was decided to revert to the still contaminated Wothorpe Source with increased chlorination being provided. Individual notices were sent to all affected householders warning them to boil the water before using it for culinary or drinking purposes. The incident closed after three or four days.

On numerous occasions during the year complaints of lack of water pressure were received, mainly from the Empingham Road section of the Town. There were also complaints from time to time of fine sand in the water derived from the Ryhall Road bore and the Whitewater supplies. Samples taken did not reveal any evidence of bacteriological contamination.

Representations made to Water Engineer Mr. Cameron Stobie at Spalding met with most sympathetic assistance and everything possible was done to help. He said that nothing but a radical reorganisation of the supply system will effect a satisfactory solution and already a start has been made to ameliorate the position in the Tinwell Road area by the laying of a new main.

Towards the close of the year the Ministry of Health gave the green light to local authorities who wished to arrange for the fluoridation of public water supplies. In a summary of the situation and the experiences in this and other countries I recommended that this should be done as a valuable step in countering the ravages of dental caries in the young and that it contained no threat to the health of adult consumers.

A lot is talked about adding fluorine to pure water. Pure water only occurs in laboratories or in small bottles, and let us all be grateful we do not have to drink it. What we do drink has had many subtractions and additions already before it comes out of the tap. Others question the economy of adding fluorine to water, the vast majority of which will run to waste. This has been carefully considered and adding one part per million to the bulk supply at source — like chlorination — is much the most economic method of doing the job thoroughly and efficiently.

The Council still has the matter under consideration. Maybe it would be opportune to comment that while fluoridation is a highly effective form of preventive dentistry, parental discipline in curbing indiscriminate sweet eating between meals will remain as necessary as ever if the maximum benefit is to be achieved.

The newly modernised sewage disposal works together with the cold sludge digestion tanks were operating throughout the year and resulted in much less malodour than has occurred in recent years and produced a much better end product — with the final effluent well within Royal Commission standards. Owing to the cold inhospitable weather the bacteria in the digestion tanks found difficulty in proliferating but a warm summer ought to put this right.

After adjudication it was confirmed that the cheapest way to provide the vitally necessary new trunk sewer would be to tunnel under the town from Scotgate to the Co-operative corner of High Street. This

will be the heart of the new drainage scheme for the town. The detailed plans were submitted to the Ministry of Housing and Local Government. A local inquiry was subsequently held by one of the Engineering Inspectors of that Ministry and final approval and the word to proceed are awaited for this urgently necessary scheme. The whole system at present is overloaded and in the lower part of the town surcharged.

A weekly refuse collection is given and disposal is by a controlled tipping system. Rodent control at the tip is maintained by a firm of contractors specialising in this work. The available space at the present tip is almost exhausted and there is no immediate sign of any possible alternative, so again as last year through the medium of this report I ask if anyone has a large hole or quarry which they would like filled efficiently and without nuisance please let us know, and so avoid a crisis. What a lot of refuse has to be dealt with in these days of canning and prepacking.

Whilst it is necessary for the owners of dogs to exercise them, I do wish they would ensure that their pets are not permitted to foul the pavement.

Public Health Nuisances were alleged on several occasions on the score of smoke and grit emanations from chimneys, but in each instance those responsible co-operated to improve conditions and useful help was given by the fuel efficiency officer of the National Coal Board and the Alkali Inspector. A complaint was also made about malodour from a urinal on a sports ground. Reconstruction of this solved the problem.

The Borough Swimming Baths continue to be enjoyed by many in the town and from the surrounding areas — when the weather permits! In this latter connection we again had a dreadful summer and total attendances were down to 32,512 compared with 58,459 in 1961, 73,078 in 1960 and that peak figure of 97,007 in 1959.

The season lasted from 28th April to 29th September and on the opening day the temperature was a bare 50°F. Rarely throughout the cold summer did the water temperature struggle out of the low sixties.

It is a great pity that two excellent Municipal Swimming Baths — in addition to a paddling pool, with another large bath in the Borough and a fourth soon to be built that in not one of these is provision made for water heating.

$$\begin{array}{r} 4 \times 9 = 0 \\ \hline 12 \end{array}$$

Meaning four baths each ineffective for about nine months in every year are little more effective in providing a service than one would

be. How much better if resources could have been pooled and some stroke of genius had made possible all the year round swimming within the Borough independent of the vagaries of our climate.

Bacteriological examinations of the water were made at weekly intervals throughout the season and revealed that a high standard of purity was being maintained. A total of 31 samples was taken and apart from one from the paddling pool all were free of contamination. An adjustment of the chlorinator put this right. 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. There was no evidence of an above average incidence of plantar warts or athletes foot.

A Minuteman Resuscitator is kept readily available at all times in case of an emergency and is regularly overhauled to ensure its complete reliability. During the hours the baths are open an attendant is always on duty.

The Mortuary maintained by the Council is used by the Rutland and Stamford Hospital as well as serving the Coroner and the Police.

14 Post Mortems were carried out during the year and there was a total of 25 admissions to the Mortuary.

Improved security arrangements were made for the personal belongings of those admitted. It continued to be well served by Mr. Saddington.

