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BOROUGH OF STAMFORD

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

PUBLIC HEALTH INSPECTOR

FOR THE

YEAR, 1972

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

HEALTH COMMITTEE

Councillor R.J.R. Seamer (Chairman)
The Mayor (ex-officio)
Councillor W.J.J. Beeton (Vice-Chairman)
Councillor A.T. Brodie
Councillor D.J. Joyce
Councillor Mrs D.J. Glenn
Councillor P.J. Mann
Councillor D.W. Gladman
Councillor C.R. Glenn
Councillor P.F. Spiegl

HOUSING AND PROPERTY COMMITTEE

Councillor A.T. Brodie (Chairman)
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Councillor S.C. Parry (Vice-Chairman)
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Councillor G.H. Essex
Councillor D.J. Joyce
Councillor D.R.C. Flack
Councillor Mrs D.J. Glenn
Councillor F.H. Sawyer

TOWN CLERK:

H. BEDFORD ESQ., Solicitor

PUBLIC HEALTH OFFICERS

Medical Officer of Health:

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M. K. DAWSON

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BOROUGH OF STAMFORD

Annual Report of the Medical Officer of Health for the year 1972

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

Mr. Mayor, Ladies and Gentlemen,

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

STATISTICS AND SOCIAL CONDITIONS

Area in Acres	1918
Population (Census 1962)	11,743
Population (Registrar General's Estimate, 31.12.72)...	14,485
Rateable Value	£ 549,963
Product of 1p. rate	£ 5,295
Number of inhabited houses	5,050

Vital Statistics for the year 1972

Note: Birth and Death Rates

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

These factors for Births and Deaths in respect of Stamford are 0.95 and 0.80 respectively. The corresponding figure when multiplied by the Crude Rate (that is for Births or Deaths as the case may be) will give the Net Rate.

The area comparability factors contain adjustments for boundary changes and make allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole. In addition, the death area comparability factors have been adjusted specifically to take account of the presence of any residential institutions in each area.

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Total Live Births	100	95	195
Legitimate	94	88	182
Illegitimate	6	7	13
Crude Live Birth Rate per 1,000 estimated population			- 13.3
Net Live Birth Rate per 1,000 estimated population			- 14.1
Rate for England and Wales			- 14.8
Illegitimate Live Births per cent of Total Live Births			- 7.0

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Stillbirths	1	1	2
Legitimate	1	1	2
Illegitimate	-	-	NIL
Total Live and Still Births			197
Still Birth Rate per 1,000 and Still Births ...			- 10.0
Rate for England and Wales			- 12.0

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Deaths	96	89	185
Crude Death Rate per 1,000 of estimated population			- 12.6
Net Death Rate per 1,000 of estimated population			- 9.7
Rate for England and Wales			- 12.1
Natural increase, i.e. Excess of Live Births over Deaths			- 10

Infantile Mortality - Deaths of Infants under One Year

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Number of Deaths	-	-	NIL
Legitimate	-	-	NIL
Illegitimate	-	-	NIL
Infantile Mortality Rate per 1,000 Live Births			- NIL
Rate for England and Wales			- 17.0
The number of deaths of infants under one year of age			- NIL
It was 3 in 1970 and 3 in 1971			
Infantile Mortality Rate per 1,000 Legitimate Live Births			- NIL
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	-	-	NIL
Neo-Natal Mortality Rate per 1,000 Live Births			- NIL
Rate for England and Wales			- 12.0

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Early Neo-Natal Deaths i.e. Deaths of infants under one week of age -	-	-	NIL
Early Neo-Natal Mortality Rate per 1,000 Live Births	-	-	NIL
Rate for England and Wales			10.0

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
Peri-Natal Deaths	1	1	2
Peri-Natal Mortality Rate (i.e Still Births and Deaths under one week combined) per 1,000 total Live and Still Births			- 10.0
Rate for England and Wales			- 22.0

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

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MARRIAGES SOLEMNISED IN THE BOROUGH OF STAMFORD

1969	113
1970	121
1971	107
1972	139

The number of nuptials has risen this year, but not the average age of the contracting parties. There is a tendency for some teenagers to enter on matrimony before they are mature enough or have a wide enough knowledge of life to shoulder the problems and to accept the self-denial and the rough patches which are just some of the ingredients of success in this sphere and so they tempt disillusionment.

The live birth rate at 14.1 showed the downward trend of the past three years and was the lowest since 1957. At this figure it approximates very closely to the National one of 14.8. The National figure also continues to fall and has dropped progressively year by year over the past nine. Over this period the birth rate in England and Wales has reduced from 18.2 to 14.8 that is 3.4 per 1000 of the population, a reduction of eighteen per cent in the overall figure. Put another way there has been a fall from 2.4 children per family to 2.25 which is very close to the bare replacement size of 2.1.

These trends are not peculiar to this Country as a similar pattern is occurring throughout the Western world irrespective of ethnic or religious groupings. In the light of this is the near hysterical cries of those who are threatening imminent disaster from over population in this country really justified? Whilst some population control is desirable, is it not very likely that individuals will adapt their family size to the stresses of the society in which they are living - if left to themselves and without interference from outsiders?

In 1971 there were three still births and during this review period there were two. Placental insufficiency was the cause of death in one instance and prolapse of the cord at forty two weeks was the condition in the other.

A total of thirteen illegitimate births, though three less than the previous year, still represents seven per cent of the total. The National figure has gone up still further and stands at nine per cent, and a total 63446. This in human terms means that another thirteen children are starting life with the grave disability of only one parent, with the social and economic pressures which that entail. If society is so indulgent about extra-marital relations, as it obviously is, should it not expunge the word illegitimate removing from the one really innocent party, the stigma of the name.

Meantime and more pressing is the need for sex education to be given with due regard to the equal relevancy of its physical, emotional and moral aspects. The personal virtues of self control and a responsible attitude should also be inculcated.

The Crude Death Rate in the Borough was 12.6 compared with 12.1 for the Nation as a whole. After the use of the comparability factor, which makes allowances for the preponderance of those in the older age categories in the Borough's population, the figure is reduced to the favourable one of 9.7. Over recent years there has been an improvement in the age and sex composition of the Town, due in the main to the influx of young families.

The Infantile Mortality Rate for England and Wales after being stuck for four years at eighteen per thousand live births went down to a new National record low level of seventeen. Stamford played its part fully in this record for there was no infant death during the year and no-one can better that. It is a fine tribute to all those who play a part in the obstetric and paediatric services and not least to the competency and knowledge of the young mothers themselves.

Peri-Natal Mortality is generally regarded as the most significant of all the infantile mortality statistics and in this the figure for Stamford at ten was less than half that of the National experience of twenty two.

The Natural increase, that is excess of live births over deaths was a mere ten, the lowest figure for years.

The 1971 census figures became available this year and showed that in Stamford there were:-

720 Men aged 65 or over
1390 Women aged 60 or over
480 Men aged 70 or over
720 Women aged 70 or over.

This means that fifteen per cent of the Borough Population are over retirement age and eight per cent over seventy years of age.

It must be borne in mind that where small populations are concerned a slight variation in the actual numbers involved will lead to a wide swing in the rate and so too much should not be deduced from the rates themselves. Nevertheless the vital statistics mentioned are of the utmost relevance to all who are planning for the future needs of this Town, be they plans for educational, environmental or cultural facilities, or be they for the young or the old, and the latter do need a full share of the cake when it is cut.

A plea is made here that all public buildings should be made fully accessible to the aged and the physically handicapped and all schools be designed so that physically handicapped children can be integrated into them, without unnecessary hazards.

CAUSES OF DEATH TABLE

	M	F	TOTAL
Malignant Neoplasm, Buccal Cavity etc.	1	-	1
Malignant Neoplasm, Oesophagus	2	-	2
Malignant Neoplasm, Stomach	2	2	4
Malignant Neoplasm, Intestine	4	5	9
Malignant Neoplasm, Lung, Bronchus	5	2	7
Malignant Neoplasm, Breast	-	4	4
Malignant Neoplasm, Uterus	-	2	2
Malignant Neoplasm, Prostate	1	-	1
Leukaemia	1	-	1
Other Malignant Neoplasms	6	3	9
Diabetes Mellitus	2	-	2
Other Endocrine etc. Diseases	-	1	1
Anaemias	1	-	1
Multiple Sclerosis	1	-	1
Other Diseases of Nervous System	2	4	6
Chronic Rheumatic Heart Disease	1	-	1
Hypertensive Disease	2	-	2
Ischaemic Heart Disease	24	16	40
Other Forms of Heart Disease	10	10	20
Cerebrovascular Disease	9	12	21
Other Disease of Circulatory System	4	6	10
Pneumonia	9	9	18
Bronchitis and Emphysema	2	-	2
Peptic Ulcer	1	3	4
Intestinal Obstruction and Hernia	1	-	1
Cirrhosis of Liver	-	2	2
Other Disease of Digestive System	-	1	1
Nephritis and Nephrosis	1	2	3
Other Diseases, Genito-Urinary System	2	-	2
Diseases of Musculo Skeletal System	-	2	2
Congenital Anomalies	-	2	2
All other accidents	1	-	1
Suicide and self-inflicted injuries	1	-	1
All other External Causes	-	1	1
TOTALS	96	89	185

Diseases of the Cardio-Vascular System were as usual at the head of the list of causes of death, claiming ninety-four of the total one hundred and eighty five. Of the ninety-four, forty were attributable to Coronary Artery insufficiency and a further twenty one to defective arterial circulation in the brain, resulting in 'Strokes'. Both conditions therefore are of a common root cause, namely thickening and narrowing of vital arteries.

The precise causes of this pathological process are not yet fully elucidated, but there is clear evidence that over eating, resulting in over weight should be avoided. It is not for nothing that Insurance Companies look with disfavour on those who otherwise fit greatly exceed the normal weight for their height. A glance at the waist line in profile can be revealing - and a warning! Regular moderate exercise, a period of relaxation each day, moderate intake of alcohol and in fact moderation in all aspects of ones pattern of living are very important items in the prescription for arterial health.

For this there is no prescription charge only a very probable bonus of longer life. Recent research has shown that those who live in hard water areas are less liable to the early onset of arterial degeneration compared with those in soft water areas. Here we should be lucky for the public supply is exceedingly hard.

Cigarette smoking again raises its ugly head, for the nicotine and tars in it cause contraction of the arteries, particularly of the heart, thereby reducing the nutrient blood flow and so adding further insult to injury.

Malignant growths, as is their wont are in second place in the death tables being responsible for forty demises and of these seven were due to Cancer of the Lung. Enough has been said in these, and countless other reports over the years, of the association between Cigarette smoking, Cancer of the Lung and Catastrophe.

A warning is printed on every cigarette packet. Only the deaf and the blind cannot have heard or seen, but the relevance to themselves has not struck home. Babies born to Mothers who smoke during their pregnancy are smaller on average than those who do not and there is strong evidence that they are more likely to be born 'blue' that is with oxygen shortage and in need of resuscitation.

It is estimated that last year 52,000 people died as the result of cigarette smoking and of these 22,000 were due to Cancer of the Lung. 'Whom the Gods wish to destroy they first make mad'.

The freely available facility of cervical cytology should be accepted as a routine precaution in the fight against Cancer of the Cervix. Two deaths from Cancer of the Uterus is a reminder of the wisdom of so doing. In the same period there were double that number

of deaths from Cancer of the Breast and in general terms it is the more commonly lethal condition of the two. This being so, should not examination of the breast be an integral part of any visit for cervical cytology. Furthermore should not any woman over forty learn and practice self examination of the breast as it is an easily learnt technique which is exceedingly unlikely to cause any neurotic tendency and might avoid mutilating operations or worse.

Diseases of the respiratory system were third in the classifications with twenty, and eighteen of these were pneumonia. This does not mean that this condition has become more lethal in itself, as it often supervenes as a terminal event in another long standing illness. This is borne out by the fact that twelve of these were in persons over seventy five years of age.

There were two accidental deaths this year and unlike the usual pattern neither of them was in the home. One was that a man aged 54 who received Cerebral contusions from a fractured skull accidentally sustained at his work place. The other, a woman aged 47 died of amphysxia due to drowning. A death by misadventure said the Coroner.

There was one suicide involving a boy of nineteen years who killed himself by hanging. What a tragedy it is when all seems so dark and hopeless that this appears to be the only solution. The work of the Samaritans should be even more widely known, publicised and supported than it is, for they have played a wonderful role in this field of human distress.

Of the one hundred and eighty five deaths, eighty eight that is forty eight per cent, occurred in individuals over the age of seventy five. On average more than half of the population are surviving into the late seventies and eighties, thanks to medical skill and potent therapeutic drugs and aids. This fact on the one hand and the drive for even earlier retirement on the other is widening to large dimensions the years between retirement and the end of life.

This firm statistical evidence is a challenge to all who work in the spheres of Housing, Welfare and Social Service. Adequate provision must be made to ensure that these elderly people are made as comfortable as possible and that assistance at all levels is available to them appropriate to their needs. Again exception is taken to the word 'retirement' in respect of the average person reaching sixty or sixty five years of age. The word conjures up a picture of his withdrawal from activity and the society in which he lives. This is entirely a misconception. Now is the opportunity to cultivate new interests, hobbies and the dozens of things for which previously there had not been time. Part time work is a common outlet also. The ideally happy retirement is that in which the person says that he now finds he has less time than when he was at work.

Like all big changes in the course and direction of life prior training is advisable and this is equally true of this. Some day 'In Service' courses for retirement will be introduced by progressive management as part of Employee Welfare Schemes.

Dying and Bereavement

It is to be hoped that the majority of people will at the end of their lives die peacefully in their own homes. There is a case however to provide for those in need of prolonged and maybe specialised terminal care beyond that which can be given unremittingly in their own home, and also for those who for lack of family support or for other domestic reasons cannot be adequately attended at home. There does seem to be an increasing awareness of this as a Department of Health and Social Service Conference was held recently on this topic. The same awareness is also manifested in the special hospitals and small hospital units dedicated to the purpose. Are they sufficient? Possibly the imminent re-organisation of the National Health Service will permit of a more integrated deployment of the facilities which are available.

Bereavement is an experience in life's cycle which very few escape and yet in the provision of 'After care' all too little is done to help those who have had to face this psychological and emotional crisis alone. In particular let us not forget the elderly bereaved spouse, who at the time may be numbed and not fully aware of the real loneliness, the heart break, and the feeling of isolation which follow.

This comes later when the flowers have withered, the letters of condolence have stopped and visitors are few. It is in the subsequent months therefore that support, help and friendly solace are most needed.

Illness and malnutrition born of an apathetic approach to food and its preparation are twice as high in widows as in single women of comparable age. The family doctor, domiciliary nurse, the Clergy, the Social and Voluntary Services have a part to play in ensuring that the widows or widowers do not nurse their sorrow by withdrawal into social isolation and so increase their loneliness and depression with consequent deterioration in their physical and mental health. Instead with tact and patience encourage them to pick up the tangled skein of their lives and re-establish their interests.

GENERAL PROVISION OF HEALTH AND ASSOCIATED SERVICES IN THE AREA

Nursing in the Home

The Borough has one District Midwife, Mrs. Hudson, 36, Waverley Gardens, Stamford, Telephone: Stamford 4594, and one District Nurse/Midwife, Mrs. Ludlow, 71, Empingham Road, Stamford, Telephone: Stamford 3700. District Nursing duties are also carried out by Mrs. Marsden of 7, Boxer Road, Wittering, Telephone: Wansford 796.

Welfare Foods

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

Monday to Friday:	8.45 a.m.	- 12.30 p.m.
	1.30 p.m.	- 5.15 p.m.

Health Visitors

A Health Visitor's duty includes the provision of a preventive health advisory service not just to the Infant, Toddler and School Child but to the whole Family. Her work is largely uncharted which allows her to devote her time to those in greatest need of help with medio-social problems, and to those who have difficulty with the tenets of good hygiene and infant care. Such work calls for the highest degree of tact, persuasiveness and initiative. Miss M.A. Hetherington brings a full measure of these to the work in the Borough. The routine twice weekly visits to the Family Doctors' Surgeries have proved of great value, permitting the interchange at personal level of information of common concern and to the lasting benefit of the patient and his or her family. In like manner, regular attendance at the Consultant Paediatrician's Ward round at the Stamford Hospital has increased the value of her work and its relevance. Short of a complete attachment this modus operandi is to be encouraged wholeheartedly.

Mrs P. Stevenson S.R.N. assists with her customary cheerful enthusiasm in the general duties, though primarily with the needs of the School Children. In addition to all the domiciliary aspects of the work the clinic duties at Barn Hill devolve on these two ladies and that at Deeping St James on Miss Hetherington also. It is obvious that they have too much to do.

