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**BOROUGH OF STAMFORD**



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**ANNUAL REPORT**

**OF THE**

**MEDICAL OFFICER OF HEALTH**

**AND THE**

**SENIOR PUBLIC HEALTH  
INSPECTOR**

**FOR THE**

**YEAR, 1966.**





# B O R O U G H   O F   S T A M F O R D

## HEALTH COMMITTEE

Councillor G. W. Gray (Chairman)  
The Mayor (ex-officio)  
Councillor J. W. L. Whincup (Vice-Chairman)  
Alderman W. J. Aughton  
Alderman Mrs. G. M. Boyfield, J.P.  
Councillor G. N. Riley  
Councillor F. H. Ladds  
Councillor Mrs. M. Nichols  
Councillor F. L. Hale  
Councillor T. N. Hart  
Councillor A. J. Gray

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## HOUSING AND PROPERTY COMMITTEE

Councillor P. Bullard (Chairman)  
The Mayor (ex-officio)  
Councillor A. T. Brodie (Vice-Chairman)  
Alderman G. C. Swanson  
Alderman A. L. Nichols  
Alderman Mrs. G. M. Boyfield, J.P.  
Councillor G. N. Riley  
Councillor F. H. Ladds  
Councillor E. H. Steele  
Councillor F. L. Hale  
Councillor T. D. Fitzpatrick

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## TOWN CLERK:

H. BEDFORD, ESQ., Solicitor

## PUBLIC HEALTH OFFICERS

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Town Hall, Stamford, Lincs. Tel: 2248, Ext. 32

### Senior Public Health Inspector:

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Town Hall, Stamford, Lincs. Tel: 2248, Ext. 33

### Additional Public Health Inspector:

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### Pupil Public Health Inspector:

N. HIBBETT



HEALTH COMMITTEE

Councillor E. W. Gray (Chairman)  
The Mayor (ex-officio)  
Councillor J. V. L. Whitham (Vice-Chairman)  
Alfred W. J. Whitham  
Alfred W. J. Whitham  
Councillor C. M. Riley  
Councillor E. M. Ladd  
Councillor Mrs. M. Nichols  
Councillor E. L. Hale  
Councillor T. M. Hart  
Councillor A. J. Gray

HOUSING AND PROPERTY COMMITTEE

Councillor P. Bullock (Chairman)  
The Mayor (ex-officio)

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## BOROUGH OF STAMFORD

### Annual Report of the Medical Officer of Health for the Year 1966

-o-o-o-o-

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

Mr. Mayor, Ladies and Gentlemen,

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

#### STATISTICS AND SOCIAL CONDITIONS

Area in Acres	...	...	...	...	...	...	1918
Population (Census 1962)	...	...	...	...	...	...	11743
Population (Registrar General's estimate 31.12.66)	...	...	...	...	...	...	12910
Rateable Value	...	...	...	...	...	...	£420,096
Product of Penny Rate	...	...	...	...	...	...	£1,670
Number of inhabited houses	...	...	...	...	...	...	4186

#### Vital Statistics for the year 1966

##### 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 0.78 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.

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Total Live Births	115	103	218
Legitimate	110	96	206
Illegitimate	5	7	12
Crude Live Birth Rate per 1,000 of estimated population -			16.89
Net Live Birth Rate per 1,000 of estimated population -			17.69
Rate for England and Wales -			17.7
Illegitimate Live Births per cent of Total Live Births -			5.5



	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Still Births ... ..	-	-	-
Legitimate.. ... ..	-	-	-
Illegitimate ... ..	-	-	-
Total Live and Still Births ... ..		-	218
Still Birth Rate per 1,000 Live and Still Births		-	Nil
Rate for England and Wales		-	15.4

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Deaths ... ..	98	88	186
Crude Death Rate per 1,000 of estimated population		-	14.40
Net Death Rate per 1,000 of estimated population		-	11.23
Rate for England and Wales			11.7
Natural increase, i.e. Excess of live births over deaths			32

Infantile Mortality - Deaths of Infants under one year

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Number of Deaths ... ..	3	2	5
Legitimate ... ..	3	2	5
Illegitimate ... ..	-	-	-

Infantile Mortality Rate per 1,000 Live Births	-		22.94
Rate for England and Wales	-		19.0

The number of deaths of infants under one year of age was  
5 in 1964 and 1 in 1965.

Infantile Mortality Rate per 1,000 Legitimate Live Births	-		24.27
Infantile Mortality Rate per 1,000 Illegitimate Live Births	-		Nil

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Neo-Natal Mortality i.e. Deaths of infants under four weeks of age	2	1	3
Neo-Natal Mortality Rate per 1,000 Live Births		-	13.76
Rate for England and Wales			12.9

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Early Neo-Natal Deaths i.e. Deaths of Infants under one week of age	2	1	3
Early Neo-Natal Mortality Rate per 1,000 Live Births		-	13.76
Rate for England and Wales			11.1

Peri-Natal Mortality Rate (i.e. Still Births and Deaths under one week combined) per 1,000 Total Live and Still Births		-	13.76
Rate for England and Wales			26.3

<u>Causes of Deaths Under One Year of Age</u>	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Prematurity (F. 10 hours, M. 10 hours)	1	1	2
Asphyxia due to inhaled stomach contents(3 months)	-	1	1
Subdural Haemorrhage,Tentorial tear,Breech delivery (1 day)	1	-	1
Acute Bronchitis, Early bilateral broncho Pneumonia (7 months)	1	-	1

There was no case of Maternal Death i.e. a death due to Pregnancy,  
Childbirth or Abortion.



# MARRIAGES SOLEMNISED IN THE BOROUGH OF STAMFORD

1963	101
1964	110
1965	102
1966	115

Weddings this year were at their highest ever figure in the Borough. The trend for embarking on matrimonial seas at an ever earlier age continues and there are going to be some very young grandparents one day which may in time create its own problems. More immediate however is the ensuring of adequate facilities for the expected population increases.

The live birth rate at 17.7 was exactly the same as that of the Country as a whole and showed little change either nationally or locally from the previous year.

It is noteworthy that this year there were no still births. This has not occurred in the past twenty years.

Illegitimate births at twelve were double those of 1965 and reached the high level of 1964. Twelve more children enter life with the handicaps which being born out of wedlock inevitably bring even in these days of liberalised attitudes to all concerned.

The Death Rate in the Borough was 11.2 compared with the National figure of 11.7. This local figure however is only arrived at after allowance has been made in the comparability Factor for the fact that there is a disproportionate number of elderly persons in the Borough compared with the country as a whole though there is a very slow improvement in the overall composition; due alike to natural increase and the influx of new population.

53 per cent of the deaths occurred in those aged over seventy-five years. The widening of facilities and services to the elderly by statutory and voluntary bodies are a logical concomitant of the increased expectation of life to which the majority may look forward.

After eleven successive years of reduction the Infantile Mortality Rate for England and Wales marked time at 19.0 per 1,000 live births. The comparable rate for the Borough was a little higher at 23, a sharp rise from the previous year's 4.7. However this exaggerated swing is an anomaly arising from producing statistics from comparatively small population groups. It makes one question very deeply whether an annual statistical review of vital statistics for populations under 40,000 to 50,000 is really a worthwhile exercise, and whether a triennial review might not be a great deal more value in assessing trends.



