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Contributors

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**BRACKLEY
BOROUGH COUNCIL**

ANNUAL REPORT

OF THE

**MEDICAL OFFICER
OF HEALTH**



JOAN M. ST.V. DAWKINS
M.B., B.S., D.P.H., D.C.H.

1969

BOROUGH

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MEDICAL OFFICER
OF HEALTH

1969

JOHN M. ST. V. DAWKINS
MB, B.S., D.P.H., D.C.H.

Public Health Department,
Municipal Offices,
Market Place,
BRACKLEY.
November, 1970.

Tel: Brackley 2442/1

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.

The report is presented in six sections, each dealing with a separate aspect of environmental control; the first on natural and social conditions; the second on the provisions of health and welfare services; the third on sanitary circumstances; the fourth on housing; the fifth on food and the sixth on the control of infectious and other diseases. In addition, while, increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

According to the Registrar General's mid-year figure the population has risen to 5,120 from 4,480. This shows an increase of 640 persons, and it is probable that this figure was exceeded by the end of 1969. The deaths rose to 43 from 38 last year. The Standardised Death Rate of 7.4 is however well below the national rate of 11.9. Births rose to 93 from 69 in 1968. The excess of births over deaths was therefore 50, which is a high figure and would indicate that the new citizens of the town are young married couples. The birth rate of 18.6 is also above the national average of 16.3.

The control of food hygiene in the district is maintained at a high standard and there has been adequate control of food supplies. While the district has been fortunate during the year in having only one isolated case of food borne infection, the condition is generally far too prevalent. It is essential that there is constant vigilance in the maintenance of standards in the storage, preparation and sale of all food, and that individuals concerned with this trade should receive proper training and be aware of the potential risk to their customers should they fail to observe the strictest methods of hygiene. The local authority, by constant inspection, exhortation and sampling, makes every effort to prevent food borne infection, but the ultimate responsibility lies with those who handle the food. A lapse by an individual either in food premises or in the home is often the cause of illness. The public themselves, when observing failure in food premises, should refuse to accept unsatisfactory practices. In the home, high standards among families should be a routine matter.

Public Health Department,
Municipal Offices,
Market Place,
BRACKLEY.
November, 1970.

Tel: Brackley 24431

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
Officers of Health inspecting that of the Public Health Inspector.

The report is presented in six sections, each dealing with a
separate aspect of environmental control: the first on general and
sanitary conditions; the second on the provision of health and welfare
services; the third on sanitary arrangements; the fourth on housing;
the fifth on food and the sixth on the control of infectious and other
diseases. In addition while, increasingly health prevention is becoming
a matter of individual concern, a number of general observations are made
on trends which could prove harmful to health either now, or in the
future.

According to the Registrar General's mid-year figures the population
has risen to 5,125 from 4,480. This shows an increase of 14% per annum, and
it is probable that this figure was exceeded by the end of 1969. The
birth rate rose to 17 from 15 last year. The standardized death rate of
17.4 is however well below the national rate of 17.9. Births rose to
95 from 69 in 1968. The excess of births over deaths was therefore 26,
which is a high figure and would indicate that the new citizens of the
town are young married couples. The birth rate of 17.4 is also above
the national average of 16.5.

The control of food hygiene in the district is maintained at a high
standard and there has been adequate control of food supplies. While
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and that individuals concerned with this trade should receive proper
training and be aware of the potential risk to their customers should
they fail to observe the strictest methods of hygiene. The local
authority, by constant inspection, education and warning makes every
effort to prevent food borne infection, and the district responsibility
lies with those who handle the food. A lapse by an individual either in
food purchase or in the home is often the cause of illness. The public
themselves, when observing failure in food premises, should refuse to
accept unsatisfactory practices. In the home, high standards among families
should be a routine matter.

Infectious diseases notification was low: measles vaccination continued, but owing to shortage of vaccine was not generally available. It is to be hoped that this universal, and often complicated infection, will decline in future years. While the incidence of infection is slight, it is disturbing to note that the numbers receiving immunisation are, in many areas, too few. It is hoped that the use of the computer will have the effect of raising the response to immunisation. Should standards fall infections could re-occur. It remains vitally important for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus, smallpox and now measles, with tuberculosis vaccination following later. The introduction of Rubella (German Measles) vaccination may also become universal for girls, as an effective vaccine has now been developed.

The town continues to provide 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 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 fulfil 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 processing factory where regular inspections, sampling and bacteriological tests are maintained.

Sanitary circumstances were maintained throughout the year. Refuse collection was carried out satisfactorily and is reported on in Section C.

Thus, the environmental control of the town has been maintained satisfactorily throughout the year, but while there is a gradual improvement annually, pressures are constant both in maintaining present standards and in dealing with new problems that occur. The national rise in population, if it continues at its present rate, will result in an increase of 20 million by the year 2000, thereby causing problems of great magnitude in the environment. Already some of these are evident in the United States of America. There will inevitably be increasing pollution of the air, sea, land and inland waterways: congestion of the roads resulting in more deaths from accidents: overcrowding of the cities with overspill and congestion of the countryside: a vast problem of refuse and sewage disposal: housing shortage: the need for more institutions, schools, teachers, hospitals and all the allied services: the problem of noise and its effect on mental health, and finally the ultimate result of overpopulation on the whole mental outlook of its people. While it is agreed that population control is a priority in

Infectious diseases notification was low; measles vaccination continued, but owing to shortage of vaccine was not generally available. It is to be hoped that this universal, and often complicated infection will decline in future years. While the incidence of infection is slight, it is disturbing to note that the numbers receiving immunisation are, in many areas, too few. It is hoped that the use of the computer will have the effect of raising the response to immunisation. Should standards fall infections could re-occur. It remains vitally important for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus, meningitis and now measles, with tuberculosis vaccination following later. The introduction of Rubella (German Measles) vaccination may also become universal for girls, as an effective vaccine has now been developed.

The town continues to provide excellent facilities for the elderly, both in the wider supervised individual homes and grouped accommodation. These premises together with the County Council home at Bocking House in the High Street have catered adequately for the needs of the elderly and Bocking can be considered to be 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 fulfil a truly worthwhile function and the thanks of the community are extended to them.

During the past year Public Health Inspectors visited all dwellings in the area which are deficient in standard requirements. 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, 1966. The district has in addition a large poultry processing factory where regular inspections, sanitising and bacteriological tests are maintained.

Sanitary arrangements were maintained throughout the year. Refuse collection was carried out satisfactorily and as reported on in Section 2.

Thus, the environmental control of the town has been maintained satisfactorily throughout the year, but while there is a gradual improvement generally, pressures are constant both in maintaining present standards and in dealing with new problems that occur. The national rise in population, it is estimated, is its present rate, will result in an increase of 20 million by the year 2000, thereby causing problems of great magnitude in the environment. Already some of these are evident in the United States of America. There will inevitably be increasing pollution of the air, sea, land and waterways; congestion of the roads resulting in more deaths from accidents; overcrowding of the cities with overpopulation and consequent social problems; a vast problem of refuse and sewage disposal; housing shortages; the need for more institutions, schools, hospitals and all the allied services; the problem of crime and the effect on mental health, and finally the ultimate result of overpopulation on the whole mental outlook of the people. While it is agreed that population control is a primary

many of the emerging countries, its urgency here has not received the attention it merits. While, at the present time, family planning is, in general, a practice of the more responsible members of the community, we are faced with an inevitable increase of population among the less desirable, who as problem families frequently perpetuate themselves by becoming the progenitors of future problem families. There are in this country 250,000 unwanted children born annually and it is likely that it is from this source that criminality arises. The successful practice of population control has therefore this twofold purpose, which is both quantitative and qualitative.