Ambulance Service

This service is a County Council directly controlled one. There are four ambulances and one sitting case car with District Headquarters at Ryhall Road, Stamford. Telephone No: Stamford 2379. Support is also received from the Hospital Car Service, the drivers of which work on a rota basis.

Hospitals

Stamford and Rutland Hospital, Stamford provides full facilities for general medical, surgical, sick children and maternity patients. Geriatric patients and the more chronic sick are served by St George's Hospital, Stamford.

Patients with diseases of the Chest are catered for at the Chest Hospital, Bourne and clinics for patients with diseases of the chest are also held at the Stamford Hospital.

Persons suffering from infectious diseases, requiring in-patient treatment are admitted to the Peterborough Isolation Hospital at Fengate.

The Day Hospital at St George's has proved of tremendous benefit to those patients who are not in need of full in-patient treatment and yet require more therapeutic and general care than can be given at home. It has marked a milestone in the development of the Hospital Services, and in their reaching out into the Community. It reduces the dangers of a patient developing an apathetic hospital complex. It has been the salvation of many a family who willingly cope with a badly handicapped member, but do need a day's relief once or twice a week if they are not to crack up themselves.

The services to the mentally disordered patient are provided by the Sheffield Regional Hospital Board based on the Harmston Hall and Rauceby Hospitals. The former has a sister Hospital at St Peter's, Bourne. This has 155 beds and caters for those grades of children and women who are so mentally handicapped that they would not benefit from training at Harmston.

In recent years there have been an increasing number of referrals of children suffering from emotional and behavioural problems. Those deemed in need of the help of a Consultant Child Psychiatrist have been seen by Dr Whitehead, M.A. M.D. at his Peterborough District Hospital Clinic. A close link and exchange of information has been forged between the Consultant, the Educational Psychologist, the various School Heads and the School Doctor. This allows for a much closer assessment of the child's adaptation to his Home and School environment, to his relationships with others and the family background which must greatly benefit the patient and those who have to deal with him. Dr Peterson has now joined Dr Whitehead in this work and we bid him welcome. All these Hospitals are controlled by the East Anglia Hospital Board.

TREATMENT CENTRES AND CLINICS

(a) PROVIDED BY KESTIVEN COUNTY COUNCIL

Child Welfare

Weekly Clinic, Barn Hill House, Stamford.

Friday 10 a.m. - 12 noon (Minor ailment and Infant Welfare)
 2 p.m. - 4 p.m. (Infant Welfare)

First and
Third Mondays 2 p.m. - 4 p.m. (Infant Welfare)

The average attendance at these clinics was 76 compared with 85 the previous year. The total attendance for the year was 5307 compared with 6299 in 1971. This indicates a marked reduction due to a number of factors including hospital and family doctor infant welfare facilities, the alteration in the immunisation programme and the decreased demand on Clinic services such as the food shop.

The team of Voluntary Workers have for many years contributed to the vitality of the Infant Welfare Clinic on Friday afternoons. They helped with record keeping, providing teas and ran the welfare shop where a considerable range of Baby Foods and Food Supplements were sold at concessionary prices. With the advent of Food Stores and highly competitive prices outside, the Foods on sale in the Clinic have been reduced to the bare essentials. The 'cup of tea' too has a diminishing appeal and so it has been decided to end this service and also the Club Membership scheme. The deepest thanks of the staff and all who benefitted by the Services given by these ladies over so many years are recorded here.

The names of Mrs Grundy who was Honorary Secretary and Mrs Gutteridge who sold the Food items for so many years in fair weather and foul will always remain associated with this Voluntary Service.

In the Clinic itself increasing emphasis is being laid on the developmental aspects of child care and assessments at six and twelve months are both encouraged and increasingly sought.

The Barn Hill Clinic premises remain inadequate for the needs to which they are devoted. Furthermore with the passage of the years the layout, the walls and general decor becomes increasingly incongruous in a building used as a focal point for Preventive Medicine and Health Education. There is for example only one toilet on the ground floor to serve staff and patients alike of both sexes. The proposed extensions have been eagerly awaited for some years and 'hope long delayed maketh the heart faint.'

Diphtheria Immunisation

An immunisation clinic is held at Barn Hill House, Stamford on the first Wednesday in each month from 2 p.m. to 4 p.m. Immunisation is also available at the Friday morning and the Monday and Friday afternoon clinics if requested. The numbers immunised against diphtheria during the year were:

	<u>1972</u>	<u>1971</u>
Primary Protection	117	176
Reinforcing Protection	<u>246</u>	<u>375</u>
	417	551

The need for reinforcing protection should be stressed as the initial immunisation of infancy cannot be expected to give indefinite immunity without such assistance.

119 children were immunised by the Family Doctors, 40 for primary courses and 79 for reinforcing protection.

Help at the Barn Hill Immunisation Clinic has again been given by Mlle. Dauzou and Mrs Broughton 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 and Speech Therapy Clinics. A minor ailment clinic is held from 9 a.m. to 10 a.m. on weekdays and is attended by a State Registered Nurse.

Speech Therapy clinics are held on Wednesday mornings and afternoons by Miss Glover, Chartered Speech Therapist.

Physiotherapy Clinics are held on Wednesday afternoons by Mrs J Quanttrill, Chartered Physiotherapist.

Appointments for both clinics are necessary with a letter of introduction from a Medical Practitioner. It is noticeable that many more requests for Physiotherapy are being initiated by the Family Doctors, the Consultant Paediatricians and Chest Physicians.

During School Holidays assessments of educationally retarded children as to need for Special Educational facilities are carried out and also for those with physical disabilities interfering with their work.

School Ante-Natal and Child Welfare Dental Services

Consequent upon the tragic death of Mr R Cliffe L.D.S. there was an hiatus in the Service. It was therefore most fortunate that Miss P. Dickens L.D.S. accepted the vacancy and started work in September. By the end of the year the Clinic was flourishing and dealing not only with the School Children but also Expectant Mothers who sought dental attention as part of their ante-natal care.

This dental service fills a vitally important role at all times, but never more so than now when dental surgeons in the National Health Service are under such severe pressure of work.

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 enjoyable social one. The club was again organised and run by Miss M.A. Hetherington S.R.N. S.C.M. H.V. Cert. The attendances of mothers-to-be was as follows:

	<u>Number of Patients</u>
Stamford	53
Huntingdon and Peterborough	30
Rutland	4
Northamptonshire	4
	<u>91</u>

The number of patients increased by four but the total number of visits made to the Clinic at 611, were down by twenty-one on the previous year. The best tribute to the service are the many letters of appreciation which are received from mothers after their confinement saying how they had benefitted.

Cervical Cytology Clinic

This was the sixth year of operation of this clinic at Barn Hill and the numbers of patients availing themselves of the facility were:

	<u>Number of patients</u>
Stamford	194
Huntingdon and Peterborough	51
Rutland	53
Northamptonshire	24
South Kesteven	59
Norfolk	1
	<u>382</u>

Of the 382, 92 were new patients and the rest attended for repeat smears.

Two unsuspected cases of early cancer of the Cervix were confirmed and the requisite steps were taken. A number of other gynaecological conditions requiring treatment were also discovered.

The Clinic is held on the second and fourth Thursday afternoons by the writer.

The present sessions are adequate to keep the waiting list of new patients down to an acceptable time. It is and always has been the policy to send appointments automatically, to all who once attend the clinic, at the expiration of a three year period. This is reduced where an earlier visit is thought desirable. Whilst all these priorities have been met, there was a waiting list of 181 for the routine three year recall at 31 December. It would seem desirable to increase the sessions until this four months backlog is cleared. The reporting on the smears from the Cervical Cytology Department is now under two weeks which is very satisfactory. Family doctors and patients are always informed.

The Department of Health and Social Security have declared their intention to start a National scheme for the Registration and periodic recall of all who attend once for a cervical smear. Such a scheme appears cumbersome, means one more officially documented episode in a woman's life, has little room for elasticity in the frequency or mode of recall and it will be resented by many women that the documents with their date of birth will pass through so many hands - none of whom owe any allegiance to the Hippocratic Oath! It certainly will not improve on the present recall system referred to above, or add one worker more to the ranks of those involved in the Service actively.

Chiropody

The Chiropody Service of the Local Health Authority use the Darby and Joan Centre run by the Stamford Branch of the British Red Cross Society as its agent and Mr R. Biggs M.S.S. Ch., brings foot comfort to many who otherwise would be hobbling on painful corns, callouses and ingrowing toe nails, at his regular sessions. When someone by reason of physical incapacity, is unable to accept an appointment at the Centre, a domiciliary visit can be arranged on a doctor's recommendation. The Service is not confined to members of the Darby and Joan Club. Here, as in so many other services, it is the demands on a chartered chiropodist's time which is the limiting factor.

(b) PROVIDED BY THE REGIONAL HOSPITAL BOARD

Tuberculosis and Diseases of the Chest

At Stamford Hospital
Weekly Clinics

Tuesdays from 2.00 p.m.
Fridays from 2.00 p.m.

Under Dr G. Bernard Royce, Consultant Chest Physician, Peterborough Group of Hospitals.

Venereal Disease

Clinics are held at the Out Patients' Department, District Hospital Peterborough under Dr N.A. Ross.

Men

Women

Mondays 4.30 p.m. - 6.30 p.m.

Tuesdays 10.30 a.m. - 12.30 a.m.

Wednesdays 5.30 p.m. - 7.00 p.m.

Thursdays 4.30 p.m. - 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.G. Glencross. A full range of bacteriological services are provided, including the supervision of water supplies, swimming bath waters, and widal tests to mention a few. I wish to acknowledge gratefully the advice so readily given and the generous help and courtesy which has been extended at all times to us by the Director and his Staff.

(d) PROVIDED BY THE FAMILY PLANNING ASSOCIATION

Family Planning Clinic

Now in its thirteenth year it provides a service to the married who wish to plan their families and to those wishing pre-marital advice. Instruction is given on methods of contraception and advice on sexual problems, sterility and infertility. Single women are also welcome to attend.

Details of the Clinic for the year are given below.

Number of sessions held	...	...	...	...	72
Number of patients new to F.P.A.	...	...	...	...	213
Number of patients transferring from other F.P.A Clinics	...	...	...	...	62
Total of Individual Women attending	...	...	...	...	275
Total of number of attendances	...	...	...	...	1194

The Clinic is run by Dr M.G. Orrell

Cervical smears are also taken as part of the medical examination and during the year these amounted to 336 of which four revealed cancer in situ and appropriate action was taken.

Mrs J.M. Gosling of 14, Tinwell Road, Stamford is the Clinic Secretary and she and her band of voluntary workers have given stalwart assistance to this valuable personal and community service. Our keen appreciation of what they do is here expressed.

The sessions are held in each month as follows:

First Tuesday in each month	2.00 p.m. - 3.45 p.m.
First and third Thursdays in each month	2.00 p.m. - 3.45 p.m.
2nd, 3rd, 4th and 5th Tuesdays	7.00 p.m. - 8.45 p.m.

Patients must have appointments for their first attendance and application should be made to Mrs J. Gosling, Honorary Secretary of the Family Planning Association, Barn Hill House, Stamford. Telephone No; Stamford 2906 during clinic hours. I am grateful to this lady and Mrs S. Fleetwood, Branch Administrator, 82, Newland, Lincoln, for the statistical information.

(e) PROVIDED BY THE HOME OFFICE

Probation Service

Mr Hodgson, Probation Officer attends the Barn Hill House on Wednesdays from 4.00 p.m. to 7.00 p.m.

(f) OTHER SERVICES

Social Service Department

The Team Leader of the staff devoted to the wide embrace of Social Service is Mr J.G. Smith, 4, St George's Street, Stamford. Telephone No: Stamford 51824.

All problems associated with Child Care Work, Care of the Elderly, Care of the Mentally Incapacitated and the Physically Handicapped, the Chronically Sick and Disabled, the Care of Young Persons and many other subjects, outside of their strictly medical aspects - should be referred to him. An appropriate Case Worker is assigned to support the individual and help with problems. It is the determination of this Health Department to afford the Team Leader and his Staff all possible assistance in the furtherance of their help to those in need in our Community.

The Home Help Service comes under the same umbrella. The service to Stamford and the surrounding Parishes of South Kesteven are still provided from Barn Hill House by Mrs D. Hollins, the Area Home Help Organiser and she can be contacted there. The Office Hours are:

Monday to Friday 8.45 a.m. - 12.30 p.m.

1.30 p.m. - 5.15 p.m.

Telephone No. Stamford 51824

The departure of Miss Ledward, formerly District Welfare Officer, whose work for the elderly was so greatly admired and who was such a familiar figure in that sphere was much lamented. Mr H. Townsend formerly Mental Welfare Officer is also missing from the scene having left for a year's course of training.

Moral Welfare

Miss Clark, Moral Welfare Worker attends the Barn Hill Clinic on alternate Fridays from 1.30 p.m. - 3.30 p.m. and will give interviews and advice to anyone requiring this service.

Marriage Guidance

The Marriage Guidance Counsellor is Mrs J.W. Melrose, of 19, Exeter Gardens, Stamford, and her advice is available by appointment.

Samaritans

This organisation is dedicated to helping those who feel that life has lost its meaning and is so little worthwhile that suicide seems a desirable alternative to carrying on. Help and advice is offered to those requiring it. They provide a flying squad. The Director of the Peterborough branch, which is the nearest to us is:

Rev. Philip Carwood, St Mary's Vicarage
Eastfield Road, Peterborough. Telephone No. 3418

The Office Telephone No. is Peterborough 64848 and they now operate a twenty-four hour service from this number.

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 Stamford is represented by two members of the Borough Council.

Since its formation there has always been a very warm spirit of co-operation between your Health Department and the staff of the Water Board leading to the fullest and frankest exchange of information at all times.

Illustrative of this happy state is the Annual contribution which Mr N.A. Eagles, Engineer and Manager to the Board makes to these reports giving them true relevancy and authenticity. On this occasion he says,

"The quantity of water supplied to the combined area of Stamford Borough and Ketton Rural District Council (part) during the year was 386,213,000 gallons, an increase of 3,079,000 gallons (0.8%) over the 1971 figure.

The calculated consumption in Stamford Borough area alone was as follows:

	<u>Total Gallons</u>	<u>Daily Average Gallons</u>	<u>Consumption per head Gallons/day</u>
Metered	70,302,000	192,200	13.43
Domestic	277,698,000	758,800	53.03
	<u>348,000,000</u>	<u>951,000</u>	<u>66.46</u>

These figures represent a slight increase of approximately 8,000,000 gallons (2.3%) above the corresponding figures for 1971.

Weekly samples of raw and treated water from each source together with samples from various points in the distribution system were submitted for bacteriological examination at the Public Health Laboratory, Peterborough. All samples of treated water and the majority of raw water samples were satisfactory. Trouble with bacteriological pollution was experienced in the Whitewater Spring source in October and it was immediately taken out of service. The only main laid in the Borough during the year was 44 metres of 76 mm (3") diameter main at the Fane School, Green Lane.

Routine chemical investigation of all the sources of supply and from the distribution mains went on throughout the year with commendable regularity. The responsibility for this work by arrangement with the South Kesteven Rural District Council is that of the latter's Analytical Chemist, Mr Maxfield, now settled in a fine new well equipped laboratory.

This arrangement has proved more satisfactory than even its most ardent advocate could have envisaged. It has allowed for the monitoring of all the supplies by someone who is familiar with the individual characteristics of each, so that any variation from the normal is immediately apparent. It allows for immediate sampling of any water from the domestic pipes about which a complaint has been made, which is most reassuring if it is clear and allows for prompt action if it is not. No distant laboratory would ever hope to give such a relevant service. Furthermore the longer delay there is from collection to analysis the more inaccuracy can creep in, due to certain constituents depositing on the walls of the container, as for example Fluoride.

Sampling of the Whitewater supply to the South Lincolnshire Water Board network revealed a high nitrate content reaching at one time a figure of 58 parts per million!

This before being supplied to the Service Mains was diluted by admixture with water of a very low nitrate content. Nevertheless as it was also subject to bacterial pollution it was pleasing that in the latter part of the year it was possible to phase it out of supply.

The quantity and quality of the water supply remained satisfactory throughout the period. The estimated per capita consumption of water in the Borough this year was 66.46 gallons which shows an increase of just under 3 gallons per head per day and total increase of 8 million gallons in the year. This, as an index of progress and better living standards, is to be applauded. On the other side of the coin the ever increasing demands throw great stresses upon the sources of supply, which a relatively low precipitation has barely recharged. It is for these reasons and to meet the needs of a rapidly expanding population that the drowning of the Valley at Empingham has become a necessity. Whatever the scenic attractions such proposals may have and the part which the new reservoir may play in the field of recreation and pleasure, the fact remains that over 3000 acres of valuable agricultural land will have disappeared for ever, with a corresponding reduction in our food producing potential.