Stamford has a Joint Burial Board and there is ample grave space for many years ahead. The nearest Crematorium is at Marholm near Peterborough and this is being increasingly used as an alternative to interment.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

ANALYSIS OF CASES OF INFECTIOUS DISEASES AND DEATHS THEREFROM

Notifications received during the year.

| | Total Cases Notified 1962 | Cases Admitted to Hospital | Total Deaths | Total Cases Notified 1961 |
|-------------------------------|---------------------------|----------------------------|--------------|---------------------------|
| Scarlet Fever | 10 | 1 | — | 22 |
| Food Poisoning | — | — | — | — |
| Dysentery | 222 | 5 | — | — |
| Meningococcal Infection | — | — | — | — |
| Puerperal Pyrexia | 2 | 1 | — | 5 |
| Measles | 6 | — | — | 299 |
| Whooping Cough | 42 | — | — | 3 |
| Total | 282 | 7 | — | 329 |

In addition 9 cases of Pneumonia were notified as compared with 13 cases notified during 1961

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 | 6 | | 1 | | | | | | | 10 |
| Food Poisoning | | | | | | | | | | | | | | | | |
| Dysentery | 28 | 2 | 4 | 10 | 8 | 4 | 81 | 32 | 6 | | 19 | 15 | 5 | 5 | 3 | 222 |
| Meningococcal Infection | | | | | | | | | | | | | | | | |
| Puerperal Pyrexia | | | | | | | | | | 1 | 1 | | | | | 2 |
| Measles | | | | 1 | 3 | 1 | 1 | | | | | | | | | 6 |
| Whooping Cough | | 4 | 5 | 3 | 4 | 4 | 19 | 2 | | 1 | | | | | | 42 |
| Pneumonia | | | | | | | 1 | | 1 | | 1 | 2 | | 3 | 1 | 9 |
| Erysipelas | | | | | | | | | | | | | | | | |
| Total | 28 | 6 | 9 | 15 | 16 | 10 | 108 | 34 | 8 | 2 | 21 | 17 | 5 | 8 | 4 | 291 |

The total incidence of notifiable disease, excluding Tuberculosis, was down on the previous year being 291 compared with 342 in 1961 and 198 in 1960. This however gives little cause for satisfaction as it was virtually a measles free year and of the total no less than 222 were due to Dysentery.

On 3rd October a case of Sonne Dysentery was reported from the Peterborough Isolation Hospital in a Stamford child who had been admitted there for investigation. This was destined to mark the onset of the largest outbreak of dysentery in the town during the present century. 175 of those affected were under sixteen years and of these 123 were school children.

The infant schools carried the brunt of the attack and the infection seemed to be school borne as in each fresh family to be involved it was nearly always a schoolchild in the household who first developed symptoms. The greatest co-operation was received from the Head Teachers who rang through to the Health Department each morning the names of all pupils who were absent where diarrhoea or vomiting was suspected and all such incidents were promptly followed up and where necessary faecal swabs were taken. This procedure allowed for very early action and treatment, as the family doctor in every instance was kept fully informed ; and I consider this assisted in confining the outbreak as far as possible. Paper towels were provided in all the schools. Disinfection of the toilets and the handles and the insistence on all children washing their hands after using the toilets and before meals was made "de rigueur." In two schools the lack of a hot water supply at the children's washhand basins was a much felt want, particularly at times when the air temperatures were below freezing point.

The Sonne Dysentery organism responsible for this outbreak had some unusual features being resistant to many of the drugs commonly used in its treatment, such as the sulphonamide group, neomycin and erythromycin ; though responding to streptomycin, tetracyclin, chloramphenicol and furadantin. By the middle of December this had to be further modified as some of the organisms were no longer sensitive to streptomycin either. I was most grateful to Dr. Glen-cross of the Peterborough Public Health Laboratory for the enormous amount of work including sensitivity tests which he and his staff did on our behalf. He dealt with some 1,250 faecal swabs in connection with this outbreak up to the end of the year.

From experimental work it would appear that toilets should have lids which can be put down before flushing after use, as the spray back can contaminate quite a large surface of the person operating the flush.

By arrangement with the Head Teachers, affected school children were only allowed to re-enter school after two negative swabs had been received and a clearance certificate had been issued by the Health Department. This obviated anomalies and helped to ensure that symptomless carriers were excluded.

These facts indicate the need of first class personal and environmental hygiene. Prevention is easier than eradication of the infection

once it becomes prevalent in a community, particularly of young children.

Seven years have now elapsed since a case of Poliomyelitis occurred in the town. The Vaccination programme firstly with the Salk vaccine given by injection and this year with the Sabin type given orally has been a major success. It is past comprehension that there are still some who do not avail themselves of this proven protection against this dreadful disease, even though the price to pay is only to eat a lump of sugar or swallow a few drops of syrup.

Seventeen years separate us from the last case of Diphtheria to have occurred in the Borough. This immunity has been achieved through the mothers conscientiously having their children immunised in the past. It is vitally important that this effort be continued for the Diphtheria organism is only waiting for any falling off in the community's level of protection to strike again, as it has lost nothing over the years of its power to kill, cripple and deform its unprotected victims.

The general use of triple vaccine, combining protection against Diphtheria, Whooping Cough and Tetanus simultaneously has been a great step forward in the safeguarding of our children. The use of so many protecting agents does inevitably lead to some confusion in the minds of members of the public as to precisely which they and their children have had and when. To find a completely satisfactory solution to this is not easy but some form of record card should be maintained giving details and dates. Attached to the Health Service Medical Card would seem to be a reasonable place to secure it. Subsequently should a contaminated wound bring a child or adult to his family doctor's surgery, to a clinic or the Casualty Department of a Hospital it would be relatively easy to ascertain from such a record whether such person was protected against Tetanus or not. This is a most important point as it is highly desirable to avoid unnecessary use of anti-tetanus serum with its attendant risk of unpleasant side effects. This can be ensured by active immunisation during childhood.

The policy was continued of giving to all Council employees who are liable to come into contact with rat-contaminated water at sewage disposal works, drains or sewers a card of precautions against contracting Weil's disease. It also carries an aide memoire to the family doctor as the initial symptoms are vague and so an "at risk" warning should be helpful to him.

Again this year deaths in a neighbouring rural area from Weil's Jaundice nailed home the point that the risk is a practical one and avoidance of it should be insisted upon.

Members of the streptococcal group of infections were notified on twelve occasions compared with twenty-seven in the previous year. May I again make a plea for the drastic revision of the diseases which are at present compulsorily notifiable under the Public Health Act. Of what practical benefit is it to anyone to have cases of Whooping Cough or Measles notified? I could see some benefit in German Measles, which isn't, owing to the association between its occurrence in the early months of pregnancy and abnormalities in the child. However the Ministry of Health Spokesman in rejecting the application for its inclusion said "Notification is not regarded as of practical use in reducing the risk of infection in pregnant women" Let us at least be consistent then and rationalise our procedures.

