

**[Report 1963] / Medical Officer of Health, Stamford Borough.**

**Contributors**

Stamford (England). Borough Council.

**Publication/Creation**

1963

**Persistent URL**

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BOROUGH OF STAMFORD



# ANNUAL REPORT

of the Health of the Borough

for the year

1963

BY THE

Medical Officer of Health



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## **BOROUGH OF STAMFORD**

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### **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

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### **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 G. N. Riley  
Councillor F. H. Ladds  
Councillor R. B. Schorah  
Councillor F. L. Hale

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

C. D. BOWRAN



## BOROUGH OF STAMFORD

### ANNUAL REPORT

Town Hall,  
STAMFORD, Lincs.  
May, 1964.

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my tenth 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 31.12.63) .....	12520
Rateable Value .....	£389,520
Product of Penny Rate .....	£1,550
Number of inhabited houses from the rate book at 1.4.63	3969

#### 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 1.05 and 0.85 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 .....	114	89	203
Legitimate .....	110	83	193
Illegitimate .....	4	6	10
Crude live birth rate per 1,000 of Estimated Population .....			16.21
NET live birth rate per 1,000 of Estimated Population .....			17.02
Rate for England and Wales .....			18.2
Illegitimate live births per cent of total live births .....			4.88

	M	F	Total
STILL BIRTHS .....	1	1	2
Legitimate .....	1	1	2
Illegitimate .....	—	—	—
Total live and still births .....			205
Still Birth Rate per 1,000 live and still births .....			9.75
Rate for England and Wales .....			17.3

	M	F	Total
DEATHS .....			
Number of Deaths .....	73	75	148
CRUDE Death rate per 1,000 estimated population .....			11.82
NET death rate per 1,000 estimated population .....			10.05
Rate for England and Wales .....			12.2
Natural increase, i.e. Excess of live births over deaths .....			55

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

	M	F	Total
Number of Deaths .....	—	1	1
Legitimate .....	—	1	1
Illegitimate .....	—	—	—
Infantile Mortality rate per 1,000 live births .....			4.93
Rate for England and Wales .....			20.9
Infantile Mortality Rate per 1,000 legitimate births .....			5.18
Infantile Mortality Rate per 1,000 illegitimate births .....			Nil

The number of deaths of infants under one year of age was Nil in 1961 and 2 in 1962.

	M	F	Total
NEO NATAL DEATHS .....			
(i.e. Deaths of Infants under 4 weeks of age) .....	—	1	1
Neo Natal Mortality Rate per 1,000 live births .....			4.93
Rate for England and Wales .....			14.2

	M	F	Total
EARLY NEO NATAL DEATHS .....			
(i.e. Deaths of Infants under one week) .....	—	1	1
Early Neo Natal Mortality Rate per 1,000 live births .....			4.93

	M	F	Total
PERINATAL MORTALITY RATE .....			
(i.e. Stillbirths and deaths under one week combined) .....			
per 1,000 total live and still births .....			14.63



## MATERNAL MORTALITY (i.e. Deaths due to Pregnancy,

Childbirth or Abortion) .....	Nil
Rate for England and Wales .....	0.28

The cause of the Early Neo Natal Death was :—

- I (a) Erythroblastosis Foetalis
- (c) Rhesus incompatibility
- II     Maternal pre-eclamptic toxaemia

## MARRIAGES SOLEMNISED IN THE BOROUGH OF STAMFORD

1960 .....	96
1961 .....	86
1962 .....	95
1963 .....	101

Weddings this year passed their century, the highest figure in fact that has been recorded since the last war. The age at which both sexes launch their barks on the matrimonial seas continues its downward trend, the average age for bridegrooms being twenty-five and of brides twenty-three. This is the concomitant of maturing earlier and material prosperity.

The live birth rate at 17.02 was the highest since the war but even this fell short of the national rate of 18.2 which was the highest since 1947.

The two still births gave a rate of 9.75, just a little over half the National one of 17.3. Ten illegitimate births or one in twenty of the total births is disturbingly high. The so called "New Morality" which laughs at this cannot yet deny that these children start life under a big handicap compared with the more fortunate born into happy and secure homes. It is they who carry the penalty for parental incontinence.

The Death Rate in the Borough was 10.05 — two points better than the National figure of 12.2 but this would not have been quite so flattering but for the use of the comparability factor. This makes allowance for the overweighting of the elderly in the composition of the Borough's population, though there has been a considerable improvement in the balance over the past four years. This springs from the increased birth rate and an influx of relatively young population and in turn it throws a responsibility on the community to find adequate employment within the Borough and its environs so that the young do not have to leave to find it elsewhere.

It is interesting that of the deaths 60 per cent were in those aged over seventy-five years ; a demonstrable outcome of the greater expectation of life which can now be anticipated at most ages.

For the ninth successive year the Infantile Mortality Rate for England and Wales was the lowest ever previously recorded being 20.9 per 1,000 live births. Stamford improved on this with a figure of 4.93 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 care, and by the mothers themselves to their infants. With the relatively small numbers involved however, a small change in these can make a huge difference in the Rate. Statistics too can be misleading and need careful interpretation. For instance, it would appear from our statistics over the past few years that it is safer to be born illegitimate than not, but of course this is patently absurd as national and other figures show. However creditable the general Infantile Mortality figure may be there is no room for complacency as it is still considerably higher than in the Scandanavian Countries as was also pointed out in the Report of the British Perinatal Mortality Survey published at the end of the year.



# CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1963 IN THE MUNICIPAL BOROUGH OF

## STAMFORD

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS									
					1—	5—	15—	25—	35—	45—	55—	65—	75 and over	
Tuberculosis, Respiratory	M	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	M	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Stomach	M	1	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	1
Malignant Neoplasm, Lung, Bronchus	M	6	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	1	—	—	4	1
Malignant Neoplasm, Uterus	F	1	—	—	—	—	—	—	—	—	—	—	—	1
Other Malignant and Lymphatic Neoplasms	M	5	—	—	—	—	—	—	—	—	—	—	—	1
	F	8	—	—	—	—	—	—	—	—	—	2	3	—
Diabetes	M	—	—	—	—	—	—	—	—	—	—	4	1	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	3
Vascular Lesions of Nervous System	M	9	—	—	—	—	—	—	—	—	—	—	—	—
	F	15	—	—	—	—	1	—	—	1	—	1	1	1
Coronary Disease, Angina	M	15	—	—	—	—	—	—	—	—	—	1	3	11
	F	17	—	—	—	—	—	—	—	—	—	1	1	13
Hypertension with Heart Disease	M	1	—	—	—	—	—	—	—	—	—	2	2	13
			—	—	—	—	—	—	—	—	—	—	1	—





Diseases of the cardio-vascular system again head the list of the causes of death (79) and of these 40 per cent were due to Coronary Thrombosis. Admittedly all the factors which are involved in the narrowing and eventual blocking of the essential blood supply to the heart are not fully understood, but sufficient is known to make it well worth while to avoid habitual over-eating and excess of animal fats. Adequate exercise is highly desirable and excessive smoking should be avoided as it causes further heart embarrassment.