It is surely becoming increasingly clear that water should be re-cycled after use, starting with big industrial users of it, and not exploited recklessly. In spite of comments about water on rainy days it is a natural resource of unparalleled importance to the future wellbeing of the Nation.

Tallington (part only)	295.330 million gallons
Pilsgate	181.592 million gallons
Pilsgate (ex Maxey)	2.430 million gallons
Whitewater	33.688 million gallons
Bonemill (part only)	31.936 million gallons

the Town.

CHEMICAL ANALYSIS

							<u>Parts per Million</u> <u>Tallington Supply</u>
pH	...	...	...	...	...	...	7.15
Caustic Alkalinity	...	...	...	...	...	...	NIL
Total Alkalinity	...	...	...	...	...	...	250
Total Hardness	...	...	...	...	...	...	371
Calcium Hardness	...	...	...	...	...	...	329
Calcium	...	...	...	...	...	...	132
Magnesium	...	...	...	...	...	...	10.2
Free & Saline Ammonia	...	...	...	...	...	...	0.05
Iron	...	...	...	...	...	...	0.13
Copper	...	...	...	...	...	...	NIL
Zinc	...	...	...	...	...	...	NIL
Manganese	...	...	...	...	...	...	NIL
Aluminium	...	...	...	...	...	...	ND
Chromium	...	...	...	...	...	...	ND
Permanent Hardness	...	...	...	...	...	...	121
Sulphate	...	...	...	...	...	...	117
Chloride	...	...	...	...	...	...	27
Nitrate	...	...	...	...	...	...	NIL
Fluoride	...	...	...	...	...	...	0.34
Phosphate	...	...	...	...	...	...	ND
Total Phosphate	...	...	...	...	...	...	ND
Total Mineral Acidity	...	...	...	...	...	...	166
Free CO	...	...	...	...	...	...	36
Total Dissolved Solids	...	...	...	...	...	...	500
Arsenic	...	...	...	...	...	...	ND
Cadmium	...	...	...	...	...	...	ND
Lead	...	...	...	...	...	...	NIL
Cyanide	...	...	...	...	...	...	ND
Albuminoid Nitrogen	...	...	...	...	...	...	0.02
<u>Remarks</u>							
The results of analysis indicate a water which conforms to the International and European W.H.O. Standards for drinking water with respect to Chemical Content.							

SEWAGE DISPOSAL

No new projects of a capital nature have been commenced this year. The extension of the trunk sewer from its present head in St Leonard's Street to the disposal works is as necessary as ever. Even more important are the long awaited new Sewage Disposal Works. The present works are chronically overloaded and yet each year sees further demands made upon them. In an effort to help a suggestion was made by Mr Barry Maxfield - Analytical Chemist and was enthusiastically followed up by Mr Wall, Borough Engineer and Surveyor and the Council. This provided for the installation of Clarifiers in each of the settling tanks. This has been proved in other places to give additional capacity in the works - provided there is a reasonable good effluent from the filters.

Just how urgent the need is for a new Disposal Works can be demonstrated again this year by the routine analysis of the final effluents.

	Suspended Solids	Biological Oxygen Demand	Nitrate as Nitrogen.. mg/1	Nitrite as Nitrogen mg/1	Free and Saline Ammonia as
19 January	50	45	11.5	0.58	14.5
24 February	39	29	17.5	0.42	18.3
15 March	67	62	9.5	2.80	25.5
<u>Clarifiers Fitted</u>					
18 April	30	19	24.0	2.5	10.7
30 May	30	20	30.5	0.55	7.8
26 July	43	29	17.5	0.68	9.2
15 August	40	27	15.5	0.20	10.7
19 September	37	25	18.0	1.15	13.3
12 October	30	20	17.0	0.70	13.7
15 November	43	30	14.0	1.10	15.8
6 December	51	7.42	8.5	0.75	16.9

The average figures for the year were therefore:-

Suspended Solids	41.9 p.p.m.
Biological Oxygen Demand	35.5 p.p.m.

compared with 44 p.p.m. for Suspended Solids and 29 p.p.m. for Biological Oxygen Demand in the previous year. It would appear therefore that the Clarifiers have assisted but the average Biological Oxygen Demand has increased.

The Royal Commission standards are:-

Suspended Solids not to exceed 30 parts per million
and Biological Oxygen Demand not to exceed 20 parts
per million.

It will be seen that over the year only three of the monthly samples complied and two of them were on the absolute limit. The Analysis figures also show that there is insufficient nitrification going on in the treatment of the effluent. Every attempt has been made to get the most out of the present works, including recirculation, but the fact remains there can be no solution until the New Disposal Works proposed by the Council, eastward of Uffington, are off the drawing board on to the ground and in operation.

Following on the Ministry of the Environment enquiry held in the Town Hall in March 1971 the findings in favour of the project were pronounced by the Ministry in the Spring of 1972, so the way ahead should now be clear and there should be a start in 1973,

Meantime until the increased facilities are available to the town no further large scale development will be permitted.

Once again these analytical results show how necessary it is to have a sewage disposal works under close chemical supervision, as only thus can the efficiency of the various stages be assessed. Only by constant monitoring can tell tale deviations from the normal be detected and the necessary adjustments made. It is vitally important too, when industrial effluents have to be accommodated. In short, the Analytical Chemist is a vital member of the Staff responsible for sewage disposal and the maintenance at all times of an acceptable final effluent.

The time will assuredly arrive when all effluents will have to conform to at least a 15 parts per million suspended solid and a 15 part per million Biological Oxygen Demand standard for it is unrealistic that the limits set by a Royal Commission before the first World War are good enough for the future.

Treatment of the sludge from the detritus tanks is by composting with straw and the process may at times give rise to some malodour, but it is nothing to what arose formerly from drying it on its own and the subsequent de-sludging. The final product is quite inoffensive but there is great difficulty in getting rid of it. If anyone reading this has a yearning for good humus in their garden or on their land here is an opportunity!

The Corporation provides Public Conveniences in the Bus Station, The Sheep Market, Red Lion Square, Goldsmith Lane, Recreation Ground Road and East Street. Those in Red Lion Square were particularly well equipped. Due to their central location these have repeatedly spurred on vandals to senseless destruction, as if they wished to demonstrate that lack of brains and of aesthetic sense must be compensated for by wanton damage.

A weekly house door refuse collection service is given without a limit to the number of bins which will be collected from domestic premises, provided they are of standard type. Disposal is by modified controlled tipping at a disused quarry site at Yarwell at a point where there is no risk to the underground water resources or to streams. The cost of the site is a £690 a year rent plus maintenance and cover plus a round trip of twelve miles for the freighters. All of this is expensive but one has to go far afield now to find any hole in the ground in which to dump trash. Planning permission is hard to get also. At least in having a site available to them the Corporation are fortunate.

All in all it is only a matter of time before a Central Destructor Plant for the area will have to come, as available sites become exhausted. The contents of the refuse bin are becoming increasingly less suitable for burial. Highly sophisticated packaging with cellophane, polystyrene and plastics leave an end product which is not biologically degradable and will be much better dealt with by controlled incineration methods than by interment. Not for the first time may an appeal be made to the Public to ensure that they use standard bins in a clean and serviceable state, without bottom leaks which make emptying them an unpleasant experience. Thus can members of the Public help the collectors, who give them such an efficient and cheerful service throughout the year. In time it is envisaged that the present trash bin will be replaced by Paper Sacks, which will certainly be a major forward step in the hygienic disposal of household waste.

The Refuse tip is given full and frequent attention to avoid nuisance from rodents and from fly breeding.

It is now several years since the door to door collection of waste paper and cardboard, as a part of the refuse collection service, had to be discontinued owing to practical difficulties with the freighters. Salvageable material is still collected from business premises.

During the year the quantity so collected amounted to 76.95 tons, which was sold for £851.26, this compares with the 112.32 tons collected in 1971 for which £1260.43 was received.

Street Markets are a picturesque sight and attended by much business and bustle but the litter and debris after the last trader and customer have gone is a daunting sight. It speaks a lot for those who clean the streets that it is all removed so quickly on Fridays and Saturdays. Mechanical road cleansing has now come to stay, forced upon us by the lengthening streets to be kept tidy and the time and cost of alternatives. Those who are prepared to act as street sweepers with brush and bin are few. However, it was pleasing to see several back on our roads again for they can go where mechanical sweepers cannot and the improved results in such instances are clear to see.

The Town has always had a reputation for cleanliness and the avoidance of litter but this year there does seem to have been a fall from grace. Certainly there have been more discarded cigarette cartons and paper in the less frequented streets and alley ways. Let us please do our part as citizens to keep Britain tidy and our own Town in particular, and to challenge anyone not doing so who visits the Town from less litter conscious areas.

The Borough Swimming Baths are an essential part of the recreational facilities of the Town and they are appreciated not alone by the residents but also by many from the surrounding districts.

The Pool opened for the season on 17 April and the heating system provided a water temperature of 70°F. What a change this was from the Spartan opening conditions of earlier years when if the water temperature reached 50°F the early swimmers were lucky. In acknowledgement of this the attendance on the first day was 515, a figure quite in accord with a mid-summer one. The total attendance over the year however showed a fall to 61868 from the first year it was heated of 68958, possibly due to the vagaries of the summer weather. Either figure was much better than the 1970 pre-heating year when only 49200 braved the chill waters.

It is inevitable that all improvements encourage the request for further benefits and so in this case there has been a keen desire for the provision of cover for the main pool. This has been investigated but the estimated cost of around £15000 and the possible need for reinforcement of the river embankment has put the original scheme out of court. However, such improvements are constantly kept under review, so there is still hope for this most desirable feature.

Strict attention is given to the Corporation's and the Club Baths situated within the Town.

Samples are taken at the minimum of weekly intervals from various positions and depths, and submitted for bacteriological examination. Eighty such samples were taken from the Corporation's baths and all of these were within the acceptable range. Eighty were taken from the heated High School Pool and all but three of these were satisfactory. Of thirty-seven from the heated Stamford Hospital Pool, eight were below standard. Forty were taken from the Stamford School Baths, of which two were below standard. Immediate remedial action was taken in all cases where the plate counts were raised.

Daily sampling for chlorine content and the acidity of the water is done, as this is an essential part of bath management. The correct degree of acid balance has to be maintained with Soda Ash. During the season a number of chemical analyses were carried out to ascertain that the correct chemical balance was being achieved.

A Minuteman Resuscitator and other first aid equipment is maintained accessible and in readiness throughout the season but fortunately was not required on any occasion. Inevitably there is an occasional minor accident but nothing of a serious nature.

Rules for health and cleanliness are displayed, but are only effective if the bathing members of the Public play their part in observing them. Might a plea be made that those who are suffering from a plantar wart - verruca - should not go into the pool itself or anywhere within its environs without ensuring that it is covered with a secure water proof dressing or swimming shoe; or best of all not until after it has been cured! Only then can the feet of other bathers be protected from this uncomfortable condition, spread as it is by implantation under wet conditions. The number of Club baths in the town are likely to increase and those who are responsible for them must realise that after they are completed the work is far from over, for much time and effort is required for their proper maintenance and safety.

The place of recreational facilities in the life of the Community has recently had much publicity and attention and in various areas of the Country vast sports complexes are springing up. None are at present envisaged for Stamford, the nearest will likely be in the Deepings. However, the Corporation have always been keen on, and energetic in the provision of recreational facilities and this year has seen the modernisation of the Pavillion on the Exeter Playing Fields. Additionally there is the Recreation Ground with its bowling rink and tennis Courts. The need of the children are constantly in mind also, with play areas between Lincoln and Drift Roads, on the north side of Casterton Road and on Lonsdale Road. Further provision of such play areas are expected behind the Cemetery on the Edinburgh Road site, also one as part of the Phase 4, Edinburgh Road Housing Scheme and one on the south side of Casterton Road.

The School situation has also shown marked progress with the opening of the fine new St Gilbert of Sempringham School on Foundry Road, and the extensions to the Bluecoat School. Building is also well advanced on the new premises to re-house the Malcolm Sargeant School.

Mortuary facilities have remained satisfactory under the fee for use agreement made between the Corporation and the Stamford Hospital Management Committee, for the use of the Hospital Mortuary.

Stamford has a Joint Burial Board and a well tended Cemetery is kept by them. During the year there were eighty six interments. The space available would appear to be adequate for the foreseeable future. The Marholm Crematorium owned by the Peterborough Corporation is the nearest. Use was made of this for Borough residents on ninety-three occasions in the review period. The corresponding figures for 1971 were Cemetery ninety-eight and Crematorium seventy-four.

Infestation

There were no reported cases of house infestation with fleas or bed-bugs. Unfortunately the increased incidence of head louse infestation and scabies infestation which was commented upon last year has not declined. Whilst the numbers **are relatively small the fact remains** that there should not be a recrudescence of lice and 'The Itch' at a time when facilities for good personal hygiene in the home, in the school and in the work place were never better. Does the long hair cult have a part to play in the former and 'sleeping around' in the latter?

As usual there were the complaints of Nuisance. Dogs still do foul the pavements, but only the contemporaneous training of dog and man will eradicate this. It is now three and a half years since By-Laws were adopted to make it an offence, but no person has been seen to break the Rules and even the most intelligent guide dog cannot read.

Noise is a less tangible source of nuisance and is an exceedingly difficult one to assess qualitatively. What is comparatively inoffensive to one is the cause of bitter complaint in another. Whilst a lot has been written and said about noise limits there are no legally enforceable standards expressed in decibels. It would seem reasonable to expect in a residential area that 45 decibels within a house by day and 35 decibels by night should be the permissible limits for external interference. However, having established that a source of noise is, either over prolonged periods or intermittently, causing a nuisance to neighbours by denying them the peace to which they are entitled, it is often a long drawn out and arduous road to a solution.

My colleague, Mr Fox, Public Health Inspector will doubtless elaborate this point from bitter experience with boilers, fans, compressors and other contributors to the cacophony of the day. May a plea be made that when a Planning Application is under consideration for any project in which there is likely to be a potential noise problem, that siting, sound proofing and noise dampening will all be considered most carefully.

Preventive Planning would be much more effective than trying subsequently to seek redress through the Nuisance Sections of the Public Health Act and other legislation.

There were fewer complaints this year of noise from Revellers, dogs barking, car doors banging and other things which go bump in the night. Is conscience awake in these matters, or are we just sleeping more soundly?

The Cereal Growers Song

"All is safely gathered in
Let the Autumn fires begin!"

They certainly did this year with palls of smoke across the sky day after day. The practice of stubble burning, though there is extant a Code of Behaviour in the matter, can and often does give rise to nuisance. This arises when the smoke drifts into occupied houses, across roads or at best simply obscures the sunlight and the view, without due regard for the effect on other people.

Has anyone analysed the smoke? Certainly work carried out on garden bonfires show that the smoke derived therefrom averages 70 parts per million of benzpyrene which compares unfavourably with cigarette smoke and its 0.2 parts per million of the same carcinogen.

Admittedly the period of exposure is comparatively short, but it is unpleasant while it lasts. Sufferers from chronic chest complaints will fare badly. From an environmental point of view the smoke itself presents a danger to motorists who may find themselves in the thick of it in spite of the Code which says no fire within 30 feet of the roadway. There is a danger of the fire becoming uncontrolled as hundreds of yards of scorched hedgerows bear mute witness. There is a danger to wild life. If as the protagonists claim it cleanses the soil from unwelcome pests and diseases, it must also be harmful to worms, soil bacterial and other friends of the fertile earth.

The reasons given for this widespread stubble burning is that straw is a useless waste product yet it has a high cellulose content; a raw material of which we are eternally short. Again it is said to

have no manurial value and cannot be ploughed into the soil as such. This seems strange as straw since time immemorial has been the basis of farm yard manure and as such is acknowledged best of all for soil fertility and soil texture. It might well be asked why collection and composting would not be a practical alternative. Cost must be considered of course, but a long term view might make it well worth while.

Continuing fertility needs humus otherwise soil erosion will get worse and worse and few have not seen top soil blow away in the strong dry winds of spring. The question is asked which is preferable, the easy but Nuisance prone and wasteful incineration or long term conservation by returning some of the organic material to the soil which has been taken out of it.

At the conclusion of this Section I would like to thank Mr Wall, Borough Engineer and Surveyor for his help and the information which he gives me during the year.