Registration of cases of disease and injury which are of more significance to our Day and Age and which may be preventable or be indicative of another member of the family being "at risk" would be infinitely more rewarding. Certain it is that conditions such as cancer, coronary thrombosis, mental illness and diabetes are the challenge to those engaged in preventive and social medicine in the mid-Sixties and not measles, whooping cough and erysipelas.

There are of course certain infectious diseases for which every vigilance and all the disciplines of rigorous control must be maintained as has been amply demonstrated in the outbreaks of Smallpox and Typhoid Fever which have occurred during the past twelve months. So far as the Borough was concerned the nearest approach to a Smallpox incident involved one man who happened to be in a Cardiff restaurant at the same time as a Pakastani who twenty-four hours later developed symptoms of the disease. Nevertheless, during the period of the Nation-wide scare, 2,502 were vaccinated at the Barnhill Clinic alone. Gone alike in the twinkling of an eye were the apathy of the many and the "conscientious" objections of the few. I wonder how well the salutary lessons of this episode have been learnt?

Seven new cases of Venereal Disease occurred in Stamford in 1962 compared with nine in 1961 and nineteen in 1960. I hope this decline is as good as it sounds. Details of the nearest venereal disease clinics and times have been provided for all the public conveniences in the Borough.

TUBERCULOSIS

| | Deaths during 1962 | | | | New Cases during 1962 | | | |
|---------------|--------------------|----|---------------|----|-----------------------|----|---------------|----|
| | Pulmonary | | Non-Pulmonary | | Pulmonary | | Non-Pulmonary | |
| | M. | F. | M. | F. | M. | F. | M. | F. |
| Under 5 years | — | — | — | — | — | — | — | — |
| 5—15 years | — | — | — | — | — | — | — | — |
| 15—25 " | — | — | — | — | — | — | — | 1 |
| 25—35 " | — | — | — | — | 1 | — | — | — |
| 35—45 " | — | — | — | — | — | — | 1 | — |
| 45—55 " | — | — | — | — | 2 | — | 1 | — |
| 55—65 " | — | — | — | — | — | 1 | — | — |
| Over 65 years | — | — | — | — | — | — | — | — |
| Total | — | — | — | — | 3 | 1 | 2 | 1 |

Four new cases of Pulmonary Tuberculosis were notified during 1962 compared with the relatively high figure of seven the year before. Three cases of the non-pulmonary type of infection also occurred. No death occurred from either the Pulmonary or non-pulmonary forms.

The re-habilitation and return to full employment of Tubercle patients often presents difficulties. Everything possible must be done in the field of prevention and here the need for close surveillance of known cases and their contacts remains imperative, as also does the full functioning of a system for chasing up those who default on their appointments at the Chest Clinic and Surgery.

In order that this aftercare shall work smoothly and efficiently it is essential that there should be the closest co-operation and exchange of information between Chest Clinic and the Health Visitor charged with surveillance in the home. Unfortunately at present this leaves much to be desired as the one side remains without the full social and environmental picture and the other without clinical details and all must feel the want, including the patient !

During the year we were pleased to have a visit from the Mass Radiography Unit after a space of five years. It was a great pity that their visit had to be split, the first being in March when the personnel of Messrs. Blackstones were given the chance of a chest x-ray. Then in July the general public had a similar opportunity, daily sessions being held at the Town Hall. By divorcing the men employed at Messrs. Blackstones from the rest of their families and neighbours the impetus of the campaign was greatly retarded.

The figures for this Works Visit were :

| | M | F | Total |
|---------------|-----|-----|-------|
| No. attending | 664 | 132 | 796 |

Dr. Daphne Smith, Medical Director of the Unit, in reporting this commented that this showed only a 60 per cent acceptance, a drop of 17 per cent below the figure attained at the first survey in 1953. She reported that no cases of active Tuberculosis were found at this survey, and no cases of bronchial carcinoma (cancer of the lung) were detected either.

So far as the Public Sessions in July were concerned the numbers attending were :—

| | M | F | Total |
|--|------|------|-------|
| | 1808 | 1708 | 3516 |

and of these, 2,489 resided within the Borough. A report on the findings has not yet been received, so it is hoped that little tubercle was found !

The B.C.G. Vaccination Scheme was continued. 277 children were skin tested and of these 246 were found to be negative and were given B.C.G. Vaccination. The 31 positives subsequently had their chests x-rayed but fortunately no active Tuberculosis was found in any instance.

The Council give generous assistance to any suffering from Tuberculosis and in need of rehousing.

HOUSING

PROVISION OF NEW HOUSES

Statistics of new houses erected in the Borough During 1962 :

1. BUILT BY LOCAL AUTHORITY :

| | | | | |
|---|-------|-------|-------|-----|
| Traditional Brick Houses | ..... | ..... | ..... | Nil |
| Houses in course of erection at end of year | ..... | ..... | ..... | Nil |

2. BUILT BY PRIVATE ENTERPRISE :

| | | | | |
|---|-------|-------|-------|-----|
| Traditional Brick Houses | ..... | ..... | ..... | 100 |
| Houses in course of erection at end of year | ..... | ..... | ..... | 17 |

Applicants for Council Houses as supplied by the Housing Department at December, 1962 :

| | | | | |
|----------------------------------|-------|-------|-------|-----|
| Effective Housing List | ..... | ..... | ..... | 137 |
| Old Person's Dwelling Applicants | ..... | ..... | ..... | 59 |
| Miscellaneous Applicants | ..... | ..... | ..... | 12 |

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 1962 after seven years, 135 had been dealt with — 16 during the year as follows :

Undertakings 2. Closing Orders 7. Demolition Orders 7.