The year 1969 was notable for proposals for reform in Local Government structure and changes in the National Health Service. In the former, unitary all purpose authorities combining in Northamptonshire both the Borough and the County would take the place of the twenty two district councils of the County and County Borough. The Health Service was to be unified and its tripartite structure to cease, removing the personal preventive health services from the local authority, but leaving the control of environmental services with the unitary authority. Finally the social services, remaining with the local authority, would embrace a number of health functions. This proposed massive reorganisation occupied much thought in the year of this report.

Political changes which have occurred at the time of writing may cause some immediate deferral of these plans. However some reflection on the future of the preventive services and the challenges that have to be faced could be appropriate at this time.

It is now over twenty years since the inception of the National Health Service. From the outset a tripartite structure separating hospital, general practitioner and local authority services was potentially hazardous. The separation of the preventive services from the National Health Service, and the isolation of the medical personnel, allying them with other local government officers rather than their colleagues, has resulted in a steady decline in recruitment. Local Authorities have in some instances also failed to recognise the potential of their inheritance and while there has been expansion of hospital and general practitioner services there has been some stagnation in the preventive field. Foresight in expenditure on prevention could have resulted in saving on the curative services. However health needs are weighed against all other demands and, in practice, are often the ones to be curtailed in times of economic stringency. It is unfortunate that the results of preventive medicine are without immediate dramatic evidence; are slow, long term, and can only be assessed by the passage of time and often the study of statistics. It is unfortunate too that in the last twenty years the needs of prevention have become more subtle, depending now less on obvious environmental control such as the clearing of slums and prevention of infectious disease than on the individuals response to life in an affluent society.

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Finally, I emphasise each year, what are the future challenges. I maintain that there is a need for their constant reiteration. Health education has become, in its modern context, a perpetual battering at the bastions of ignorance, self-indulgence and complacency.

In the assessment of the needs for prevention there are three factors to be considered, first the primary one of preventing disease, which is exemplified by the total prevention of an illness by immunisation, the secondary factor of preventing premature death by means of early detection, modification of living habits, health education and other means, and thirdly the prevention of further deterioration of those who already suffer from chronic illness. Each facet of the field of prevention requires its individual disciplines; and it is necessary to consider the causes of premature death, and those afflictions who by their incidence lessen the quality of life.

The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the 1st, 2nd and particularly the 3rd decades). Once again I give some details on this subject on later pages of the report.

Next, in the middle aged, becoming evident now from the fifth decade there is the ever growing toll which is caused as a result of cigarette smoking. It is agreed that this is probably the greatest health challenge facing our society at this time. At least 50,000 deaths a year are contributed to by this habit, not only from cancer of the lung, but from coronary thrombosis, chronic bronchitis and pneumonia. In later pages I give in detail, some of the facts relating to the dangers of cigarette smoking. In the face of this massive challenge our efforts at prevention have, so far, been puny. Expenditure on the promotion of information and the use of all the modern media of communication has been negligible when compared with the cost to the nation of these premature deaths. So often too the premature death occurs in a male in his prime, at the time of his greatest contribution to society and to his family. Constant effort should be directed by all the means that are available towards the education of young people in an effort to persuade them that cigarette smoking is a foolish habit indulged in by those who are unable to resist the temptation rather than, as it is now so often presented by the cigarette manufacturers, as the smoker bearing an image of maturity and independence. This responsibility lies however not only with the health educators but with those members of the adult population who particularly have contact and influence with young people.

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease

Finally, I emphasize each year, what are the future challenges. I maintain that there is a need for constant vigilance. Health education has become, in its modern context, a perpetual battle against the bastions of ignorance, self-indulgence and complacency.

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The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the late 20s and particularly the 3rd decade). Once again I give some details on this subject on later pages of the report.

Next, in the middle aged, becoming evident now from the fifth decade there is the ever growing toll which is caused as a result of cigarette smoking. It is agreed that this is probably the greatest health challenge facing our society at this time. At least 30,000 deaths a year are contributed to by this habit, not only from cancer of the lung, but from coronary thrombosis, chronic bronchitis and pneumonia. In later pages I give in detail, some of the facts relating to the dangers of cigarette smoking. In the face of this massive challenge our efforts at prevention have, so far, been weak. Expenditures on the protection of education and the use of all the modern tools of communication have been negligible when compared with the cost to the nation of those premature deaths. So often too the premature death occurs in a male at the prime of his years, at the time of his greatest contribution to society and to his family. Constant efforts should be directed by all the means that our civilization has at the education of young people in an effort to persuade them that cigarette smoking is a foolish habit indulged in by those who are unable to control the temptation rather than, as it is now so often presented by the cigarette manufacturers, as the modern frontier of manly and independence. This responsibility lies however not only with the health educators but with those members of the adult population who particularly have contact and influence with young people.

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and the incidence is still relatively low, particularly in males, related more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease

are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular physical exercise and who are not obese. Farmers and bus conductors suffer less than bus drivers and commercial travellers. It is disturbing to consider that while young people are at school they are physically active but this activity may cease when they leave. They often eat in excess of their needs and start smoking earlier than former generations. The prevention of arterial disease, and the presymptomatic detection in screening of individuals likely to suffer is a challenge to preventive medicine which, at the present time, is not being tackled in Britain. Apart from isolated pockets of individual research there is little other effort and none which is generally directed. A situation may be building up in which the incidence of early arterial disease could assume epidemic proportions.

Much remains also, to be done in the field of chronic illness. The early detection of cancer, of diabetes, the prevention and alleviation of rheumatic diseases in all its manifestations, and finally in tertiary prevention, the needs of those who are the victims of chronic illness, particularly today with the increasing survival of the handicapped and the elderly, will require the organisation and deployment of many services. It is to be hoped that medical research may find the answer to some of these problems, but in the meantime in the organisation of the National Health Service there is an urgent need to assess the priorities in medicine and make the best use of the available resources.

Finally there is the disappointment that in a welfare state, where the relief of poverty and its attendant anxieties have been the primary aim of succeeding governments since the end of the war, there has been no lessening in the occurrence of mental ill health. Instead its incidence, together with those other manifestations of mental instability, such as drug taking, both of hard drugs and sedatives, delinquency, crime, child neglect and cruelty, divorce and a neglect of social obligations, indicate that a materially prosperous society requires also a firm basis of morality to be successful.

After 30 years of long and steadfast service, for many years as Borough Surveyor and Public Health Inspector, and from 1964-69 as Public Health Inspector, Mr. Clifford Morgan retired in May 1969. The Borough was without a Public Health Inspector until the 29th September when Mr. S.C. Drabble was appointed. My thanks are due to him for his assistance in the compilation of this report, and his co-operation at all times.

My thanks are also due to the officers and members of the Council for their interest and assistance. The County Medical Officer of Health is thanked for his co-operation in the supplying of information.

I remain, your obedient Servant,

JOAN M. ST. V. DAWKINS.

Medical Officer of Health.

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Finally there is the disappointment that in a welfare state, where the relief of poverty and the abundant evidence have been the primary aim of successive governments since the end of the war, there has been no increasing in the occurrence of mental ill health. Instead the incidence, together with those other manifestations of mental instability, such as drug taking, both of hard drugs and sedatives, delinquency, crime, child neglect and cruelty, divorce and a neglect of social obligations, indicates that a substantially progressive society requires also a firm basis of morality to be successful.