THE PREVENTION AND CONTROL OF
INFECTIOUS AND OTHER DISEASES

ANALYSIS OF CASES OF INFECTIOUS DISEASE
UNDER AGE GROUPS

	<u>Scarlet Fever</u>	<u>Food Poisoning</u>	<u>Measles</u>	<u>Whooping Cough</u>	<u>Dysentery</u>
0-	-	-	-	-	-
1-	-	-	2	-	-
2-	-	-	3	-	-
3-	-	-	3	2	-
4-	-	-	1	-	-
5-	3	-	6	-	1
10-	-	-	-	-	1
15-	-	-	-	-	-
20-	-	-	-	-	-
25-	-	-	-	-	-
35-	-	-	-	-	-
45-	-	-	-	-	-
55-	-	-	-	-	-
65 and over	-	-	-	-	-
age unknown	-	-	-	-	-
TOTALS	3	-	15	2	2

The total incidence of notifiable disease, excluding Tuberculosis was again low, being twenty-two compared with forty-three in 1971 and three hundred and seventeen in 1970. This was due to the low figures for measles. It is unusual to have two measles 'free' years in succession and this may be due to the measles vaccination programme having some effect by lowering the number of susceptible children in the Community. However it is realistic to suppose that when the numbers of non-vaccinated children reach a vulnerable level then the numbers developing the disease will once again escalate. Meantime there is an increased demand by mothers to have their children protected against this, the last of the potentially serious and wide-spread diseases of childhood.

They realise that a confrontation with a modified virus of the disease, given at a time when the child is otherwise fit and at a time when the slight indisposition which may occur a week after the vaccination does not interfere with other family arrangements, is desirable.

They know as well of the toll of complications which can and do follow on infection with the wild virus causing deafness, bronchitis and unfortunately, like all viruses, occasionally involvement of the Central Nervous System.

One hundred and thirty-one Stamford children were vaccinated this year compared with one hundred and fourteen the year before. In the County as a whole of 5559 children born in 1970 and 1971, one thousand, eight hundred and sixteen had been vaccinated by 31 December 1972, making 33 per cent. Stamford's percentage for the same age group was twenty-seven per cent.

Seventeen years have now passed since there was a case of Poliomyelitis in the Town. This freedom can only be continued if parents are really conscientious in ensuring that their children are vaccinated against it during their first year of life and again at School entrance age.

The number of children born in 1971 who were fully protected by the 31 December this year numbered 168 or 74.4 per cent, against the overall figure for the County of 64.0 per cent. In total 208 children received primary vaccinations and 336 were revaccinated, mainly at School entrance age.

Twenty-seven years of freedom from Diphtheria has now been achieved thanks to the Nationwide immunisation programme. It is however of vital importance and cannot be stressed too vehemently that this can only be maintained by the conscientious efforts of each individual mother to see that her child is protected during his first year of life - and again on going to school. It is only by maintaining the 'herd' immunity at a high level that the Diphtheria bacillus can be held at bay. It is a paradox that the Immunisation programme has been so successful that the present generation of mothers have never seen the foul effects of this crippling disease and so do not fear it. Such complacency could all too easily breed disaster.

By 31 December of this year 168 of the children born in Stamford in 1971 had been protected making it 74.4 per cent, compared with the County figure of 66.3 per cent. Altogether 211 children of all ages received primary courses of protection during the year of which 171 were completed at the Barn Hill Clinic.

The majority of those giving rise to the discrepancy between the 211 and the 168 mentioned above were those who were born in 1970 but just had not quite managed to complete their courses before the magical 31 December of 1971. This is a recurring annual omission caused by those who wish for statistics but are not quite geared to current immunological procedures.

As mentioned last year if those born in November or December one year are not immunised completely and their records returned by 31 December of the following, then they are not counted amongst the protected.

On a 6,8,12 month immunisation regime this allows scant latitude for sickness, delay, holidays or any other adversity. Unfortunately it has the effect of making the statistical figures much less favourable than they should be and call the relevance and veracity of statisticians into question - not for the first time!

Rubella Vaccination is now a routine procedure in the **School** life of the girls. It is carried out in all cases where their parents wish it and their daughters have not already, without equivocation, had the natural disease. It is offered to those in their twelfth year. The response is very good as the association between affection with the rubella virus in early pregnancy and the production of deformities or disabilities in the baby is now so well known that few are prepared to run the risk. Also it avoids prolonged anxiety on the part of those who do not know whether they have had the disease or not. During the year ninety-four girls in Stamford Schools were vaccinated. Is there not a case for extending the offer to the boys also, so that eventually the pool of **susceptibles** is eliminated and this joins so many other infectious diseases, in the limbo.

There were no cases of Infective Hepatitis and none of Weil's Disease though one person did come for prophylaxis following on a rat bite.

Rat Control - and that of other domestic vermin, is carried out by contractors. The war against them goes on most successfully as routine sewer baiting proclaims and this is further borne out by the relatively few calls for help from the Public. Unlike the experience in western counties the rat in this area is not immune to warfarin, but it is found that for sewer clearance 'Fluoracetamide' is much more effective. Skillfully used and with all relevant precautions it is a safe rodenticide and was used this year. Mice on the other hand have certainly acquired warfarin resistance and at least one supplier of it complained that the mice had been eating his stock! - with impunity!

It was decided in spite of the risks being extremely slight from smallpox vaccinations that they were probably greater than the risk of acquiring smallpox in this Country. Accordingly vaccination is no longer offered routinely to one year old children but only to those who are members of Service Families or likely to be going to regions where it is endemic.

This has led to a marked decline in those vaccinated at Barn Hill, which this year amounted to 45 primary and two re-vaccinations. It is to be hoped most sincerely that there will be no chance importation of variola, into what will inevitably be an increasingly unprotected population.

My Medical Colleagues in the Service will doubtless remember some of the reactions which followed primary vaccination of young adults!! There is still no completely satisfactory vaccine to ward off influenza. The virus has a very protean character and is able to change its structure, to such an extent that it defies the currently available vaccines. This is what happened this year with the advent of a completely new type referred to as A/England 72/72. However, there is good evidence that the commercial vaccines give enough marginal benefits as to be well worth offering to the aged, to those at special risk due to chronic heart or lung conditions and to busy workers, even if vaccination of the general population is not a feasible proposition.

Currently there has been information from a Research Laboratory that it may be possible in future years to produce a vaccine which will protect not only against the current strains but also against likely changes in the virus for several years ahead. If this foresight works it will mark a very big forward step in prevention. The present risk though slight - of sensitising the recipient to eggs and egg containing products may also be borne in mind.

Arrangements were made for the protection of the laundry and ancillary staff at the Hospital against Smallpox, Typhoid, Paratyphoid and also Tetanus where necessary.

Dental caries is so prevalent as to be epidemic, and once it has occurred only stop gap measures are available against it. Prevention is available. Fluoridation of the water would do so, or of the milk supplies to children if this were preferred, but the Public Authorities still drag their feet in spite of the advice of every Professional Organisation in Medicine and Dentistry. Until they see the light of day, children should curtail their sweet eating particularly between meals and all should clean their teeth regularly.

A disease common to man and animals is Toxoplasmosis. The reservoir for it lies in domesticated animals and the number of reported cases in man has been steadily rising and this year there were 1071 in this Country. It causes various symptoms including eye infections, unexplained fever, enlarged glands as well as a variety of disorders of the nervous system and the heart. Like with German Measles, if the infection occurs in the early months of pregnancy the baby may suffer a variety of developmental defects. The higher number of cases involving young women may well be due to the fuller investigations which may follow on a miscarriage or still birth or when an affected child has been born.

Precautions should be taken to wash the hands carefully after handling a domestic pet and before eating. This is clearly an infection to which more particular attention will have to be paid in future.

TUBERCULOSIS

No new cases of Pulmonary Tubercle were recorded during the year and for the sixth year in succession the non-Pulmonary variety was not represented. The incidence of Pulmonary Tuberculosis in 1971 was two new cases

Though the incidence of new disease is very much less than it used to be, there are still a considerable number of past sufferers from the disease within the Community and the occasional new case swells their ranks.

During the year 170 patients attended the Stamford and Bourne Chest Clinics, seventy-four at the former. Of the total four had a positive sputum during the period and were therefore in an infectious state at some time during the year.

The close contact which has been fostered and maintained over the past ten years between our Health Visitor and the Staff of the Chest Clinic and her regular visits to the Clinic have been of very great benefit to all concerned and in particular to the patient and his family.

The demise of the Cambridge Mass Radiography Unit is now old history and its disappearance is to be followed by that of the Sheffield Regional limits in early 1973. Whilst the uneconomic cost of their survival has been loudly and clearly stated the general public still lament the disappearance of this informal and much appreciated screening facility.

The B.C.G. Vaccination Scheme for Senior School Children operated along the usual lines and the uptake in the Stamford Schools were higher by thirty-seven than in the previous year and was as follows.

	No. of consents received	No. Tested	Absent from Test	OF THOSE TESTED			Absent from Reading	Absent from Vaccin- ation
				Negative	Vaccinated	Positive		
Stamford College	3	2	1	1	1	1	NIL	NIL
Stamford Fane	132	124	8	93	91	3	28	2
Stamford Boys	98	93	5	85	82	7	1	NIL
Stamford Girls	113	103	10	91	91	7	5	NIL
Stamford Exeter	57	52	5	45	45	7	NIL	NIL
TOTALS	403	374	29	315	310	25	34	2

VENEREAL DISEASE

The number of new cases from the Borough and the adjoining area who attended the Peterborough District Hospital Clinic was eighty-five. The corresponding figures for 1971 were ninety two and 1970 eighty-seven. Last year there were seven hundred and nine in attendance at the Peterborough District Hospital compared with five hundred and ninety two the year before.

Whilst the 'local' figures show a little sign of stabalising, the overall picture in the Country is a distressing one. In the most recent Annual Return of Venereal and other sexually transmitted Diseases the number of cases (in all stages) dealt with for the first time during the year at any centre amounted to 307,664 and of these 1187 were syphilis and 57,469 were Gonorrhoea.

According to Professor E.W. Wills, Dean of the Faculty of Medicine at London University, one person in 200 became infected with Venereal Disease last year, and he added if you excludcd children and old people it became nearer one in a hundred.

There has been a singular rise of venereal disease in women, a 375 per cent rise since 1959 compared with a rise of 225 per cent for men in the same period. Certainly measles with 145,000 cases has been well and truly relegated to second place in the league of communicable diseases. What part has the Pil', promiscuity and the libertine and much publicised views of the avant garde sociologists and psychologists played in this award to Venus. There is a field here for social research. Venereal Disease is a high cost for high jinks!!

No. of contacts received	No. of Tested	No. of those tested		Absent from Test	Absent from Vaccin- ation
		Negative	Positive		
403	374	345	29	34	2
27	25	45	7	Nil	Nil
312	103	91	12	5	Nil
98	83	85	7	1	Nil
132	124	123	1	28	2
3	2	1	1	Nil	Nil
3	2	1	1	Nil	Nil
3	2	1	1	Nil	Nil
3	2	1	1	Nil	Nil
3	2	1	1	Nil	Nil

HOUSING

PROVISION OF NEW HOUSES

Statistics of new houses erected in the Borough during 1972:

Built by Local Authority

Traditional Brick Houses (3 bedrooms) 4

Houses in course of erection at end of year 115

Built by Private Enterprise

Traditional Brick Houses (2 bedrooms) 10

(3 bedrooms) 56

(4 bedrooms) 7

Houses in course of erection at end of year 71 plus 20 Flats

APPLICANTS FOR COUNCIL HOUSES

(As supplied by the Housing Department at December, 1972)

Effective Housing List 276

Old Persons Dwelling Applicants 110

Miscellaneous Applicants 39

New Houses taken over during the year 4

Becoming available and let during the year 53

During the year, the following houses were dealt with under the Council's Scheme for eradicating unfit houses.

Demolition Orders NIL

Closing Orders 2

Undertakings not to relet 5

There is no slum clearance problem in the Borough but inevitably year by year a number of older type houses slip into the unfit category and have to be sought out and dealt with appropriately. The contemporary position is that there are twelve dwellings declared unfit but not yet dealt with and an estimated forty four coming into this category within the next three years. In this as in all human affairs the situation is constantly changing and there is never room for complacency.

Phase four of the Edinburgh Road Housing Scheme was beset with misfortune and delays before its commencement but was successfully launched early in the year. One hundred and three out of the ultimate total of two hundred and twenty three were in the course of construction by the year's end, and very much wanted are they.

The Water Street Elderly Persons Grouped Housing Scheme was also nearing completion and will soon provide twelve more homes. This is an ideal project as the tenants will find themselves on practically level ground near the town centre and with all essential shopping facilities almost on their doorstep.

During the year private enterprise completed seventy three houses with a further ninety-one (including 20 Flats) in various stages of erection. These figures show the steady fall in completions over the past five years.

1971	86
1970	120
1969	129
1968	181

The reasons for this famine are not hard to find as there is chronic land hunger for private developers and the price of new houses and the associated mortgage rates are rapidly taking them out of the sphere of realism. On the other hand there is certainly no diminution in the demand for homes in the Borough which further increases house prices through scarcity value.

It is because of the lack of possible sites within the present boundary noose that the outline proposals for development in the Newstead area should be pushed forward as rapidly as possible. Whilst it is realised that no new large scale building programme can be started until the new sewage disposal scheme is well underway, it would nevertheless brighten the horizon for those who want to live and own a home in this town.

The seventy-five flatlets of the two warden supervised schemes continue to provide a service of inestimable benefit to our older citizens. It would be hard to evaluate the hardship of loneliness, the drudgery of having to struggle on, in totally unsuitable accommodation, and the haunting fear of what would happen if living alone, they were the victim of an accident, or they took ill suddenly or some other incapacity of old age befell them suddenly.

In these schemes all these forebodings and realities are removed. It is not surprising that there is always a demand for them much in excess of their availability.

There is still a lingering doubt in the minds of a few that in return for all the benefits of warmth, companionship and help when required there is some surrender of the right and privileges of ordinary house tenancy. This is entirely erroneous for every tenant is free to live their lives according to their wishes and to enjoy their privacy as much as any other tenant of the Council.

Likewise it must be appreciated, and no apology is made for reiterating it, that the Warden's duty is a supervisory one. She acts as a first line of communication between those living in her group and the Service which they require, medical, nursing, Social Service or Social Security. Her's is not a nursing role, much less that of a Home-Help. She is not there to provide any continuous service to any individual, though always ready to do all that she possibly can in an emergency situation, as has been demonstrated on many occasions.

The problem is presented of the elderly tenants whose health has so far declined that they are reduced to dependency on others but will not agree to the alternative of Welfare Accommodation or a hospital bed. It is understandable that anyone should regard their 'home' as the last citadel in their lives and not to be relinquished at any cost. Also there are the distressing cases who show mental deterioration with age, becoming neglectful of their persons and their homes and possibly exhibiting irrational behaviour as well.

Such ill and fragile persons are a constant source of anxiety and work to the Wardens, quite incommensurate with their numbers. It is unthinkable to give them orders to quit or to take equally harsh action under the Compulsory Removal Provisions. It would appear that a human answer might be the provision at one Group within the area of a residential nurse giving that additional support and help which such a person as has been described requires.

In the meantime the policy of ensuring that there is not an over preponderance of new entrants already in the dependant category into the Group would appear to be a wise one, thus maintaining a balance within the Community as a whole.

The abandonment of the Grants System which was criticised last year, as it curtailed the Housing Authority's powers to admit anyone below retirement age without the penalty of losing the grant, has allowed for more discretion in the allotment of tenancies. It would permit a vacancy to be given to a younger but still needy person who could help others less fortunate and more handicapped than herself within the Group.

The Council have for some years been fully aware of the desirability and need to upgrade six hundred and one of the older properties which they own. After much exploratory work, including a few pilot schemes on individual houses, it was decided to go forward with a very ambitious

operation to modernise five hundred and eighty-six of these properties. Sixty-one different types are included in the number and the cost will leave little out of £1½ million.

Apart from the physical reconstruction it will be a big exercise in Public relations for the tenants will be required to accept temporary accommodation whilst the modernisation of their home is taking place. It is bound to cause upheaval but there is sanguine hope that the thought of the ultimate gain in comfort and modernity will more than offset the temporary inconvenience. A Welfare Officer has been appointed to help in every way possible tenants who may be faced with doubts or difficulties.

It is a fine and imaginative effort to make this Borough's Housing Standards second to none. No longer will it feature in later reports that there are eight council houses without bathrooms and a considerable number in which the kitchen sink has to be used for the two functions of washing the dishes and personal ablutions. These primitive arrangements will be swept away for ever. The balance of 15 houses in the overall total have either been subjected to pilot schemes already or will be dealt with separately.

