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BOROUGH OF BRACKLEY.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH.

FOR THE YEAR, 1968.

BOROUGH OF BRACKLEY.

Public Health Committee, December 1968.

Chairman:	Alderman N.W.F. Howard.
Vice Chairman:	Councillor J.F. Yates.
Aldermen:	B.P.C. Sheppard.
	R.J. Staniforth.
	E. Whitley.
Councillors:	F.T. Bartho.
	His Worship the Mayor (Councillor N. Eastwood
	R.E. Farrow.
	F.V. Kirby.
	B. Law.
	D.J. Newman.
	S.L. Pennell.
	E.A. Scott.
	C.A. Sheppard.
	T. Wilks.
	J.R. Williams.

Public Health Officers.

Medical Officer of Health:

Joan M. St. V. Dawkins, M.B. B.S. D.P.H., D.C.H.

Area Health Office
County Hall.
Guildhall Road,
Northampton. Tel: Northampton 34833.

Also holds appointments of:-

Medical Officer of Health, Daventry Borough, Daventry R.D.C.
Brackley R.D.C., Brixworth R.D.C. Towcester R.D.C.,
Northampton R.D.C.
Senior Assistant County Medical Officer of Health, Northamptonshire.
County Council, and from 1st October, 1967.
Acting Medical Officer of Health, Higham Ferrers Borough, Rushden.
Raunds and Oundle U.D.C.'s., and Oundle and Thrapston R.D.C.

Public Health Inspector:

Clifford Morgan, C.R.S.H.

Public Health Department,
Municipal Offices,
Market Place,
BRACKLEY.

Tel: Brackley 2442/1

October, 1969.

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

Mr. Mayor, Aldermen and Councillors;

I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Public Health Inspector, on the health and sanitary circumstances of the Town.

The report serves two functions. The first to give an annual assessment of the environmental factors relating to health together with the statistics, and secondly to record some observations on general trends relating to community health as a whole. The latter also gives some advice on factors which may adversely affect the health of the community either at the present or in the future.

The population of the town has risen from 4,040 to 4,480 according to the Registrar General's mid-year figure and it is probable that by the end of the year the figure was higher. The deaths fell from 47 last year to 38 this year. Births were almost identical, 65 for this year and 64 for 1967. The causes of death were once again predominantly from diseases of the heart and circulation and cancers and were in the older age groups. However, there were 12 deaths before the age of 65. Only one death occurred in the first year of life.

The town provides excellent facilities for the elderly, both in the warden supervised individual homes and bungalow accommodation. These premises together with the County Council home at Brackley House in the High Street have catered adequately for the needs of the elder citizens and Brackley can be considered to be particularly well provided in this very necessary housing accommodation. The voluntary organisations also contribute greatly to their welfare providing many services which improve life for the elderly. These public spirited voluntary workers fulfill a truly worthwhile function and the thanks of the community are extended to them.

During the year your Public Health Inspector visited all dwellings in the area which are deficient in standard amenities. All owners and occupiers were given information concerning grants and facilities available for bringing the dwellings up to standard as defined in the Housing Act, 1964. The district has in addition a large poultry meat processing factory where regular inspections, sampling and bacteriological tests are maintained.

The incidence of infectious disease was, apart from measles, low. There were 79 cases of measles. During the year measles vaccination was introduced, and it is to be hoped that the incidence of this hitherto universal disease, often severe and causing both distress and complications, may now decline. It continues to be necessary, however, to maintain a watchful eye in relation to infectious diseases generally. Should standards fall infection could recur. This is particularly important in relation to a high public response to immunisation which in many areas is too low. Parents are reminded that it is vitally important to have their children immunised to diphtheria, poliomyelitis, tetanus, whooping cough, smallpox and now measles, not forgetting the necessary booster immunisations. Tuberculosis vaccination follows later - in the early teens. Infections which are food borne are also far too prevalent, and a high standard in the sale, preparation and storage of food must be maintained. Clean milk, pure water and efficient meat inspection is also essential. These standards are sustained by constant inspection, exhortation and sampling by the local authority but the public themselves must co-operate both in refusing to accept unsatisfactory practices in shops and cafes and by keeping strict methods in their homes and in their own personal hygiene.