After 50 years of long and arduous service, for many years as Borough Surgeon and Public Health Inspector, and from 1964-69 as Public Health Inspector, Mr. Clifford Brown retired in May 1969. The Borough was without a Public Health Inspector until the 29th September when Mr. S.C. Bradbury was appointed. Mr. Brown was due to see for his assistance in the completion of this report, and his co-operation at all times.

My thanks are due to the officers and members of the Council for their interest and assistance. The Deputy Medical Officer of Health is thanked for his co-operation in the supplying of information.

I remain, your obedient servant,

JOHN W. ST. Y. BAKER.

Medical Officer of Health.

BOROUGH OF BRACKLEY

Public Health and Works Committee, December, 1969

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
Mrs. I.D. Bauer,
Mrs. E.L. Eastwood
N. Eastwood
R. Farrow
B.W. Law
D. Margieson
S.L. Pennell
C.A. Sheppard
J.R. Williams
J.F. Yates

Public Health Officers

Medical Officer of Health:

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

Divisional Health Office,
7 Cheyne Walk,
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.

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. (retired in May 1969).
S.C. Drabble, M.A.P.H.I.. A.I.A.S. (commenced duties 29.9.69).

BOARDS OF HEALTH

Public Health and Water Committee, December, 1922

Chairman: Alderman H. W. P. Howard

Vice-Chairman: Councilman J. T. Yates

Members: E. P. C. Sheppard

E. J. Hamilton

E. Wilkey

Councillors: F. T. Barthe

Mrs. I. G. Bauer

Mrs. E. L. Eastwood

R. Eastwood

R. Barthe

E. V. Low

D. Hargreaves

S. L. Pennell

C. A. Sheppard

J. B. Williams

J. E. Yates

Public Health Officers

Medical Officer of Health:

John W. St. V. Dawkins M.B., B.S., D.P.H., D.O.M.

Execlutional Health Officer

7 Cheyne Walk,

Northampton.

Tele: Northampton 3482

Also holds appointments of:-

Medical Officer of Health, Laverney Borough, Laverney N.B.S.,

Brackley R.N.C., Brackley N.B.C., Towcester N.B.C.,

Northampton N.B.C.

Senior Assistant County Medical Officer of Health, Northampton

County Council.

Acting Medical Officer of Health, Egham Town and Borough, Egham

Hamble and Gosport U.D.C.'s, and Gosport and Fareham R.D.C.

Public Health Inspectors

Gifford Morgan, C.R.S.M. (retired in May 1922).

R.C. Brabbs, M.A.T.M.I., A.L.A.S. (commenced duties 22.9.22).

Causes of Death at different periods of life during the year 1969

Cause of Death	Sex	All ages	Under 4 weeks	4 weeks & under 1 year	Age in years				
					1-4	45-54	55-64	65-74	75+
B6 Other Tuberculosis, incl. late effects	M F	- 1	- -	- -	- -	- -	- -	- 1	- -
B19(4) Malignant neoplasm, intestine	M F	- 1	- -	- -	- -	1 -	- -	- -	- -
B19(6) Malignant neoplasm, lung, bronchus	M F	3 -	- -	- -	- -	- -	1 -	- -	2 -
B19(11) Other malignant neoplasms	M F	- 1	- -	- -	- -	- -	- -	- -	- 1
B20 Benign and unspecified neoplasms	M F	- 1	- -	- -	- -	1 -	- -	- -	- -
B26 Chronic rheumatic heart disease	M F	1 1	- -	- -	- -	- -	- -	- -	1 1
B27 Hypertensive disease	M F	- 1	- -	- -	- -	- -	- -	- -	- 1
B28 Ischaemic Heart disease	M F	7 4	- -	- -	- -	- -	- -	1 -	6 4
B29 Other forms of heart disease	M F	1 1	- -	- -	- -	- -	- -	- 1	1 -
B30 Cerebrovascular disease	M F	6 2	- -	- -	- -	1 -	1 -	1 -	3 2
B46(5) Other disease of circulatory system	M F	- 2	- -	- -	- -	- -	- -	- -	- 2
B32 Pneumonia	M F	3 1	- -	1 -	- -	- -	- -	- 1	2 -
B33(1) Bronchitis and emphysema	M F	2 -	- -	- -	- -	- -	- -	1 -	1 -
B46(6) Other diseases of respiratory system	M F	1 2	- -	1 -	1 -	- -	- -	- -	- 1
B42 Congenital anomalies	M F	- 1	- -	- 1	- -	- -	- -	- -	- -
Total all causes	M F	24 19	- -	2 1	- 1	1 2	2 -	3 3	16 12

Checklist for the evaluation of the project

No.	Project Title	Project Leader	Project Period	Project Status	Project Budget	Project Location	Project Description	Project Objectives	Project Results	Project Impact	Project Evaluation
1	Project A	John Doe	2010-2011	Completed	\$100,000	New York	Project A: A new program to improve the quality of education in the state of New York.	Improve the quality of education in the state of New York.	Improved the quality of education in the state of New York.	Improved the quality of education in the state of New York.	Improved the quality of education in the state of New York.
2	Project B	Jane Smith	2011-2012	In Progress	\$200,000	California	Project B: A new program to improve the quality of education in the state of California.	Improve the quality of education in the state of California.	Improved the quality of education in the state of California.	Improved the quality of education in the state of California.	Improved the quality of education in the state of California.
3	Project C	Michael Brown	2012-2013	Not Started	\$150,000	Florida	Project C: A new program to improve the quality of education in the state of Florida.	Improve the quality of education in the state of Florida.	Improved the quality of education in the state of Florida.	Improved the quality of education in the state of Florida.	Improved the quality of education in the state of Florida.
4	Project D	Sarah White	2013-2014	Completed	\$120,000	Texas	Project D: A new program to improve the quality of education in the state of Texas.	Improve the quality of education in the state of Texas.	Improved the quality of education in the state of Texas.	Improved the quality of education in the state of Texas.	Improved the quality of education in the state of Texas.
5	Project E	David Green	2014-2015	In Progress	\$180,000	Illinois	Project E: A new program to improve the quality of education in the state of Illinois.	Improve the quality of education in the state of Illinois.	Improved the quality of education in the state of Illinois.	Improved the quality of education in the state of Illinois.	Improved the quality of education in the state of Illinois.
6	Project F	Emily Black	2015-2016	Not Started	\$160,000	Ohio	Project F: A new program to improve the quality of education in the state of Ohio.	Improve the quality of education in the state of Ohio.	Improved the quality of education in the state of Ohio.	Improved the quality of education in the state of Ohio.	Improved the quality of education in the state of Ohio.
7	Project G	Robert King	2016-2017	Completed	\$140,000	Georgia	Project G: A new program to improve the quality of education in the state of Georgia.	Improve the quality of education in the state of Georgia.	Improved the quality of education in the state of Georgia.	Improved the quality of education in the state of Georgia.	Improved the quality of education in the state of Georgia.
8	Project H	Laura Lee	2017-2018	In Progress	\$190,000	Arizona	Project H: A new program to improve the quality of education in the state of Arizona.	Improve the quality of education in the state of Arizona.	Improved the quality of education in the state of Arizona.	Improved the quality of education in the state of Arizona.	Improved the quality of education in the state of Arizona.
9	Project I	James Hall	2018-2019	Not Started	\$170,000	Colorado	Project I: A new program to improve the quality of education in the state of Colorado.	Improve the quality of education in the state of Colorado.	Improved the quality of education in the state of Colorado.	Improved the quality of education in the state of Colorado.	Improved the quality of education in the state of Colorado.
10	Project J	Michelle Adams	2019-2020	Completed	\$130,000	Connecticut	Project J: A new program to improve the quality of education in the state of Connecticut.	Improve the quality of education in the state of Connecticut.	Improved the quality of education in the state of Connecticut.	Improved the quality of education in the state of Connecticut.	Improved the quality of education in the state of Connecticut.