Meanwhile the arrangements entered into between the Council and the East Midlands Gas Board for facilitating the installation of central heating in council houses has continued. This consists of allowing tenants to enter into direct contract with the Gas Board for the work or to arrange with the Council to be responsible for the installation paying their rent proportionally increased for this facility.

At the end of the year two hundred and eighty council houses had had central heating installed. Of these two hundred and fifty seven were gas and twenty three solid fuel.

In the private sector the very generous grants available for the improvement of old and sub-standard properties, which are capable of being given a new lease of life, have met with an increased demand. Remarkable achievements have been seen in numerous instances as ingenious planning has been happily married to good reconstruction thus saving attractive houses which otherwise would have been lost to the street scene or in providing warm and comfortable homes from rather unpromising material.

Following on a suggestion by the Ministry of the Environment a survey was carried out to see if there was a site in the Borough suitable for re-development as a whole.

Such re-development was to concern not only the housing but also the re-design of the area, taking all the environmental factors into consideration as well. This re-design was to be a combined operation between the Borough and the Ministry as a pilot scheme.

Our survey, as will be recollected from last year's report, indicated that the Bentley Street/Conduit Road Area was ripe for such an imaginative scheme. With reluctance however the idea had to be abandoned owing to shortage of administrative and other staff to carry through such a complex manoeuvre, though its benefits would have been great for both future residents and the Town.

The Council have constantly been on the alert for an opportunity to extend their Grouped Schemes. It was in furtherance of this policy that the decision was taken to proceed with the plans for another on the Queen's Walk allotment site. Whilst sympathy was expressed for those who had tilled the ground for many years few would deny that the needs of the elderly must be paramount over potatoes and housing over horticulture in this location.

The Almshouses of the Town have all had much attention paid to them by their various Trustees and they have made, since mediaeval times, a huge contribution to the housing of the elderly and the needy. Hopkin's Hospital and Truesdale's are currently having work either done or contemplated to make them even more safe and pleasant places for their tenants.

The continuing demands for and need of housing accommodation for the elderly - and physically handicapped for whom the same criteria apply - are amply shown in the housing applications.

Of the three hundred and eighty-six on the effective waiting list no fewer than 100 require this type of dwelling, namely 28 per cent. Council house lettings are done on the basis of the time on the waiting list and a 'Points' system is not used. However, all applications for special consideration on medical or medio-social grounds are most carefully investigated and assessed. This includes an environmental investigation, consultation with the Housing Officer, the confidential opinion of the family doctor, a domiciliary visit by the writer and where necessary the opinion of the relevant social case worker. If after this evidence there is a need for priority the help of the Health and Housing Committees is sought. Rarely if ever is it sought in vain.

This system could hardly be improved upon in the task of equating the housing which is available, to the special needs of those in the direst straits, without interfering too much with the legitimate aspirations and rights of those on the general housing list. It is difficult to see how such a personal service will remain possible when, and if Housing administration is divorced by geography from the public, whom its officers should both know and serve. Distance rarely lends enchantment to the scene and even less to personal interests and efficiency. During the year there were forty eight such applications and investigations.

This year the general housing list has increased from 238 to 276 and in the same time the Elderly Persons List has increased proportionately even more from 95 to 110.

If many elderly or physically handicapped people living in over-large houses or in difficult or inconvenient premises to run, with their limited physical resources, now were to be offered the chance of compact dwellings they would jump at the opportunity. So in effect even now this figure of 110 is unrealistically low. The special needs of those who find themselves in these categories does lead to the concept of housing being, for them at least, a Welfare Service. It is so fortunate that in the Borough the Housing Officer, Mr J. Storey has always treated all applications made to him in just this light and sincere thanks to him for all his close co-operation and help throughout the year in this sphere is warmly acknowledged. His service on the Co-ordinating Committee for the Welfare of the Elderly has greatly enhanced the value of its work in the sphere of Housing and help to the elderly.

During the year fifty seven new tenancies were allotted and of these, eight were in respect of elderly persons, which is indicative of the comparative rarity of vacancies. These facts only illustrate further the seemingly insatiable need for elderly persons accommodation, a need which will remain with us for a very long time to come.

The desirability for some sort of alarm system for those living alone who are not in grouped accommodation and so find themselves vulnerable in emergency has been voiced repeatedly. The dichotomy of responsibility for this is frustrating. The Borough is willing to install a warning bell or light in suitable instances if it is provided by the Social Services Department. The latter have found themselves financially unable to meet a general demand. However, Isolarms have been fitted in several individual cases of special need through co-operation between the two Authorities. The Council have always been willing to carry out interior adjustments to their houses to meet the needs of physically handicapped persons, when the necessity has been indicated to them. This has been in addition to such routine matters as the fitting of bath and toilet aids.

The Council with 1660 properties to manage and with a deluge of Housing, Rents and Rates legislation to digest, humanise and reduce to practical terms have yet done all within their power to listen to their tenants and prospective tenants' needs and to equate their housing resources to the needs of the Community as a whole. In spite of the many pressures upon them they responded to a great humanitarian call and found a home for one displaced Ugandan family. They have a proud record of past achievements, a good tally of present building and ambitious plans for the future of the Borough as it looks to the Eastward and the dawn of a new era.

There was no case of statutory overcrowding during the year, and there are no Common Lodging Houses in the Borough.

INSPECTION AND SUPERVISION OF FOOD

It is now four years since the Borough Slaughter House and the only one in the Town was closed. There were gloomy prognostications at the time that this would have an adverse effect upon the quality of the local meat supply and upon the Cattle Market. Neither of these have in fact occurred and the slaughterhouses in the neighbourhood, mainly those in Bourne have fully maintained an adequate and fully inspected supply to the Town.

Milk has a very special importance in the diet of the young and the old. In the former it is the vehicle for Calcium in its most absorbable form and the key position which it holds in the formation of strong teeth and strong bones is too well known to need elaboration. In both categories it is easily assimilable and has a high nutritional value.

In its passage from the source of production to the point of consumption it is subjected to the hazards of contamination. The cow may infect it with Tubercle bacilli. Fortunately Bovine tuberculosis is now a very rare event thanks to the post war Tubercle eradication scheme and its great success. The cow may also infect it with Brucellosis which can cause that very unpleasant and debilitating disease in man - Undulant Fever.

Great strides have been taken by the dairy farmers to eliminate the infection from their herds and so this disease should in a few years be conquered as was bovine tuberculosis. Both farmer and public stand to gain for the loss to the dairy industry from contagious abortion has always been high and some seven hundred members of the community suffer each year from the consequences of Brucellosis. The numbers involved bear little relationship to the sum total of ill health and disability which the infection causes. Mr J.A. Hartley, of the Ministry of Agriculture, Fisheries and Food (Animal Health Division) speaks of this as follows:

'Brucellosis Incentive Scheme

129 dairy herds are accredited (11 producer - retailer) and twelve are undergoing qualifying tests. The figures for Beef herds are 24 and 34 respectively. These figures reflect a steady improvement and it is pleasing to see that over 70 per cent of the dairy herds are in the schemes.' Mr Hartley also refers to other diseases of common concern to man and animals.

Tuberculosis Order 1964

There are 935 attested herds in Kesteven (182 Dairy and 735 Beef) showing a drop of 94 herds over the year. 13 Dairy herds are producer retailers. Biennial tests are still carried out and no reactors were disclosed during 1972.

Anthrax

There were two positive cases of Anthrax.

Fowl Pest

13 positive cases as compared with 108 in 1971

Swine Vesicular Disease

This disease was diagnosed for the first time in Britain in December. The outbreak was in a herd of pigs in Staffordshire and the disease spread through the West Midlands. As the disease was connected with feeding of waste foods, an intensive campaign was instituted throughout Kesteven to educate all swill feeders of the dangers in the use of waste foods.

Milk can also be the vehicle for carrying other pathogenic organisms to man such as those responsible for epidemic sore throat and food poisoning.

It is for all these reasons that such care has to be exercised in all stages of milk distribution and why it is so necessary to obviate all possible risks by insisting on heat treated milk or cream. Little untreated milk is retailed in Stamford.

Another contamination in milk are traces of antibiotic, due to milk being sent to market after too short an interval following on the treatment of a cow for udder infection. Surveillance for this goes on routinely throughout the year and fortunately with the increased appreciation of the undesirability of this happening, it has become less common. However, it does still occur. In a series of 4219 samples taken from the milk deliveries to a large dairy which supplies many in Stamford, twenty-four were found to have traces of Penicillin.

Milk sampling and control requires rationalisation. At present the duties of supervision and sampling are divided between the officers of the Ministry of Agriculture, Fisheries and Food, the Milk Marketing Board, the Food and Drugs Authority of the County, the County Health Department and your own Health Department. The latter are responsible for the suspension of any milk supply, which on investigation is proven to be likely to convey infection to man; or its compulsory pasteurisation. Each of these watchdogs work independently in this field, without much interchange of information and this leads to overlap in sampling and to no one person having an overall picture.

It was hoped that all the interested parties would get together and iron out the situation but so far this meeting has not taken place. The thorough surveillance of Food Premises, and the techniques employed in the preparation and handling of food has again been a most worthy feature of the Public Health Inspector, Mr Fox's work.

His visits to the many businesses in town, which exist that we may have good food, are welcomed because it is known that his advice will be sound, practical and in their best interests and that only as a last resort would recourse be made to his statutory powers. The results of the past three years work are manifestly good. Again as last year, the loss of food is deplored which has occurred over and over again due to a power or apparatus failure in frozen food display cabinets. At a time when meat was in short supply and very expensive such losses were even more unfortunate. Any unnecessary loss of first class protein - cheese, fish, meat - in the situation of a world wide shortage is deplorable.

This year has seen the widespread introduction of the practice of injecting polyphosphates into the carcasses of **broiler chickens**, a technique which has been used in bacon and ham 'cures' for some time. The advantages in this are claimed to be that in the raw bird there is better colour and consistency and in the cooked bird there is better slicing behaviour and an improved flavour. These are produced by enhancing the water binding capacity of the protein and by the absorption of more of the fat during the cooking process, with less consequently in the roasting tin. Of course the producer also benefits by the increased dead weight from the introduction of around six per cent of the body weight of a four per cent polyphosphate solution!

There is no evidence that any ill effects on the consumer will arise from this addition but like all other interferences with the natural product, a close eye on the situation should be maintained. In the meantime all chickens which have been so treated should be marked as such and it is an offence in Law not to do so. The housewife therefore still has a choice open to her in her selection of a bird!

A warning should be given on the absolute necessity for the complete thawing of frozen poultry before it is cooked. If not there is always the possibility that the centre of the 'bird' may not reach the required temperature for a long enough period to kill all potentially harmful bacteria. In particular any Food Poisoning organisms must be thoroughly eradicated by thorough cooking.

My colleague Mr Fox, will be reporting much more adequately on the subject of 'Food' in this combined report so further comments will be awaited from him.

During the year the close liaison, which has been so much a feature of the past has been maintained with the County's Weights and Measures Department. Mr Cooper, their Chief Inspector and his staff have always extended their help whenever it has been sought and he has commented on his work during the past twelve months as follows:

'The work of my Department under the Food and Drugs Act, 1955 with regard to the composition, labelling, advertising, nature, substance and quality of food in South Kesteven continued throughout 1972. Altogether, in Kesteven 446 samples of Food were taken including forty-two from Stamford Borough as follows:-

Bread and Flour	1
Butter	2
Confectionery	1
Cream	2
Curry Powder	1
Drugs	1
Fish Products	2
Intoxicating Liquor	3
Margarine	1
Meat Products	3
Milk	15
Milk Products	1
Preserves	3
Salad Cream	1
Sausages	2
Soft Drinks	1
Tomato Ketchup	2

TOTAL 42

A complaint was received that a fruit pie had contained a piece of 'glass' which had cut the mouth and throat of a person who had swallowed it. It was learned that the manufacturers of the pie had already offered some compensation and as the offending article was not available for examination no further action was possible.

Another complaint alleged that school milk had contained a small particle of glass which was sucked up a drinking straw. The origin of the object was uncertain and the matter was concluded with a warning to the Company responsible for bottling the milk.

A warning was given to a firm of Stamford butchers for failing to declare the presence of preservative in sausage meat sold by them.

The arrangement whereby complaints of this nature are referred to my Department for action has worked satisfactorily and has resulted in prompt and effective action being taken in a number of cases.

During the year there was marked increase, throughout Kesteven, in the number of cases of mouldy food which was brought to the notice of my Department, and bad stock rotation was to blame in most cases. Another contributing factor has been poor communication between producer, retailer and purchaser, and this emphasises the need for some form of marking which would be intelligible to both retailer and shopper. Arguments for such a system, which have been put for some time, have received prominence lately and I welcome the news that the Government has accepted the advice of the Food Standards Committee in favour of a system of open date marking.

Another matter which has received some publicity lately is the technique of injecting chicken carcasses with aqueous polyphosphate solutions. This practice has been the subject of scrutiny under the various aspects of consumer protection, and particularly with regard to the labelling of Food Regulations 1970 which requires that no person shall sell by retail any prepacked food unless it bears a name or description which will indicate to an intending purchaser the true nature of the food and any ingredient, providing that it shall not be necessary to state that a food contains water. Thus, a chicken carcass which has been treated in this way should bear a statement to the effect that it has been so treated.

The Public Analyst for Kesteven has said that the injection of a four per cent solution at about six per cent of the carcass weight causes the flesh to stay moist, more succulent in cooking, has more flavour and be easier to carve. He estimates that the cost to be under 4p on a 4lb bird, and against this the shopper must weigh the possible advantage of a better cooked product.

As the use of such additives is not forbidden it is essential that purchasers are properly informed as to the nature of their purchases, and to this end samples have been sent for analysis in order to ensure that these goods are properly marked, enabling a shopper to make a properly informed choice.

FOOD POISONING

No case of Salmonellosis or other food poisoning was notified.

NATIONAL ASSISTANCE ACT, 1948, Section 47

Happily in no instance during the year was it necessary to remove any person to Hospital or Welfare Accommodation against their will, as provided for in this ACT.

HEALTH EDUCATION

This Council subscribes to the Health Education Council and receives and makes full use of all the benefits accruing therefrom, such as Posters, propaganda material and the quarterly Health Education Journal.

Health Education should teach how people can achieve to the fullest degree a state of mental and physical well being. It should also bring to the public's attention those things in everyday life which are dangerous to life and limb, and show practical ways in which they can be avoided.

As our way of life becomes more and more complex so do the hazards to which individuals are subjected change also. At one time the great threat lay in the savage onslaught of Infectious Diseases, but with their defeat, contemporaneously there have arisen increased hazards in the home and on the roads which levy a heavy toll of injury and disability.

New and highly effective medicines and therapeutic techniques are available to all in need of them and yet so many social problems stem from the misuse of Drugs. Hardly a day passes without some comment either in favour of or against liberalising the use of Cannabis alias Hashish. Unless the Public are educated in an informed way about the basic facts and the potential threats in the misuse of drugs for kicks or for tranquillity how can they decide whether they should avoid them or not.

It should be pointed out that those under the influence of Cannabis lose their critical sense of self control and there is convincing evidence that it leads to violence. L.S.D. is even more potently dangerous as there have been many who have 'taken a trip' on it and not returned to their starting point! Instead they have ended up in hospital for the mentally ill with symptoms of schizophrenic.. To those who are tempted to have a try - DON'T. Experimentation can have tragic consequences.

During the year lectures were given to various Youth Groups and the discussion afterwards illustrated how keen young people are to talk about the implications of drug taking.

All cars must now be fitted with seat belts, but how little has been done to convince the rationally thinking motorist that it is in his and his passengers interest to wear them. Legislation is no substitute for Education and never will be.

In a prosperous Society more and yet more fancy foods appear on the Supermarket shelves and are seductively portrayed on the coloured screen. There is however mounting evidence that a diet rich in refined flour and sugar is far from a healthy one, and yet it is to increasing the consumption of these that so much of the food product advertising is devoted.

Education has a challenging part to play in stressing the importance of eating habits on health and in the avoidance of too much carbohydrate in the diet. It is true that the weight watchers provide a wonderful service to those with a weight problem, but it is equally true to say that each successful member testifies to the fact that health education has failed to get across to them in the first instance.

Foot Health is as important as any other for one has to stand on them from an early age for it is to be hoped a long life. The contemporary craze for high block cork heels does little to help. This type of footwear throws a great strain on the fore foot and has been known even to cause fractures. Such cork would be much safer and more appropriate in sealing bottles than in building shoes.