While the environmental situation in relation to health improves annually new problems arise. A rising population together with an affluent, highly mobile society are producing new environmental problems, the solution of which will cause many further challenges. The quantity of refuse increases annually together with the problem of its future disposal. Additional housing and the modernisation of older properties giving everyone a piped water supply and suitable sewage disposal has added to water consumption and emphasised the continual need for modern methods of sewage control. Increasing ownership of motor cars, and transportation by road of goods requires adequate motorways and presents the tragic problem of death and mutilation from road accidents. The pollution of rivers and water courses by insecticides and other chemicals, the mass production of food using factory farming methods and chemical additives, the universal use of detergents, atmospheric pollution, the increase of noise in cities, all present new problems which could be as hazardous to health as the infectious diseases of the past.

In relation to personal health, while children and young adults have never been healthier, and people are living longer there remain many problems, both of preventable disease, and in the relief of suffering. The causes of some fatal and other crippling diseases are as yet unsolved. There remains the enigma of cancer, and that of the rheumatic diseases with its allied afflictions of bones, joints and muscles. However, many illnesses are preventable, and these depend now less on the control of the environment than on the life the individual chooses to lead. It is our duty to observe the trends and then to inform. This information should be clearly stated, repeated constantly and the advice should give cogent reasons for its acceptance. It is disturbing to note that at the present time the tendency is for warnings to be ignored. The future health of the community will depend increasingly on the response to these facts.

In no other field is the message clearer than in the individual choice of whether to smoke or not. It is probable that 50,000 deaths a year in Great Britain are caused from cigarette smoking not only from cancer of the lung, and the annual total of which is steadily rising,but from coronary thrombosis, chronic bronchitis and pneumonia; should such a toll of death and suffering be caused by any other preventable illness, a massive machinery would be demanded to prevent it. There has been recently a national campaign, with much pressure on the government to institute cervical cytology testing, yet cervical cancer is causing less than 3,000 deaths a year. The facts relating to smoking and lung cancer are now well known, yet the message is ignored, and it is probable that the only section of the community who are smoking less are the medical profession. Cigarette smoking is a habit, becoming in some an addiction where there is no apparent immediacy of danger and when abstinence requires a sustained effort over many years with little apparent benefit. In addition the tobacco industry is world wide involving capital, employment, and governments obtain large revenues from taxation. Economic problems could result should the habit cease. Large amounts of capital are used to promote advertising while the puny efforts of health educators with infinitesimal reserves at their disposal go unheeded. Individuals therefore remain apathetic for lack of clear initiative. The efforts of the medical profession must continue and the need for action assiduously pressed.

In assessing illnesses which can be preventable, while smoking is a habit which can be accepted or refused, the prevention of early arterial disease is more complex. There is evidence, however, that cigarette smoking may contribute to the incidence of coronary thrombosis. However, the early onset of arterial disease in males would appear to be increasing in all civilised countries in the world. Men are dying or being crippled in their prime, at the time of their greatest contribution to society, and while their commitments to their families are still high. The causes of arterial disease can only be inferred, and, like cancer, these may be multiple. Some are known to be hereditary. Of the known facts the salient ones are that the incidence is lower in those who have taken regular physical exercise throughout life, and in those who are not obese. Modern life with its tendency to lessen physical exertion, with abundance of many highly refined foods increase both these factors. Thus excessive calorie intake without the compensatory effect of exercise combine to cause this early degenerative condition. It is disturbing now to consider that many young people are starting to smoke earlier than their predecessors, cease to take any form of regular exercise on leaving school and often eat excessively.

Perhaps the early onset of coronary thrombosis of epidemic proportions may occur in the next or succeeding generations, should not urgent measures be taken to prevent such a catastrophe.

A small decline of approximately 7% can be reported in deaths from road accidents and this is attributed to the introduction of the breathalyzer test. In 1967, 7,487 people died as a result of accidents on the road compared with 7,985 in 1966. Since the beginning of the century, road accidents in Great Britain have caused over 300,000 deaths. Thus on an average day 20 people die as a result of such an accident, one road user being killed nearly every hour. Analysis by age has shown the 15-26 age group males, predominating, and is most likely due to the temperamental failure of this age group. The necessity of proper maintainance of the vehicle, habitual use of safety devices such as seat belts in cars and helmets for motor cyclists, and driving with due consideration for the safety of other road users is stressed.