Malignant growths return to the unenviable second place with 23 and of these 8 were due to cancer of the lung — practically a third of the total and the highest for four years. Nationally too the figures are up again. If one looks at the picture from a male point of view, and they were the heavier smokers, out of 12 deaths no fewer than 6, that is 50 per cent, were due to this scourge. It would be hard to indict air pollution in Stamford as even a marginal factor. Year after year the awful toll of misery and death goes on increasing. Scientific and medical evidence is overwhelming in its proof of the correlation between cigarette smoking and lung cancer. The Government has accepted these views, publicised them and then gladly accepted £878 millions in excise duty from this lethal pastime, whereas they spent on the whole National Health Service £803 millions. The Public spent £1,242 millions on tobacco, the same as was expended on all meat and bacon and ham products, or twice as much as was expended on bread. Truly "whom the Gods wish to destroy they first make mad."

In third place were the group of respiratory diseases (21). Six of these deaths were due to bronchitis, which also played a decisive part in a number of others. There is no smog and no indication that sufficient heating plants have gone on to oil fired systems to increase the sulphur dioxide content in the atmosphere. This incidentally is becoming a big problem in smoke control zones where the smog has been eliminated at the expense of a rise in this lung irritant. Solving one problem seems to beget another.

The accidents in the home in each case involved eighty year old ladies who sustained fractured femurs consequent on falling. The terrible toll of the roads was reflected in the three motor vehicle accidents.

Two cases of suicide, in which hanging was the method chosen, illustrated once again that the affluent society and all its social services are still unable to solve the problems and deep depression of some of its members.



## 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.

Monday to Friday 9 a.m. — 12.30 p.m.

1.30 p.m. — 5.00 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, and on an average there were 67 cases on the books at any one time.

### WELFARE FOODS

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

Monday to Friday 9 a.m. to 12.30 p.m.

1.30 p.m. to 5.00 p.m.

### 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. It was with deep regret that we said farewell to Miss Wright on 31st December.

## 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 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 90 per session in 1962 to the new record of 94, and the total attendance was 4,696. 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 is a boon during the warmer weather.

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	.....	167
Reinforcing Protection	.....	268
		<hr/>
		435
		<hr/>

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

Primary Protection	.....	21
Reinforcing Protection	.....	18
		<hr/>
		39
		<hr/>

46 children were immunised by the Family Doctors, 38 for Primary and 8 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 was run by Miss E. M. Wright — Health Visitor — whose departure on 31st December was a great blow to the Club and other Social and Health Services in the Borough. The Club meets on Tuesday afternoons and is primarily intended for women expecting their first baby. As well as educational it is made a much enjoyed social occasion.

In the twelve months to 31st December, 1963, 92 mothers-to-be made an aggregate attendance of 746, an average of 15.5 per session. There have been many expressions of appreciation for the help and benefits which have resulted from the Classes.

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

This is situated at Barn Hill House, Stamford, providing Ophthalmic, Orthopaedic, Physiotherapy and Speech Therapy Clinics. Unfortunately there has been no school dental service as it has been impossible to fill the vacancy for a dental surgeon.

## **(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—6.00 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. Particularly during the dysentery outbreak very heavy demands were made upon him and his staff and were met with willing cheerfulness.

(d) PROVIDED BY THE FAMILY PLANNING  
ASSOCIATION

Now in its third year, this is providing a welcome service to married people wishing 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 have not been used and rightly so while there remains the least suspicion of possibly unpleasant complications ; though obviously in time it will be subjected to pressure in favour of this technique.

The Clinic is held by Dr. Anne Whiteley — Senior Assistant County Medical Officer — and Miss E. M. Wright also attended throughout the year. They were assisted by a Committee of Voluntary Workers to whom I would like to extend cordial thanks. During the year 23 sessions were held and 43 new patients attended. A total of 137 Medical Consultations were made and of the total of 184 individual women who attended 24 were referred by their Family Doctors and 2 by the Hospitals.

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.

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



## SANITARY CIRCUMSTANCES OF THE AREA

### Water :

The South Lincolnshire Water Board is responsible for the supply and distribution of water within the Borough. It continued to derive its supplies from the six usual sources. At the request of the Ministry of Health for the third successive year a typical chemical analysis of these waters is included. There is a high degree of hardness and a virtual absence of naturally occurring flourine. There is no liability to plumbo-solvency with a water of these physical characteristics.

The approximate daily consumption is 682,000 gallons which allowing for industrial usage is a little below 35 gallons per head per day, a slight reduction on former years. It is estimated that there are still six properties in the Borough which are supplied from standpipes serving some fifteen occupants.

During the year a new water main was laid on Tinwell Road, a six inch main on Rock Road and the Empingham Road Water Tower was rehabilitated to meet the urgent need for an increased water pressure in that part of the town.

There was one untoward incident in February when a quantity of diesel fuel gained access to the Bone Mill Reservoir at High Park. It was a major operation to get it clear and during this time water to the Borough from this source was denied for many weeks.

The Ministry of Health, the British Medical Association, The British Dental Association, The Society of Medical Officers of Health have now given their blessing to the policy of bringing the flourine content of Public Water Supplies to the generally accepted optimum figure of one part per million. In the Borough the pros and cons were fully debated. On the one hand the ravages of dental caries in the children and the early chattering of dentures were deplored but on the other hand this had to be weighed carefully against the spine-chilling dangers of the fluoridated body and skeleton, so ably depicted by the National Pure Water Association. In the end the latter viewpoint was endorsed. Presumably it would be sometime in any case before the Water Board was in the position to adopt the new techniques.

At the Sewage Disposal Works the cold sludge digestion tanks now in their second year were somewhat disappointing in their action. The main factor was that atmospheric temperatures never reached a high enough figure for long enough to get the correct bacterial growth.



Malodour occurred from time to time and there were legitimate complaints about it. The final effluent from the Works was satisfactory. It must be said however that with the rapid housing developments the maximum capacity of the Works is fast being reached.

It was agreed more than a year ago to proceed with the new trunk sewer by tunnelling under the town from Scotgate to the Co-operative corner in High Street. This will form the main artery of the new drainage scheme for the town. It is earnestly hoped that a start will be made in 1964, as it is most important to ease the overload on the present system and the surcharging which takes place in the lower part of the town.

A weekly refuse collection service 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. Just as the useful life of the present tip was exhausted and after many hours of enquiry and the pursuing of vain hopes by the Engineer and Surveyor, an admirable site for some years ahead has been made available on the outskirts of Uffington. While this will solve the problem for a few years, sooner or later an alternative to these holes in the ground will have to be found as with increasing land values and the incessant demands of the builders and food producers, tipping sites will become ever fewer and ever more prohibitive in cost. It may well be that neighbouring Authorities will have to get together to foot the bill for a large incinerator and longer hauls will have to be faced for a certainty.