As the statistics show there was a lull in the amount of new house building after last year's peak figure of 220. A total of 100 new homes were erected to which the Council made no contribution due to the "dear money" situation which prevailed during the period. At the end of the year a mere 17 were under construction.

In May an Official Representation was made to the Council in respect of the Foundry Road Clearance Area. Later in the year a full survey and report was made on the other possible clearance area in High Street, St. Martin's. An up-to-date review of the total unfit houses still remaining to be dealt with in the next two years revealed that these were 50 ; including the two Clearance Areas above mentioned. The balance were in the individual unfit category.

During 1962 there was considerable activity in the sphere of the Almshouses. It saw the modernisation of Hopkins involving the conversion of the original eight into four. Architects were requested to draw up and submit schemes for Browne's Hospital, Friars Callis, Snowdens and Burghley Almshouses; so some positive advance in these also should occur within the near future.

The Council continue to encourage the owners of suitable properties to modernise them and give them a new lease of life. During the year 17 Standard and 7 Discretionary Grants were approved.

The demand for Elderly Persons accommodation goes steadily on. Of the 208 on the housing list 59 require this type of home, being 28 per cent of the total. In helping to meet this need a group of elderly persons dwellings, with a resident warden, is to be erected on Foundry Road. These were mentioned with enthusiasm in last year's report but unfortunately they are still on the drawing board. They will be a great boon in helping in a practical way the frail elderly person who needs a little friendly supervision and yet wants desperately to retain their independence to the last possible moment. The appointment of the warden is supremely important as on her calibre does the success of the scheme so largely depend. The ability to give help unobtrusively, to be a friend in need and to know when intervention is imperative requires tact and understanding of a high order.

Working with the elderly underlines the fact that few of them are physically fit and obviously with each passing year there is a concomitant fall in their physical resources and special senses — vision and hearing. Gradually their ability to cope with obstacles such as stairways, becomes less and less. The number of accidental deaths of the elderly in their homes due to falls is proof of this. Accordingly to meet the continuing needs of the elderly, well designed ground floor accommodation is the only true answer. The physical facts of age are a challenge to the planners which must be faced if the problem is to be solved realistically. To watch an elderly sufferer from arthritis and a failing heart or an elderly and frail bronchitic negotiating a stairway is to see the point of these observations.

The unused ground Eastwards of St. George's Home is still there. It would surely be an ideal site for a grouped bungalow scheme, in close proximity to a geriatric hospital, to welfare accommodation, to a large schools' meal kitchen, to a domiciliary nurse, to shops, on a bus route, and on the level. It presents an almost unique possibility for integration.

The Council's caravan site on Empingham Road is licensed for 18 vans ; and largely meets the demand for sites for residential caravans within the Borough. There are two private sites accommodating a further four vans.

The Council operate a Points Scheme and during the year twenty-six applications were received for priority rehousing on the grounds of ill health or to meet socio-medical exigencies.

In each case a personal visit was made by your doctor and all the medical and social circumstances investigated before a recommendation was made. I would like to express my appreciation of the help which I have received from the family doctors in these assessments. These full appraisals are time consuming but help to ensure that Health advancement to rehousing is related to real need.

One case of Statutory overcrowding was reported during the year and this was abated.

The 24 Council houses without bathrooms which were mentioned in last year's report are still awaiting an opportune moment for the addition of this amenity.

There are no Common Lodging houses in the Borough.

INSPECTION AND SUPERVISION OF FOOD

The Codes of Practise based on the Food Hygiene Regulations of 1955 are now almost universally accepted in the food business. While this is so it is all too easy for lapses to arise in individual cases and here the friendly but critical eye of the Health Inspector can play a vital part in observing these strayings from the paths of righteousness. He is in the position to assist the owner of the business on the one hand and to protect the interests of the consumer on the other. It is easy to have a fine array of goods on the shelves in impeccably hygienic surroundings — but what about the little spot at the back where bulk deliveries are made and broken down ?

Market Stalls will never make satisfactory food premises but laudable efforts are made on Fridays and Saturdays to maintain as high a standard as their limitations will permit. Even the open air food businesses which accompanied the Mid-Lent Fair showed an improvement. As a concession to the times, the candy floss was put in polythene bags on request. What a pity to spoil the technique by first blowing into the bag to inflate it ! Where do the proprietors wash their hands ?

There is a strong case for the registration of all food businesses so that the necessary requirements as to premises and regime can be ensured from the start.

The kitchens of two large catering establishments were completely overhauled during the year and great improvements effected.

The Municipal Slaughterhouse, as is its wont, provided a first class service to the town and the adjoining areas. Though at times extended beyond its capacity, its staff yet contrived somehow to cope with the peak throughputs. One hundred per cent meat inspection is maintained by the Health Inspectors.

After much discussion and cogitation it was decided to construct a separate pig killing unit adjacent to the present abattoir and this should reduce greatly the present congestion. It is in fact an overdue development.

Mr. Hawley, Chief Inspector of Weights and Measures of the County, took 42 samples within the Borough under the Provisions of the Food and Drugs Act, 1955. The articles sampled were as follows:-

| | | | |
|----------------------------|---|----------------------------|----|
| Butter | 1 | Milk | 14 |
| Butter confectionery | 3 | Milk (flavoured) | 3 |
| Cream | 2 | Pork Pie | 1 |
| Creamed rice | 1 | Preserves | 2 |
| Cream cheese | 1 | Sausages | 2 |
| Drugs | 1 | Savoury rice | 1 |
| Fish cakes | 2 | Soft drinks | 3 |
| Honey | 1 | Steak and kidney pie | 2 |
| Margarine | 1 | Vinegar | 1 |
| | | | — |
| | | | 42 |
| | | | — |

Speaking of the year's work, Mr. Hawley comments :—

“ The principal administrative function of a Food and Drugs Authority is the sampling locally of a wide range of foodstuffs and drugs. Generally speaking, the majority of samples are purchased from persons selling to the public and thus a sampling officer procures for analysis what anyone else could buy. He can, however, submit for analysis as to its composition or quality any food or drug about which a purchaser has reasonable doubts. Consumers may be interested to know, therefore, that the criterion in all cases is whether or not the article purchased is ‘ of the nature, substance or quality of the article demanded. In many cases, ‘ the article demanded ’ has a standard fixed by law, e.g. butter, cream, margarine, milk, mustard, soft drinks, tomato ketchup and dozens of other commodities. In others, the standard may be a non-statutory one which has come to be generally accepted, e.g. malt vinegar, which is now held to mean an acetous liquid produced by fermentation, not an artificial mixture of water, acetic acid and caramel.