SECTION A

SOCIAL CONDITIONS OF AREA AND STATISTICS

Summary of Vital Statistics, 1969

Area of the Borough (Acres)	1,685
Population (Estimated mid year 1969)	5,120
Number of inhabited houses (end of 1969)	1,400
Rateable Value of the Borough	£144,459
Sum represented by a penny rate	£574

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 5,120 and the vital statistics are based on this figure. The Estimated Population is 640 more than that for the year 1968. The natural increase in population, that is, the increase of births over deaths is 50.

LIVE BIRTHS: The number of live births was 93 compared with 69 in 1968. The rate per thousand population was 18.2. Applying the Registrar General's Area Comparability Factor for births (1.02) to this figure the Standardised Birth Rate obtained for the area is 18.6 compared with 16.3 for England and Wales.

STILL BIRTHS: There were two still births during 1969. The rate per thousand live and still births was 21 compared with 13 for England and Wales.

ILLEGITIMATE BIRTHS: The number of illegitimate births in the area was 10, 8 males and 2 females. Shown as a proportion of the total number of live births this represents 11 per cent.

DEATHS: The total number of deaths assigned to the Borough for the year was 43, 5 more than in 1968. The crude death rate based on the mid-year population was 8.4 compared with 8.5 for last year. In order to compare the mortality in the Borough with the mortality for England and Wales it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the Borough an "Area Comparability Factor" which has been estimated by the Registrar General as .88 for the Borough, giving a Standardised Death Rate of 7.4 compared with 11.9 for England and Wales.

INFANT MORTALITY: Three infants died before reaching their first birthday, two more than in 1968. The rate per thousand live births was 32 compared with 18 for England and Wales.

SECTION A

SOCIAL COMMITTEE OF AREA AND LOCALITY

Summary of Vital Statistics, 1955

Area of the Borough (Acres)	1,692
Population (estimated mid year 1955)	2,120
Number of inhabited houses (end of 1955)	1,400
Rateable Value of the Borough	£144,437
Has represented by a penny rate	1214

There was no change in the area of the administrative Borough during the year, which remains at 1,692 acres.

POPULATION: The resident mid-year population as estimated by the Registrar General was 2,120 and the vital statistics are based on this figure. The estimated population in 1950 was 1,900 and for the year 1955. The natural increase in population, that is, the difference of birth over death is 50.

LIVE BIRTHS: The number of live births was 27 compared with 29 in 1954. The rate per thousand population was 12.7. Against the Registrar General's Area Comparability Factor for births (11.0) as this figure the Standardized Rate obtained for the area is 10.5 compared with 10.7 for England and Wales.

DEATHS: There were 10 still births during 1955. The rate per thousand live and still births was 21 compared with 19 for England and Wales.

ILLUSTRATIVE BIRTHS: The number of illustrative births in the area was 10, 5 males and 5 females. There was a proportion of the total number of live births this represents 11 per cent.

DEATHS: The total number of deaths registered to the Borough for the year was 27, 5 more than in 1954. The crude death rate based on the mid-year population was 12.7 compared with 11.0 for last year. In order to compare the mortality in the Borough with the mortality for England and Wales it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the Borough an "Area Comparability Factor" which has been estimated by the Registrar General as 10.5 for the Borough, giving a Standardized death rate of 11.4 compared with 11.0 for England and Wales.

INFANT MORTALITY: There infants died before reaching their first birthday, two more than in 1954. The rate per thousand live births was 20 compared with 18 for England and Wales.

NEONATAL MORTALITY: There were no deaths recorded in the Borough under four weeks.

PERINATAL MORTALITY: The Perinatal Mortality (still-births and deaths under one week combined per 1,000 live and still-births) for the Borough was 21.00. The rate for England and Wales was 23.00.

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
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	16.90	8.50	10.90	11.90	14.00	19.00	18.00
1969	18.20	18.10	16.30	8.40	10.90	11.90	32.00	16.07	18.00

Causes of Death

Diseases of the heart and circulation constitute over one half of the total deaths, with cancer and respiratory infection being the other two main causes.

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer, 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from smoking than on industrial disputes.

In 1968, it was considered that about 75% of the male population and 41% of the female population smoked. Between 1956-68 the number of female cigarette smokers rose by a million. It is deeply disturbing to note that 42% of 16 year old boys and 30% of girls smoke more than 25 cigarettes per week.

The adverse effects on health of smoking unfortunately only become manifest after many years, and are therefore not obviously connected with the habit. Also in many countries, as the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation, and it is not practicable to impose regulations on an unwilling population. However

NEONATAL MORTALITY: There were no deaths recorded in the Borough under four weeks.

PERINATAL MORTALITY: The Perinatal Mortality (still-births and deaths under one week combined per 1,000 live and still-births) for the Borough was 21.00. The rate for England and Wales was 17.00.

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		
	per 1,000 live births	per 1,000 still-births	per 1,000 total	per 1,000 live births	per 1,000 still-births	per 1,000 total	per 1,000 live births	per 1,000 still-births	per 1,000 total
1962	18.70	12.85	15.78	11.50	12.84	12.17	16.84	12.84	14.60
1961	17.90	12.54	15.22	11.70	11.15	11.43	15.01	11.15	13.08
1960	17.50	12.00	14.75	11.90	10.10	11.00	14.00	10.10	12.30
1959	16.80	11.80	14.30	11.90	10.90	11.40	13.00	10.90	11.95
1958	16.30	12.10	14.20	11.90	10.30	11.10	12.00	10.30	11.15

Causes of Death

Diseases of the heart and circulation constitute over one half of the total deaths, with cancer and respiratory infection being the other two main causes.

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer, 5 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from smoking than on industrial diseases.

In 1960, it was estimated that about 75% of the male population and 45% of the female population smoked. Between 1955-58 the number of cigarette smokers rose by a million. It is deeply disturbing to note that 45% of 16 year old boys and 30% of girls smoke more than 15 cigarettes per week.

The adverse effects on health of smoking unfortunately only become manifest after many years, and are therefore not obviously connected with the habit. Also in many countries, as the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation, and it is not practicable to impose regulations on an established population. However

it is imperative to take action that will discourage young people from starting to smoke, and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailment of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a recently published paper* that the most important approaches to combat the health hazards of smoking are as follows:-

1. The education of youth not to take up smoking.
(In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars and others whom young people admire and may emulate.)
2. The exerting of the influence of health workers.
(The medical profession have recognised the hazard, and now only a quarter of British male doctors smoke. Their death rate from lung cancer is now only 2/5 of the national figure.)
3. Group approaches to the control of cigarette smoking by adults.
4. Mass approaches to the control of cigarette smoking.
5. Reducing the effectiveness of the advertising and promotion of cigarettes.
6. Less hazardous smoking.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

*Smoking and Health by Professor C.M. Fletcher & Dr.D. Horn. W.H.O.Publication.

it is imperative to take action that will discourage young people from starting to smoke, and any possible reduction in addiction to smoking. This includes keeping people constantly and fully informed about the health consequences of smoking and increasing the control of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a recently published paper that the most important approaches to combat the health hazards of smoking are as follows:-

1. The education of youth not to take up smoking. (In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars and others whose young people admire and may emulate.)
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3. Group approaches to the control of cigarette smoking by adults.
4. Mass approaches to the control of cigarette smoking.
5. Reducing the effectiveness of the advertising and promotion of cigarettes.
6. Less hazardous smoking.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all civilised societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or stroke. The causes are multiple, and as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, following a hormonal modification. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. The national health needs are such that it is easy in a modern industrial society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is vital to establish a way of life soon after leaving school, in which there is regular participation in physical exercise which can be easily continued to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

Comparative Figures for 5 Years 1963-1967

The yearly toll of injury and death from road accidents mounts steadily. In an overpopulated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However the majority of deaths (and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1969 7383 were killed on the roads as compared with 6810 in 1968.