Public Health Nuisances were alleged on several occasions on the score of smoke and grit emanations from chimneys. Every co-operation has been received from the owners of the chimneys concerned and it is hoped that with the energetic steps which they have taken that the likelihood of further trouble will be greatly diminished. In the one case a chimney has been increased in height to carry the waste products clear and in the other conversion from solid fuel to oil firing is under way.

The Borough Swimming Baths are an amenity which are greatly appreciated by many in the town and from the surrounding areas — and enjoyed when the weather allows it. But it is in the latter that the rub occurs as we have had wretched summers since 1959 and this has been reflected in the attendance figures :—

1963	.....	40,488
1962	.....	32,512
1961	.....	58,459
1960	.....	73,078

compared with the peak figure of 97,007 in 1959.



The season lasted from 29th April to 14th September and on the opening day the temperature was a mere 52°F.

All of these facts add relevance to the point I have made in recent reports that the multiplicity of outdoor baths in existence or mooted do nothing to solve the problem of making any of them attractively warm and therefore usable. Only a heated pool will and it is most encouraging that the wind of opinion is blowing in that direction. Is it too much to hope that all available resources will be pooled to this end for the common good?

Bacteriological examinations of the water were made from all the baths and at varying levels at weekly intervals throughout the season. In a few of the earlier ones it appeared that the free chlorine was a trifle low but this was quickly adjusted and during the rest of the season a high standard of purity was maintained.

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. By these and other measures — inspection of children's feet in school — every effort is made to limit the spread of verruca and athletes foot.

A Minuteman Resuscitator is kept readily available at all times and is regularly overhauled to ensure its efficiency. On two occasions during the year it proved its worth in possibly saving a life. The provision of a stretcher might be a useful idea. Blankets are of course available.

The Mortuary maintained by the Council was used by the Rutland and Stamford Hospital as well as serving the Coroner and the Police. So far as the Hospital is concerned I use the past tense for they now have a very modern mortuary of their own, with refrigeration and other facilities. Naturally it is being used by them and it is much more convenient for the Pathologist to concentrate his work there. It may well be their turn to be asked to provide us with facilities by negotiation and reverse the past *modus operandi*.

11 Post Mortems were carried out during the year and there was a total of 19 admissions to the Mortuary compared with 14 and 45 respectively in 1962. The Mortuary, those using it and the security arrangements for the personal belongings of the deceased, were all 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.

A representation was made to the Postal Authorities for the provision of damp pads in Post Offices thus avoiding customers having to lick stamps pushed across the counter face upwards.

Two houses had to be dealt with on account of infestation with fleas. This is a very unusual occurrence in the Borough.

## PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

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

Notifications received during the year.

	Total Cases Notified 1963	Cases Admitted to Hospital	Total Deaths	Total Cases Notified 1962
Scarlet Fever .....	17	—	—	10
Food Poisoning .....	—	—	—	—
Dysentery .....	30	—	—	222
Meningococcal Infection .....	—	—	—	—
Puerperal Pyrexia .....	2	2	—	2
Measles .....	35	—	—	6
Whooping Cough .....	13	—	—	42
Total	97	2	—	282

In addition 20 cases of Pneumonia were notified as compared with 9 cases notified during 1962 and 1 case of Erysipelas, the first to be 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	4	9	2	—	—	—	—	—	—	—	17
Food Poisoning .....	3	—	1	3	1	2	4	2	—	2	5	3	3	1	—	30
Dysentery .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia .....	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	2
Measles .....	1	2	—	5	4	2	7	7	5	—	2	—	—	—	—	35
Whooping Cough .....	1	1	1	1	1	4	4	—	—	—	—	—	—	—	—	13
Pneumonia .....	1	1	—	—	—	—	3	2	1	1	—	3	3	4	1	20
Erysipelas .....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Total	7	4	2	9	7	12	27	13	8	3	7	6	7	5	1	118

The total incidence of notifiable disease — excluding Tuberculosis — was down on the previous year being 118 compared with 291 in 1962 and 342 in 1961. Whilst this is satisfactory statistically it is not so flattering when it is realised that a quarter of the cases were Dysentery. This was again relatively a Measles free year so we can expect this immunity to end in 1964.

The Dysentery cases occurred early in the year and represented the tail end of the outbreak which occurred in November and December of the previous year, when 175 cases were notified. The stringent precautions detailed in last year's report were continued and undoubtedly prevented a further spread. The provision of hot water for ablution purposes at St. John's and St. George's Schools has marked a big step forward in the drive to ensure that there is no repetition of the incident within the school population. It must be stressed however that first class toilet training and the closest attention to hygienic food handling is just as essential within the home as outside it if outbreaks of gastrointestinal disease are to be prevented. Therapeutics, swab taking, investigations and preventive measures are expensive, prodigal of time and cost the community dearly for a breach in their defences.



Eight years have now elapsed since a case of Poliomyelitis occurred in the town. This immunity is manifestly due to the success of the vaccination schemes starting with the Salk vaccine and now almost entirely superseded by the Sabin oral one. The premium for this insurance policy is to eat a lump of sugar or swallow a little syrup on four occasions and I don't know of a better investment.

It is eighteen years since the last case of Diphtheria occurred within the Borough. This freedom has been bought by the mothers conscientiously having their children immunised against the disease. A check of all entrant school children last year in the Borough showed that just under 90 per cent of them were protected, but the parents of the defaulting 10 per cent are very naughty, depending as they do on the efforts of others to protect their children by keeping up the community's immunity to such a level as to keep the Diphtheria bacillus at bay. Should this level be allowed to drop the disease could and would return with all its pristine and crippling virulence — so we as parents are all warned.

In last year's report mention was made of the number of vaccines currently in use, some single, some combining Diphtheria with Tetanus and Whooping Cough. Moreover there are the Poliomyelitis and Small-pox vaccines and each has its own programme for administration. This multiplicity of agents and methods has given rise to confusion in the public mind and has made it imperative to evolve a satisfactory record system, whether the immunisation is done in Hospital, Surgery or Local Authority Clinic. So far as the latter is concerned duplicate records are maintained and the Family Doctors are given the appropriate information for the Health Service Medical Card. In no instance is this more important than in that of Tetanus. In the event of accident the question of giving or withholding anti tetanic serum, with its possibly unpleasant sequelae, may turn on ascertaining quickly whether the person has been actively immunised or not against it.

The policy has 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. The fatal case which occurred in a neighbouring rural area and was mentioned in last year's report is still having its legal repercussions. It is a preventable disease, whose avoidance should be ensured.

Members of the streptococcal group of infections were notified on twenty occasions compared with twelve in the previous year.

I can see no useful purpose however in continuing the notification of Scarlet Fever except in the case of Midwives and Food Handlers.



There is even less reason for continuing the compulsory notification of Measles or Whooping Cough for what control measures are there? None. Yet in each case the Family Doctor notifies me for the princely sum of 2/6d. I keep this notification and a copy is made out for the County Medical Officer. At the end of each week the County Medical Officer and the Registrar General have to be notified of the numbers of cases and these are printed in a Journal which appears once a week and of which every Local Authority receives a copy. Surely the time has come for a review of Infectious Disease Notification in its theory and practice. In this Day and Age the degenerative diseases are of much more significance for their mortality and morbidity effects than the infections. There is a strong case for the registration of Cancer, Leukaemia and Diabetes for example instead of some on the archaic present list. By the sifting of the information obtained a worthwhile contribution might be made to medical research.