“ It should be emphasised, of course, that sampling under the Food and Drugs Act is merely one of many ways in which the interests of the consumer are safeguarded. Many other officials are equally concerned to ensure that the public gets good food in wholesome and hygienic condition and wherever it is possible to collaborate in these matters, effective liaison is established with others doing similar work. For example, an extremely harmonious relationship has been established between the County Council's Food and Drugs Department and the Stamford Public Health Department and this certainly helps to improve the quality of the work done by the County as Food and Drugs Authority.

“ The year under review has been notable for a number of achievements in the field of food technology and for the introduction after thirty-seven years of a new set of Regulations relating to the preservation of foodstuffs for human consumption. It has also been notable

for the protracted controversy which has yet to decide whether or not Britain enters the Common Market. Of achievements in the field of food technology, none is more portentous, perhaps, than the discovery by German food scientists of a new 'lacteal fluid' which contains all the elements of the best cow's milk. Manufactured from soya beans, it is said to make good cheese, but not butter. In Sweden, and shortly to be introduced into this country, A.P. Tetra-Pak of Lund, Sweden, are marketing sterile milk in bacteria-free cartons. It is claimed that this super-clean milk could lead to once weekly deliveries and save literally millions of pounds in distributive costs.

"The revocation of the 1825 Preservatives Regulations and their re-enactment in up-to-date form gave the legislature a chance to catch up with the scientists. Whether we like it or not, the era of food additives is here to stay. Larger and larger populations have to be fed in larger and larger cities and an affluent society expects its food to be in perfect condition whatever the difficulties of preparation and storage. Most of these stem from the fact that nearly all foodstuffs are perishable and many soon lose their appetising appearance and colour. To extend the 'shelf life' of foodstuffs, therefore, is a continual struggle for the food chemists. Many preservatives are as harmful to humans as they are to bacteria and there is some truth in the assertion that much of our food is already 'a bit too much doctored up with chemicals.'

The British Industrial Biological Research Association which was set up in 1960 (as an off-shoot of the Department of Scientific and Industrial Research) is now charged with the function of carrying out the biological and other tests necessary to ensure that this business of additives does not get out of hand, but interesting discoveries can still be made during the course of routine sampling. In another part of the County a sample of Blackcurrant Syrup was sent for analysis and was found to be deficient in ascorbic acid (vitamin C) one of the constituents which make blackcurrant syrup such an important health drink. It was also found that the syrup was coloured with indigo-carmin, one of the permitted coal-tar dyes. After extensive chemical tests it was found that this dye, a highly complex chemical compound, was responsible for the destruction of the vitamin C. Needless to say, this particular practice was stopped, but cause and effect is not always so clearly established and many harmful additives must pass undetected for lack of clear-cut evidence."

BUTTER CONFECTIONERY

By a Code of Practice agreed between the Ministry and the sugar confectionery 'trade' the word "butter" applied to sugar confectionery means that it contains not less than 4 per cent butterfat. This sample contained 4 per cent butterfat.

BUTTER

By a definition contained in the Butter and 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 preservatives (other than salt) and not more than 16 per cent water, although it may now contain certain permitted anti-oxidants. An anti-oxidant is a substance which 'delays, retards or prevents the development of rancidity or other flavour deterioration . . .' and since most fats become rancid on exposure to air and light, the addition of anti-oxidants is now permitted to extend the shelf life of butter, margarine etc. The sample of butter complied with the Regulations and contained 15.58 per cent water.

CREAM

The Food Standards (Cream) Order 1951 stipulates that cream may be sold in three grades only — Double, Sterilised and Single, with minimum butterfats of 48, 23 and 18 per cent respectively. The two samples of double cream were genuine and contained an average of 51.07 per cent butterfat.

CREAM CHEESE

In recent years a great deal of soft curd cheese has been passed off as 'cream' cheese, partly because it is very difficult for the ordinary purchaser to differentiate between a cheese which is soft because of its high fat content and one which is soft because of its high water content; and partly because all curd cheeses look very much alike. During the year, the Food Standards Committee reported on 'Hard, Soft and Cream Cheeses' and advised that "... only cheese containing not less than 45 per cent milk-fat should be described as CREAM cheese." Other recommendations were that 'soft' cheeses (other than CREAM cheese) should be graded according to fat and water content and designated either SOFT or CURD cheese. The sample of 'cream' cheese obtained in Stamford contained 33.4 milkfat and was described by the makers (a London firm) as "Superb Creamery Cheese." The firm's printed description had been replaced by a hand-written card bearing the words "Super Cream Cheese." In view of the fact that the shop was a new venture, the manageress was cautioned and the matter was taken up with the makers. Instances such as this show the need for legislation on the subject and it is hoped that the Food Standards Committee's report will form the basis of Regulations which will make it impossible for pseudo cream cheeses to masquerade under such names as "Luxury Farmhouse" and "Superb Creamery."

MARGARINE

The Food Standards (Margarine) Order, 1954 and the Butter and Margarine Regulations, 1955 jointly govern the composition of margarine and give it a food value not much inferior to butter, namely a vitamin content which approximates to that of real butter and a maximum water content as that of butter (16 per cent). However, whereas real butter must be made exclusively from milk, margarine must not contain more than 10 per cent of fat derived from milk. It can be coloured in the same way as butter and may now contain certain permitted antioxidants to preserve its flavour and nutritive value. The sample was satisfactory in every way and contained 13.24 per cent of water.