# CAUSES OF DEATH TABLE

	M	F	TOTAL
Tuberculosis, respiratory	-	-	-
Tuberculosis, other	-	-	-
Syphilitic disease	-	-	-
Diphtheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infections	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	-	-
Other infective and parasitic diseases	-	-	-
Malignant neoplasm, stomach	4	-	4
Malignant neoplasm, lung, bronchus	4	-	4
Malignant neoplasm, breast	-	3	3
Malignant neoplasm, uterus	-	3	3
Other malignant and lymphatic neoplasms	10	13	23
Leukaemia and Aleukaemia	-	-	-
Diabetes	-	-	-
Vascular Lesions of Nervous System	6	13	19
Coronary Disease, Angina	23	15	38
Hypertension with heart disease	-	3	3
Other Heart Disease	9	13	22
Other circulatory disease	4	3	7
Influenza	-	2	2
Pneumonia	7	4	11
Bronchitis	6	-	6
Other diseases of respiratory system	5	-	5
Ulcer of stomach and duodenum	-	-	-
Gastritis and enteritis and diarrhoea	3	-	3
Nephritis and Nephrosis	1	-	1
Hyperplasia of prostate	-	-	-
Pregnancy, childbirth, abortion	-	-	-
Congenital malformations	-	-	-
Other defined and ill-defined diseases	9	11	20
Motor vehicle accidents	3	-	3
All other accidents	2	5	7
Suicide	2	-	2
Homicide and operations of war	-	-	-
TOTALS	98	88	186



CENTRAL PROVISIONS OF HEALTH SERVICES  
IN THE AREA

Diseases of the cardio-vascular system again head the list of causes of death claiming 99; more than half the total and of these almost 40 per cent were due to Coronary Thrombosis. Again the warning is written on the wall for all over middle age to read. Avoid eating above the body's requirements, and here the waistline soon tells its story! Take adequate and suitable exercise and recollect the association between this condition and cigarette smoking.

Malignant growths hold second place in the league of death with 37 and of these 4 were due to lung cancer. This disease is largely preventable for the association between it and cigarette smoking has been established and accepted by informed opinion for many years past. King Edward VII at the turn of the century asked "If preventable why not prevent it?" We could indeed ask ourselves the same question today.

Three deaths were due to malignant growths of the uterus. It has become national policy to make available the screening test known as cervical cytology for all women over thirty-five years who request it. It is hoped that many will accept this 'early warning' test and so reduce the toll exacted by cancer of the cervix, which can be radically cured if discovered in its early stages.

Diseases of the respiratory system were in third place with 24 and it was encouraging that bronchitis as a killer was reduced to 6. As atmospheric pollution is hardly a factor in its production here, could this mean a reduction in cigarette smoking on the first sign of the disease while the condition is still reversible or improved domestic heating arrangements or maybe a combination of both, for they do assist.

Ten deaths were caused by accidents. One of these was at work and the remaining six were all within the home. Of these six, three women and one man succumbed to falls, and all of these were octogenarians. Hazards which are likely to cause tripping and stumbling should always be sought for and if possible corrected by those who have any part to play in the care of the elderly, as they already have to contend with transient giddy turns, defects of sight and locomotion. These magnify enormously the size of the danger from awkward and insecure household fittings and furnishings.

Three deaths were the result of road accidents and in each instance the vehicle on which the deceased was riding was a cycle. It would appear from this that the fewer the wheels the greater the danger on our congested roads. It is tragic when youth on the threshold of life and opportunity is mown down as in these instances by the lethal internal combustion engine.

There were two suicides - one by hanging and one by using the exhaust fumes of a car. These two helped to swell the total of five and a half thousand who living in this country's affluent society and with many dedicated to helping the needy yet in their extremity of despair chose rather than to struggle on against seemingly hopeless odds to die at their own hands. This is a challenge to social medicine and the preventive services.



## 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.

### Home Helps

Home Helps are provided for the town of Stamford and the neighbouring area of South Kesteven by the County Health Department from Barn Hill Clinic, Stamford. Application should be made to Mrs. I. M. Pepper, District Home Help Organiser, Barn Hill Clinic, Stamford.

Monday to	-	8.45 a.m. - 12.30 p.m.
Friday		1.30 p.m. - 5.15 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. 19 Home Helps are employed for work in the Borough and on an average there are 82 cases on the books at any one time, of which 75 are elderly persons.

### Welfare Foods

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

Monday to	-	8.45 a.m. - 12.30 p.m.
Friday		1.30 p.m. - 5.15 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 parishes of the surrounding Rural District of South Kesteven. Both posts have been vacant since December, 1963. Meanwhile Miss Hetherington, Health Visitor Bourne, has had the impossible task of covering the essential work in three areas. Mrs. Stevenson, S.R.N. and Mrs. Dopson, S.R.N., S.C.M. have coped with many Health Visitor duties within the Borough and the Clinic very successfully.

### Mental Welfare

Mr. D. Wray, Mental Welfare Officer, provides the link between the Family Doctor, the mentally ill patient and the Hospital Service. He also carries out the statutory duties laid down in the Mental Welfare Act of 1959 and does preventive work in this field; covering the Stamford area. Telephone No. Grantham 3590 and on Fridays Stamford 2906.

### 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 and Clinics are also held at the Stamford Hospital.

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 KESTIVEN COUNTY COUNCIL

#### Child Welfare

Weekly Clinic - Friday	10 a.m. - 12 noon
Barn Hill House, Stamford	2 p.m. - 4 p.m.

This is staffed by a Health Visitor and a State Registered Nurse. Mrs. Grundy and her group of voluntary workers devote much time in providing ancillary services for and making a pleasantly sociable atmosphere within the Clinic. Much is owed to their generous services. The Doctor attends each Friday morning and the first, third and fifth Friday afternoons. The average attendance at these clinics has decreased from 127 each Friday to 113. The total attendance was 5,699. The extension of the premises is overdue as the activities have completely outstripped the present accommodation at Barn Hill House, and this chronic overcrowding is in no small measure responsible for the fall in attendances.

Routine testing of all infants for phenylketonurea continued but 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:	1966	1965
Primary Protection	158	154
Reinforcing Protection	337	304
	<u>495</u>	<u>458</u>



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

	1966	1965
Primary Protection	26	29
Reinforcing Protection	42	37
	<u>68</u>	<u>66</u>

94 children were immunised by the Family Doctors, 57 for Primary courses and 37 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 sincere thanks.

#### School Health Service Clinic

This is situated at Barn Hill, Stamford, providing Ophthalmic, Physiotherapy, Speech Therapy Clinics. A minor ailment clinic is held from 9 a.m. - 10 a.m. on Mondays, Wednesdays and Fridays, attended by a Nurse.

The School Dental Service with the arrival of Mr. B. Parsons has expanded greatly and with the rebuilding of the dental suite, which started at the end of the year, the working and environmental conditions will be vastly improved.

#### Mothercraft Classes

These are held on Tuesday afternoons and are primarily intended for women expecting their first baby. The course consists of eight lectures covering ante natal care, preparation for confinement and infant care. Relaxation exercises are also taught, films are shown and the occasion is made an enjoyably social one.

In the twelve months to 31st December, 1966, 58 mothers-to-be made an aggregate attendance of 470. The Club was run by Mrs. J. Dopson, S.R.N., S.C.M.

#### Cervical Cytology Clinic

This was opened at Barn Hill in September and up to the end of the year 48 smears had been taken. Of those attending 10 came from Stamford, 6 from South Kesteven and 32 from outside the County. The small beginnings were due to lack of technicians at the Laboratory. It is hoped to expand this service in 1967, as there is a long waiting list at Barn Hill.

#### Children's Department

The Area Child Care Officer, Mrs. E. W. Avison, assisted by Mrs. Newell have their headquarters at Barn Hill. The close liaison which has sprung up between them and the members of the Medical, Nursing, Home Help and Mental Welfare Services who share the building has continued during the year to the benefit of all. The full range of Children's Department Services are provided.

A family Advice Centre is open on Fridays from 1.30 p.m. to 4 p.m. to deal with all social problems involving children and young persons.



(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 Patients' Department, Memorial Hospital, Peterborough, under Dr. N. A. Ross.

Males

Females

Mondays 4.30 - 6.30 p.m.

Tuesdays 10.30 - 12.30 p.m.

Wednesdays 5.30 - 7.00 p.m.

Thursdays 4.30 - 6.30 p.m.

(c) PROVIDED BY THE PUBLIC HEALTH SERVICE BOARD

Laboratory Facilities

Bacteriological examinations are carried out by the Public Health Laboratory at Peterborough under the direction of Dr. E. J. Glencross. They include brucellosis and antibiotic examinations of milk, water samples and general bacteriological work. I would like to acknowledge gratefully the ever generous help, advice and courtesy which has been extended to us at all times by the Director and his Staff.

(d) PROVIDED BY THE FAMILY PLANNING ASSOCIATION

Family Planning Clinic

Now in its sixth year it provides a service to the married who wish to plan their families and to the engaged wishing pre-marital advice. Instruction is also given on methods of contraception; medical help on sexual problems and advice in cases of sterility and infertility.