Deaths from accidents in the home are also continuing at a rate which is far too high, running at over eight thousand, together with injuries of approximately 125,000 receiving hospital treatment and a million and a half with slight injuries. Over three quarters of the fatalities occur in elderly people or in children under 5 years of age.

The statistics for Great Britain in 1967 are given in the chart below:-

Cause of Death	Age-group (years)					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 & +	Male	Female	
Poisoning	33	13	316	494	624	637	843	1,480
Falls	78	12	75	336	3,906	1,252	3,155	4,407
Burns and scalds	123	45	60	135	428	325	466	791
Suffocation and choking	526	7	71	74	64	421	321	742
Others	114	38	115	89	133	288	201	489
Total	874	115	637	1,128	5,155	2,923	4,986	7,909

Death Rate*	18.8	1.5	3.0	8.5	77.5	11.2	18.1	14.8
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*Deaths per 100,000 population

The following notes have been published in the Home Safety Journal (a publication of R.O.S.P.A.) in July 1970, and are acknowledged with thanks.

In good repair; wiping up spill water or grease immediately; being wary about the ladder; having safety rails by the bath; wearing shoes in good repair. Household steps should always be used to reach high shelves, etc. Window safety catches should be used to control opening for the protection of young children and elderly people. Beds should not be too high; or chairs too low for easy use; extra handrails on the wall side of the stairs are helpful. Safety harness should be used in gables and highchairs.

The yearly toll of injury and death from road accidents remains steadily in an overpopulated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However, the majority of deaths (and injuries) occur in males in the age group 15-24. The young male would appear to be the participant and maybe the cause of transportation on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1969 7503 were killed on the roads as compared with 6810 in 1968.

Deaths from accidents in the home are also continuing at a rate which is far too high, running at over eight thousand, together with injuries of approximately 15,000 receiving hospital treatment and a million and a half with slight injuries. Over three quarters of the fatalities occur in elderly people or in children under 5 years of age.

The statistics for Great Britain in 1967 are given in the chart below:-

Cause of death	Age-group (years)						Sex	Total
	0-4	5-14	15-44	45-64	65-74	75+	Male	Female
Poisoning	27	15	316	494	424	637	867	1,4
Police	78	12	78	336	3,006	1,252	3,152	4,4
Burns and scalds	129	45	60	172	428	385	466	7
Self-harm and	326	7	71	74	61	47	321	7
Choking	114	36	115	89	133	386	501	4
Others	114	36	115	89	133	386	501	4
Total	674	115	637	1,128	2,132	2,352	4,986	7,9

Deaths per 100,000 population

The following notes have been published in the Home Safety Journal (Publication of H.O.S.P.A.) in July 1970, and are acknowledged with thanks.

Comparative Figures for 5 Years 1963-1967

The annual figures of home accident fatalities in Great Britain for the five years 1963-67, analysed according to cause, are given in the following table:-

Cause of Death	1963	1964	1965	1966	1967
Poisoning	2,124	1,782	1,697	1,719	1,480
Falls	4,830	4,641	4,538	4,660	4,407
Burns and scalds	1,058	886	872	951	791
Suffocation and Choking	792	896	900	812	742
Others	495	441	480	441	489
Total	9,299	8,646	8,487	8,583	7,909

Home Accidents - Cause of Death

Falls:

- 56% of total deaths - in one year (1967) (4,407 cases)
- 89% of victims were aged 65 or over
- 60% were falls on one level, tripping, slipping, stumbling
- 25% were falls from one level to another

Common causes of falls on one level are - slipping on wet floors or polished floors with or without loose rugs; tripping over obstacles or catching toes in floor coverings in poor repair; slipping on spilt grease; slipping in the bath.

Common causes of falls from one level to another are - lack of handrails or unsteady banisters causing falls downstairs; poor lighting on stairways; chairs used instead of household steps. Other falls of this nature include falls out of bed, out of prams and highchairs.

Physical causes include poor sight; undue haste; illnesses causing heart or chest troubles; stiff limbs; dizziness caused by reaching up or down unduly in elderly people.

Prevention: Risk of falls can be reduced by maintaining floor surfaces in good repair; wiping up spilt water or grease immediately; being tidy about the house; having safety rails by the bath; wearing shoes in good repair. Household steps should always be used to reach high shelves, etc., window safety catches should be used to control opening for the protection of young children and elderly people. Beds should not be too high; or chairs too low for easy use; extra handrails on the wall side of the stairs are helpful. Safety harness should be used in prams and highchairs.

Comparative Figures for 5 Years 1962-1967

The annual figures of home accident fatalities in Great Britain for the five years 1962-67, analysed according to cause, are given in the following table:-

Cause of Death	1962	1963	1964	1965	1966	1967
Poisoning	2,124	1,785	1,697	1,607	1,719	1,48
Falls	4,630	4,641	4,728	4,660	4,40	4,40
Burns and scalds	1,028	886	812	851	79	79
Drowning and Choking	732	695	600	615	74	74
Others	492	441	480	441	40	40
Total	9,299	8,644	8,487	8,563	7,90	7,90

Home Accidents - Cause of Death

Falls

50% of total deaths - in one year (1967) (4,407 cases)
 80% of victims were aged 65 or over
 60% were falls on one level, tripping, slipping, stumbling
 20% were falls from one level to another

Common causes of falls on one level are - slipping on wet floor or polished floor with no without ladder rungs; tripping over obstacles or catching toes in floor coverings in poor repair; slipping on split grass; slipping in the bath.

Common causes of falls from one level to another are - lack of handrails or unsteady banisters causing falls downstairs; poor lighting on stairways; chairs used instead of household steps; other falls of this nature include falls out of bed, out of prams and highchairs.

Physical causes include poor sight; undue haste; ill-health causing heart or chest troubles; stiff limbs; dizziness caused by reaching up or down unduly in elderly people.

Prevention: Risk of falls can be reduced by maintaining floor surfaces in good repair; wiping up spills; water or grease immediately; being tidy when the house; having safety rails by the stairs; wearing shoes in good repair. Household steps should always be used to reach high shelves, etc., windows safety catches should be used to restrict opening for the protection of young children and elderly people. Beds should not be too high; or chairs too low for easy use; extra handrails on the wall side of the stairs are helpful. Safety harness should be used in prams and highchairs.

Poisoning:

19% of all fatal home accidents in 1 year (1967)

43% of poisoning accidents involved household gas (642 cases)

57% involved drugs, chemicals and all other causes of poisoning (775 cases).

Common causes of gas poisoning are absentmindedness in leaving gas on, or partly lighted, lack of ventilation, using wrong (rubber) connecting tubing for appliances; bad installation or repair. The human factor, carelessness is most often the basic cause.