MILK

Although the production of milk remains very much the concern of local farmers, its collection, processing and distribution has very largely passed into the hands of outside organisations. There is not a single producer/retailer in Stamford. In the past, Stamford has been noted for its milk, partly because a fair amount of Channel Island Milk was produced in and around the town and partly because there was an above average demand for this type of milk. Today most of the milk consumed is brought in from Peterborough or Fenstanton in Hunts, and though the quality is uniformly satisfactory, it is not quite so outstanding as formerly. The milk-vending machine at Stamford which is operated by a Tinwell producer continues to provide an additional source of supply, at a point where it is much appreciated by visitors. The seventeen milk samples were all satisfactory.

SAVOURY RICE

This sample was submitted for analysis (and was found to be satisfactory) following a complaint that a similar tin had contained a small piece of brass wire. The piece of wire in question weighed 1.8 grains and was coiled into a ball about 0.2 inches in diameter. It was thought to be a small spring, probably from an electrical appliance and in medical opinion its small size rendered it comparatively harmless. In the circumstances, the canners were cautioned.

CONCLUSION

Although a great deal has been written about what may or may not be added to food, the fact remains that in Stamford foodstuffs, generally, are extremely wholesome. To some extent, the credit for this belongs to the people themselves for, living in a part of England which is

famous for its agriculture, they have the country-dwellers feeling for good food and won't be fobbed-off with shoddy or second-rate produce. Where the more sophisticated foodstuffs are concerned, it is as well, perhaps, that there is an impartial food sampling service to make systematic checks.

FOOD POISONING

No cases of food poisoning were reported during the year.

NATIONAL ASSISTANCE ACT, Section 47

No compulsory removal of persons from their homes as being in urgent need of care and attention was necessary during the year. In one case it was however only avoided at the eleventh hour.

HEALTH EDUCATION

The Council gives a generous subscription to the Central Council for Health Education and makes use of the posters and propaganda material which are supplied in support of various health education projects. Valuable as all of this maybe I think the real victories are won by the personal efforts of those who sincerely believe that better health and a healthier environment are worth while. This is not a sphere for the experts alone. Each medical practitioner, health visitor, health inspector, and those who hold public positions have a most important part to play — and do. They are the spearhead of the advance against the citadels of lack of knowledge and apathy on the part of some members of the public.

The Road Safety "Tufty Club" for the toddlers has met with great success as this was put over at a personal level. 531 members were enrolled during the year.

MISCELLANY

The Health Department was faced again this year with a wide variety of problems of a socio-medical nature. In each instance an exhaustive investigation was carried out and the help of the appropriate services statutory or voluntary or both was elicited and this was given unstintingly.

There was the family of five including three young children who lived in a van. This was so defective that the rain poured through the roof soaking all the clothes. The sanitary conditions were so primitive that excreta was dug in by the side of the highway and there was no

water supply. The father was admitted to hospital for mental treatment and later deserted the family and the mother could not cope with the situation. Arrangements were made for the children to be taken into the Care of the Children's Committee until a reasonable home had been re-established by the mother.

An elderly man was ill and living in unbelievable squalor. His bed coverings were rags and old coats, while the space between bed and wall was filled with empty cigarette packets to a depth of eighteen inches. An inch of candle grease embellished the chest of drawers — the only other item of furniture in the room — and festooned its front in stalactite formation. The kitchen which presented the nadir of all that was unhygienic and insanitary completed the picture — apart from the very ill patient in the bed. He had never bothered to register with any family doctor or to look after himself properly either. His removal to hospital though under protest was arranged and his whole condition improved on a good diet and he was later admitted to Welfare accommodation where his rehabilitation was completed.

An elderly man suffering from rheumatoid arthritis and deafness, devoted all his time to looking after his wife who was paralysed from a stroke. Worn out and near to breaking point from the strain of his valiant endeavours, as his wife was very heavy, he needed a respite. Arrangements were made for her to go into hospital to give him a break away from home and for a volunteer to take her out in her wheelchair on her return.

There was the boy who twenty-one months after he had reached compulsory school age had never been over the threshold of one. There was no medical or other legitimate excuse for this except for the whim and adamant refusal of one of his parents to send him.

A constant source of anxiety has been the Council house family in which there are a husband and wife and one child, with three other children in the care of another County. Here through parental immaturity and poor domestic management it is only by constant vigilance and remonstrance that they are prevented from declining into complete social bankruptcy.

Possibly these will help to clothe in human terms the necessarily dry statistics.

Many times in the year have the members of Toc H and the W.V.S. organisations assisted with the provision of bedding and clothes in needy cases.

The Home Help Service is one of enormous social significance bringing untold benefit to the elderly, the incapacitated, the convalescent housewife and to the problem families. It permits the elderly to remain comfortably in their own homes long after they would otherwise have to go into welfare homes or hospital. It tides the ordinary family over a domestic crisis and keeps the problem family from disruption.

In March and October there were reports to the Council of Hooliganism and Vandalism at the Recreation Ground. It is a sad commentary on the times that there should be repeated incidents of wanton damage to public property and amenities. It stems from lack of parental discipline and the present widely held view that "to spare the rod is NOT to spoil the child" when it comes to correction. I fear all society will pay dearly for this concept of child management for there will always be some who only learn from the suitable stimulation of the nerve endings at the bottom of their backs. It might well save them earning the birch — or something worse later !

Efforts to assist the elderly have been continued and a new venture was the opening of an Elderly Persons rendezvous at the Darby and Joan Club each morning. Here facilities have been made available for reading and games and a rota of ladies from various organisations in the town provide tea or coffee. This was started in October and it is hoped that as it becomes better known and the advantages in social contacts are more fully appreciated that the numbers making use of this service will increase.