Oral methods of contraception have not been employed and wisely so when there remained any residual doubts as to a possible connection between "the pill" and thrombosis or other complications. Now that this has been put into perspective and the case for "the pill" and its safety established generally, it may be introduced shortly into this Clinic.

The Clinic is held by Dr. Anne Whiteley - Deputy County Medical Officer. She is assisted by a Health Visitor and a Committee of voluntary workers to whom I would like to express cordial thanks.

During the year 22 sessions were held. A total of 105 patients, of whom 55 were new, and there were 196 Medical Consultations. Patients were referred from the Family Doctors, the Hospitals and a wide variety of other sources.

The Sessions are held:-

First Tuesday in each month

2.00 p.m. - 3.00 p.m.

Third Tuesday in each month

7.00 p.m. - 8.00 p.m.



## SANITARY CIRCUMSTANCES OF THE AREA

### Water

The responsibility for the supply and distribution of water is that of the South Lincolnshire Water Board on which the Borough is represented by three members.

I am much indebted to Mr. Cameron Stobie, Engineer and Manager of the Board, for the following information on the work done during the year and for his comments:-

"The total quantity of water supplied to the Borough of Stamford for the period under review was 270,319,000 gallons which figure represents an increase of 12.34 per cent over the recorded consumption for the year 1965.

"The daily average for 1966 was 740,600 gallons, for 1965 was 659,233 gallons, which shows an increased water demand of nearly 100,000 gallons per day in 1966 as compared with 1965.

"The sources serving Stamford Borough are at Bonemill, Northfields, Ryhall Road, Whitewater and Wothorpe supplemented with a supply from Pilsgate via the Park Reservoir.

"The new Northfields Reservoir and Booster Station was completed and put into commission towards the end of the summer period. This has ensured a more satisfactory supply to the higher areas of the northern section of Stamford and relieved the concern for meeting this growing demand. The continued housing development, as evident by the increased consumption figure, has imposed a constant strain on the undertaking and incessant attention is directed to meeting the continued expansion.

"This housing development demands the laying of distribution and service mains together with feeder mains to improve pressures generally and build up the reticulation system.

"The length and diameter of new mains and the particular district in which they were laid during the year is indicated in the following table:

Northfields/Empingham Road	14 yds.- 10"
	1185 yds.- 12"
	111 yds.- 15"
Cambridge Road	110 yds.- 2"
	240 yds.- 3"
	550 yds.- 4"
Edinburgh Road	270 yds.- 3"
	130 yds.- 6"



Casterton Road	667 yds. - 3"
	285 yds. - 4"
Little Casterton Road	60 yds. - 3"
St. Peter's Hill	2 yds. - 3"
Totals:	
110 yds. 2" diameter	14 yds. 10" diameter
1239 yds. 3" diameter	1185 yds. 12" diameter
835 yds. 4" diameter	111 yds. 15" diameter
130 yds. 6" diameter	

"

No inhabited properties are supplied from standpipes.

The water itself being derived from the gathering grounds of the Lincolnshire Limestone belt is naturally very hard. There is no danger of plumbo-solvency and no fluorine.

The Minister of Health and all the Medical and Dental Representative Bodies together with the great majority of informed public opinion are united in favour of the raising of the fluorine content of public water supplies to the optimum figure of one part per million as the best antidote to the ravages of dental decay in the young. This by no stretch of imagination is mass medication - just a raising to the effective level of a substance which is already occurring in trace amounts in very many of the water supplies of this Country and abroad. The South Lincolnshire Water Board however are not yet in a position to consider it seriously having other urgent demands on their resources at the present time.

At the request of the Ministry of Health a chemical analysis of a typical sample of water from the Borough supply is included.

#### CHEMICAL ANALYSIS (Whitewater Supply)

	<u>Parts per Million</u>
pH	7.2
Chlorine present as Chloride	22.0
Hardness: Total	370.0
Carbonate	225.0
Non-Carbonate	145.0
Nitrate Nitrogen	4.9
Nitrite Nitrogen	Absent
Ammoniacal Nitrogen	Nil
Albuminoid Nitrogen	Nil
Oxygen Absorbed	0.20
Free Carbon Dioxide	30.0
Dissolved Solids dried at 180°C.	470.0
Alkalinity as Calcium Carbonate	225.0
Mineral Analysis:-	
Copper, Fluoride, Iron, Lead, Zinc	Nil



## Remarks

This sample is practically clear and bright in appearance, neutral in reaction and free from iron and other metals. The water is very hard in character though not excessively so and it contains no excess of mineral constituents. It is free from colour and of very satisfactory organic quality.

From the aspect of the chemical analysis these results are indicative of a pure and wholesome water suitable for public supply purposes.

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At the end of the year a large part of the work had been completed on the new trunk sewer from St. Leonard's Street to Scotgate. This has been quite an engineering feat as it involved carrying it in a tunnel diagonally beneath the town centre, thereby avoiding chaos to traffic and business life. The slight annoyance arising unavoidably from compressors and drilling was reduced to a minimum by the Contractors and accepted most philosophically by the neighbours. It will ease the overloading and surcharging which has occurred in the lower areas of the town in recent years. It is also an essential first step in the provision of the necessary laterals to improve the drainage in some other areas of the town. An extension from St. Leonard's Street to the Works would also appear to be necessary. The increasing numbers of houses, improvement grants and the insatiable demands for water in modern society in turn make increasing demands on the sewage disposal works. Pulling the chain or pulling out the bung is just the beginning not the end.

The present Works are quite inadequate to face up to all this and this fact has been recognised by the Council and the Ministry of Housing and Local Government alike. Accordingly it has been agreed in principle that a new sewage disposal works should be constructed on a site further down the river away from the town. This new works would be constructed to deal with a population of up to seventeen thousand and with provision for a possible further increase up to twenty-five thousand. The present Works would still continue to serve a very useful function in dealing with storm water and other non-offensive procedures.

Meantime the sludge composting system has continued and this has greatly reduced the malodour which formerly bedevilled the work of disposal. It has been very successful and produced a compost of considerable manurial worth and customers have been found for it; turning a complete liability into a product of some asset value.



A weekly house door refuse collection is given and disposal is by a controlled tipping system at Uffington. Unfortunately this tip is almost exhausted and use will now have to be made of the extensive tip available at Yarwell. Though it is very comforting to have a site at all in these days it will involve a much longer haul. Sooner or later serious attention will have to be given to the concept of refuse incineration possibly as a combined project with neighbouring authorities. That this is no new idea is borne out by an extract from the Council Minutes:-

"It is recommended that the Report (of the Health Committee in favour of erecting a Destructor) be approved, adopted and confirmed and a Manlove Alliott Destructor be installed."

The Minute is dated 2nd July, 1928.

The paper salvage scheme continues to work satisfactorily as a combined operation of the public and the collectors. During the year 255 tons 2cwts. 2qtrs. were collected and the price obtained for it was £2307 16s. 10d. Quite apart from this it saved carrying to the tip face a mass of highly inflammable material which would take up a great deal of freighter space in transit. The Cleansing Services maintain the high standard which the Borough has enjoyed for years past.

The Borough Swimming Baths provide a greatly appreciated amenity for the town and the surrounding villages. All the Local Education Authority Schools in the Borough take advantage of them for educational and recreational purposes, so there is little excuse for any child not learning to swim. Having learnt how to do so and to enjoy this health-promoting pastime it is regrettable that the swimming season in our uncertain climate is such a short one. Will 1972 - the Millennium of the Borough - see a heated bath provided and this great asset available to the local community?

On the opening day with a water temperature of only 46°F, one could only be surprised that 76 hardy addicts braved the plunge. It was a relatively poor summer with temperatures below the average and the total attendance was the moderate figure of 49,072. This was up on the previous year's 42,610 - an even worse summer - but far from the peak of 97,007 of 1959.

A Minuteman Resuscitator is available at all times and is serviced regularly to ensure its efficiency. It fortunately was not needed during the season, though there were two accidents neither of which was serious, but underlined the wisdom of the provision of an equipped first-aid room with a stretcher and blankets at hand.

Rules for Health and Cleanliness are displayed and every effort made to reduce to the minimum the risk of spreading verruca (plantar warts) and athlete's foot.