Accidents in the home continue to be more lethal than accidents on the roads, at work or in recreational pursuits all put together and yet practically every home has preventable hazards. Is it that health education has failed to delineate clearly enough where these hazards lie or is it once again a failure in communication?

Health Education is largely futile if it remains content to state the facts, without the ability to convince a listener of the full relevancy of those facts to himself. Alas persuasive educators are born not made.

MISCELLANY

AVETE ATQUE VALETE

During this year there has been a heightening of Public awareness of contamination in their environment. The Mass Media presented some aspects of it with near panic intensity, followed by a relapse into apathy, and in so doing, doubtless caused more anxiety states in susceptible individuals than they intended or their revelations justified.

'Ding-a-ling' went the telephone in the early hours of a Monday morning. The caller was a lady who had spent a sleepless night of worry following on a Sunday paper article on the chemical analysis of a selection of kitchen casseroles. These researches revealed that one in three of those examined exceeded the recognised safety limits for Lead or Cadmium or both. The utensils themselves were fashioned of different materials - metal, pottery and earthenware but all of those implicated by the survey were of foreign manufacture. In some instances the amounts of these heavy metals present were up to four times in excess of British Standards Institute limits, and it is pleasing that all British made ceramic casseroles were found to be safe.

The article illustrated the various types referred to and the caller had identified hers as belonging to one of those criticised. As she had been using hers for three years her concern was appreciated! It would seem most unlikely that anyone will suffer a sudden onset of ill health even after such a prolonged period of usage but obviously any avoidable intake of these toxic metals should be prevented. The risk of food contamination would clearly lie in the preparation of foods with a high acidity as for example stewing rhubarb or Bramley apples or vinaigre cooking, particularly if such examples of the culinary art were to be left for a prolonged period in the suspect container.

The Government are contemplating action to control the toxic metal contents of both ceramic and vitreous enamelled metal cooking ware. Our own researches found none outside the limits for Lead but one was high in Cadmium.

This year attention was again drawn to the inherent dangers - to young children in particular, of lead based paints in house decorating. There have been a number of reports of children 'eating' flakes of such paint and developing serious and not always reversible Nervous System damage as a result. There is no justification for running the risk of such an event as there are now adequate and equally hard wearing alternatives, devoid of the risks involved in using lead. Do it yourself addicts should note this and use safe decorating materials.

A further source of lead contamination of the environment comes of course from the exhaust gases of vehicles using lead 'enriched' petrol. The public must decide whether the motorist's demand for a high efficiency engine and an anti-knock fuel, or the general citizen's for air to breathe as free as possible of suspect contamination should prevail.

The Government has adjudicated and the previously permitted maximum of 0.84 grammes per litre of petrol was reduced this year to 0.64 grammes and by the end of 1973 will be further curtailed to 0.55 grammes per litre, followed in two years by another reduction to 0.45. All of these are steps in the right direction. Just how toxic lead is has been highlighted this year by the episodes involving industrial effluvia at Avonmouth and Southwark.

There was another press inspired scare during the past year and this involved the decorative and attractively coloured, so called 'Ladybird', beans of a tropical plant. These contain the potent drug Abrin to which there is allegedly no antidote and the ingestion of the contents of 3 or 4 of these innocent looking seeds was said to be lethal. The public were adjured to search their persons and their homes for necklaces, bangles or other items of personal adornment involving these 'Killer Beads' and hand them in to the Health Department or the Police.

The Department's table soon had a comprehensive and imposing load of suspect items. Many of these were innocent but at least a dozen were in the dangerous category and some had been in their owners possession for many years without suspicion of threat. Two necklaces were of particular interest and artistic quality depending unfortunately on a combination of the Ladybird motif with the attractive seeds of the Castor Oil Plant - Ricinus - an equally potent poison. Those who have sampled the oil of the same name will doubtless not be unduly surprised! Amongst the exhibits was even a little suite of doll's house furniture embellished with the beans, quite a work of art for Borgia's bed chamber.

NITRATES

Reference has been made earlier in the report to the increasing amount of nitrates which are getting into the rivers and shallow sources of water supply. Such nitrates are derived from numerous sources but much the most important is the use of high nitrogen fertilisers by farmers in pursuit of higher productivity from both arable and pasture lands. Inevitably a considerable amount of these is leached out of the soil into subsoil waters. Some of the nitrogen is also derived from the extensive growing of legumes such as peas and beans whose roots have the power of fixing atmospheric nitrogen, converting it into nitrate. This process goes on even after the crops are harvested and the roots have been ploughed back. A third source

is from the final effluents of Sewage Disposal Works, which discharge into the nearest river, increasing its salination.

If the concentration of nitrate in water rises to a figure over 50 mgm. per litre, that is 50 parts per million, it can present a health hazard if used for making up feeds for small babies by the reconstitution of dried milk.

In the manufacture of dried milk it is possible for spores of *Bacterium Subtilis* to survive and furthermore to act on the nitrate in the mixing water reducing it to nitrite. It is this salt which, if ingested, reacts with the haemoglobin reducing the oxygen carrying capacity of the blood and producing the condition of methaemoglobinaemia. The risks are further increased where such reconstituted baby feeds are left at room temperature for considerable periods before being consumed. Likewise it is hazardous to boil or to simmer the water as by so doing the concentration of the nitrate can be considerably increased.

On the Ecological front the waste nitrate in our rivers causes a great increase in the growth of aquatic weeds and may also exert an adverse effect on fish and fish food. This is just one of the reasons why the monitoring of all water supplies is so important, and in particular those which are derived from lake or shallow well. Nitrate in water also causes problems for those engaged in the canning industry because of its corrosive action on tinplate.

The phenomenon of Eutrophication will be one of increasing importance in the environmental scene and to those who are responsible for the water supplies of this country in the future.

Polyurethane and polystyrene in foam and other forms are now used very extensively for furniture fillings and for decorations and very efficient they are for these purposes. Great care should be taken to avoid them being put at the risk of catching fire, as such could have uniquely dangerous consequences. The spread of the fire is very rapid and very dense smoke is generated along with intense heat. Abnormally large quantities of deadly carbon monoxide and Hydrogen cyanide gases are produced, and in addition Isocyanates are released by the combustion which can have long term ill effects on those exposed to them. The oxygen levels in the area of the fire fall very rapidly. In effect then, these materials add a new dimension of risk should a fire involving them occur, particularly in a confined space within a home.

A number of other Pollution topics have already been mentioned in the body of this report including stubble burning, sophistication of food and Industrial Pollution, to all of which we have been subjected.

Unfortunately Pollution even invades our language with such importations as 'Teach Ins', 'Muggins', 'Gazumping' and all too many other words, of dubious origin. Old words too have altered their significance. In pure English the word 'Sex' is synonymous with 'Gender' but not in contemporary usage!

A single girl faced with a medical form for completion asking for name, age and sex wrote under the latter 'Yes', adding deprecatingly 'but not often'. Can one really be surprised with dilution of our language so Rife!

May be a nostalgic backward look will be permitted to the writer's appointment as the first full time Medical Officer of Health of Stamford, Bourne and South Kesteven in 1954. This was combined with that of School Medical Officer in the County Council Health Authority.

Previously these duties had been fragmented, making it difficult for any one person to have a wide picture. Amalgamation allowed for a much closer integration of the personal health services of the Local Health Authority with the Environmental Health Services of the Districts and obviously had many clear advantages. By far the most important aspect of it lay in the opportunity of seeing mothers and babies in the Clinic or in the School situation on the one hand, and to be involved in their housing, medico-social and environmental problems on the other. The latter seem in retrospect to have covered topics from Air Pollution to Zinc solency! It has all been challenging and full of opportunities. It would be shameful if this marriage of interests in the personal and environmental fields of health were to be divorced after re-organisation has been completed.

As has been stressed in previous Annual Reviews, medical advice to District Authorities can only be made truly relevant and of maximum value when the Community served is small enough to allow their medical advisor to know as many members of that Community as possible as individuals, and to have a clear personal knowledge of their environmental and health problems as a Group. It is axiomatic that this can only be achieved at local level and is greatly assisted by a mutually helpful and harmonious working with the Public's elected representatives. It is hoped when the new service is developed that the appraisal of the community health needs will still be possible with clear vision at local level and not through long distance lenses and over attenuated lines of communication. This latter would be a reversal of all the background thinking and endeavours of the past eighteen years

There is a great tendency to accept new benefits sometimes gratefully but more often without comment. It is only on looking back over eighteen happy years that the strides which have been made can be seen. At that date there were no Grouped Warden controlled dwelling schemes for the Elderly, now there are three, to the inestimable benefit of the residents. The Food Hygiene Regulations laying down 'Codes of Practice' for all who handle food, and the consequent regular inspection of Food Premises had not been made.

The improvement in this respect has been dramatic. There was still a Municipal Abattoir which though providing a good service to the Town was increasingly handicapped by deteriorating premises.

The Town was then in urgent need of a re-organisation of the drainage which was regularly surcharged and only saved by allowing the surplus to discharge into the River Welland. This was temporarily corrected by the laying of the trunk sewer from Scotgate to St Leonard's Street, by means of a tunnel under the town. As already mentioned it could be wished that its natural end at a modern sewage disposal works could now be acknowledged but that must wait.

The Clearance Area Schemes at Tenter Lane, Lumby's Terrace, East Street and High Street St Martin's did much to eradicate unimprovable groups of slum dwellings. These together with a continuing programme for dealing with individual unfit houses has resulted in a very satisfactory solution to the problem of older houses, whilst maintaining the street scene.

The energetic and enlightened programme of Council House building has been operative throughout the period and has been crowned with great success and over 1600 houses to its credit. Eighteen years ago there were very few applications for House Improvement Grants. Their general acceptance revolutionised the attitude to the older and sub-standard properties, saving much valuable accommodation in the process.

The water supply to the Town has been greatly improved and its sources rationalised since the advent of the South Lincolnshire Water Board.

New Public Conveniences have been built in East Street and Red Lion Square. The Swimming Baths have been redesigned and heated and there have also been greatly improved facilities for outdoor recreation generally. These are just a few of the improvements great and small which have affected for good the every day lives of many, if not all our citizens. Others have been mentioned in the body of this Report.

In the same period there have been equally important advances in the Personal Health Service. In prevention, Whooping Cough Vaccinations, Poliomyelitis Vaccinations, Measles Vaccinations and German Measles Vaccinations, have all been introduced in the intervening years. Routine B.C.G. Vaccinations for Senior School Children is yet another act of prevention, which is now taken as routine.

In the Clinic domain Mothercraft and Relaxation Classes for expectant mothers, and Family Planning Facilities for those who do not desire to emulate them have both been developed and are popular.

Cervical Cytology is now a well established bridgehead in the fight against Cancer of this common site.

The Infant Welfare Clinics were at the start of this period, biased towards looking for signs of malnutrition, maternal mismanagement and deficiency diseases. Now the slant has changed and developmental checks are becoming increasingly the main concern in our Infant Care with routine testing of hearing as an integral part of the work.

In 1954 the population was 11,300, the Rateable Value £77890, the product of the 1d rate £300 and the number of inhabited houses 3547. Comparison with the equivalent figures this year, allowing for decimalisation is indicative enough of the expansion and changes which have taken place in the Borough.

Contemporaneously the Services of the Welfare State through the media of the National Health Service, the Social Services and the Departments of Health and Social Security and of Education have opened the door to all that is best in medical care and treatment to each individual in the land.

The chances of a first class Education, of career opportunity, of self expression and of culture are open to all who wish to avail themselves of what is offered. The threat of true poverty and the shadow of want have been removed, and the needs of those with disabilities are better understood and catered for than at any previous time in our long history.

Surely then in this enlightened democracy all should be well? Certainly the physical health of our young people has markedly improved. Malnutrition is rarely if ever seen, and modern therapeutics have worked wonders for those who do fall ill. Unfortunately there is no prophylactic for the innate aggression of individuals and the violence which it breeds and which manifests itself in so many different ways. It is even demonstrated by belligerent television and radio interviewing!

Nationally crime - mostly of a violent variety, is up by twenty per cent this year on 1971. The number of abortions carried out officially this year was 160,000 and even more disturbing was the fact that 3099 of these were in girls under sixteen years of age. Many teenagers had repeated abortions, so obviously had learnt no lesson from the earlier episode. Far too many regard abortions as an alternative to contraception and babies as just another expendable item in modern society.

Venereal disease has already been mentioned and the appallingly high figures which have swept it into being the commonest of all the communicable diseases. Though ostensibly cured many may find sterility as a long term consequence. Not nearly enough is said about the risk of this disease to those who accept casual extra marital sexual experience as a prerogative of this enlightened age. No contraceptive technique, and least of all the pill, gives protection against this.

Broken marriages and Divorce petitions leading so often to hardship for the children are over 100,000 a year. Successful matrimony is not compatible with immaturity and too many teenage marriages are between persons in that category of emotional development, with the inevitable results. 'Marry in haste and repent at leisure' said the old tag, but now in all fairness the period of repentance is short, ending in annulment.

Illegitimacy in spite of all the propaganda for contraception is not reducing. It is most doubtful whether the provision of the Pill on the National Health Service will reduce it either. After being free in Aberdeen for the past five years it has had no such effect. The cynic might paraphrase the British Rail Poster 'Boulogne for the Continent, Britain for the Others.'

Alcoholism is still increasing to add to the estimated 400,000 addicts in this country and there has been a predominant rise in the case of women, who at one time rated one in ten of alcoholics but now are one in five. Is there any connection between this and 'Women's' Lib?

Drug taking is increasing in the hope of squeezing a further vicarious kick out of life, by those for whom life should have just commenced. In Lincolnshire this year there were 9988 road accidents in which 143 were killed, 15556 seriously injured and 3873 slightly injured.

Vandalism of public and private property is accepted as part of the contemporary scene and practically nothing is held inviolable. All of these phenomena are part and parcel of the violence and the disintegration now threatening our Society, which having thrown overboard the codes of behaviour, the customs and the ethics which were the guide lines for former generations have not yet developed any worthwhile substitute for them, only a wide assortment of tranquillisers and similar drugs to use as crutches. All the evidence points to sexual experience taking place at ever earlier ages.

It might not be inappropriate to warn that quite apart from all the other hazards of such precocious behaviour there is the increased risk of cancer of the cervix later in life? Any woman becoming sexually active in her teens whether married or unmarried enters the high risk group. Age at first intercourse appears to be the most important single date in predisposition; and coitus before the age of 20 years is associated with twice the risk compared with those in whom it does not occur till over the age of twenty.

In pursuit of violence and self gratification so much is lost. The fact is that in the last analysis Liberty is the end product of Self-Discipline.

Turning to the much brighter aspects of local life STAMFORD has always been a caring Community, as the numerous beautiful stone built Almshouses of medieval days testify. Their modern counter parts in the Grouped dwelling systems have continued the tradition. During the past two years the new Social Services Departments have been getting into harness for the vast problems which confront them in the spheres of child life protection, broken families, welfare of the Physically Handicapped, the mentally handicapped and all the less favoured in Society.

Liaison between the Case Workers of that Service and the members of the Health Department is being fostered, for each needs the other and the person for whom each was created needs both!

The Co-ordination Committees for the Welfare of the Elderly and for Children at Risk have continued with vigour. It was felt by some that with the advent of the multi-disciplined Social Service Department, their work could be phased out. This in fact has been far from the case. The members are drawn from the Department of Health and Social Security, the Probation Service, Housing Departments, N.S.P.C.C., the Headmaster of the School for Educationally Subnormal, the Education Services, the Geriatric Hospital Services, Family Doctors, the Occupational Therapist as well as from the Health and Social Services Departments. Such a broad based gathering of expert opinion in so many spheres, turning their attention to one difficult case after another, can but produce some new approach to it or at least warn of trouble ahead.

Apart from all else they allow those so personally involved together in Socio-Medical work to meet informally and get to know one another and so gain an appreciation of the difficulties confronted by their colleagues. In the ten years of their existence they have proved of inestimable worth. One of the problems which the care of the Elderly Committee should tackle is to find out how many in the Community need bungalows or ground floor accommodation, how many need Grouped Dwellings with a Warden and how many need Welfare Accommodation or a geriatric bed. Also it would be equally useful to know how many already in one of these types of accommodation need a change to another. How many are there in the Community who need assistance because of physical or mental disability and are not getting it in full measure? Only by knowing the whole extent of the need can appropriate plans be made.