There was no dramatic scare of Smallpox this year and it was hardly surprising that the total of those vaccinated at the Barnhill Clinic fell from the peak figure of 2,502 in 1962 to 131 this year. It is to be sincerely hoped that public apathy to the advisability of obtaining protection against this disease will not return. It is so much better to have the procedure carried out in a leisurely manner and at the time of choice rather than in the near panic setting of a mass vaccination session.

Four new cases of Venereal Disease were reported this year but to stifle any complacency that this is a relatively low figure, let it be said that one was a teenager. The figure for the previous year was seven. The total number of new cases reported from the Peterborough Hospital Special Clinic during 1963 was 294 and of these 24 cases came from the area of the three Southern Districts of Kesteven.

The National picture is one which causes much dismay to all interested in the welfare of young people for last year there were 1,319 cases of gonorrhoea and 39 cases of syphilis reported in children under eighteen and 233 and 2 respectively were under sixteen. The total of cases again showed a significant rise. There is certainly a need to highlight the dangers of Venereal Disease.



## TUBERCULOSIS

	Deaths during 1963				New Cases during 1963			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 years	—	—	—	—	—	—	—	—
5—15 years	—	—	—	—	—	—	—	—
15—25 "	—	—	—	—	—	—	—	—
25—35 "	—	—	—	—	1	—	—	—
35—45 "	—	1	—	—	—	—	—	—
45—55 "	—	—	—	—	—	—	—	—
55—65 "	—	—	—	—	—	—	—	—
Over 65 years	—	—	—	—	—	—	—	—
Total	—	1	—	—	1	—	—	—

One new case of Pulmonary Tuberculosis was notified during 1963, compared with four the year before. No cases of the non-pulmonary type of infection occurred. One female death from the pulmonary form was recorded.

Again I mention with regret that the liaison between the Chest Clinic and the Health Visitor charged with surveillance in the home is not so close as the necessity for it would dictate.

The findings of the Mass Radiography Unit which held Public Sessions throughout July 1962 within the Borough, were not available at the time of last year's annual report. They are however now given in an abridged form.

	M	F	Total
Total Attendance	1808	1708	3516

and of these 936 were X-rayed for the first time.

## ANALYSIS OF RESULTS

A. Non-Tuberculous Conditions	M	F	Total
Congenital anomalies of bony thorax	16	19	35
Acquired conditions of bony thorax	1	—	1
Azygos lobe vein	6	2	8
Pneumonitis	2	1	3
Congenital Cystic Lung	1	—	1

### *Analysis of Results—Continued*

Bronchiectasis .....	1	—	1
Pulmonary fibrosis due to previous pneumonia or pleurisy .....	26	14	40
Spontaneous pneumothorax .....	2	—	2
Benign neoplasm .....	2	1	3
Metastases in lung .....	1	—	1
Sarcoidosis .....	—	1	1
Pleural thickening following previous pneumonia and/or pleurisy .....	42	18	60
Diaphragmatic anomalies .....	2	—	2
Congenital cardiac conditions .....	3	1	4
Acquired cardiac conditions .....	13	16	29

<b>B. Tuberculous Conditions</b>	<b>M</b>	<b>F</b>	<b>Total</b>
Calcified primary or other healed tuberculous lesions .....	33	19	52
Previously diagnosed tuberculosis already treated or attending Clinic .....	4	5	9
Newly discovered tuberculosis requiring treatment .....	2	3	5
interval supervision at chest clinic .....	2	1	3
not required (per chest clinic) to attend further .....	2	—	2

Dr. Daphne Smith Medical Director of the Unit in commenting on the visit said :—

“ Since it is obvious that the whole area population cannot be covered by a single unit which has commitments in eight other county areas, it was necessary, as in the past, to select the peak-risk groups for examination and those who, if infected, would be most dangerous to the greatest number of people, and to vulnerable young people.

“ This policy has paid satisfactory dividends in the past, and provides an adequate picture of the tuberculosis situation existing at the time in the population which is not under medical care, and is apparently quite fit. Although it is accepted that new cases found to be arising would eventually present to their doctors with symptoms and be referred for treatment, the whole value of the discovery by Mass Radiography before they seek advice rests in the fact that fewer people in their work or home circle are exposed to the risk of infection. It is known



that one open case of tuberculosis infects at least ten other people, and it is therefore obvious that any means of picking up such people before they become actively infectious is of value.

"It will be seen that as usual a number of other interesting and previously unknown conditions were brought to light at this survey, including a satisfactory result of surgical repair of a congenital heart condition ('hole in the heart') atrial septal defect."

The B.C.G. Vaccination Scheme was continued. 357 children who were found to be negative were given B.C.G. Vaccination. 50 positives subsequently had their chests x-rayed but no new tuberculosis was found.

The Council are always ready to give generous assistance to the rehousing needs of any suffering from Tubercle infection.

## HOUSING

### PROVISION OF NEW HOUSES

Statistics of new houses erected in the Borough during 1963 :

#### 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	.....	44
Houses in course of erection at end of year	.....	84

Applicants for Council Houses as supplied by the Housing Department at December, 1963 :

Effective Housing List	.....	177
Old Person's Dwelling Applicants	.....	69
Miscellaneous Applicants	.....	15

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. By 31st December, 1963, after eight years, 147 had been dealt with — 12 during the year as follows :

Undertakings 8. Closing Orders 4.

One Closing Order was revoked during the year.



Progress has been made with the administrative work and planning connected with the proposed Clearance Areas and redevelopment in the High Street St. Martin's and Foundry Road districts.

As the statistics show there was a comparative lull in the volume of new house building during the year. For the second full year in succession the Council produced none, nor were any in the course of erection at the year's end. Private enterprise contributed 44, compared with 100 in the previous year and there were 84 houses under construction at the close of the year. This readily explains the increase in numbers on the Housing List from 208 in 1962 to 261 in 1963.

The Council continue to encourage the owners of suitable properties to modernise them and give them a new lease of life. During the year 33 Discretionary and 13 Standard Grants were made. In one further application for a Discretionary Grant the request had to be refused. The Ministry of Housing and Local Government approved the Council's proposals to purchase 12 to 19 Belton Street and their conversion into four dwellings.

The demand for Elderly Person's accommodation continues unabated. Of the 261 on the Housing List 69 require this type of home, being 27 per cent of the total. It will be an eagerly awaited and humane answer to part of the problem when the thirty elderly person's dwellings with a resident warden are erected on Foundry Road. At the date of this report, work had actually commenced on this project which will bring so much happiness to a very deserving section of the community. The appointment of the warden will be supremely important as on her calibre will the ultimate success of the scheme depend. She should have the physical and temperamental qualities to become a mother figure to the group. The choosing of the first tenants is also important as a balance between those requiring the aid of "good neighbours" and those able and willing to provide it should be struck.