Through the efforts of Toc H., the Old Peoples' Welfare Committee and the many organisations represented on it, 486 parcels were packed on the Saturday and delivered on the Sunday prior to Christmas. Each parcel contained groceries and Christmas Fare and included a seasonal message from the Vicar of St. Mary's Church and your Doctor. From the very many letters received it was clear that these gifts brought happiness and the real spirit of Christmas to many recipients.

A number of elderly persons were provided with radios and the necessary licenses where they either did not have one or only an unreliable apparatus. The voluntary visiting service has continued and plays a tremendously important part in keeping the solitary from feeling lonely and degenerating in their social habits and consciousness.

The Meals on Wheels Service has continued to expand and provided meals throughout the year, as it became obvious that the cessation of meals during the school holidays was the cause of real hardship to

some of the regular recipients. During the year 3,290 meals were provided from the Central School Kitchen and 814 during the holiday weeks by Mr. Greenwood making a total of 4,104 compared with 3,830 in 1961 and 2,783 in 1960.

As I visit some of the elderly and see the meagre supply of milk on which many of them exist I wonder whether there is not a case for them to be provided with a milk ration as the school children are. Is this latter free and universal provision at a cost of well over £11 million a year really necessary in the present high nutritional standard of the school child — certainly for those over 11 + years ?

Mr. J. G. Farrar, Manager of the Local Offices of the Ministry of Pensions and National Insurance has continued his generous help in disseminating information to the elderly. This he does by sending a copy of the Council's synopsis of all the services available to them whether these are National, Local Authority or Voluntary to each person as they become of pensionable age. This ensures that no one is missed.

During the year a Prevention of Child Neglect Co-ordinating Committee was formed and met quarterly. At this there was a pooling of information by representatives of the Children's Department, the National Assistance Board, the N.S.P.C.C. and the Housing Departments ; and the Health Visitors, the Home Help Organiser, and the School Welfare Officer under the Chairmanship of your Doctor. The most fruitful line of action was then decided upon in each case under review. These meetings undeniably help to improve the co-operation between all concerned and prevent unnecessary and undesirable overlapping and visiting.

As your medical representative I have continued to serve on the Control of Infections Committee and had the honour to be Chairman for the year of the Maternity Liaison 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 on the newly formed Geriatric Care Association for the Stamford and Rutland area. By so doing a greater mutual understanding is fostered between many and varied organisations and the Health Department.

The past twelve months has seen the birth of many new reports and planning schemes on the Health and Social Services. There have been plans for the Hospitals, for the development of the Health and Welfare Services of the Local Authorities and for the reorganisation of Local Government. There has been the Porritt report on the National

Health Service and the Birthday Trust report on the Midwifery Service. Is it coincidence that there was no report on these services from the Public? While planning is essential the basic importance of human relationships and the individual should never be sacrificed on the altar of expediency. This impersonal attitude is illustrated by the story of the mother at an antenatal clinic who asked the midwife whether she was going to have twins. The reply she received was "Mind your own business."

There is a nationally rising incidence of suicide, of juvenile delinquency — of which vandalism and violence are just a part, and of sexual promiscuity. It is estimated that 25 per cent who visit their doctor do so for psychological stresses and recently an expert estimated that the number of people suffering from neurosis was 30 per cent of the entire population. All too many depend on a handful of pep pills in one pocket and an even larger number of tranquillizers in the other. One and a half million sleeping pills are used nightly in Britain.

Is Society sick? There may be some reason for it in the New Towns but no excuse in Stamford with its centuries old traditions and its tenets firmly rooted in the past.

The cultivation of a true sense of values, the return to a Living Faith and increased personal discipline would go a long way to curing it. Materialism will not.

I wish to express my sincere thanks to Councillor Gray and the Members of the Health Committee for their unfailing interest and support and also to the other Members of the Council.

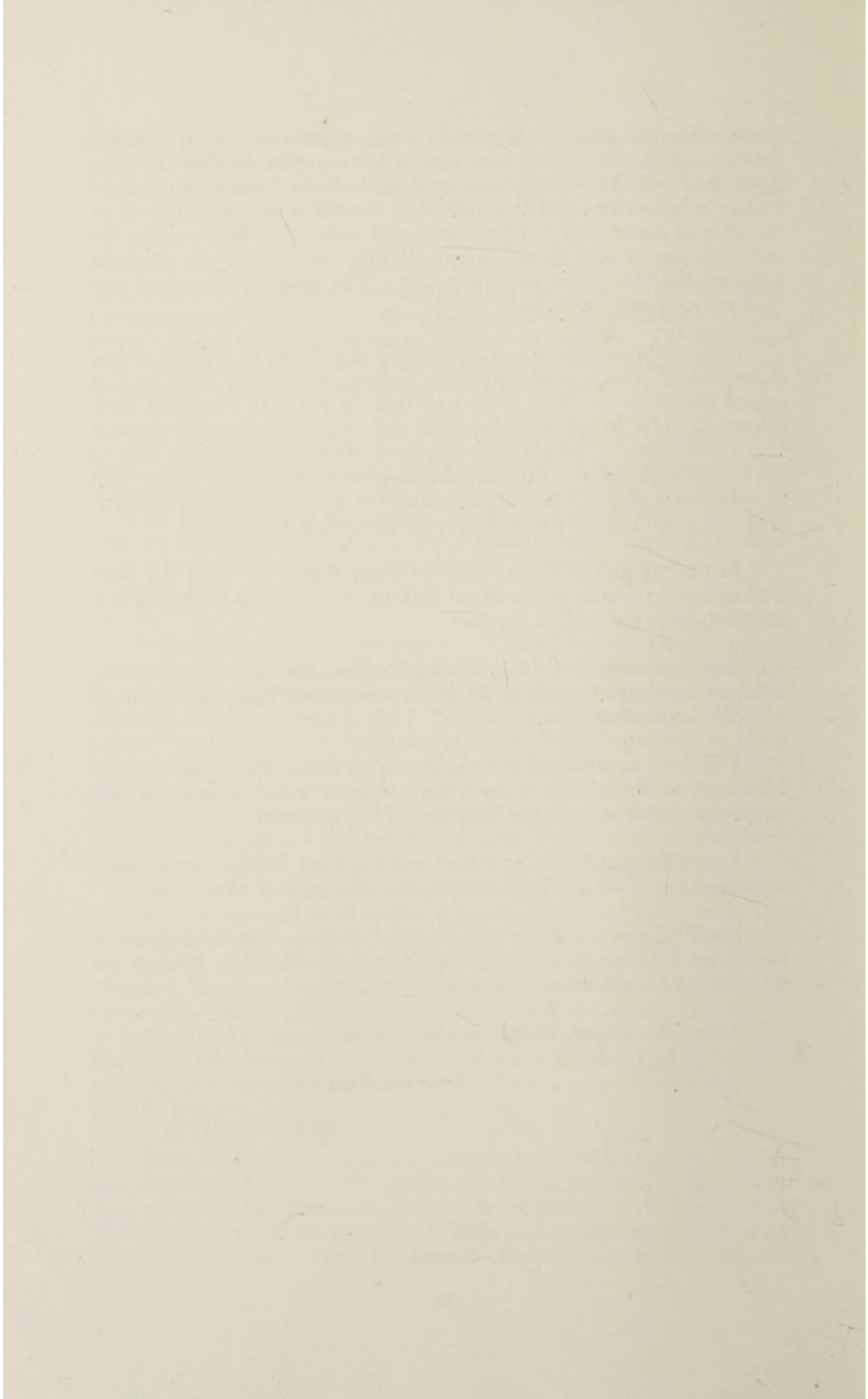
I am also grateful to Mr. Roll and his Staff for their ever ready assistance and I acknowledge warmly the efficiency of Mrs. Elmer.