Sixty-eight samples of water from the Baths were taken for bacteriological examination at weekly intervals throughout the season. There was a little difficulty in maintaining a low plate count in the paddling pool but off season adjustments may overcome this.

Additionally forty-six samples were taken from the heated High School Bath and thirty-four from the unheated Stamford School one. At both of these satisfactory results were obtained.

The agreement with Stamford Hospital for the use of their Mortuary in the case of need has worked satisfactorily and this Council has been relieved of the need and expense of maintaining their own.

Stamford has a Joint Burial Board and during the year there were 125 interments in the Borough Cemetery. The nearest crematorium is at Marholm near to Peterborough.

There were two households found to be infested with vermin during the twelve months, both of which were expeditiously dealt with after their discovery.



THE PREVENTION AND CONTROL OF  
INFECTIOUS AND OTHER DISEASES

ANALYSIS OF CASES OF INFECTIOUS DISEASE  
UNDER AGE GROUPS

	Scarlet Fever	Puerperal Pyrexia	Pneumonia	Food Poisoning	Cerebro Spinal Fever	Measles	Whooping Cough	Erysipelas	Dysentery
0-	-	-	-	-	-	-	-	-	-
1-	-	-	-	-	-	2	2	-	-
2-	-	-	-	-	-	7	-	-	-
3-	1	-	-	-	-	3	1	-	-
4-	-	-	-	-	-	3	-	-	-
5-	6	-	-	-	-	9	3	-	-
10-	2	-	-	-	-	1	-	-	-
15-	-	-	-	-	-	-	-	-	-
20-	-	2	-	-	-	1	-	-	-
25-	-	-	-	-	-	-	-	-	-
35-	-	-	-	-	-	-	-	-	-
45-	-	-	-	-	-	-	-	-	-
55-	-	-	-	-	-	1	-	-	-
65 and over	-	-	-	-	-	-	-	-	-
Age Unknown	1	-	-	-	-	-	-	-	-
TOTALS	10	2	-	-	-	27	6	-	-

The total incidence of notifiable disease - excluding Tuberculosis - was much lower than in the previous year being 45 compared with 142 in 1965 and 427 in 1964. Measles had a low incidence (27) but even at this accounted for more than half the total. 1967 will in all probability be a "measles year" as its periodicity is a feature of the disease. I had hoped that before such a year was due again there might be a Measles vaccine which would be both universally effective and without the risk of unpleasant side effects, with which the susceptible child population could be immunised. We will have to wait a little longer for this though success does not appear to be far off and couldn't arrive too soon to prevent the toll of complications arising from this infection.

It is very pleasing that there were no cases of Dysentery or Food Poisoning.

Eleven years have now passed since there was a Poliomyelitis victim in the town. This is a great tribute to the efficacy of



vaccination against the disease. Whilst there are 85.4 per cent who have accepted this protection in Stamford yet one cannot but deplore the 14.6 per cent who have either through laziness or in the exercise of their democratic rights to say "no" have chosen wrongly. Whilst hiding behind the "herd immunity" here if such individuals go to live somewhere else where a relatively large percentage are not protected they may well be at grave risk. In recent years serious outbreaks of the disease occurred in Bradford where only 60 per cent were protected and at Hull where the equivalent figure was 53 per cent of the under forty population. The County figure is 66 per cent protected.

Are three visits to a Surgery or Clinic and three lumps of sugar too great a price to pay for immunity? A few would doubtless like them delivered.

It is twenty-one years since Diphtheria last struck in the Borough. Only by ensuring that every child is immunised in its first year can this freedom be maintained and there is some gratification in the fact that 88.7 per cent of our children are protected but what about the 11? The County figure is 70 per cent protected.

There were ten notified cases of Scarlet Fever but this bears little relationship to the prevalence of the causative organism and is of little statistical significance. The important thing is to have early knowledge of sore throats in the families of food handlers or midwives.

All Council employees who are liable to come into contact with rat-contaminated water are given a card of precautions against contracting Weil's Disease. One person not in Council employment was suspected of having the disease and full investigations and a rat survey at his place of work were carried out. Fortunately the suspicion was not confirmed.

During the course of the year 206 from Stamford were vaccinated against Smallpox and also 41 from the surrounding villages.

It is pleasing that many fewer than in former years left their requests for revaccination until their loins were girded for immediate departure to remote places.

The number of new cases of Venereal Disease attending the Peterborough Clinic from that part of South Kesteven which seek their service there was 35. Unfortunately the figure for Stamford itself is not available separately but is contained within this total.



## TUBERCULOSIS

Two new cases of Pulmonary and one case of non-Pulmonary were recorded during the year. One of the Pulmonary cases was in a girl in her early teens, the other a male aged 65. This underlines that tubercle is still capable of affecting an individual in any age group. It is particularly important that those in the older age groups should have a chest x-ray when the Mass Radiography Unit comes to town. Often an unsuspected pocket of infection can be found in the chest of a retirement pensioner, so they should not neglect a chronic cough and spit as of no special significance. The non-Pulmonary case of infection involved surprisingly enough an octogenarian woman, who had tubercular glands of neck.

Respiratory tuberculosis while not the scourge of former days still necessitates prolonged treatment and causes much loss of working time which the individual and the country can ill afford. It still has a considerable incidence as attending the Stamford Chest Clinic last year were 109 including 5 new cases and of these 7 had positive sputums that is were infectious at some time during the twelve months. Constant vigilance over the patients and their contacts is still a most important defence.

The B.C.G. Vaccination Scheme for school children continued as usual. 201 children were Heaf tested and of these 169 were found to be negative and were given B.C.G. 7 were absent from the reading. Twenty-five were positive and later had chest x-rays and all but one of their radiographs were clear. One girl was sent for further examination but no active Tuberculosis was found.

During the year the Mass Radiography Unit came to Stamford and were accommodated at the Town Hall from 13th April to 13th May. 3659 took the opportunity of having their chests x-rayed - 150 more than on the previous visit. Statistics of the findings are not yet available as they take about a year to prepare which is unfortunate as by then they are of small interest and less value.

The Council always give very sympathetic consideration to the housing needs of anyone suffering from Pulmonary Tubercle or its sequelae.



## HOUSING

### PROVISION OF NEW HOUSES

Statistics of new houses erected in the Borough during 1966:

#### Built by Local Authority

Traditional Brick Houses (3 bedrooms) 40

Houses in course of erection at end of year 51

#### Built by Private Enterprise

Traditional Brick Houses (3 bedrooms) 144

Houses in course of erection at end of year 48

### APPLICANTS FOR COUNCIL HOUSES

(As supplied by the Housing Department at December, 1966)

Effective Housing List 231

Old Persons Dwelling Applicants 99

Miscellaneous Applicants 25

Since the commencement of the Council's Slum Clearance Programme in 1955, 169 houses have been dealt with, 16 of them during the year as follows:

Closing Orders 7 (whole house)  
1 (part house)

Additionally 8 Undertakings not to relet for human habitation were given.

In September 1964 a further review of the unfit housing situation was carried out and accepted, a total of 95 houses being included therein. Of these by the end of the current year 43 had been dealt with.

At the end of the year all but one of the tenants of the twelve dwellings in the Foundry Road Clearance Area had been rehoused and a start had been made on clearing the site in readiness for the redevelopment to be commenced. This will mark a big advance in tidying up this locality.

Though the original and imaginative plan provided by Mr. Marshall Sisson for the redevelopment of the houses on the east side of High Street St. Martin's proved too expensive, continuing efforts are being made to design a scheme which will not detract from this ancient and mellow street scene and yet be within a cost which can be justified in modern terms. As this search continues the tenants of all the worst of the properties have been rehoused.

The Council completed 40 three bedroomed houses in 1966 and at the year's end had a further 51 houses under construction. Private enterprise also had a good year producing 144 with a further 48 underway at the close of the period. The numbers on the Council's



Housing List increased this year by the modest total of one to 355. The demand for Elderly Persons accommodation was as insatiable as ever with 99 applicants for this type of dwelling making 28 per cent of the total.