The Council's caravan site on Empingham Road is licensed for 18 vans. Additionally there are two private sites accommodating a further four vans.

The Council operate a Points Scheme and during the year 37 applications were received for priority rehousing, or changing of tenancies, on the grounds of ill-health or to meet socio-medical crises.

In every case a personal visit was made by your Doctor and a thorough investigation was carried out before a recommendation was made. I greatly appreciate the help I receive from my Family Doctor colleagues in these assessments. If Health Points are to be given they



must be awarded within twelve months of the initial application to come on the Housing List ; yet the situation can deteriorate markedly after twelve months and before rehousing in the ordinary course of events. No administrative allowance is made for such eventualities.

One case of Statutory overcrowding was reported during the year and abated before its end.

Of the twenty-four Council houses mentioned in last year's Report as being without bathrooms, eleven had been dealt with during the year.

At the most recent Census there were shown to be 775 houses without fixed baths in the Borough and 89 houses without separate W.C. accommodation — a surprisingly high total out of the 3,969 houses in the town.

There are no Common Lodging houses in the Borough.

The gradual process of modernisation of the many Almshouses bequeathed to the town by past benefactors over the centuries has continued. Improvement Grants have been given to Browne's Hospital and work has commenced. Here 12 remodelled dwellings will replace the original 14. Improvement Grants have also been given to Burghley Almshouses and should result in 12 modern dwellings from the original 11 plus outbuildings. As yet however nothing has materialised for Snowden's Hospital or Fryer's Callis.

## INSPECTION AND SUPERVISION OF FOOD

With so many ready prepared, prepacked and sophisticated foods on sale to the Public the task and responsibilities of the Health Inspectors and the Food Sampling Officer are indeed onerous. The Health Inspector is responsible for seeing that the Food Hygiene Regulations of 1955 and the Codes of Practice based thereon are observed by all engaged in the preparation, exhibition and sale of food for human consumption. This entails the spending of much time in routine supervision and education.

The Food Sampling Officer is responsible for ensuring the compliance with that part of the Food and Drugs Act, 1955 relating to the composition and quality of foods and drugs for it is an offence for anyone to sell

“ to the prejudice of the purchaser any food or drug which is not of the nature, or not of the substance or not of the quality, of the food demanded by the purchaser.”



There is an unanswerable case for the registration of all food premises, and a start could be made in respect of all new undertakings.

Though Food is sold from open air market stalls at weekends, during the mid-Lent Fair and the alfresco buffets of public occasions, it is difficult to see how with the best will in the world the owners can match their responsibilities with the limitations of the situation.

The Municipal Slaughterhouse, as usual, provided a first class service to the town and the adjoining areas. At peak times it was extended beyond its reasonable capacity but somehow its staff managed to get through by good organisation and team work. The Health Inspectors maintain one hundred per cent meat inspection.

The proposal to erect a purpose built abattoir in the Brownlow Street area is to be applauded. It will solve what is inexorably becoming an impossible situation at the congested present premises.

Mr. Hawley, Chief Inspector of Weights and Measures of the County took 47 samples within the Borough under the Provisions of the Food and Drugs Act, 1955. The articles sampled were as follows :—

Butter .....	3	Milk .....	21
Cream .....	1	Milk, condensed .....	1
Cream cheese .....	1	Milk, flavoured .....	1
Curry Powder .....	1	Pork Pie .....	1
Honey .....	1	Preserves .....	2
Honey Cakes .....	1	Salad cream .....	1
Margarine .....	6	Sausages, pork .....	2
Marzipan .....	1	Soft drinks .....	1
Meat Paste .....	1	Wine .....	1
			—
			47
			—

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

“ Statutory standards of quality have been fixed for many foods, but there are notable exceptions and when all else fails, magistrates must decide on the basis of the evidence placed before them whether, for example, a pork pie containing little meat merits the description and is ‘ of the quality demanded.’ Selective sampling by well-informed sampling officers can go a long way towards achieving optimum



results and this is the aim of the County Council's sampling staff. Sampling is done on as wide a range as possible and special attention is given to locally prepared foodstuffs. Generally speaking, the majority of samples is purchased from traders selling to the public and thus a sampling officer procures for analysis what anyone else could buy. He can, however, submit for analysis any food or drug about which a purchaser has reasonable doubts and this is not infrequently done.

"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 is safeguarded. Many other bodies and 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 & Drugs 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 a Food & Drugs Authority.

"Food additives of one sort or another continued to concern persons responsible for the nation's food and towards the end of the year the Minister initiated a systematic review of the use of food additives and contaminants. Additives fall into two main groups, (1) those which have, or are supposed to have, prophylactic properties and (2) those whose purpose is purely commercial. The addition of vitamins, minerals and other nutrients to food to enrich or restore deficiencies in normal concentrations is now considered by most people to be a commendable practice. In a quite different category is the addition of colouring matter, antioxidants or preservatives, because they have nothing whatever to do with nutrition and are used exclusively for commercial reasons — 'to standardise appearance' as the food manufacturer has it, or to extend the 'shelf-life' of foods.

"Contaminants are substances which get into food somewhere along the production line or pass into food from packaging materials. Many are toxic residues clinging to or permeating the fruit and vegetables which, at an earlier stage, had been sprayed with insecticides, fungicides, weedkillers or mould suppressants; many are antibiotics which have been used to treat or 'improve' livestock prior to killing; some are metallic residues associated with the preparation of certain foods and beverages and some are toxic substances which have passed or 'leached' from impregnated wrappings into the contained foods. A special sub-committee of the Food Standards Committee has been asked by the Minister to give priority to this particular aspect of food contamination, for with the advent of the supermarket and the demand for every sort of food in pre-packed form, many new problems have



suddenly confronted the food packer. Some have been solved by using impregnated wrapping material, while others have been aggravated by using unsuitable material or by attempting to pre-pack foods which are inherently unsuitable for this treatment. Cooked beetroots are a case in point, for they should be eaten within a day or two unless preserved in vinegar ; and yet there is a demand for them in supermarkets and at least one local grower is faced with the problem of making them keep for a week or more in a cellophane container. The Preservatives in Food Regulations prohibit the addition of any of the recognised preservatives to freshly-cooked beetroot and thus this particular grower is steeping them in a solution of acetic acid prior to packing. Since acetic acid is the principal constituent of vinegar, this is no more than mild pickling, but the temptation to extend the ' shelf-life ' of perishable foods by unorthodox means is ever present and not all food packers are sufficiently aware of the dangers involved.

" Just where the line should be drawn in any particular case is often difficult to say, but the Minister had no hesitation in taking prompt action in the case of the so-called Red Meat Powders after the Press had drawn attention to their dubious virtues. The temptation to make old meat look like new obviously led to indiscriminate applications and to the consequent illness of many of those who were overdosed with ascorbic, nicotinic and erythorbic acids. After the event, it is easy to say this was a bad case of sophistication, because the intention of the user was to improve the colour and appearance of the old meat and thereby give a false impression of its freshness, but under previously existing legislation it had not been an offence to use these additives in this way and but for the public outcry, it is unlikely that such speedy governmental action would have been taken.