Confirmed figures regarding accidents in the home for 1968 have not yet been published but provisional figures indicate a general worsening of the situation. Falls constitute by far the most frequent cause of accidental death in and around the house, about 59 per cent of the total. Nearly 90 per cent of these failures were to people in the age group of 65 and over. The next common cause was poisoning followed by burns and scalds, and finally suffocation and choking. Attention to details such as fire guards, fire resistant materials for children's nightdresses, simple structural alterations in houses for elderly people and provision of physical aids, keeping medicines under lock and key, are required to prevent these deaths.

The respiratory infections still take their toll, though less than formerly. The great majority of deaths from pneumonia are in those whose health is undermined by other causes and is as such only a terminal event. There were two deaths from pneumonia, two from bronchitis and emphysema and one from other respiratory diseases.

In the field of mental health, in spite of the relief of poverty and its attendant anxieties, there is little evidence of improvement. Indeed, the incidence of crime, the new problem of drug addiction together with disruption of family life by the increased divorce rate, in sexual permissiveness and cruelty to children indicate that our society, while experiencing both more material prosperity and physical comfort remains immature and lacking in stability. However, I believe that the present generation of young people are the most physically sound of any generation yet produced, are probably the best educated, and indeed the great majority are leading useful and energetic lives. A minority only are seeking those diversions which are harming both themselves and others.

I wish to express my thanks to Mr. Morgan for his helpful cooperation during the year and for his work in the compilation of this report. My thanks are also due to the County Medical Officer of Health for his ready cooperation in the supplying of information.

I remain, your obedient Servant,

JOHN M. ST. V. DAWKINS.

Medical Officer of Health.

SECTION A.

Social Conditions of Area and Statistics.

Summary of Vital Statistics, 1968

Area of Borough (Acres)	1,685
Population (estimated Mid Year 1968	4,480
Number of inhabited houses (end of 1968)...	1,280
Rateable Value of Borough..	.£132,960
Sum represented by a penny rate	..535

Area: There was no change in the area of the administrative Borough during the year which remains at 1,685 acres.

Population: The resident mid-year home population as estimated by the Registrar General was 4,480 and the vital statistics are based on this figure. The Estimated Population is 440 more than that for the year 1967. The natural increase in population, that is, the increase of births over deaths is 31.

Live Births:

	Males	Females	Total
Legitimate	32	33	69
Illegitimate	2	2	

The number of births which occurred in the Borough during the year was 69, which is equivalent is a birth-rate of 16.03 per 1,000 population. The rate for the administrative County of Northamptonshire was 18.80 and for England and Wales 16.9.

Still-Births: One legitimate still-birth was recorded during the year. This is equivalent to a still-birth rate of 14 per 1,000 total births. The rate for Northamptonshire was 12.45 and 14 for England and Wales.

The percentage of illegitimate live births of the total live births was 7.7. The rate for Northamptonshire was 7.20.

Deaths (All Causes):

Males	Females	Total
17	21	38

Death-rate per 1,000 of the estimated population is 8.5. The rate for England and Wales is 11.9.

The total number of deaths assigned to the Borough by the Registrar General after adjusting for inward and outward transferable deaths is 38. This number agrees with the deaths registered locally. The death-rate per 1,000 of the population is 8.5 as compared with 10.9 for the administrative County of Northamptonshire and 11.9 for England and Wales.

A table giving a list of the causes of death in the Borough at different periods of life during 1968 is given on page 7.

Area Comparability Factors: The area comparability factors provided by the Registrar General for the Borough are, for births 1.06 and for deaths .97. When local crude birth and death rates are multiplied by the appropriate factors, they are comparable with the crude rates for England and Wales or with corresponding adjusted rates for any other area. The crude rates for the Borough for the year under review have been adjusted accordingly.

Infant Mortality: One infant death under one year of age occurred in the Borough during the year under review. This is equivalent to an infant mortality rate of 14.0. The rate for the County of Northamptonshire was 19.0 and for England and Wales 18.0

The rate for the Borough would appear to be low but is not significant in a small population.

Perinatal Mortality: The Perinatal Mortality (still-births and deaths under one week combined per 1,000 live and still-births) for the Borough was 14,00. The rate for Northamptonshire was 21.95 and for England and Wales 25.00.