There are many people with kind hearts and active hands who freely give their services to help those less fortunate than themselves. The Kings Mill Centre has again had a very busy and equally successful year. It was fashioned and founded by entirely voluntary efforts and is staffed by volunteers, many of whom are the wives of Service personnel at Wittering. Mrs L.R. Holt remains the inspiration of the

Centre and does not spare herself in any way on its behalf. Eight to ten severely mentally handicapped children spend Tuesday's and Friday's there, including meals. They have skilled workers to look after them and specialised equipment for their use according to their capabilities. These days also provide a badly needed breathing space for their mothers and so benefit all the family. It is a most humanitarian response to a great need and amply deserves the full support of the Public. The maintenance of the Centre is entirely dependant on Voluntary Support and yet it is performing a function for some of the children which in fact is the responsibility of an Education Authority. For this service it gets no financial recognition. Similarly it has never been given the Status of being a recognised treatment Centre and so ambulance transport cannot be used and here again volunteers have to do the fetching and carrying without recompense. It could do so much more if funds and staff were available to open it five days a week. If anyone has any doubts about the work which is done then let him come and see for himself. Acknowledgement is also made of the help of boys from Uppingham School who have chosen it for one of their Social Service Activities. Two days a week the Centre is also used as a venue for a Play Group for Deprived Children run by the Social Services Team.

The Women's Royal Voluntary Service run the Meals-on-Wheels Service. At present 54 persons are supplied with meals either three or four times a week and in exceptional cases five times. Christmas Day dinners with all the appropriate festive trimmings were served in their own homes to 20 who otherwise would not have had one, and 24 were served on Boxing Day. This was certainly an expression of the real spirit of Christmas by the ladies concerned. The meals are drawn from the Central School Kitchen in term time and from the Hospital during the Holidays.

The W.R.V.S. also run a Clothing Store and this has flourished during the year with record quantities of clothing pouring into it. Much of this was destined for the Uganda Asians, including the family who have settled in Stamford. The teams of workers put in long and strenuous hours dealing with the gifts and despatching them. Clothing was issued to fifty three families involving eighty-eight persons. Also curtains, table cloths, towels and domestic linen have been provided on occasion. This Organisation provides and serves teas, on a rota basis to a number of philanthropic clubs in the town; and extends a helping hand to the work of the Social Services team. They have also provided training in connection with the Emergency Welfare Service and the Duke of Edinburgh's Award Schemes. Mrs H.E. Packer M.B.E. of Stamford is the County Organiser and to her and Mrs E. Rouse the Local Centre Secretary our thanks are due.

Christ Church runs a Luncheon Club on Wednesdays for those over pensionable age. In fact the day commences with coffee at 10.30 and ends with a cup of tea before going home as well as the mid-day meal and entertainment afterwards. Sixteen attend regularly and some are transported to the Club.

The Salvation Army also ran a Luncheon Club on Tuesdays and Thursdays with hairdressing facilities at the former and an over sixty Club in the afternoon of the Thursdays. Fifteen to twenty attended these.

The Action Groups of the High School and the Stamford School continue to help others; particularly in assisting the elderly in a practical way with gardening, hedge trimming, errands and other domestic chores. The greatest contribution however is the antidote to loneliness which a regular visitor and a smiling face ensure. The members of the voluntary emergency services of the Youth Clubs are always willing to proffer help also.

The Physically Handicapped Society through their Good Companions Club continue to provide social contact, help and entertainment for those with physical disabilities. They have social gatherings in the Congregational Hall on alternate Thursdays throughout the year and organise outings to places of interest during the summer months.

The Stamford branch of the Kesteven Society for the Blind organise a club for blind members at the Darby and Joan club every Tuesday afternoon. As well as assistance from relatives and friends, the ladies of the Stamford Inner Wheel Club also help on Club days, and more help would be welcome.

The British Red Cross Society through the medium of the Darby and Joan Club, to which all retirement pensioners can belong, have over many years brought companionship and entertainment to very many of our Older Citizens and brought new interests into their lives from which they have benefitted accordingly. Red Cross members also organise and assist at the Blood Donor sessions, assist in various social and liaison activities in the Hospital, and run the Home Nursing Aid depot for the Local Health Authority from their premises in St George's Square.

The Round Tablers in association with the Old People's Welfare Committee again through arduous collecting, were able to supply generous Christmas parcels to 285 elderly persons living alone either as individuals or as couples.

In addition to this list of Club and Group activities engaged in bettering the lot of others there are very many Golden Deeds done by anonymous individuals. There are many generous gifts from coal to comestibles made out of sympathy and compassion. All of these only go to show that Stamford's warm heart should be as well recognised as its stone buildings and that the tradition of Centuries is as alive as ever.

Liaison has been maintained between your Health Department and other Services, by the writer's membership of the Hospital Area Maternity Liaison and Control of Infection Committees and the Medical Post Graduate Education Committee. It has also been a privilege to be the Chairman of the Disablement Advisory Committee of the Ministry of Employment and Productivity and of the two Co-ordinating Committees for Children at Risk and the Welfare of the Elderly. It is so necessary to keep in touch with other Bodies at a time when such drastic changes are in the air.

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'We trained hard, but it seemed that every time we were beginning to form up into teams we would be re-organised. I was to learn later in life that we tend to meet any new situation by reorganising and what a wonderful method it can be for creating the illusion of progress, whilst producing confusion, inefficiency and demoralisation.'

This was not written apropos of our impending changes but by GAIUS PETRONIUS in the days of NERO in the First Century A.D!

I am convinced that this cynicism will be completely falsified in our own metamorphosis.

Change was inevitable, and in this belief the challenge is accepted. Old Boundaries and Loyalties have been swept away with ruthless determination. We are now to become members of the South Kesteven District and it is up to those who then carry the flag forward up the road of progress to see that this new Authority works to the benefit of plain 'Mr John Citizen' wherever he resides. It is vitally important that he feels he is of consequence as a person, that his complaint has personal attention and that he has someone really local to whom he can turn for advice in the same way as he did of yore.

Local Authorities, River Authorities, Water Boards and the Health Services are all being subjected to the prolonged gestation period which will culminate in a new birth on April 1st 1974.

This will mark the parting of the ways between Local Government and the Office of Medical Officer of Health. The latter, as is now commonly known, will be integrated into the new National Health Service and a member of that Service will carry out the advisory and other duties formerly his. It is my very earnest wish that the co-operative effort and the happy relationships between the members of the Health Department and the Council which have made the past eighteen years so happily rewarding will be perpetuated in the new arena.

However practical the new Boundaries are and however efficient the new structures may be, they are but the foundations on which the services of the future will be evolved painstakingly.

Drakes prayer is not inappropriate for those who will staff them.

'Oh Lord God, when thou givest to thy servants to endeavour any great matter, grant us also to know that it is not the beginning but the continuing of the same unto the end - which yieldeth the true glory.'

In drawing this report to a close, which inevitably will be my last to you, I wish to acknowledge most warmly the unfailing support, expert help and co-operation of my colleague, Mr G. Fox in the many problems and situations which have arisen this year. Mr Dawson is progressing well in his professional training under the same tutelage.

To Councillor Seamer and the Members of the Health Committee I offer my appreciation of their abiding interest in and concern for all aspects of the Health Department's Work, without whose sympathetic appraisal of the problems brought to them little could be accomplished. It is and always has been a happy Committee, within my experience. Likewise I thank the Members of the Council.

It gives me much pleasure to put on record the capable, cheerful and efficient way in which Miss Anne Hind has coped with the secretarial side of our work, culminating in the production of this Review. She has treated members of the Public with the traditional tact and courtesy to which we have long been accustomed.

I acknowledge gratefully the ready advice which the Town Clerk, Mr H. Bedford has always given to me, couched with humour in his own inimitable way, and in spite of being subjected to many pressures on his experience and his time.

I wish to thank the Borough Treasurer, the Borough Engineer and the Housing Officers who have all contributed so much help to this Department. It is a pleasure to pay tribute to the courtesy of the Members of the Local Press Corps, with whom relationships have always been most cordial and helpful. To Dr H. Mackey, I voice my sincere appreciation for so kindly deputising for me during my absence on holiday or other occasions.

In conclusion I will end as I began this Section with the words of Catullus.

HAIL and Farewell.

H. ELLIS SMITH

H. Ellis Smith
Medical Officer of Health.

Annual Report of the Public Health Inspector
for the Year 1972

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

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report in respect of the work of the Public Health Inspector's Department during 1972.

As a result of the re-organisation of local government on the 1st April 1974, Stamford Borough becomes part of the South Kesteven District Council. This Report will therefore be the last such Report to be submitted to the Borough Council. Environmental Health concerns people and the Borough Council, being so closely in touch with the people and very sensitive to public opinion, has made considerable progress in this field over the years. The new District Council faces a considerable challenge in ensuring that the existing standards of service are maintained.

Interest in the environment continues to grow and it can now be said that concern for the state of the environment is world wide. As civilisation progresses the pressures on the environment increase. Many aspects which cause concern form part of the day-to-day functions of the public health inspector, for instance, the problems associated with housing, pollution in all its forms, food, water, waste disposal and similar matters. The variety of the work undertaken during the year is outlined in this Report.

1. HOUSING

In spite of the Council's extensive house building programme and the incentives of improvement grants to assist with the modernisation of existing houses there is still considerable progress to be made before it can be said that every family has a home of their own, with all modern amenities.

The Secretary of State for the Environment in Circular 50/72 asked local authorities to join in a decisive drive on slums and older houses. He proposed, as its objective, that within a decade no one should be required to live in an unfit or sub-standard house. Initially, local authorities were asked to check the age, condition and tenure of the present public and private housing stock and to set this against their

assessment of the housing need of their area.

As a result of this request, a statistical survey of the housing stock of the Borough has been carried out. Following the completion of the Survey, the estimate of the condition of the Housing Stock, as at mid year 1972 was as follows:

	<u>Local Authority</u>	<u>Other ownership</u>
1. In areas already declared under Part III Housing Act 1957	Nil	Nil
2. In areas to be declared under Part III Housing Act 1957	Nil	Nil
3. Not in Part III areas	Nil	56
4. TOTAL UNFIT (1,2,3)	Nil	56

Dwellings not unfit

5. Up to 12 point standard	987	2715
6. Capable of improvement to 12 point standard	634	723
7. Not capable of improvement to 12 point standard	Nil	5
8. TOTAL No. of dwellings in area (4,5,6,7)	1621	3499

In considering the results it must be emphasised that because the results were obtained from a 'sample survey', the totals are subject to a tolerance of plus or minus so many dwellings.

The probable size of these errors can, however, be calculated accurately, and a table showing their order is set out below. There is only one chance in 40 that the errors will lie outside the figures quoted:

if 100 dwellings are in the category, then the range of error is plus or minus 30 dwellings.

1000 dwellings are in the category, then the range of error is plus or minus 96 dwellings.

and proportionately in between.

By the end of the year the Borough Council had taken positive steps to complete the modernisation of all the pre-war council houses. Two such houses were in the process of receiving a comprehensive modernisation - these houses were regarded as pilot projects intended for use as 'show houses' for the benefit of the tenants of the remaining houses, and negotiations regarding tenders for the modernisation of a further 586 were at an advanced stage. A tender has now been accepted and the work has already been commenced and is progressing satisfactorily.

Unfortunately, in the private sector, it is not possible to tackle the problem as effectively even though the need is greater. Of the estimated 728 houses which are not up to the 12 point Discretionary Grant Standard it is estimated that 585 are without an internal water closet and 110 are without a hot water supply. Even though the town is fortunate in not having a slum clearance problem, the fact that the tenants of around 10% of the dwellings have to 'brave the elements' whenever they wish to use their toilets, is a situation which must be remedied as soon as possible.

Section 70 of the Housing Act, 1969 makes it a duty of Local Authorities to consider possible action in these areas of their older housing stock which although not 'unfit' fall below acceptable modern standards. The Act also gives the Authority powers to declare General Improvement Areas. By declaring an Improvement Area, the Council give a clear assurance that not only is it their intention to preserve the area but to improve it. This should be an important incentive to owners, occupiers and landlords to improve their properties.

The Council have already considered a possible General Improvement Area including 188 houses in the Vine Street/Stanley Street area. Action on these proposals had to be deferred but the Joint Committee of the five constituent authorities of South Kesteven District Council have made a recommendation to the District Council that this area should be declared a General Improvement Area at the earliest possible date. It is to be hoped that some progress with this scheme can be achieved in 1974. There are other potential Improvement Areas in the town, but these will, of course, have to take their turn in the programme which it is anticipated will be prepared by the South Kesteven District Council.

Slum Clearance

During the year a total of seven dwellings were dealt with under Section 16 of the Housing Act, 1957 as follows:

Dwellings made the subject of Closing Orders	..	..	..	2
Dwellings subject to Undertakings not to				
re-let for human habitation	..	..	..	5

Dwellings are dealt with under Section 16 of the Housing Act, 1957 if it is considered that they are unfit and cannot be made fit at reasonable expense. The statutory standard of fitness is laid down in the Housing Act, 1957 and it is quite a modest standard.

Stamford does not have a Slum Clearance problem and in the majority of cases, when the tenants of an unfit dwelling have been rehoused, the property is 'made fit' by comprehensive modernisation.

Improvement of Houses

It is pleasing to be able to report that once again there has been a substantial increase in the number of improvement grants which were approved during the year.

Of the 57 grants approved, 10 were in respect of tenanted properties. Part III of the Housing Finance Act, 1972 makes it possible for controlled tenancies to be converted to regulated tenancies let at a 'fair rent', if the dwelling is up to Standard Grant standard, i.e. the property is in good repair and has an internal water closet, a bath, hand-basin, sink and a hot water supply. This inducement is making it worthwhile for landlords to improve their properties.

One of the problems to be overcome by property owners planning improvements is the difficulty in finding a builder to undertake this work. All the local builders appear to have full order books and in most cases there is a waiting period of 5 or 6 months before the work can be commenced.

This creates another problem when the owner is undertaking a comprehensive improvement and he is therefore applying for the Discretionary Grant. This grant application must be accompanied by a detailed estimate and many builders, when they already have plenty of work in hand, are reluctant to give estimates for work which will not be commenced for at least six months. Some indication of the rise in the cost of building works can be gained from the fact that the average Discretionary Grant in 1972 was over 20% higher than the average for the previous year.

Standard Grants

In 1972, 20 applications from private owners for standard grants were approved. In 1971, 16 applications were approved.

Discretionary Grants

In 1972, 41 applications from private owners for discretionary grants were approved. The average grant paid was £661. In 1971, 30 applications were approved and the average grant paid was £546.

Houses in Multiple Occupation

Houses 'occupied by persons who do not form a single household' can cause serious problems for the Public Health Department but fortunately in Stamford there are few such dwellings. During 1972, two informal notices were served on the owners of 'Houses in Multiple Occupation' requiring repairs and improvements to the houses.

Overcrowding

No cases of statutory overcrowding were encountered during the year.

Moveable Dwellings

The three small caravan sites were maintained in a satisfactory condition.

2. SWIMMING BATHS

The Municipal Swimming Baths and the swimming pools at Stamford School, the Stamford High School and the Stamford Hospital were visited each week while the pools were open and samples of water from each of the pools were submitted to the Public Health Laboratory at Peterborough for bacteriological examination.

When the samples are collected the swimming pool water is also tested to check the level of chlorination and the 'pH' value. This information is useful in ascertaining the cause of any unsatisfactory bacteriological reports on the samples. ('pH' is the expression used to indicate the degree of acidity or alkalinity of the water. Pure neutral distilled water has a pH of 7.0 and a figure below 7.0 indicates that the water is acidic, above 7.0 that the water is alkaline. The correct pH value assists the chlorine in its work of sterilizing the water and reduces the risk of eye irritation to bathers. The ideal pH for swimming pool water is 7.5)

Details of the samples taken are as follows:

Swimming Bath	Inspections	No of samples submitted for bacteriological examination
Stamford High School	42	83
Stamford School	20	40
Municipal Baths	30	80
Stamford Hospital	19	37

3. INSPECTION AND SUPERVISION OF FOOD

FOOD HYGIENE

The task of safeguarding the purity and wholesomeness of the public's food is unending and is one of the most important aspects of the public health inspector's duties.

Considerable progress has been made in improving the hygienic standard of the food premises in the town. However, some degree of contamination of our food supplies with pathogenic organisms which can cause gastro-enteritis, is commonplace and inevitable. The problem now, therefore, is not so much with premises as with food handlers and this is a matter for education and advisory action rather than legislative and enforcement action.

Ever since the first publication of the statistics of food poisoning two things have remained constant and clear:

1. That meat is far and away the likeliest source of any food poisoning incident or outbreak.
2. That of all the various forms of meat presentation, it is the cooked meat products that cause more food poisoning than all other foods put together.