" The law on the matter is simple and is stated in the 1st Section of the Food & Drugs Act, 1955, as follows :—

' No person shall add any substance to food, use any substance as an ingredient in the preparation of food, abstract any constituent from food, or subject food to any other process or treatment, so as (in any such case) to render the food injurious to health, with the intent that the food shall be sold for human consumption in that state.'

" The difficulty is to decide beforehand what additives are likely to ' render the food injurious to health ' ; a difficulty which has long since passed beyond the scope of the most intelligent layman and which, as often as not, finds the experts divided.



“ One result of the large-scale preparation of food which is widespread today is the almost complete disappearance of the simpler forms of adulteration which were common not more than fifty years ago. Sand in the sugar and iron filings in tea, alum in flour and even water in milk have become so certain of discovery that the hazard of their use to gain illicit profit is no longer worth risking. By contrast, the number of complaints concerning ‘ foreign bodies ’ (as distinct from additives) in food continues to increase and complaints of this sort dealt with during the year included the finding of a nail in a scone and a fly in a piece of Edam Cheese (both in Stamford). Neither of these ‘ foreign bodies ’ could be ascribed to automation, but the automatic preparation and packing of foodstuffs is certainly responsible for much of this ‘ foreign body ’ trouble.

“ Cows’ milk remains a staple food, some say the ‘ perfect food ’ for young and old alike and the consumption of liquid milk in one form or another is of prime importance so far as the nation’s health is concerned. It is essential therefore that milk production should be maintained at a high level and that quality rather than quantity should be the main objective. The Milk Marketing Board has realised this for many years and has gradually been persuading producers to strive for improved quality rather than greater quantity. Unfortunately, cows’ milk varies very considerably in composition, from breed to breed, from cow to cow and from one day’s milking to the next. The average percentage of fat in normal cows’ milk is about 3.65 per cent and the average percentage of other solids (lactose, casein, albumin, minerals and ash) is about 8.75 per cent, making a total of about 12.4 per cent solid matter and 87.6 per cent water. It might be thought that a food with so much water would be relatively poor nutritionally, but this is not so because the balance of these constituents is such that cows’ milk provides protein, carbohydrates and vitamins in a palatable and assimilable form and in quantities which impelled the Cook Committee on the Composition of Milk to contend . . .

‘ . . . . that from the standpoint of nutrition in Britain, the contribution of protein, calcium and other nutrients provided by the solids-not-fat fraction of milk should certainly be maintained as an insurance against the continuation of recent dietary trends, notably a marked increase in the consumption of sugar and fats, foodstuffs which provide calories but not a great deal else.’

“ By far the largest number of samples is taken because the commodities concerned are governed in some way by statutory enactments, by High Court decisions or by formal trade agreements, but all are taken with the ultimate object of safeguarding the purchaser.



“Stamford is the most important shopping centre in south Kesteven and a much wider variety of samples is taken there than anywhere else in the County, with the possible exception of Grantham. It may be as well, therefore, to comment briefly on some of the unusual samples.

**Curry Powder.** Although only one sample of Curry Powder was submitted for analysis, it is interesting to know that it was satisfactory and was made in accordance with the formula set out in the Food Standards (Curry Powder) Order, 1949 which prescribes a minimum of 85 per cent of spices, aromatic seeds and aromatic herbs and a lead content of not more than 20 parts per million. Lead is one of the most widespread and serious of the metallic contaminants of food and drink and 20 parts per million is the highest concentration permitted in any foodstuff. This sample from a well-known Madras exporter contained only 1.6 p.p.m. of lead and was otherwise satisfactory.

**Margarine.** Although the last Report of the National Food Survey Committee indicated that more butter was being eaten in Great Britain and less margarine, it remains a fact that margarine continues to provide a useful vehicle for certain necessary vitamins, notably A and D. Thus fortified, it has a food value equivalent to that of real butter, though it may not, in any circumstances, contain more than 10 per cent of milk-fat nor more than 16 per cent moisture. The six samples of assorted brands of margarine submitted for analysis during the year were all satisfactory, with milk-fat and water within the prescribed limits and vitamins according to the schedule set out in the Food Standards (Margarine) Order, 1954.

**Milk.** Milk in Stamford has always been rather above the County average and this continues in spite of the disappearance of many of the smaller retailers. While the bulk of the town's milk is now brought in from Peterborough and Fenstanton in Hunts, there is still a considerable demand for locally-produced Channel Island milk which has no presumptive standard and must at all times contain a minimum of 4.0 per cent fat. Seven samples of Channel Island milk were obtained during the year and all were satisfactory with an average of 4.8 per cent fat and 9.25 per cent other solids.

**Sausages, pork.** In the County as a whole, 12 samples of pork sausages were sampled at an average of 3/2d. per lb. (average meat content 73 per cent). The two Stamford samples were well up to this standard with 70 per cent meat @ 3/- and 79.2 per cent meat @ 3/6d.



## Conclusion

“Of the two ‘foreign body’ complaints which emanated from Stamford, one concerned the finding of a fly in a piece of Edam cheese and the other a nail about an inch long in a scone. So far as the fly was concerned, all the available evidence showed that it was of Dutch origin and entered the cheese at the point of manufacture at Leeuwarden. From that point the cheese passed through a number of hands until it came to a local shop. It was felt, therefore, that it would be unfair to single out the local firm for prosecution when the actual offender was beyond the reach of the law.

“The finding of a one inch nail in a scone was a more serious complaint, because the finder had been eating the scone and had narrowly avoided swallowing the nail. The scone was made by a local baker and the most careful inquiry was made to discover how the nail might have entered the mix, but nothing of value emerged except that the baker had a scrupulously clean and well-lit bakehouse and never used any but cardboard-boxed ingredients. In the circumstances, the County Council decided to institute legal proceedings, but when the complainant was informed he declined to give evidence and the case was dropped, in spite of his earlier insistence that the case merited prosecution. Needless to say, the baker was relieved at this outcome and was confident he would never have this sort of complaint levelled at him again.”

Milk supplies are subject to many potential hazards as in them can be concentrated many toxic chemicals picked up by the cow in grazing or excreted drugs given to the cow for treatment. In the former group are D.D.T. and other pesticides, Strontium 90 and Caesium from fallout and in the latter category Penicillin and other antibiotics. Owing to the great prevalence of Penicillin in milk, routine testing was commenced at the end of the year but fortunately all local samples of milk were clear.

Nationally, of 41,700 samples taken during the year, 14 per cent showed the presence of Penicillin, and this is the only antibiotic which can be detected. There is an overwhelming case to be made out for the prohibition of all antibiotics except Penicillin in the treatment of mastitis in cows, unless of course, bovines are more important than humans.

## 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 the case of an elderly man living alone and in squalor, who had persistently refused all offers of help this was only avoided after all the preliminary steps had been taken. By dint of much persuasion just before the hour struck he reluctantly agreed to enter hospital.