At the close of the year all was ready to make a start on the Grouped Scheme with Warden assistance at Ryhall Road which will provide ideal homes for another 45 of our Senior Citizens. They will be ideally situated on level ground, not too far out of town and on a bus route; all of which are enormously important to those of advancing years and with increasing disabilities. There are the added fringe benefits of being close to Welfare and Hospital facilities should the need arise. The earlier Scheme at Clare Close has been enormously successful as the tenants of its 31 dwellings will testify. The happy community spirit which was mentioned last year has continued under the fostering influence of the Warden. Additionally, the convenience in running and the comfort of the dwellings themselves have been of great benefit to the health and a source of happiness to those who live there.

The work of rejuvenation of the ancient almshouses in the town has continued and the reconstruction of the sixteenth century Burghley Almshouses into flats for elderly persons is a shining example of what can be done. There are now eight flats for married couples and two for single men as well as accommodation for a Warden. The cost of this metamorphosis was raised by Improvement and Special Grants from the Council, a gift from Lord Exeter and a Grant from the Pilgrim Trust. They were originally provided by the First Lord Burghley, Lord High Treasurer to Queen Elizabeth I as homes for poor elderly men and provided for a Warden also.

Is it not strange that after a lapse of three hundred years "modern" trends lead back to the grouped elderly persons dwelling concept and some sixty thousand persons are now living under the umbrella of such schemes.

The possibility of a warning system for the Orchard Close group of houses was discussed but had to be abandoned on technical grounds and recourse was had to reducing the concentration of elderly tenants by one or two younger ones.

The Council's Caravan Site on Empingham Road has served a useful purpose when traditional housing has been so short. Now it has been decided that it is no longer necessary and that the site should be cleared and utilised for residential development. The last van should be away by mid 1967.

The Council operate a Points Scheme and during the year thirty-seven applications were received for priority rehousing or for the exchanging of tenancies on the grounds of ill-health or for acute socio-medical reasons. In each instance a personal visit was made by the writer and a full investigation carried out before a recommendation was made. I acknowledge gratefully the assistance I receive from my Family Doctor colleagues in these appraisals which are the only equitable way of equating housing to greatest need.



The Council continue to encourage the owners of suitable properties to bring them up to modern standards. During the year 1 Discretionary and 22 Standard Grants were awarded.

There was no case of Statutory Overcrowding.

There are no Common Lodging houses in the Borough.

There are still ten Council houses without bathrooms but these are gradually being provided as tenants vacate the houses.

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### INSPECTION AND SUPERVISION OF FOOD

The Municipal Slaughterhouse has managed to maintain an adequate service to the town and the neighbouring areas but both it and the staff have been hardpressed at times of high throughput. The scheme for a new abattoir has been left in abeyance for the time being though it does not now seem likely that the Government will lightly extinguish the smaller slaughterhouses in favour of centralisation. The fact must be faced however that the present outmoded premises have a limited life and future.

Each year underlines more clearly the argument for the registration of all food premises and a certificate of suitability for the purposes right from their inception. It would ensure that none were missed in the routine visits which are so necessary if early and unsuspected lapses in the food handling codes are to be detected and corrected before they give rise to trouble.

Whilst the Health Inspector ensures the safety of food and its freedom from bacteriological infection and decomposition, the Food and Drugs Officer is concerned under the Food and Drugs Act, 1955, with the chemical and compositional quality of foodstuffs, with the nature substance and quality which a reasonable person can expect when buying food for human consumption. In order to ensure this samples are taken regularly for analysis. During the year the following forty samples were taken in the Borough:-

Almond flavour	1	Meat Paste	2
Butter	1	Milk	22
Blackcurrant syrup	1	Shortbread	1
Chocolate	3	Steak (tinned)	1
Gin	4	Sucron	1
Gun blue	1	Yoghourt	1
Iced lolly	1		

Mr. Hawley, Chief Inspector under the Food and Drugs Act, 1955, for Kesteven comments as follows:-



## "Quality of Milk"

"Quality" as applied to milk has a number of important connotations, many of which have received a great deal of publicity in recent years. The almost complete eradication of bovine tuberculosis in dairy herds has been, perhaps, the most spectacular advance, but the modernisation of cowsheds and, very largely as a result of this, the great improvement in the keeping quality of milk, has still further popularised milk as a food that everyone can afford. For many years before and during the last War, the aim of all dairy farmers was to increase production. The high-yielding cow was much sought after and 'quality' in terms of milk solids was of secondary importance to 'quantity' in terms of gallons. Since the War, and with increasing tempo during the past few years, the emphasis has changed and now compositional quality, in terms of total solids, is of equal importance. The milk solids in milk, especially the solids other than fat, are a rich source of quite indispensable nutrients. They form an important element in the nation's diet, contributing, in the words of the Cock Committee .....

'protein, calcium and other nutrients.....which are an insurance against recent adverse dietary trends, notably a marked increase in the consumption of sugar and fats, foodstuffs which provide calories, but little else.'

In spite of this official anxiety that liquid milk should maintain a high solids-not-fat factor and the Milk Marketing Board's quality payment scheme to this end, solids-not-fat remain at a low level in many parts of the country. In Kesteven, however, where milk is produced mainly for local consumption, the position is rather better than in counties where milk production is practised more intensively.

"Very nearly half of all the samples taken were of mixed milk, that is the morning's and evening's milk of more than one herd. In other words this was milk processed by one or other of the large dairies in and around the County. This sort of milk maintains a consistent quality throughout the year and it does, of course, level out the natural inequalities between morning's and evening's milk. Homogenised milk which was introduced in some of the larger towns recently, has made little impact on the rural population, but there may well be a market for the new 'Long Life' milk developed by the Express Dairy Company and now on sale in Grantham. This milk is processed under pressure at temperatures well above the boiling point of milk and it is claimed that it will keep anywhere in the world for not less than six months. Samples have shown that it has all the characteristics of ordinary pasteurised milk without any alien flavours. It is sold in hermetically sealed cartons and if it were to become popular would eliminate the need for daily deliveries of milk. A recent inquiry made on behalf of the Minister of Agriculture into methods of milk distribution establishes the fact that a two-day delivery system (instead of the present daily delivery) would save 5d per gallon on the retail price of milk. Indeed, this pattern of delivery has been strongly recommended to the Minister and is likely to be adopted within the next two years. For those without refrigerators, Long-Life milk will be the complete answer. All the 22 samples taken were genuine.



## "Butter

"By statutory definition, butter must be made exclusively from cow's milk, with or without salt and with or without certain permitted colouring matters, all of vegetable origin, namely annatto, carotene and turmeric. It must contain a minimum of 80 per cent of milk fat and not more than 2 per cent of milk solids other than fat. It must not contain preservatives (other than salt) and not more than 16 per cent water, although, under the Antioxidants in Food Regulations, it may contain certain permitted antioxidants. These are substances which ...

'....delay, retard or prevent the development of rancidity or other flavour deterioration.....'

....and since most fats become rancid on exposure to air and light, the addition of antioxidants is permitted by law to extend the 'shelf-life' of butter, margarine and cooking fats.

"The sample was satisfactory."

Quite apart from the routine sampling a number of food and similar complaints first made at the Health Department were referred to Mr. Hawley and some of these were of more than usual interest and are featured in his report.

"Perhaps the most interesting concerned a well-known brand of baby food, sold in a hermetically-sealed tin from which, prior to sealing, the oxygen is removed and replaced by nitrogen. This process preserves the delicate flavour and freshness of dried milk, but makes it extremely unlikely that any living thing could survive. This was important in this case, because the mother concerned alleged she found a 'maggot' in the tin when she went to make her baby's evening feed (having opened the tin at mid-day and been very careful to close it securely). The Public Analyst reported that he could find nothing wrong with the dried milk in the tin. It was fresh, free from any evidence of occupation by a living larva. He gave it as his opinion that a living organism could not have survived in the hermetically-sealed tin for more than a few days at the most (it was known that the tin had been sealed in July and opened in November). The Ministry's regional entomologist confirmed this finding and said an organism of this size would have left unmistakable evidence of its sojourn in the tin. In these circumstances the mother was informed that the larva must have entered the tin some time after it was opened.

"In another case, a mother of two young children complained of finding a piece of sharp-edged metal in a meat pie. The metal was recognised as the remnants of a washer from one of the pie-cooling trays and the firm's representative said he had thought for a long time that it was a potential 'foreign body' hazard. Legal proceedings were instituted and at Stamford Magistrates' Court the firm pleaded 'guilty' and was fined £10.