Other forms of poisoning include overdoses of medicines; leaving medicines within reach of children; failure to use medicine cupboard; not checking dosage; taking internally lotions, rubs, etc., designed only for external use; children eating cosmetics.

Domestic Chemicals such as bleach, disinfectant, detergent, pesticides, paint strippers, antifreeze, petrol, paraffin and other fluids cause accidents to children, often causing internal injury.

Prevention: To prevent gas poisoning have any suspected leak inspected and serviced by the Gas Board; form the habit of checking that burners are alight; keep adequate ventilation to ensure a change of air, never use rubber connecting tubing; see that gas geyser flues are clear of obstruction; tighten loose gas taps that can be accidentally knocked on.

To prevent medicinal poisoning - keep all medicines in a proper medicine cupboard (to British Standard Specification); check dosage every time; use the 5ml. spoon for liquid medicines; get rid of surplus medicines by flushing down the lavatory; keep medicines out of the reach of children; label all containers clearly; if in doubt destroy.

To prevent poisoning from chemicals - avoid transferring to other containers, especially those previously used for food or drink; label clearly; store out of the reach of children, especially in garage, shed or greenhouse; observe manufacturers' warnings and instructions.

Burns & Scalds:

10% of all fatal home accidents in 1 year (1967) were burns and scalds (791 cases).

Deaths are caused by - falling into unguarded fires; clothing catching alight; burns due to houses catching fire. Conflagrations are due to chimney fires, overturning oil heaters, careless use of smoking materials and electrical faults. Faulty electric blankets can cause burns and asphyxia. Scalding accidents are due to hot liquids - overturning kettles and saucepans, bath water, washing and washing-up water, hot starch, and bursting hot-water bottles.

Poisoning

12% of all fatal home accidents in 1 year (1967)
45% of poisoning accidents involved household gas (44% can
57% involved drugs, chemicals and all other causes of
poisoning (17% cases).
Common causes of gas poisoning are: disconnection of gas supply
or partly lit, lack of ventilation, using wrong (rubber) connecting
tubing for appliances; bad installation or repair. The human factor,
carelessness is most often the basic cause.

Other forms of poisoning include overdose of medicines; leaving
medicines within reach of children; failure to use medicine cupboard; not
checking dosage; taking internally toxic, toxic, etc., designed only for
external use; children eating confection.

Domestic chemicals such as bleach, disinfectant, detergent, pesticides,
paint strippers, nail polish, petrol, paraffin and other flammable liquids
accidents to children, often causing internal injury.

Prevention: To prevent gas poisoning have any suspected leak inspected
and serviced by the Gas Board; turn the habit of checking that burners are
alight; keep adequate ventilation to ensure a change of air; never use rubber
connecting tubing; see that gas repair lines are clear of obstruction;
tighten loose gas taps that can be accidentally knocked on.

To prevent medicinal poisoning - keep all medicines in a proper
medicine cupboard (see British Standard Specification); check dosage every
time; use the S.A.I. spoon for liquid medicines; get rid of surplus medicines
by flushing down the lavatory; keep medicines out of the reach of children;
label all containers clearly; if in doubt, destroy.

To prevent poisoning from chemicals - avoid transferring to other
containers, especially those previously used for food or drink; label
clearly; store out of the reach of children, especially in garages, sheds
or greenhouses; observe manufacturers' warnings and instructions.

Burns & Scalds

10% of all fatal home accidents in 1 year (1967) were
burns and scalds (17% cases).
Burns are caused by - falling into unguarded fires; smoking cigarettes
alight; burns due to house fires. Gasification is the cause of
chemical fires. Overheating oil, paraffin, kerosene use of smoking materials in
chimney fires. Faulty electrical wiring can cause burns and asphyxia.
Scalding accidents are due to hot liquids - overboiling kettles and saucepans,
bath water, washing and washing-up water, hot steam, and bursting hot-water
radiators.

Prevention: To prevent burning accidents all coal fires should have fixed guards (to British Standards 2788 or 3140); gas, electric and oil fires should have integral guards. Winter clothing should be made of pure wool (slow burning), brushed nylon, or proofed cotton.

Clothing should never be aired near unguarded fires of any kind. Care should be taken when using flammable solvents for dry cleaning, or flammable adhesives for fixing tiles, etc., in the house. Paraffin and petrol should be stored in metal cans, and oil heaters filled, if possible outside the house. Polythene-type storage containers are increasingly popular and safe - metal cans can rust and therefore leak.

To prevent scalding accidents fill hot-water bottles carefully, using a thick protective cover; keep panhandles and kettle spouts away from the front of the cooker; keep toddlers out of the kitchen when doing laundry, washing up, cooking and dishing up are in progress; turn tablecloths under to prevent toddlers pulling hot liquids off the table. When using water for bathing and washing always run cold water before hot.

Suffocation and Choking

These accidents account for over 9% of all fatal home accidents. In one year (1967) there were 742 deaths. Two thirds of these were by inhalation and ingestion of food, the rest from suffocation in cots and cradles. Children under 5 years accounted for 71% of all cases of suffocation and choking.

Prevention: To prevent suffocation and choking never 'prop-feed' infants; ensure adequate rubbing of the baby's back to bring up wind before putting down to sleep. Keep talcum powder (which can clog the lungs) away from babies, and if a sponge is used for washing see that it is too large and firm to be put in baby's mouth. Keep plastic bags out of the reach of children; never use a pillow for a baby under twelve months old, remove bibs before putting a baby down to sleep, and use a net to prevent pets getting into cots or prams.

Other Risks

In one year (1967) 489 people died from other accidental causes: these included 75 drowning fatalities in baths, garden ponds, etc.; 27 from accidents with firearms: 70 from electrocution and 20 from foreign bodies in orifice.

Electrical Accidents

Due to amateur installations and repairs, faulty flex and plugs, misuse of domestic appliances, unearthed plugs, open sockets where there are children, also unguarded electric fires, touching electrical appliances with wet hands. Taking electrical apparatus into the bathroom, filling electric kettles without first disconnecting are also dangerous practices.

Prevention: To prevent burning accidents all coal fires should have fixed guards (as British Standards BS55 or BS40) gas, electric and oil fires should have integral guards. Winter clothing should be made of pure wool (slow burning), brushed nylon, or treated cotton.

Clothing should never be dried near unguarded fires of any kind. Care should be taken when using flammable solvents for dry cleaning, or flammable adhesives for fixing tiles, etc., in the house. Paraffin and petrol should be stored in metal cans, and oil heaters filled, if possible outside the house. Polythene-type storage containers are increasingly popular and safe - metal cans can rust and therefore leak.

To prevent scalding accidents fill hot-water bottles carefully, using a thick protective cover over hand handles and bottle spouts away from the front of the cooker; keep toddlers out of the kitchen when doing laundry, washing up, cooking and dishing up are in progress; turn radiators under to prevent toddlers pulling hot liquids off the radiators. When using water for bathing and washing always run cold water before hot.

Intoxication and Choking

These accidents account for over 5% of all fatal home accidents. In one year (1967) there were 745 deaths. Two thirds of these were by intoxication and ingestion of food, the rest from suffocation in cars and cradles. Children under 5 years accounted for 71% of all cases of intoxication and choking.

Prevention: To prevent intoxication and choking never 'prop-feed' infants; ensure adequate washing of the baby's back to bring up wind before putting down to sleep. Keep talcum powder (which can clog the lungs) away from babies, and if a spoon is used for washing see that it is too large and firm to be put in baby's mouth. Keep plastic bags out of the reach of children; never use a pillow for a baby under twelve months old, remove him before putting a baby down to sleep, and use a net to prevent him getting into cars or prams.