## HEALTH EDUCATION

The Council gives generous support to the Central Council for Health Education and makes use of their posters and other propaganda material.

Skilfully presented programmes on television have a tremendous impact on the public and are potent agents in the spread of the gospel of Better Health. More use could be made of good Health Educational documentaries which might have a more lasting and beneficial effect than the latest episode in the Kildare series. The few crumbs from the Exchequer's table devoted to the anti smoking campaign make a poor show at the advertisers' Banquet extolling the virtues and attractions of cigarette smoking.

Health Education is not a sphere for the expert alone but a challenge to each one who is in a position to advise and influence even one other person. Obviously leaders in public life, employers and all who teach the young have a special privilege and inescapable responsibility in this field both in practice and precept. It is at this level that success will come, rather than along the lines of mass indoctrination.

During the year films on

Care of the Physically Handicapped

Care of the Elderly

Smoking and Lung Cancer

and Maternal Care

amongst others were shown to selected audiences.

The Road Safety "Tufty Club" has continued its successful career.



## MISCELLANY

The Health Department was faced once more with a wide variety of socio-medical problems. In each case an exhaustive investigation was carried out and the help of the appropriate services, statutory or voluntary, or both, was sought to provide a solution wherever possible. Though it may be thought that the Welfare Society provides an answer to problems in general, this is very far from being the case.

There was the eighty-four year old lady, quite unable to look after herself and dependent on her eighty year old husband. The nearest relative lived two hundred miles away. The old gentleman was taken suddenly ill and removed to Hospital. Whilst Home Help and all possible local support was given this proved insufficient and eventually the old lady had to be admitted to an Elderly Persons' Home.

There was the man who in the depth of winter was living rough in a potting shed. I was asked to see him by the Police. He was found to be lying on a blanket on top of the shelving. He was ill but refused to see his Family Doctor or to go to Hospital but eventually was persuaded to enter the latter, where he progressed well, though in the end he returned to his old mode of living.

There was the old lady living alone surrounded by the fading evidences of better days. She was ill, undernourished and unable to look after herself, yet she refused all offers of assistance. She also refused the arrangements made by her Family Doctor to go into Hospital. Eventually she was persuaded to come with me to St. George's Hospital where after settling well for two weeks she suddenly died.

Another disturbing problem was that of the eighty-two year old lady rejected by her own family who invited herself as the guest of an elderly man, who at ninety was quite incapable of looking after her, as she was nearly blind, a diabetic and a cripple. The solution in this case was kindly achieved by Dr. Jackson, Consultant Physician, taking her into Hospital as a socio-medical emergency but for an indefinite sojourn.

There was the old gentleman deaf and eccentric who lived alone in squalor surrounded by an accumulation of odd items intended by him for sale but never likely to be sold. His health and living conditions gave many cause for concern, though their anxieties were unfortunately not shared by him. He was cajoled into Hospital, where alas he died though I like to think that his last days were made more comfortable.



The extraordinarily severe winter brought hardship to many, but struck the elderly and incapacitated with particular rigor. Amongst these was the septuagenarian living alone and suffering from virtual blindness. Her toilet was frozen and so was the water pipe which passed under her kitchen living room floor. This later burst flooding the place and adding to her misery. It must have been a relief to her to get into a Welfare Home for the Elderly away from the spartan circumstances under which she had been living.

These are just a few of the cases which cried out for the mobilisation of all the assistance which could be extended to them. There were many others in which elderly persons showed signs of being submerged in the deep waters of their environment and in keeping themselves fed and clean, and their household management acceptable against the encroachments of age and infirmity on their physical resources.

There is no legislation to cover these human problems, each of which presents itself in an individualistic form. Certain it is that there still remains a large field for voluntary effort alongside the statutory provisions. A Charity dedicated to Aid in Sickness would be a help in some instances. On occasions the situation has been bedevilled by unpaid yet understandable debts prior to the problem having come to light and there is no source for retrospective payments.

These are mentioned to give a touch of humanity to a factual report.

The Home Help Service has continued to bring immeasurable benefit to the elderly, the incapacitated, the problem family and to mothers in the lying-in period. One of the monuments to its work lies in the number of homes tenanted by single individuals or families which have been saved from social disintegration and crisis through its assistance and support. It received a severe blow in the sudden death of Mrs. Shelford — the Organiser for the Stamford area — as she had a vocational aptitude for the task of equating help to need within a domestic setting.

The year did not pass away without its incidents of vandalism and destruction of public property. It is strange how often public conveniences are singled out for hooligans' attention. A strange premonition that it will be the only mark they will make on life must beset those who make it on lavatory walls.

The efforts to assist the Elderly were continued throughout the year. The attendance at the morning rendezvous for those over retirement age held each morning at the Darby and Joan Club is much smaller than it deserves. Papers, games and conversation, over a cup of



tea or coffee and biscuits provided by a rota of ladies from many organisations make it a very pleasant social occasion as those who go well know.

Toc H. and the Old People's Welfare Committee, on which sit representatives of all the organisations able and willing to assist the Elderly, arranged for the Christmas parcel distribution. 503 parcels each of over ten shillings value, were packed on the Saturday and delivered on the Sunday prior to Christmas. The many letters of appreciation received were an eloquent tribute to all those who made the distribution possible and to the joy which they brought into many a lonely home.

The Meals on Wheels Service continued to function throughout the year and some are dependent upon it for maintaining their nutrition and for their ability to continue to live in their own homes. In other instances it makes a close personal contact which keeps loneliness at bay and helps to avoid social disintegration. 3,292 meals were provided from the Central School Kitchen and 822 during the school holidays by Mr. Greenwood making a total of 4,114 compared with 4,104 in 1962 and 3,830 in 1961.

This year again as I visited the homes of the elderly I was struck in many instances with the small amount of milk on which they make do. This contrasted with the free and universal provision of milk to school children who dietetically no longer require it. This at a time when the overweight school child is quite a national problem. Is there not a case for a diversion of the free milk from the over eleven year school child who doesn't need it to the over seventy year old person who does. Any "fall out" strontium and D.D.T. wouldn't worry them either.

Mr. J. G. Farrar, Manager of the local office 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 overlooked.

During the year a Co-ordinating Committee for the Elderly was formed and met quarterly. At their meetings there was a pooling of information on selected cases by the Consultant Physician of the Peterborough and Stamford Hospital Group, the District Welfare Officer, The Managers of the local offices of the National Assistance Board, the Meals on Wheels Organiser, the Home Help Organiser, the Health Visitors and the Housing Officers of the Borough, Bourne and South Kesteven, under the Chairmanship of your Doctor, who also sits



on the Stamford Old People's Welfare Committee and knows their views. These meetings fill a much felt need by improving co-operation all round and bringing the concentrated forces of all to bear on difficult geriatric problems of a socio-medical nature, and streamlining the approach to the individual concerned. The Committee has already more than fulfilled the hopes of the organisers.