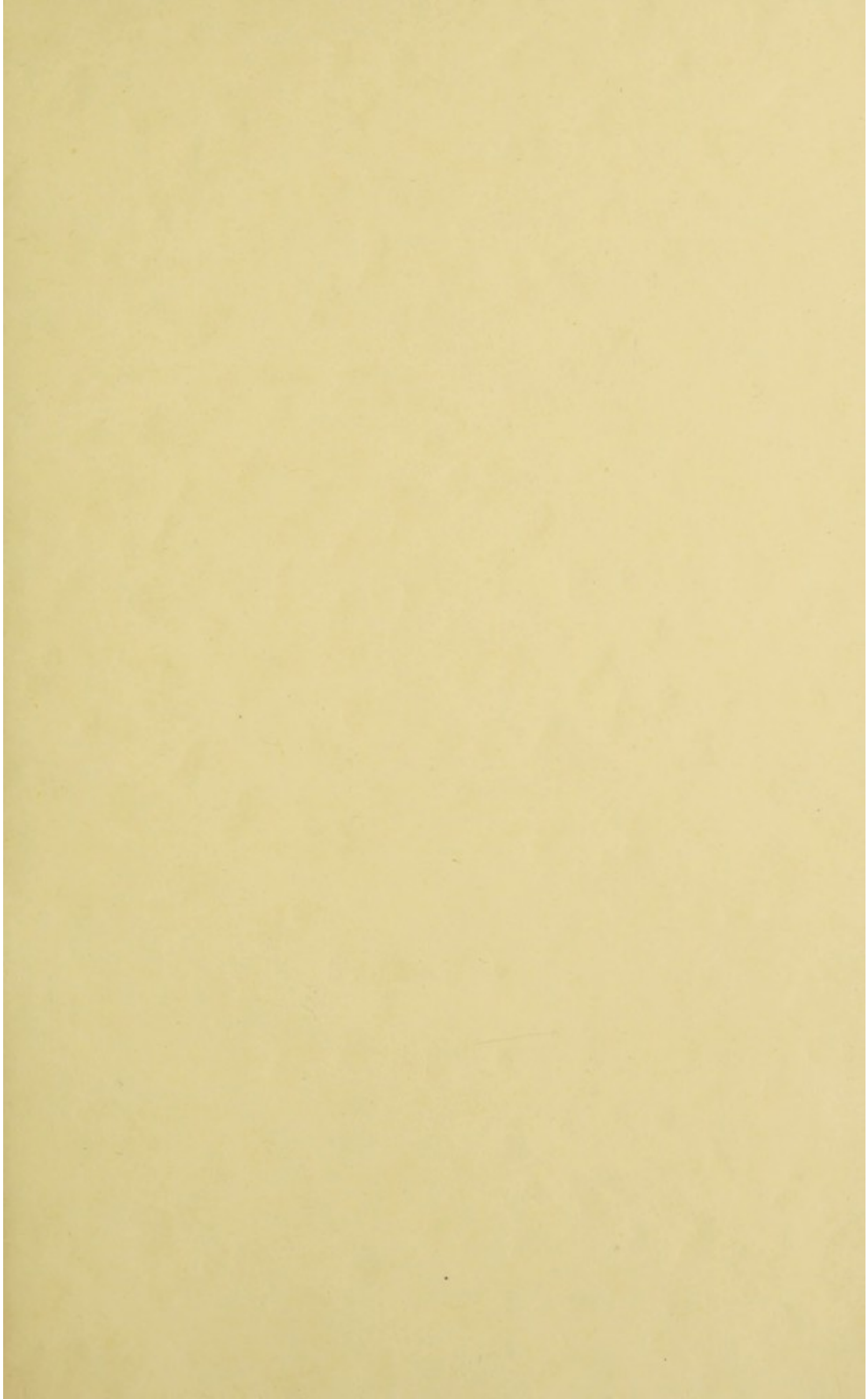
Finally I wish to thank Mr. Bedford and my other colleagues in the Town Hall for their continued co-operation and Dr. Mackey for standing by for me when I have been away.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

H. ELLIS SMITH





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