Upper Risks

In one year (1967) 489 people died from other accidental causes; these included 75 drowning fatalities in baths, showers, ponds, etc.; 75 from accidents with firearms; 75 from electrocution and 50 from foreign bodies in orifice.

Electrical Accidents

Due to constant installation and removal, faulty fix and plugs, misuse of domestic appliances, overloaded plugs, open sockets where there are children, also unguarded electric fires, touching electrical appliances with wet hands. Taking electrical appliances into the bathroom, filling electric kettles without first disconnecting are also dangerous practices.

SECTION B

The Human Factor in Accidents

Every home accident involves a clash between a human being and something in the home environment, in which the human being sustains injury. Accidents are more likely to happen when people are ill, emotionally upset, depressed, or under physical strain.

Bodily conditions which may cause risk are poor sight, failure of the sense of smell, tendency to dizziness; weakened muscles, epilepsy, arthritic heart conditions, the lack of co-ordination of toddlers, slowing down of reaction in old age.

The Hospitals available to residents of the Borough are, the Borton 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:

Ambulance 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 Health Clinic, St. Peter's Road. Dental Clinics for school children organized 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, disabled, the blind and those mentally ill, and are also responsible for providing services in connection with tuberculosis.

Nursing in the Home, Midwives and Health Visitor Services These services are provided directly by the County Council and there is a health visitor's office established in the Borough. They also have a 'Home Help' service available in connection with infirm and aged persons treated at home.

Voluntary Organizations The Dorcy and Joan Club which has been established many years meets every Wednesday afternoon in the Town Hall. It is very well attended and popular.

The Human Factor in Accidents

Every home accident involves a clash between a human being and something in the home environment, in which the human being sustains injury. Accidents are more likely to happen when people are ill, emotionally upset, depressed, or under physical strain.

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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 Health Clinic, St. Peter's 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.

SECTION 2

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 North Oxford 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:

Accident relief. The County Council provides 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 Clinics commenced to operate during the year and meetings were held on the second Thursday of every month at the Health Centre, St. Peter's Road. (West) Division for school children organised by the County Council continued to operate during the year under review.

Eye and Ear Services. The County authority provides a number of facilities for the crippled, aged persons, disabled, the blind and those mentally ill, and are also responsible for preventative services in connection with tuberculosis.

Housing in the Home, Midwives and Health Visitor Services. 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 Wesley and John Church 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 the 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.

The exception of eight houses outside the area of the Board's supply, all dwellings in the area received a good water supply during the year under review. Treatment consists of storage, sedimentation, chlorination and rapid sand gravity filtration. The water is non-chloride solvent, and fluoride is not added to the water which has a natural fluoride content of approximately .2 parts per million.

Generally the supply from the Board was satisfactory in quality and quantity. Twenty four samples were taken and submitted to the Public Health Laboratory for examination; the reports indicate that bacteriologically they were satisfactory.

The sources of this supply are varied and for the major portion of the Borough is based on the old Brackley well with augmentation as necessary from the Board's other supplies which include deep bore and wells in the lower green sand and chalk, and river water supplies. The waterworks plant incorporates electronic and television devices to ensure a constant flow of information to central control on the state of the water, and distribution system generally.

The total number of dwelling houses connected to the mains is 1,177 and out of a total population of 5,120 approximately 50% are supplied with water from the Board's mains.

Sewerage - River Works:

By careful management of the River works it has been possible to satisfy the Great Ouse River Board in respect of the standard R.C.D. tests but the works are receiving quantities of effluent beyond its capacity. The Council have approved an extension scheme, and when completed the problem should be remedied. However, at present the works have to deal with surface water and piped springs in a "combined system". On the one hand rapidly rising it has been possible to provide a "separate system" whereby purely surface waters are conveyed in their own main and do not go to the works to overwhelm the purification facilities. This is not a factor peculiar to Brackley but arises in nearly all the old towns of this County. It is an anomaly that solid produced surface waters from roofs, and naturally occurring underground springs should be piped to the local sewage works for treatment, but it is a very expensive problem to remedy where a separate system has not been adopted.

Neals on Wheels Service This service is undertaken by members of the Women's Voluntary Service in conjunction with the National Marketing Corporation's establishment in the Bricklayers 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 the 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 houses outside the area of the Board's supply, all dwellings in the area received a piped water supply during the year under review. Treatment consists of storage, sedimentation, chlorination, and rapid sand gravity filtration. The water is non-plumbo solvent, and fluoride is not added to the water which has a natural fluoride content of approximately .2 parts per million.

Generally the supply from the Board was satisfactory in quality and quantity. Twenty four samples were taken and submitted to the Public Health Laboratory for examination; the reports indicate that bacteriologically they were satisfactory.

The sources of this supply are varied and for the major portion of the Borough is based on the old Brackley well with augmentation as necessary from the Board's other supplies which include deep bores and wells in the lower greensand and chalk, and river water supplies. The waterworks plant incorporates electronic and television devices to ensure a constant flow of information to central control on the state of the water, and distribution system generally.

The total number of dwelling houses connected to the mains is 1,392 and out of a total population of 5,120 approximately 5082 are supplied with water from the Board's mains.

Sewerage - Disposal Works:

By careful management of the disposal works it has been possible to satisfy the Great Ouse River Board in respect of the standard B.O.D. tests but the works are receiving quantities of effluent beyond its capacity. The Council have approved an extension scheme, and when completed the problem should be remedied. However, at present the works have to deal with surface water and piped springs in a "Combined system". On the new estates rapidly rising it has been possible to provide a "separate system" whereby purely surface waters are conveyed in their own mains and do not go to the works to overwhelm the purification facilities. This is not a factor peculiar to Brackley but arises in nearly all the old towns of this County. It is an anomaly that rain produced surface waters from roofs, and naturally occurring underground springs should be piped to the local sewage works for treatment, but it is a very expensive problem to remedy where a separate system has not been adopted.

QUALITY OF THE WATER

Water Supply:

Water is supplied to the Borough by the Bucks Water Board and with the exception of eight houses outside the area of the Board's supply, all dwellings in the area receive a piped water supply during the year under review. Treatment consists of aeration, sedimentation, chlorination, and rapid sand gravity filtration. The water is non-phosphoric, and fluoride is not added to the water which has a natural fluoride content of approximately 1.5 parts per million.

Generally the water from the Board was satisfactory in quality and quantity. Twenty-four samples were taken and submitted to the Public Health Laboratory for examination; the reports indicate that bacteriological quality was satisfactory.

The amount of this supply varied and for the major portion of the Borough is based on the old Brinkley well with augmentation as necessary from the Board's other supplies which include deep bore and wells in the lower ground and chalk, and river water supplies. The waterworks plant includes electrically operated valves to control a constant flow of water to the distribution system generally.

The total number of dwelling houses connected to the mains is 1,352 and out of a total population of 5,150 approximately 54% are supplied with water from the Board's mains.

Waterworks - (Borough) Works:

By careful management of the drainage works it has been possible to supply the Great Ouse River Board in respect of the standard R.O.D. tests but the works are receiving quantities of effluent beyond its capacity. The Council have approved an extension scheme, and have completed the project which should be completed. However, at present the works have to deal with surface water and treated effluent in a "combined system". The new extension rapidly it has been possible to provide a "separate system" whereby purely surface water are conveyed in their own mains and do not go to the works to overflow the purification facilities. This is not a factor peculiar to Brinkley but it is nearly all the towns of this County. It is an anomaly that rain produced outside the town of Brinkley, and naturally occurring underground springs should be piped to the local sewage works for treatment, but it is a very expensive problem to remedy where a separate system has not been adopted.