The following table gives the birth-rate, death-rate and infant mortality rate for the Borough, the administrative County of Northamptonshire and England and Wales for the past five years:-

Year	Birth-rate			Death-rate			Infant mortality rate		
	Brackley Borough	Northamptonshire	England & Wales	Brackley Borough	Northamptonshire	England & Wales	Brackley Borough	Northamptonshire	England & Wales
1964	17.08	19.10	18.40	12.12	10.56	11.30	-	18.36	20.00
1965	22.31	18.85	18.10	9.00	10.84	11.50	-	16.85	19.00
1966	16.36	18.54	17.70	7.60	11.12	11.70	-	16.01	19.00
1967	17.50	18.00	17.20	11.00	10.10	11.20	47.00	18.00	18.30
1968	16.03	18.80	16.9	8.5	10.9	11.9	14.00	19.00	18.00

Causes of Death at different periods of life during the year 1968.

Cause of death	Sex	Total all Ages.	Under 4 Weeks	4 Weeks & Under 1 Year	Ages in Years 1-	5-	15-	25-	35-	45-	55-	65-	75 & Over
B.19(2) Malignant Neoplasm-Lung Bronchus	M	1										1	
	F												
B.19(6) Other Malignant Neoplasms etc.	M	1											1
	F	6									2	3	1
B.27 Hypertensive Disease	M												
	F	2									1	1	
B.28 Ischaemic Heart Disease	M	5									1	1	3
	F	4									2		2
B.29 Other Forms of Heart Disease	M	1											1
	F	2										1	1
B.30 Cerebrovascular Disease	M	1											1
	F	3										1	2
B.31 Influenza	M	–											
	F	1											1
B.32 Pneumonia	M	1										1	
	F												
B.33(1) Bronchitis and Emphysema	M	2										1	1
	F												
B.39 Hyperplasia of Prostate	M	1											1
	F												
B.46(8) Other diseases, Genito-Urinary System	M	2									1		1
	F												
B.42 Congenital Anomalies	M	1		1									
	F	1			1								
B.45 Symptoms and ill-defined conditions	M	1			1								
	F	–											
BE.47 Motor Vehicle Accidents	M												
	F	1			1								
BE.48 All other Accidents	M												
	F	1				1							
Total all Causes:	M	17		1	1						2	4	9
	F	21			2	1					5	6	7

SECTION B

General Provisions of Health Services.

Laboratory Facilities:

The examination of pathological specimens is carried out by the Public Health Laboratory Service, Oxford and medical practitioners in the Borough submit specimens direct to the laboratory. The Service which is free has also undertaken to examine specimens of milk, ice-cream, water and other specimens submitted from the health department.

Hospital Services:

The Hospitals available to residents of the Borough are, the Horton General Hospital, Banbury, Northampton General Hospital and the Radcliffe Infirmary, Oxford. The Cottage Hospital situated in the Borough which has a small number of beds is available for certain cases.

Cases of infectious disease requiring hospital treatment are removed to the Isolation Hospital at Northampton and Oxford.

County Council Services:

Ambulances: The County Council provide ambulance services for the removal to hospital of all general, medical, surgical and infectious cases. An ambulance station is situated in the Borough and the service is available at all times.

Child Welfare Clinics: The Child Welfare Clinic continued to operate during the year and sessions were held on the second Thursday of every month at the Women's Institute, Manor Road. Dental Clinics for School Children organised by the County Council continued to operate during the year under review.

Care and After Care Services: The County authority provide a number of facilities for the crippled, aged persons, diabetics, the blind and those mentally ill, and are also responsible for preventative services in connection with tuberculosis.

Nursing in the Home, Midwives and Health Visitor Service: These services are provided directly by the County Council who have a health visitor's office established in the Borough. They also have a 'Home Help' service available in connection with infirm and chronic cases treated at home.

Voluntary Organisations: The Darby and Joan Club which has been established many years meets every Wednesday afternoon in the Town Hall; it is very well attended and popular.

Meals on Wheels Service: This service is undertaken by Members of the Women's Voluntary Service in conjunction with the Fatstock Marketing Corporation's establishment in the Buckingham Road. The staff at the Corporation's canteen prepare the meals and these are delivered in sealed containers to needy cases in the Borough by Members of Women's Voluntary Service. The work of the staff at the Canteen, and the Ladies delivering the meals using their own cars is greatly appreciated.

SECTION C

SANITARY CIRCUMSTANCES OF THE DISTRICT

Water Supply:

Water is supplied to the Borough by the Bucks Water Board and with the exception of eight dwelling houses outside the area of the Board's mains, all dwellings in the area received a piped water supply during the year under review. The source of the supply is the River Great Ouse in Buckingham. Treatment consists of storage, sedimentation, chlorination and rapid sand gravity filtration. The water is non-plumbo solvent and fluoride is as not added to the water which has a natural fluoride content of approximately .2 part per million.