"In yet another case a Stamford woman complained of finding a large sliver of wood in a date and walnut cake which she had purchased in the town though it was manufactured outside of it by



a bakery firm which uses a great deal of up-to-date detection machinery. There is however, no known method of detecting wood or walnut shell other than by hand-sorting and this is a method which, with the best personnel, can never be one hundred per cent efficient, since a shelled walnut is often similar in appearance to a piece of wood or walnut shell. In the circumstances, and after consulting the complainant, a written caution was sent in this case.

"A Stamford complaint concerning an almond food flavour (that it smelt of ether and was inflammable) was not substantiated by the Public Analyst, who found the flavour in question to be quite normal, though it contained iso propyl alcohol and was, to this extent, inflammable.

"A complaint concerning the lead content in the external finish of a child's toy was investigated. The Public Analyst however was able to eliminate the toy as the possible cause of symptoms which were akin to those of lead poisoning.

"About the same time, a Gun Blue on sale in Stamford and thought to be poisonous, was sent for analysis by the Public Analyst. He found the liquid was a harmless mixture of copper sulphate and selenious acid.

"Although young people are more articulate today and complain more readily when things go wrong, it is rarely that a complaint is not 'prima facie' justified by the facts as the complainant sees them. We have yet to receive a captious or venomous complaint and that makes it easier to deal with the many complaints we do receive. All are taken seriously and the Public Analyst, particularly, goes to great lengths to unravel any conundrum. He and his staff are most helpful on many occasions during the year."

I am very grateful to Mr. Hawley for his ever generous co-operation and for the observations which he has made in this report.

In recognition of the fact that milk is such an exceptionally important food for the young, the elderly and the invalid and is also subject to hazards peculiar to its derivation and nature, a punctilious watch should be and is maintained on it. All milks delivered to pasteurisation plants are tested for the presence of penicillin and if traces are found the producer of the milk is subject to a price penalty. In spite of this and the Regulations which veto the sale of milk from cows who have had antibiotic treatment for forty-eight hours after the cessation of such treatment - milk contamination with it does occur. A large pasteurisation plant from which this area is supplied in part showed in a random month that of 330 samples tested 3 contained penicillin. Pasteurisation incidentally does not destroy the penicillin if it is present.

Another hazard peculiar to un-heat-treated milk is the possibility of carrying the organism of contagious abortion in cows (*Brucellae*) to man, in whom it produces an infection (Undulant Fever) which can be prolonged and unpleasant. Though this possibility caused concern in a neighbouring area, no positives were found in the Borough.



## FOOD POISONING

No cases of Food Poisoning were reported during the year.

## NATIONAL ASSISTANCE ACT, 1948, Section 47

No person had to be removed compulsorily from their home to either Hospital or Welfare accommodation under the Provisions of this Act during the year. There was mounting evidence in two cases however that this might become necessary before long though hope until the last minute is never lost that persuasion and importunity will win the day.

## HEALTH EDUCATION

The Council continues to support the Central Council for Health Education and makes full use of the propaganda material which is sent to them periodically during the year. Though this visual approach may be valuable, it is the personal one to the young which is likely to reap the greatest benefit in the long run. Furthermore it is not the spoken word in itself which carries the convincing message, it must be spoken by someone convinced of the truth of what he is saying and acting on that conviction. The most ardent advice to the young from a confirmed cigarette smoker, or other drug taker, or the person with bad personal habits, deploring these and advising against them is dismissed as hypocrisy. It is however mainly the young before set habits and patterns of behaviour have been established who require all the 'know how' of skilful Health Education presentation. It is notoriously difficult to alter patterns of behaviour once they have been formed otherwise not so many would smoke themselves to perdition or dig their own graves with their teeth.

## MISCELLANY

Though the Social and Medical Services have expanded enormously in the past decade there are still many instances where individuals in need do not know where to turn in order to find a solution to their difficulties. The investigation of such cases and endeavouring to assist them is one of the more rewarding facets of Preventive and Social Medicine.

There was the woman in her mid forties living just outside the Borough where her husband had worked all his life. She was crippled with a progressive nervous disease and unable to stand unaided. After being supported by Home Helps for ten years this ceased as no one could be found to continue the service, so she had to be left sitting in her chair from the time her husband left in the morning until his return at night. The toilet was an earth closet at the foot of the garden, to which her husband had to carry her. Her attendance at the Day Hospital three times a week was the only break in the monotony and the siege conditions. A special housing appeal was made to this Council and the couple were rehoused in a two bedroomed ground floor flat, a Home Help from the Borough was found and the attendance at the Day Hospital continued. This change in their circumstances has brought untold happiness in its train.



There was the lady of seventy-five who from the death of her husband had become lonely, depressed and deteriorated in health. For her, salvation was admission to an elderly persons Grouped bungalow, where the friendly community atmosphere could heal the wounds and bring new interests.

The loss of a spouse and the breaking up of an intimate partnership of very many years creates an emotional and social crisis. It is a time when the deployment of all appropriate help is required to assist the remaining partner to surmount it and survive. All too little is done to assist such as these over a period of severe readjustment.

Unsuitable housing conditions often saddle young and old alike with an almost intolerable burden. There are flats improvised from ancient buildings which have brought problems to a succession of their occupiers. A young couple living in two rooms on the ground floor and two on the top floor with thirty-five steps between, and a baby expected are not to be envied. More invidious was the position of a couple with a child where the pram had to be dismantled on the street and carried up thirty steps to the flat. The toilet situated in the cellar necessitated a descent of forty-seven steps of which a dozen were stone slabbed and below ground level. Such accommodation beckons the house hungry but they learn to regret their acceptance at leisure.

The Home Help Service has continued to bring invaluable support and help to the needy; from the problem family and the socially incompetent to the elderly and physically incapacitated. Their work allows many to maintain their independence who would otherwise be forced by necessity into institutional care against their personal wishes and at a great expense to the public budget. Their efforts are furthered by the Good Neighbours. These women of goodwill befriend and help those living near to them but in a more informal way and over a larger part of the twenty-four hours. Finally, the Night Sitter-Up Service is a source of relief for the hard-pressed home where an elderly or other very sick person has to be nursed night and day and where the single-handed strain continuing without respite can become intolerable. With the reward for those offering this service increased to thirty shillings per night recruitment should improve.

The Meals on Wheels Service of the W.R.V.S. has continued to provide meals several times a week to elderly persons who would otherwise have difficulty in meeting their dietetic needs. The meals are cooked in the Central School Kitchen during the school terms and at Messrs. Blackstones Canteen during the holidays. Whilst the school meal is excellent as such the elderly would possibly benefit from an extra emphasis on protein rather than carbohydrate. It is hoped that it will be possible to organise a Dining Club in the town as an extension of this service and for the benefit of those who are physically fit to make their way to a central point. The writer is still of the opinion that the diversion of the free milk supply from the over eleven year old school child to the old age pensioner would be more relevant to the contemporary scene in which the school child tends to



be over and the elderly single person under nourished. It is encouraging that this view is no longer held to be heresy. The cost of free school milk incidentally is now £13½ millions for the fifty-six million gallons provided annually and we are not in the European Common Market yet.

It is disappointing that the elderly do not make more use of the 'Rendez-vous' at the Derby and Joan Hall where tea, coffee and biscuits are made available each morning by a rota of women's organisations in the town. The average attendance is only a mere half dozen.

The Co-ordinating Committees for the Welfare of the Elderly and for the Welfare of Children, at Risk from family and social causes, continued to meet regularly under the writer's Chairmanship. Their contribution to the efficiency of the services represented in bringing the maximum benefit to those in need has been of inestimable value. Similarly membership of the Area Maternity Liaison, Control of Infection and Medical Education Committees makes for improved efficiency by improving medico-social liaison work. With the winds of change blowing through the medical services of the country it would seem abundantly clear that the fullest possible integration between the Hospital, Family Doctor and Preventive Medical Service is of fundamental importance. At a time of acknowledged shortage, medical manpower must be used efficiently and economically and in reviewing how this can be done old shibboleths and restrictions must be swept aside in favour of a new liberalisation. It should no longer be exceptional to find an individual doctor engaged in more than one of the three branches of the National Health Service and this would be to the benefit of all concerned and not least the public.