The explanation for this is that cooked meats must become recontaminated by live bacteria after cooking and cooling. The prevention of the proliferation of organisms in potentially hazardous foods can be prevented by proper temperature control techniques. There is no doubt that such control would do more than any other single measure to reduce the incidence of food poisoning. Although the Food Hygiene Regulations make some provision for this, the specific regulation only applies to food 'brought into any premises on or from which is carried on a catering business.' Foods intended for normal retail sale are excluded from the provision of the Regulation.

The Regulations should be amended to provide effective temperature control requirements for all perishable foods at all stages of preparation, processing and distribution. It is not enough to rely on the persuasive powers of the public health inspector.

The increase in the popularity of the domestic deep freeze is bringing about a change in the general pattern of food retailing, particularly in respect of the sale of meat. It has been estimated that since 1968 there has been an approximate eight-fold increase in the sale of domestic freezer units.

If large portions of fresh meat, wrapped in film, are placed in a tightly filled domestic freezer, the rate of air circulation is retarded and the time taken to completely freeze throughout to a satisfactory temperature level can be a very lengthy process.

Hygiene of Food Premises

General Food Inspection

	tons	cwts	lbs
Meat at retail shops - carcass meat		8	41
offal			22
Canned meats		7	47
Other canned foods	5	3	19
Frozen foods due to cabinet breakdown	1	19	79
Other foods		2	86
TOTAL	8	1	70

Unsound Food

Twenty-four complaints regarding unsound food were received and although it is important to relate the number of reported cases to the total quantity of food sold in the town in the course of the year, it is disturbing to see an increase of over 100% in the number of complaints compared with the previous year. It must also be remembered that not every incident is reported to the local authority.

Examples of some of the complaints received are shown in the table below:

Complaint	Investigation
Fly embedded in piece of Cheddar cheese	The Cheddar cheese was manufactured in France! The incident was reported to the importers, who apologised on behalf of the Creamery concerned, and said that at the Creamery, the hygiene standards were high.
Staining inside a bottle of milk	The staining was due to fungal hyphae and spores. The Dairy concerned had an excellent record and the local Public Health Inspector said it was the first such incident to come to his notice. Although the Dairy should have prevented this incident some responsibility must rest with the unknown person who returned a filthy milk bottle.
Piece of wood, 4" long inside a wrapped, sliced loaf.	Investigation showed that the incident was caused by the loaf coming into contact with the perished bottom of a wooden delivery tray. The firm concerned promptly replaced all the wooden trays with plastic ones.

Complaint	Investigation
Insect in sliced loaf	Careful investigation indicated that the infestation had most likely occurred in the customers own kitchen.
White specks on segments in a can of grapefruit	Due to crystals of Naringin which is a natural constituent of some grapefruit, especially immature fruit.
Dark brown mass in a white loaf alleged to be the end of a cigar	The object was found to be a piece of overcooked brown dough.
Mould on pre-packed cheese slices	The trouble was due to a packaging fault at the producer's factory and efforts had been made to re-call all the affected cheeses but a small number had been sold before they could be re-called.
Sale of unsound beast liver	No bacterial contamination but it seemed possible that the liver had been contaminated by bile, probably at the slaughterhouse.
Chocolate liqueurs contained fragments of glass	The fragments were, in fact, large crystals of sugar!
Sale of unsound can of ham	The can had been damaged during manufacture. The ham was packed in Holland by a very reputable Company. The Company expressed concern and undertook to introduce more stringent controls in the manufacture.
Sale of a cake containing the remains of a cigarette	This was a serious incident involving a local manufacturer. The complainant was most insistent that she did not want to become involved in legal proceedings. Nevertheless informal action was taken and the incident is not likely to be repeated.

It is recommended that any person purchasing unsatisfactory food should not return the offending food to the shop where all that is likely to happen is that the food will be replaced. Instead, the Health Department should be informed immediately, when the incident will be fully investigated in an attempt to trace the cause of complaint. Formal action is only likely to arise as the result of a serious contravention.

Milk (Special Designations) Regulations, 1963

Following a complaint about the poor keeping quality of pasteurised milk purchased from a branch of a local dairy, a series of 10 samples were submitted to the Public Health Laboratory at Peterborough. Three of the samples were found to be unsatisfactory in that they failed the methylene blue test. The County Council, as the Food and Drugs Authority, were informed of the results, and the County Health Inspector, Mr J.F. Lofthouse, carried out an investigation at the Dairy concerned.

Ice Cream

During the year one shop was registered for the sale of wrapped ice cream.

Food Poisoning

One case of food poisoning was investigated during the year. The patient had contracted the illness while on holiday in Spain. A friend who had accompanied the patient was 'checked' and was found to be free of infection. On another occasion three returning holidaymakers who had been in contact with an outbreak of food poisoning at their hotel, were checked and found to be free of infection.

Two cases of Sonne Dysentery were investigated during the year.

The Liquid Egg (Pasteurisation) Regulation, 1963

There are no egg pasteurisation plants in the Borough.

Poultry Inspection

There are no poultry processing premises within the Borough. Within recent years the poultry industry has become the growth industry of the Food World. In fact, poultry consumption in Great Britain is now in the region of 26 lb per head per year, compared with 19 lb per head per year in 1967.

Clearly, with changes in poultry production, preservation and distribution, the necessity for the introduction of more sophisticated methods of poultry inspection procedures and hygiene standards can today no longer be denied.

As a result of our entry in Europe, the E.E.C. Directive on Fresh Poultry Meat will apply to the poultry industry in this country in 1976. This directive goes much further than any existing legislation concerning poultry inspection. It requires all poultry to be subjected to anti-mortem and post-mortem inspection by an officially appointed veterinary officer or his assistant. One requirement which is already causing some concern to local traders is that the directive will stop the sale of what is known as the New York Dressed Poultry. It will no longer be permissible to eviscerate birds at the point of sale and therefore all poultry will be received at the retail shop in an 'oven-ready' condition. As a result we shall no longer see the pleasing sight of rows of freshly plucked poultry hanging in the windows of Butcher's shops at Christmas time.

4. WATER SUPPLY

Thirty-three samples of water from domestic supplies in the Town were sent to the Public Health Laboratory for bacteriological examination. Only one sample was reported as being below standard. This supply was promptly re-sampled when it was found to be satisfactory.

During the year there was some concern expressed in the national press regarding the amount of lead in some domestic water supplies. The Consumer's Association recommended that any householder who had lead water pipes should have the water checked by the local water authority or public health inspector, and he should be prepared to replace them. As a result of this, several residents contacted the Department. All the supplies were checked and in every case the lead content of the water was found to be negligible.

5. CLEAN AIR

Although Stamford is generally considered to be reasonably free from atmospheric pollution, it must be remembered that domestic smoke is the chief constituent of smoke pollution in Britain today, being responsible for 80% of the total. It is particularly important because it is emitted at low level and at both a low temperature and a low velocity, ensuring that most of it reaches ground level quickly thus contaminating air at breathing level. There is, therefore, considerable room for improvement. The most positive form of action lies in the creation of smoke control areas in which the emission of smoke is prohibited and householders who have to change, or modify their fire-grates, are eligible for grants to help pay for the work of removal or modification.

During the year seven nuisances caused by smoke from industrial or commercial premises were investigated and in each case the nuisance was abated without having to resort to formal action. Complaints regarding the fall out of dust from the chimney of a factory in an adjoining district were again referred to the Alkali Inspector for his attention. It is understood that a new electrostatic precipitator has been installed at this factory with a view to reducing the nuisance but teething troubles were being experienced following the installation.

6. NOISE

Recent years have seen an increasing public awareness of the problems of noise. It has been common knowledge for many years that high levels of noise can cause impairment of hearing. It is now accepted that at work, if exposure is continued for 8 hours in any one day, and is to a reasonable steady sound, the sound level should not exceed 90 dB(A). Whether or not one regards lesser noise as a danger to health depends on the definition which is placed on health. Using that suggested by the World Health Organisation as 'a state of complete physical, mental and social well being, and not merely an absence of disease and infirmity' health is certainly affected by many kinds of noise. It definitely causes a great deal of dissatisfaction if it is above a certain level.

Many of the younger generation, who regularly patronise discotheques and similar places of entertainment are exposing themselves to the risk of permanent physical damage to their hearing. The level of noise at such functions is such that, if the patrons were encountering the noise as employed persons, it would be recommended that they wear some form of ear protection. As a general guide it can be said that if it is necessary to shout in order to be audible to a person about a metre distant, the noise level is potentially dangerous.

Once again the number of complaints has increased. A total of 41 complaints were received during the year. All the complaints were investigated and in every case, it was possible to achieve an improvement as a result of informal action.

In 1971 a serious noise nuisance was caused as a result of the installation of a large gas fired boiler. This nuisance, despite many attempts to modify the burners and adjust the forced draught, was carried over into 1972. It was eventually accepted that it was not possible to silence the boiler to an acceptable level and as a result an acoustic chimney was installed. This purpose made chimney was constructed of $\frac{1}{8}$ " sheet steel and included a 2" Friton Knowool lining. Every one concerned heaved a sigh of relief when it was found that the chimney came up to expectations, i.e. it effected a transmission loss of 10 dB at 72 Hz. This was sufficient to reduce the noise to an acceptable level.

Other noise nuisances which required a considerable amount of attention during the year involved the use of mechanical saws in premises near a dwelling house, and the night-time operation of large electrical generators in a factory near an elderly persons residential unit.

The remaining complaints featured barking dogs, noise from discos, pop groups practicing and the noise from road works.

7. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Inspections of premises under the provision of the above Act have proceeded satisfactorily during the year. The details of the contraventions found are listed in the following table. The majority of the contraventions of the provision of the Act have been of a minor character.

DETAILS OF CONTRAVENTIONS FOUND WHICH WERE THE SUBJECT OF INFORMAL NOTICES

Cleanliness and/or redecoration of premises required	39	Accommodation for outdoor clothing not provided	1
Overcrowding	-	Inadequate sitting facilities	1
Inadequate Heating	2	Defective and dangerous floors, passages and stairs	6
Inadequate Ventilation	4		
Inadequate Lighting	1	Unsafe or inadequate fencing of exposed parts machinery	4
Unsatisfactory or inadequate sanitary accommodation	8		
Unsatisfactory or inadequate washing facilities	2	Absence of satisfactory first aid facilities	2
Absence of supply of drinking water	1	Other Matters	14
		TOTAL	85

If any person employed to work in premises to which the Act applies is involved in an accident on the premises and is disabled for more than three days from doing his usual work, the employer is required to notify the Local Authority. Two accidents were notified during the year. Each accident was investigated but no further action was considered necessary.

The following table shows the number of premises registered in the Borough under the Act during the year, the total number of premises registered to date and the number of registered premises receiving a general inspection during the year. It should be noted that one man businesses and those in which only members of the proprietor's family are employed do not require registration.

REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	No of Premises registered during the year	No of registered premises at end of year	No of registered premises receiving a general inspection during the year
Offices	7	75	15
Retail Shops	7	142	47
Wholesale Shops, Warehouses	-	10	4
Catering establishments open to the Public, Canteens	-	22	18
Fuel Storage Depots	-	-	-
TOTALS	14	249	84

Total number of visits of all kinds by Inspectors to premises registered under the Act: 135

8. PEST CONTROL

The work of treating premises infested with rats or mice is carried out by means of a contract with a private Pest Control Company. During the year the arrangement again worked quite satisfactorily.

Private dwellings received a free treatment while any work at business premises is carried out on a rechargeable basis: In addition to the work, wasps nests are destroyed without charge when the nest creates a nuisance to householders.

The following complaints regarding pests were received and dealt with:-

Rats	73	Fleas	4
Mice	14	Flies	4
Ants	18	Squirrels	5
Wasps	27		

An innovation during the year was the use of fluoracetamide as a rodenticide in a treatment of the sewers of the town. Because this poison is more toxic than most other rat poisons extreme care has to be taken. The treatment was carried out in accordance with the recommendations of the Infestation Control Branch of the Ministry of Agriculture, Fisheries and Food and as far as can be judged, appears to have been successful.

When one reads of the growing concern at the increase in the spread of warfarin-resistant rats, reports that 40 per cent of all buildings in London are vermin-infested, and reports that there are now three times as many mice in domestic premises as there were six or seven years ago, some satisfaction can be gained from the fact that the rodent population in Stamford is being kept in check.

In one extensive mouse infestation during the year, it was found that the mice were warfarin-resistant. The infestation was centred on an agricultural merchants warehouse where the mice had a fairly varied menu to choose from. Despite this, the stocks of ready-mixed warfarin bait were being sampled without any apparent ill effects. However, an intensive treatment using a narcotic bait, soon brought the infestation under control.

Where small mouse infestations occur, it is perhaps unfortunate that the house owner or shop keeper is tending to use Warfarin Bait instead of the old fashioned spring trap. In using warfarin to control mice it is essential that many baiting points are used but this is rarely the case.

One or two isolated baiting points are not likely to be effective and only increase the likelihood of Warfarin Resistance developing. In contrast one or two strategically placed traps can provide speedy and positive results.

9. SEWAGE DISPOSAL

During the year samples of effluent from the Council's Sewage Disposal Works were analysed by the Department. These checks confirmed that the installation of a Banks Clarifier in one of the Humus Tanks resulted in a marked improvement in the quality of the effluent. At the end of the year the work of installing Clarifiers in all the Humus Tanks was proceeding satisfactorily.

10. PET ANIMALS ACT, 1951

The two premises licensed in accordance with the Act were both maintained in a satisfactory condition.

11. MISCELLANY

One incident which attracted considerable public interest was the appearance of extensive oil pollution in the Mill Stream. The pollution entered the stream via a natural spring. Extensive investigation in the likely catchment area of this spring failed to locate the source. A loom was placed across the stream and several hundred gallons of oil were removed. Eventually the oil flow ceased and the mystery of its origin had to remain unsolved.

At a time when public interest is focused on the dangers of the disposal of toxic waters, a rodent control survey of a disused warehouse, while the warehouse was being cleared, disclosed the presence of 34 cans of an insecticide containing 15% W/V fluoracetamide. Enquiries revealed that, because of the toxic nature of this particular insecticide, it had been removed from the 'approved list' many years ago. Immediate steps were taken to ensure that these cans were not removed along with the other rubbish and eventually proper arrangements were made for the disposal of this toxic material.

There was a considerable local response to newspaper revelations regarding the high toxicity of a tropical bean known as the 'Ladybird Bean' which is incorporated in bracelets and necklaces and was being introduced into this country, often as holiday souvenirs. Over 40 exotic pieces of jewelry, all of which incorporated colourful tropical beans, were brought to the Health Department. Many included the toxic Ladybird Bean and others included the equally toxic bean of the Castor Oil Plant. The owners were pleased to be relieved of these attractive but potentially lethal ornaments and the beans were all disposed of in an incinerator.

12. STAFF

Once again, in a year when there has been uncertainty about the future and preparations for change have resulted in extra work, I am happy to pay tribute to the staff of the Health Department, whose willing co-operation has ensured that the work of the Department has been carried out efficiently throughout the year.

Mr Dawson, the Pupil Public Health Inspector, passed the Intermediate Examination at the completion of the first half of his training course and he has continued to show qualities which should ensure success in the career ahead of him. During the year we were sorry to lose the services of Mrs P. Stevenson, who had so efficiently undertaken all the secretarial duties of the Department for five years. However, we are fortunate in that her successor, Miss A. Hind, has shown herself capable of undertaking the duties with tact and efficiency.

In conclusion, my thanks are due to the Chairman (Councillor R.J.R. Seamer) and members of the Health Committee for their support during the year, to the Medical Officer of Health (Dr H. Ellis Smith) for his continued interest and unfailing help throughout the year, to the Town Clerk (Mr H. Bedford) for his sound counsel whenever I have sought it, and to my other colleagues on the Council's Staff for their close co-operation throughout the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant

G. FOX

Public Health Inspector

Town Hall,
Stamford, Lincs.

June 1973

FACTORIES ACTS, 1937 to 1959

IN RESPECT OF THE YEAR 1972

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.	4	NIL	NIL	NIL
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority.	76	16	1	NIL
(3) Other premises in which Section 7 is enforced by the Local Authority (including out-workers' premises).	-	-	NIL	NIL
TOTALS	80	16	1	NIL

2. Cases in which defects were found

Particulars		No. of cases in which defects were found				
		Found	Remedied	Referred		No of cases in which prosecutions were instituted
				To S.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		1	1	-	-	-
(c) Not separate for sexes		-	-	-	-	-
Other offences against the Act (not including Outwork)		-	-	-	-	-
TOTALS		1	1	-	-	-

There were no Outworkers listed during the year.