The total number of dwelling-houses connected to the mains is 1,281 and out of a total population of 4,480 approximately 4,454 are supplied with water from the Board's mains.

Generally the supply from the Board was satisfactory in quality and quantity. Eight samples were taken and submitted to the Public Health Laboratory for examination. The reports show that, bacteriologically, they were satisfactory.

Sewerage:

During the year some minor improvements to the sewage disposal works have been carried out and while this does not satisfy proper requirements nor the Ouse Conservancy Board, in fact a small improvement has been made between properly remedying the problem, and the actual construction of a major extension; providing the time period is not too long. Unless a major extension is put in hand at an early date undoubtedly most serious pollution of the Ouse will occur and the Corporation will have failed in its task as an Urban Sanitary Authority. I am happy to know that the Corporation have already taken steps for the Borough Surveyor to prepare a detailed scheme which after consideration and approval of the Corporation could be referred to the Civil Engineering Consultants for the preparing of a minor extension scheme.

Forty-four houses in outlying parts of the Borough are not served by the sewerage system.

Smoke Abatement:

No action was found necessary in connection with smoke abatement.

Swimming Pool:

The Swimming Pool owned by the Council was used during the year and was filled with water from the mains. The sand filter and plant continued to operate satisfactorily keeping the water reasonably clear throughout the season. The water is chlorinated by a drip feed, and comparator tests were taken regularly to ensure a residual chlorine content of the water.

Verminous Premises:

No action was found to be necessary in connection with verminous premises.

Caravan Sites and Control of Development Act, 1960:

Apart from two occupied caravans on separate sites which are well maintained there are no large licensed sites in the area, and no problems arose with itinerant travellers.

Public Cleansing:

House refuse is collected weekly using a 25 cu.yd. tip-up Karrier vehicle. Special arrangements are made in respect of those persons having a disability, and infirm, or persons with other handicaps. Some business premises have a twice weekly collection. The tipping ground is very full, and the Corporation are negotiating with the Rural District Council to share a Hammer Mill Destructor Plant as a joint operation. No nuisance is at present being caused by the existing tip.

Rodent Control:

A part-time rodent operator is employed on a casual basis to carry out this work. The services of the operator continued to be free to householders who readily report the presence of rodents in and around their premises. A charge is made for the treatment of business premises. The use of Warfarin with oatmeal has continued to give satisfactory results and no resistance to the poison was experienced.

It was not found necessary to take any formal action under the provisions of the prevention of Damage by Pests Act, 1949.

The number of inspections and treatments carried out during the year were as follows:-

Local Authority Premises	5
Dwelling House...	16
Number infested by (1) Rats.	12
(2) Mice.	3
Other Premises..	3

Baits are regularly laid at the refuse tip and sewage works; there was no evidence at either place of any degree of infestation.

Summary of Health Inspector's Visits to Premises:

Housing Inspections	61
Inspections of factories & workshops	39
Inspections of bakehouses...	6
Inspections of meat hawkers & transport vans	8
Inspections of fried fish shops ...	9
Inspections of other food shops. ...	63
Inspections under the Offices, Shops & Railway Premises Act..	35
Inspections in connection with rodent control...	38
Inspections of premises where food is prepared for sale..	96
Inspections of caravans...	9
Number of old drainage tests	10
Number of extensions of old drainage tested...	2

SECTION D.

Housing:

Twenty-seven new Council dwellings were erected during the year under review, and two older houses were purchased with a view to reconditioning.

Standard grants amounting to £925 were paid to owners during the year for improvements carried out to seven dwellings which were all brought to the 'full standard'.

TWo private contractors continue to erect houses, and a total of 53 dwellings were completed during the year.

The overall position of the Corporation as regards its own housing as at present existing is as follows:-

Council Houses

Existing		297
Completed during the year		27
Senior Citizens Units		
Bridgewater	24	
Charterhouse	26	50
Old houses purchased for reconditioning		2
TOTAL		376

SECTION E

Inspection and Supervision of Food:

Milk Supply: There are three main licensed milk dealers distributing milk in the Borough. Four shop-keepers are also licensed to sell milk obtaining their supplies from the main milk dealers. There is also a licensed milk vending machine situated in the area. Seventeen samples of milk were taken and submitted to the Public Health Laboratory for examination. Six samples proved satisfactory, two failed the methylene blue test as prescribed by the Milk (Special Designation) Order 1963. Follow up samples of the unsatisfactory samples proved satisfactory.