Since the commencement of this Report details of work done in the School Dental Service by Mr. Parsons in Stamford have been received and are inserted here for convenience. 1407 Stamford school children were examined during the twelve months, of these 802 required treatment and 352 accepted it. The ratio of fillings to extractions was 1 to 2.5. 41 children were treated for orthodontic conditions and 24 were fitted with appliances. Additionally 32 pre-school children and 4 expectant or nursing mothers were made dentally fit.

Against the national background of rising juvenile delinquency, sexual promiscuity and drug addiction, it is pleasing that these problems are not obtrusive ones in the Borough. It is encouraging that many of our teenagers are taking part in social service to others both within the ambit of the schools and outside and this augurs well for the future. The School Action Groups and the Volunteer Emergency Service are fine examples of this social consciousness. It is not fully appreciated the difficulties to which our adolescents are subjected. Since toddlers they have been used to entertainment of all sorts and at all hours without effort on their part. Everything in a material sense has come easily to them and been accepted as of right. This being so they have cast around for something out of the ordinary to produce a kick and hence the resort to the extravagances with which all are



familiar particularly as the more bizarre manifestations make news and the headlines. It is a compassionate understanding of their problems, the setting of high standards of example by adults and the firing and canalising of their enthusiasms into worthwhile channels which is the needful approach. The facile condemnation of the shortcomings and behavioural disorders, which are attendant upon our vaunted cosy Welfare State, brings little assistance to these adolescents and only breeds resentment. We made the Welfare State concept what it is and we must expect to reap the harvest we have sown - good and bad. It is still something of a shock to see a hirsute male face under a female hair style but this is only indicative and symptomatic of the general mixed feelings of so many teenagers. If the writer were truly 'with it' this report should with advantage be cut to the Mary Quant style with just enough material and just long enough to cover the subject barely but short enough to be interesting.

It is amazing with the demands on the energies of the Grammar School child what they are that some still wish to do paper rounds and similar part-time jobs in term time.

In last year's report a tilt was made at the difficulty in digesting and making relevant locally all the spate of social legislation. When it is wrapped up in full blown legal phraseology it becomes even more indigestible. A recent example runs as follows:-

"In this Part of the Act references to a house apply to a house which is not a separate building if, but only if, no material part of the house lies above or below a part of the building not comprised in the house."

There is no prize for solving this!

During the past ten years there has been a continuing and steady advance in the Borough to keep it a progressive, healthy and happy town. There is a high degree of social awareness reflected in the help which is extended to all who are handicapped by physical or mental ill or by the ravages of advancing years. This facet of Stamfordian life deserves the highest praise and is the finest possible augury for the future for all who are lucky enough to be able to live, work and grow old in the Borough.

Before drawing this report to a close I wish to record with the deepest regret the death of Mr. Roll, who had been Chief Public Health Inspector in the Borough from the 8th September, 1941. He was a man of very wide interests and of strong opinions stoutly held and was deeply sincere. His leonine head filled with facts and his wit will be remembered for a very long time by all his colleagues and those who worked with him.

I wish to express my sincere thanks to Alderman Gray and the other Members of the Health Committee for their unwavering interest



and support in all matters appertaining to the Health and Welfare of the Borough; and also to the other Members of the Council.

I would also like to record my appreciation of the energy and efficiency of Mrs. Elmer who has done so much to further the co-operation between your Health Department and the Local Health Authority which is so helpful to each and the public they serve.

In conclusion I wish to thank the Town Clerk for his ready help and valued advice on all medico-legal matters which become ever more numerous and complex; and also my other colleagues in the Town Hall for their full 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. Elmer Smith



SENIOR PUBLIC HEALTH INSPECTOR'S ANNUAL REPORT  
FOR THE YEAR 1966

TABULAR STATEMENT OF INSPECTIONS

Meat and Foods	400
Housing and Overcrowding	139
Infectious Diseases	22
Shops and Factories	103
Water Supplies	148
Rodent Control	280
Miscellaneous	118

Total 1210

NOTICES SERVED

	<u>Issued</u>	<u>Complied With</u>
Informal	38	30
Statutory	17	15

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MEAT INSPECTION

The number of animals slaughtered at the Municipal Abattoir totalled 14,054, an increase of 7 per cent on the previous year's record total. The premises were not designed to deal with this number of animals. Consequently, it is extremely difficult to maintain the standard of hygiene that is essential in this type of establishment. In view of the congestion of the site and the age of the majority of the structure, it does not appear practical to consider attempts at further modernisation of the existing premises. If facilities for the slaughter of animals are to continue to be available in the town, there appears to be no alternative but to reconsider the construction of a new abattoir of modern design.

One hundred per cent meat inspection has been carried out and the total weight of meat condemned was 30,603 lbs. The majority of the carcasses examined have been of a high standard and although a relatively high percentage of animals were affected with some diseased condition other than Tuberculosis, this is largely accounted for by the presence of minor diseased conditions in the offal.



TABLE 1

	CATTLE				
	excluding Cows	Cows	CALVES	SHEEP	PIGS
No. of Animals Inspected	1383	-	1	6933	5737
<u>TUBERCULOSIS ONLY</u>					
No. of Whole Carcasses and Offals condemned	-	-	-	-	2
No. of Carcasses of which some part or organ was condemned	1	-	-	-	541
Percentage of Animals affected with T.B.	0.072%	-	-	-	9.46%
<u>DISEASES OTHER THAN T.B.</u>					
No. of Whole Carcasses and Offals condemned	-	-	-	12	28
No. of Carcasses of which some part or organ was condemned	450	-	1	475	2046
Percentage of Animals with diseases other than T.B.	32.54%	-	100%	7.02%	36.15%
<u>CYSTICERCOSIS</u>					
Whole Carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	7	-	-	-	-
Carcasses submitted to treatment by refrigeration	7	-	-	-	-
Percentage of Animals affected with Cysticercosis	0.51%	-	-	-	-



TABLE 2

DETAILS OF CONDEMNED MEAT SHOWN IN TABLE 1

MEAT CONDEMNED	BEEF	MUTTON	PORK	VEAL
Whole Carcasses and Offals	-	12	30	-
Heads	18	1	318	-
Tongues	18	1	318	-
Pairs of Lungs	222	381	1525	-
Livers	174	92	171	-
Plucks (complete)	-	2	58	-
Fats (Mesenteric)	6	-	202	-
Spleens	8	-	60	-
Hearts	15	4	162	-
Kidneys	31	-	365	-
Forequarters (part)	-	-	28	-
Hindquarters (part)	-	6	24	1
Other Parts of Carcasses	62	24	6	-

OTHER FOODSTUFFS

The following foodstuffs other than butchers' meat have also been condemned as unfit for human consumption. Once again the Table shows the diversity of foodstuffs which can now be pre-packed.

OTHER MEATS

Beef	1 tin	Minced Beef Loaf	2 tins
Beef Broth	6 tins	Mixed Grill	1 tin
Chopped Ham & Pork	13 tins	Party Sausages	4 tins
Corned Beef	10 tins	Pork, Shoulder	2 tins
Ham	9 tins	Pork, Tender Loin	1 tin
Ham and Chicken Roll	2 tins	Rabbits	1 box
Hot Dogs	6 tins	Spam	2 tins
Jellied Veal	7 tins	Steak	7 tins
Lamb	7 tins	Tongue	5 tins
Luncheon Meat	6 tins		

FISH

Cod Roes	1 tin	Salmon	7 tins
Crab	1 tin	Sardines	15 tins
Fish Paste	1 jar	Sild	2 tins
Kippers	6 tins	Tuna	8 tins
Pilchards	15 tins		



## FRUIT AND PRESERVES

Apricots	11 tins	Oranges	35 tins
Apricot Pie Filling	2 tins	Peaches	234 tins
Blackberries	4 tins	Pears	129 tins
Cherries	2 tins	Pineapple	75 tins
Fruit Salad	237 tins	Prunes	2 tins
Grapefruit	48 tins	Strawberries	1 tin
Grapefruit Juice	2 tins	Tomatoes	149 tins

## VEGETABLES

Beans	31 tins	Mixed Vegetables	9 tins
Carrots	11 tins	Peas	91 tins

## MISCELLANEOUS

Baby Food	24 tins	Custard	25 tins
Beef and Veg. Curry	3 tins	Egg and Bacon Breakfast	16 tins
Cheddar Cheese	15 lbs.	Evaporated Milk	4 tins
Cheese	16 ptns.	Marmalade	4 tins
Cream	45 tins	Mexicorn	4 tins
Creamed Rice	6 tins	Soup	17 tins
Condensed Milk	6 tins	Spaghetti	10 tins
Curried Beans	8 tins		

\*\*\*\*\*

## ICE CREAM

There are no alterations to the Register of premises licensed for the sale of Ice Cream this year.