By the year end the conversion of the old laundry at St. George's into a Hospital Day Centre was well advanced. This is primarily intended for chronic sick who need occupational therapy and physiotherapy but do not need to be warded all day to obtain them. Here would be a wonderful opportunity for co-operation by and with the Local Health Authority so that suitable cases of chronic sick could be brought in from the District for treatment and care and to give their hardpressed relatives a break, being returned to their own homes to sleep at night. Dr. Jackson's scheme has enormous social potentialities.

The Prevention of Child Neglect Co-ordinating Committee continued to meet quarterly. It has done a great deal to prevent unnecessary and undesirable visiting and at the same time to give better assistance to cases under review.

As your medical representative I have continued to serve on the Control of Infections and the Maternity Liaison Committees 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 the Peterborough and Stamford Medical Liaison Committee. This helps to foster a spirit of mutual help and understanding between a wide variety of other organisations and the Health Department to the benefit of each.

Future generations may well dub this era as the "Age of the Pill." Pep pills for the day, Tranquillizers for the night and Contraceptive for any time, as the Doctor found who was called out at 11 p.m. to prescribe it. Of course they could always say "No." This would be the safest oral contraceptive.

There is a nationally increasing incidence of suicide, 31 per cent up for men and 171 per cent for women, allowing for increased population, as compared with the beginning of the century. There is an increase in juvenile delinquency and crimes of violence, sexual promiscuity is rampant, venereal disease is on the increase. A third of girls marry before they are twenty and it is estimated that a third of teenage brides are pregnant at the time of their marriage.

These facts are not to be shrugged off as just co-incidental of our way of life in an affluent society and the cult of self indulgence.



The newspapers, paperbacks, films, theatres and television, make crime, greed, violence, lust and sex appear commonplace. The old morality and traditions have been torn to shreds by leaders of thought and manners and a dogma of "Please yourself, after all the world is yours" has been substituted to fill the vacuum. The result is patently obvious. Discard the outworn by all means but let us keep what is worth having of the old virtues remembering that the choice between Good and Evil, between Kindness or Cruelty between Love and Lust must still remain for each individual and a wrong choice will inevitably bring sorrow, evil and crime as consequences.

While the ethical problems are at the moment acute in our nation, they are not new for over a hundred years ago a medical poet wrote :

" God give us men! A time like this demands  
Strong minds, great hearts, true faith and ready hands ;  
Men whom the lust of office does not kill,  
Men whom the spoils of office cannot buy :  
Men who possess opinions and a will :  
Men who have honour — men who will not lie :  
Men who can stand before a demagogue  
And damn his treacherous flatteries without winking!  
Tall men, sun crowned, who live above the fog  
In public duty, and in private thinking."

It is sheer hypocrisy to blame the teenagers for the society in which they have been nurtured and the manner in which they have been brought up. We are to blame.

I wish to express my sincere thanks to Councillor Gray — the Mayor — and the members of the Health Committee for their abiding interest and support at all times and to the other members of the Council.

I am also much indebted to Mr. Roll and his Staff for their ever ready assistance and I wish to record my hearty appreciation of Mrs. Elmer's loyalty and conscientious efficiency, without which this Report would be much tardier.

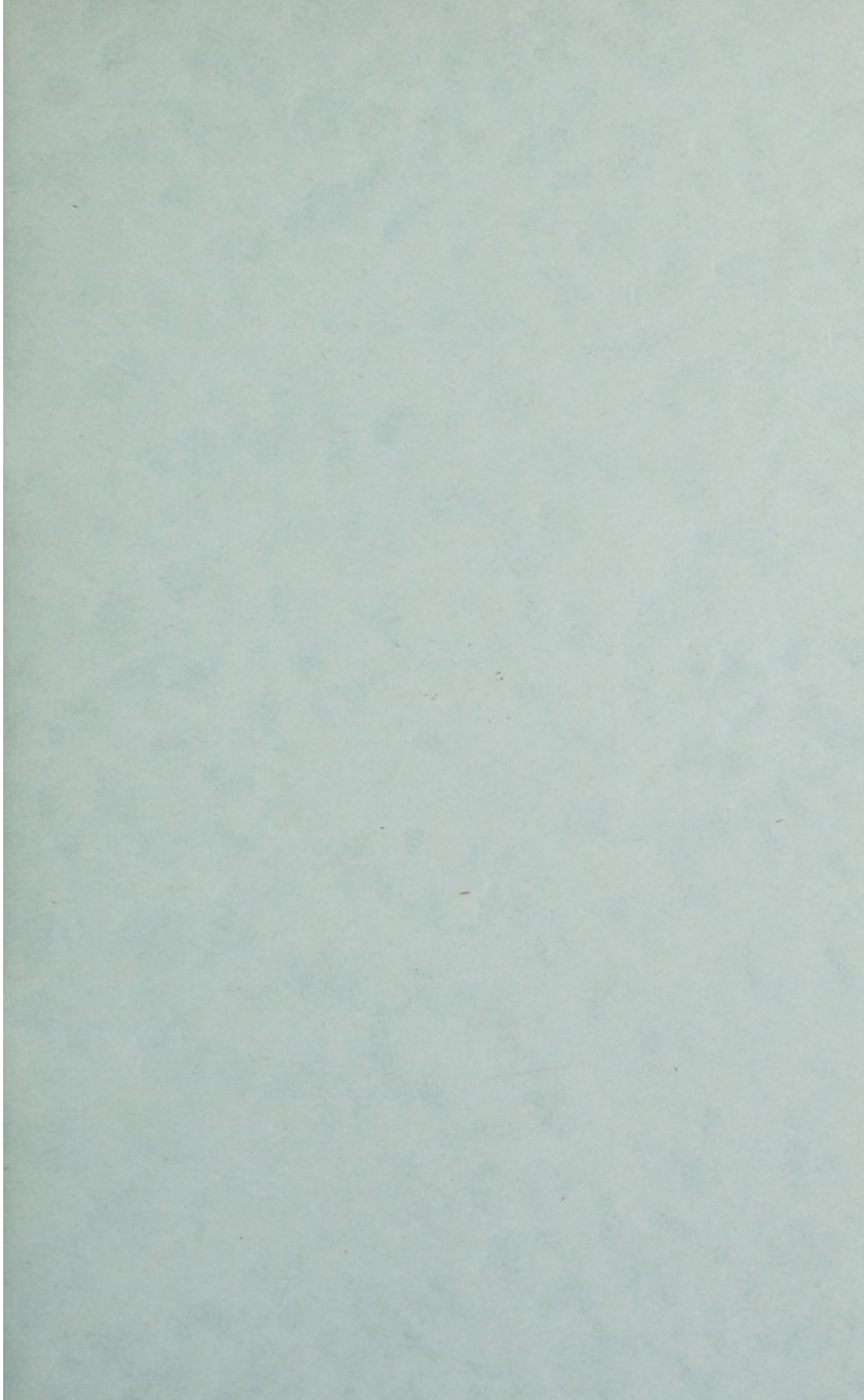
Finally I wish to thank Mr. Bedford and my other colleagues in the Town Hall for their continued co-operation and Dr. Mackey for kindly standing by for me during my absences.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

H. ELLIS SMITH







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