Eight samples of ice-cream taken and submitted for examination proved satisfactory.

Food Hygiene (General) Regulations 1960:-

These Regulations concern the cleanliness of food premises, hygienic methods of handling food, the cleanliness of persons engaged in the food trade and the action to be taken when they suffer from or are carriers of certain infections.

There are 35 food premises in the Borough where food is sold, served or prepared for sale. The premises are regularly visited and a good standard of cleanliness is maintained.

The following table gives the various categories of food premises in the Town and the numbers fitted to comply with certain articles of the General Regulations:-

Trade.	No.	No. of premises fitted to comply with article 16 of the Regulations (Wash hand basins etc.)	No. of premises to which article 19 of the Reg. applies. (Sinks for washing open food and equipment.	Premises fitted to comply with article 19.
General provision Merchants...	19	9	9	2
Butchers	4	4	4	4
Sweet & Confectionery...	3	3	-	-
Fishmongers.. ...	3	3	3	3
Cafes	3	3	3	3
Licensed Premises	9	9	9	9
Fruiterers...	2	2	2	1
Total	33	33	27	22

Meat and other Foods:

There are no licensed slaughter-houses in the Borough. The only food voluntarily surrendered during the year was 9lbs. of ham.

Poultry Processing Premises:-

There is one poultry processing premises in the Borough which was established in 1959 by the Fatstock Marketing Corporation. The greatest percentage of the throughput is broilers but hens and capons are occasionally processed. The birds are electrically stunned before being bled. During 1968 approx. 1,020,000 birds were received at the station for processing; 11,974 birds weighing 16 tons 18 cwt 23 lbs. for the market being unfit for human consumption. The percentage of birds rejected as unfit for consumption was 0.11%. Close cooperation is maintained between the Corporation and the Public Health Inspector who makes frequent visits to the premises.

In the case of many hundreds of poultry carcases passing rapidly along a mass production belt it is difficult for the Public Health Food Inspector to detect diseased carcases or other abnormalities. However, the factory staff assess 'Quality' of the birds and thus deviation from the "norm" are detected. Carcases which are bruised, emaciated, swollen or where plumpness is unbalanced or discolorations are apparent are rejected. This quality control therefore exercises, to some extent, a check on disease.

Another problem with intensive poultry rearing is in relation to infection of birds with food poisoning organisms particularly those of the salmonella group. The close juxtaposition of birds can facilitate spread of infection. (This problem will also apply to other animals, such as calves and pigs, under intensive husbandry methods).

Birds are therefore washed with chlorinated hot water immediately after killing to prevent the spread of infection. This process is essential, and a breakdown could result in the danger of an outbreak of food poisoning.

While it is not practicable for the public health inspector to attend at the factory for long periods at a time, frequent visits to ensure that the proper safe-guarding routine is followed are necessary. It is essential that in a weekly output of 80-90,000 birds, that disease is detected.

I should like to take this opportunity of thanking the Manager and supporting staff at the factory for their wholehearted assistance to your Inspector when he is carrying out his duties. Every possible facility is given at all times, and the Inspector is free to visit whenever he feels it desirable.

Food and Drugs Act, 1955:

The provisions of this Act relating to the nature and substance of food suplied to the public, are operated by Mr. F.J. Evans, Chief Inspector, Weights & Measures Department, of the County Council, to whom I am indebted for the following information relating to the work carried out by his department in the Borough during the twelve months ending 31st March, 1969.

SAMPLES TAKEN IN BRACKLEY BOROUGH IN THE 12 MONTHS ENDING 31ST MARCH, 1969.

Milk	14
Almonds.	1
Beverages...	1
Butter..	1
Cakes etc...	1
Cheese..	1
Cream...	6
Dried Fruit.	1
Meat Products...	5
TOTAL	31

Remarks:

All the samples taken in the Borough during the period under review were found to be satisfactory by the Public Analyst.

Weights & Measures Act, 1963:-

3,439 articles of food within the County were checked for weight or measure during the year and only 16 were found to be incorrect. Generally the errors were of a minor nature and call for no particular comment.

SECTION F

THE PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE

During the year 93 cases of infectious disease were notified, an increase of 4 cases on last year's figures.