## PRESERVED FOOD ETC., FOOD AND DRUGS ACT

There were no alterations to the Register during the year.

## MILK AND DAIRIES

There are no changes in the Register to report this year.

I have been notified of the following results of samples taken by the County Public Health Inspector under the Milk Special Designation Regulations.

<u>Type of Milk</u>	<u>No. of Samples</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Pasteurised	15	15	-
Untreated	9	9	-

## PET ANIMALS ACT, 1951

No additional applications for licences were received during the year.

## THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no egg pasteurisation plants in the Borough.



## POULTRY INSPECTION

There are no poultry processing premises within the Borough.

## INFECTIOUS DISEASES, DISINFECTION AND DISINFESTATION

Enquiries were made in respect of 10 cases of Scarlet Fever and adequate measures of disinfection were carried out where appropriate.

## MOVEABLE DWELLINGS, PUBLIC HEALTH ACT 1936, Sec. 269

No new licences were issued during the year.

## RAG FLOCK ACT, 1951

The single registration of premises under the Act remains in force.

## PEST CONTROL

132 complaints were received, of which 99 were in respect of rats, 4 in respect of mice, 25 in respect of wasps of which 17 were in respect of private premises, 2 in respect of ants, 1 in respect of rabbits and 1 in respect of squirrels. 32 of the complaints were in respect of business premises. Once again, the ratio of complaints of business to private premises is almost exactly 1:3. As the total number of complaints has shown little change it appears at any rate that our rat population is not increasing.

## CLEAN AIR ACT

There have been no serious complaints from smoke nuisance this year.

## HOUSING INSPECTION

Action was taken in respect of 2 premises in multiple occupation to secure the provision of adequate amenities or a reduction in the number of occupying families.

No. of Visits	...	...	...	...	...	...	...	...	...	139
No. of Houses inspected	...	...	...	...	...	...	...	...	...	102
No. of Houses unfit for habitation	...	...	...	...	...	...	...	...	...	16
No. of Houses not in all respects fit	...	...	...	...	...	...	...	...	...	55
No. of cases of Statutory Overcrowding discovered	...	...	...	...	...	...	...	...	...	-
No. of cases of Statutory Overcrowding abated	...	...	...	...	...	...	...	...	...	-
<u>Remedy of Defects</u>										
No. of Houses closed as a result of Closing Orders	...	...	...	...	...	...	...	...	...	6
No. of Houses closed by accepting undertakings from owners	...	...	...	...	...	...	...	...	...	
not to use for habitation	...	...	...	...	...	...	...	...	...	10
No. of Houses vacated in respect of which Demolition Orders were made	...	...	...	...	...	...	...	...	...	-
No. of Houses in respect of which new Closing Orders were made	...	...	...	...	...	...	...	...	...	6
No. of Houses in respect of which undertakings not to relet have been given	...	...	...	...	...	...	...	...	...	10
No. of Houses in respect of which Closing Orders were made	...	...	...	...	...	...	...	...	...	
in respect of part of the dwelling	...	...	...	...	...	...	...	...	...	Nil
No. of Houses made fit as a result of Informal Action	...	...	...	...	...	...	...	...	...	30
<u>Proceedings Under Public Health Acts.</u>	...	...	...	...	...	...	...	...	...	2



OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The statistical information required under section 60 of the Offices, Shops and Railway Premises Act, 1963, appears in the accompanying Tables.

TABLE A REGISTRATIONS AND GENERAL INSPECTIONS	Offices	2	71	21
	Retail Shops	8	121	38
	Wholesale Shops,	-	-	-
	Warehouses	-	8	5
	Catering Establish- ments Open to the Public, Canteens	-	17	15
	Fuel Storage Depots	-	-	-
	(1) Class of Premises	(2) No. of prem- ises Regis- tered during the year	(3) Total No. of Regis- tered Premises at end of year	(4) No. of Registered premises receiving a general inspection during the year

Number of visits of all kinds by Inspectors to Registered Premises - 103

TABLE C ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE	Class of Workplace	Number of Persons Employed
	(1)	(2)
	Offices	603
	Retail Shops	666
	Wholesale Departments, Warehouses	71
	Catering Establishments Open to the Public	175
	Canteens	1
	Fuel Storage Depots	-
	Total	1516
	Total Males	649
	Total Females	867



TABLE D - EXEMPTIONS

Part I	-	Space (Section 5 (2))	-	Nil
Part II	-	Temperature (Section 6)	-	Nil
Part III	-	Sanitary Conveniences (Section 9)	-	Nil
Part IV	-	Washing Facilities (Section 10)	-	Nil

TABLE D - PROSECUTIONS

Nil

TABLE F - INSPECTORS

Number of Inspectors appointed under Section 52(1) or (5) of the Act	2
Number of other staff employed for most of their time on work in connection with the Act	Nil

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Some progress has been made with the operation of the above Act during the year and statistical information is given in the accompanying Tables. The Act has brought to the Public Health Inspector one entirely new side to his multifarious duties i.e. the investigation of accidents and infringement of safety regulations in shops analogous to the provisions which have been applicable to factories and enforced by H.M. Factory Inspectorate for many years. Six accidents were notified during the year. One of the accidents was fatal but upon investigation, there did not appear to have been any contravention of the Act\*\*\*\*\*

As I did not commence my duties as Public Health Inspector to the Borough until the 1st May, 1967, at which time the Annual Report was almost completed, I am not in a position to make any constructive comment on its contents. Mr. A. R. Burt, who is now the Surveyor/ Public Health Inspector at neighbouring Ketton Rural District Council, has given valuable assistance in providing facts and details, and Mr. N. Hibbett, the Pupil Inspector, has shown his interest in Public Health in the manner in which he has assisted in the preparation of the Report.

G. FOX  
Senior Public Health Inspector

Town Hall,  
Stamford, Lincs.

May, 1967.



# FACTORIES ACTS, 1937 to 1959

## IN RESPECT OF THE YEAR 1966

1. Inspections for purposes of provisions as to health (including inspections made by the Health Inspector).

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(1) Factories in which section 1, 2,3, 4 & 6, are to be enforced by the Local Authority	14	14	-	-
(2) Factories not included in (1) in which section 7 is enforced by the Local Authority	79	30	-	-
(3) Other premises in which section 7 is enforced by the Local Authority (including out-workers' premises)	-	-	-	-
TOTALS	93	44	-	-



2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				
	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1.)	-	-	-	-	-
Overcrowding (S.2.)	-	-	-	-	-
Inadequate temperature (S.3.)	-	-	-	-	-
Ineffective drainage (S.6.)	-	-	-	-	-
Sanitary Conveniences (S.7.)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including Outwork)	-	-	-	-	-
TOTALS	-	-	-	-	-

There were no Outworkers listed during the year.



# 2. Cases in which defects were found.

Number of cases in which defects were found

Particulars	Number	Followed	Referred		Total
			to H.M. of prison	to H.M. of prison	
Went of Classification (2.1.)	-	-	-	-	-
Overcrowding (2.2.)	-	-	-	-	-
Inadequate temperature (2.3.)	-	-	-	-	-
Inadequate drainage (2.4.)	-	-	-	-	-
Sanitary Conveniences (2.5.)	-	-	-	-	-
(a) Inadequate (2.6.)	-	-	-	-	-
(b) Unavailable or defective (2.7.)	-	-	-	-	-
(c) Not separate for sexes (2.8.)	-	-	-	-	-
Other offences against the Act (not including Outwork)	-	-	-	-	-
TOTALS	-	-	-	-	-

There were no Outworks listed during the year.