Measles:- The number of cases reported was 79. This highly infective illness from which few individuals escape has its incidence almost exclusively during childhood. It usually follows a biennial incidence, with high numbers occurring in alternate years. The course of the illness is almost invariably benign, but complications which include otitis media, pneumonia, eye infections and very occasionally encephalitis do occur, and the illness itself is often severe. Complications can be effectively dealt with by the many antibiotics which are now available, but these drugs are themselves not all without side effects, are expensive and involve medical supervision. An effective measles vaccine has now been developed and was available for certin vulnerable groups during the course of the year. It is hoped that in future years measles in common with poliomyelitis and diphtheria will be virtually eradicated.

Whooping Cough:- Two only were notified. Acceptance rate to immunisation is high and the incidence of this condition is low. Cases still occur as immunisation is not completely effective; however in the majority of children who have received immunisation the illness is usually mild.

Scarlet Fever:- Four cases were notified. This disease continues to exhibit its mild phase.

Pneumonia:- No cases were notified and one death was recorded from this illness.

Food Poisoning:- There were no cases of food poisoning reported during the year.

The condition is usually caused by one of the salmonella organisms, the commonest being the Typhimurium strain or Para-typhoid A or B. The Staphylococcus gaining an entry to feed from an infected spot or boil on the hands, arms or face of a food handler may also cause a severe form of food poisoning. Some chemical contaminants can be an occasional cause. More rarely, Typhoid fever and Botulism may occur. However the commonest form of food poisoning is the salmonella gaining entry into food by faulty hygiene of food handlers. The sources of infection can be numerous, uncooked contaminated (often imported) meat being today probably one of the commonest.

Infective Hepatitis:- Six cases were notified. Acute Infective Hepatitis is a disease caused by a virus which attacks the liver the causes jaundice. It is mainly an infection of young people, of faecal-oral spread, and with an incubation period of 15 to 50 days. The incriminative routes of infection are from food handlers, water, and children to their mothers. The virus is present in faeces 16 days before jaundice, and up to 8 days after.

Serum hepatitis which is another form of infective hepatitis, has a longer incubation period of from 50 to 160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilized equipment used by doctors, dentists, nurses and drug addicts and in the various tattooing processes, The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work from six weeks to two months, and might not feel really fit for a year.

Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate hand washing techniques are practised with current disinfection of excreta. Serum hepatitis can be virtually abolished if disposal equipment was generally introduced. In this County disposable equipment is used by the County Health Department in all procedures involving immunisation. Gamma globulin is of value for the protection of close contacts and pregnant women during epidemics. The disease has been locally notifiable since July 1962 in the County of Northamptonshire. Under the Health Services and Public Health Act 1968 infective jaundice has now become nationally notifiable.

Poliomyelitis:- No cases occurred. This gratifying state continues, and now with large numbers immunised, it is to be hoped that this infection will be eliminated. However, the importance of maintaining a high percentage of immunised individuals in the population cannot be over emphasised.

Diphtheria:- There have been no cases of diphtheria in Northamptonshire since 1956. There is therefore with every successive year of freedom from infection a diminishing public recollection of this disease. Mothers with no knowledge of this illness may feel a false security and fail to have their young children immunised. It is only by keeping up the numbers immunised that this dread condition can be kept at bay. It is the duty of parents to have their children immunised. Should they fail they neglect their childrens welfare.

Tuberculosis:- There were no new cases of tuberculosis notified during the year under review. The number of cases on register at the end of the year are as follows:-

	Males	Females	Total
Pulmonary...	3	4	7
Non-Pulmonary...	1	-	1
Total	4	4	8

FACTORIES ACT 1961

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1968 FOR THE BOROUGH OF
BRACKLEY IN THE COUNTY OF NORTHAMPTON.

Prescribed Particulars on the Administration
of the Factories Act 1961

PART 1 OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1,2,3,4, and 6 are to be enforced by Local Authorities≠	8	8		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	15	19		
(iii) Other Premises in which Section 7 is enforced by the Local Authority≠ (excluding out-workers' premises)	-	-	-	-
Total	23	27		

2 - Cases in which DEFECTS were found
(If defects are discovered at the premises on two, three or more separate occassions they should be reckoned as two, three or more "cases")

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-

Particulars	Number of cases in which defects were found				Prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7) (a) Insufficient	2	1	-	-	-
(b) Unsuitable or defective	1	-	-	-	-
(c) Not separate for sexes	1	1	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
Total	4	2	-	-	-