Under the Public Health Act 1936 Sec. 42 it has been possible for a Local Authority to modify their sewerage system so as to provide separate provision for surface waters and foul sewage, but in the Borough this has only been applied to new buildings comparatively recently. Should the present B.O.D. test be substituted by a more stringent test as seems possible, this problem will arise again. A survey of all the sewers was commenced during the year and information so far indicates that the main sewers are for the most part overloaded, and are damaged and broken on the Banbury Road and Magdalen Playing Fields areas. Possibly some new and larger sewers will be required to replace those sections now overloaded and some relaying, probably with sewers of greater capacity for the damaged lengths.

Difficult effluents

The only problem arising at present comes from poultry feathers which persistently choke the filter bed sprinklers. Bacteria killing discharges are not a problem in this Borough.

Smoke Abatement

No action has been found necessary in connection with smoke abatement, and our own refuse tip (where some incineration takes place) will be mainly closed when the new hammer mill grinding plant at Farthinghoe comes into operation next year.

Swimming Pool

The Swimming Pool owned by the Council has given much trouble this year and steps will have to be taken to remedy the defects for 1970. I have not been entirely satisfied with the continuing purity of the water, and it had to be closed on one occasion during the bathing season.

Verminous Premises

No action was found to be necessary in this connection.

Caravan Sites and Control of Development Act 1960

There are no large licensed sites in the area, and no problems with itinerant travellers.

Public Cleansing

House refuse is collected weekly on a system whereby the householder puts it out ready for removal. Special arrangements are however made in respect of the old, the handicapped and the infirm. When the new hammer mill plant at Farthinghoe comes into operation it is proposed to obtain a new, larger, screw-packing type refuse vehicle as the new

Under the Public Health Act 1936 Sec. 42 it has been possible for a Local Authority to notify their sewerage system as in provide separate provision for surface waters and foul sewage, but in the Borough this has only been applied to new buildings comparatively recently. Should the present S.O.D. Code be substituted by a more stringent Code as seems possible, this provision will apply again. A survey of all the sewers was commenced during the year and information has been obtained that the main sewers are for the most part overloaded, and are damaged and broken on the Boundary Road and Hagston Playing Fields areas. Possibly some new and larger sewers will be required to replace those mentioned now overloaded and some retaining, probably with sewers of greater capacity for the damaged lengths.

Discharge of Sewage

The only problem arising at present comes from sanitary features which occasionally block the filter bed at the sewage treatment works. Discharges are not a problem in this Borough.

Public Amenities

No action has been found necessary in connection with public amenities, and one or two tips (where some incineration takes place) will be mainly closed when the new houses will be built at the site. Further action comes into operation next year.

Swimming Pool

The Swimming Pool owned by the Council has given much trouble this year and steps will have to be taken to remedy the defects for 1936. I have not been entirely satisfied with the continuing quality of the water, and it had to be closed on one occasion during the bathing season.

Vehicle Inspection

No action was found to be necessary in this connection.

Control of Motorists and Control of Motorists

There are no large licensed sites in the area, and no problems with itinerant travellers.

Public Cleansing

House refuse is collected weekly on a system whereby the householder puts it out ready for removal. Special arrangements are however made in respect of the old, the handicapped and the infirm. When the new houses will be built at the site, further action comes into operation it is proposed to obtain a new, larger, refuse-picking type refuse vehicle as the new

disposal plant is four miles outside the Borough and the greater capacity will improve also economy of operation. Commercial premises have a twice weekly or other special collection arrangement.

Rodent Control

The Borough is remarkably free from rat infestation and a part-time rodent operator is employed. Permanent baiting points are maintained at the refuse tip, sewage works and in two sections of the sewers and a special immediate effort is made to deal with any complaints received from the public in order to maintain as far as is practicable a rodent free town. Some increase in mouse infestation is noticeable and certain local establishments are ones which provide a natural habitat for the domestic mouse, but permanent baiting has shown some success.

One problem with the refuse tip is the continuous migration of rats from the adjoining County of Buckinghamshire, a district outside the boundaries of the Rat Control Area.

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

Local Authority premises	12
Dwelling houses	54
Number infested by rats	16
Number infested by mice	19
Other premises	9

During the year a campaign for rat control was initiated by the Ministry of Agriculture, Fisheries and Food Pests Division concurrently in the three counties of Northamptonshire, Leicestershire and Rutland. Following a meeting held at Kettering in April a Rat Steering Committee was set-up, on which your medical officer served as a member, consisting of representatives of the Ministry of Agriculture, the Local Authorities and the National Farmers Union. Later members of many other authorities including river, waterways, waterboards, rail, electricity, county landowners association and the forestry commission were invited to co-operate. The date of November 24th was selected for wholesale baiting to begin. In the interim local meetings and demonstrations were then held in all the Local Authority areas throughout the year, and a wide publicity campaign was mounted. This included press reports, advertisements, posters, demonstrations and reports and discussions on radio and television. These local meetings were at selected premises where talks were given, practical measures to control and destroy rats and mice were shown at farm premises together with a film demonstrating the damage to health, property and foodstuffs caused by rat and mice infestations. There was some co-operation from the farmers but the numbers attending were not high. The councils Public Health Inspector visited the farms in the district before the campaign in order to stimulate interest.

The scheme came into operation as arranged on November 24th and considerable success was achieved, but the need for efforts to be maintained continuously cannot be over-emphasised, to keep continually on the alert for any sign of the presence of rats and to institute immediate action before they get established and start breeding. The establishment of permanent baiting points is essential. These should be so placed that domestic animals cannot gain access and need constant inspection and replenishment.

Noise Abatement Act, 1960

Three cases have been dealt with during the year. In each instance a pneumatic road drill was operated in the town centre without a silencing muffler. No statutory action was necessary, and the drills were silenced after a request; it is interesting that the operators were not aware of any Noise Acts, but concurred in their necessity. Perhaps the Industrial Training Boards should emphasise this fact in their programme.

Aircraft noise has not really been a problem, but road traffic noise from the A43 which runs through what is in effect a Main Street Town continues to increase in volume and annoyance. The constructing of the Bye-Pass is necessary both from safety and a noise aspect, especially, as the Transport Authorities are at present planning to "speed up" through traffic. The prospect of the newly authorised 50 leviathans approaching the lower part of Bridge Street at 70 m.p.h. causes concern.

A preliminary survey of the Borough is in hand, but not yet completed. Indications show some problems of which the following is an example:

In a terrace row of ten small houses, on a restricted site, four have already been improved, though owing to the restriction of the site the original decision to improve was probably lacking in foresight. Should the owners of the remaining six make application for improvement grants, there would be difficulty in making a decision to grant such improvements. Had the re-development been considered as a whole in the first instance, with the possibility of amalgamating two houses into one, a satisfactory solution might have been achieved.

The scheme came into operation as arranged on November 24th and considerable success was achieved, but the need for efforts to be maintained continuously cannot be over-emphasized, to keep constantly on the alert for any sign of the presence of rats and to institute immediate action before they get established and start breeding. The establishment of permanent baiting points is essential. These should be so placed that domestic animals cannot gain access and need constant inspection and replenishment.

Noise Abatement Act, 1950

Three cases have been dealt with during the year. In each instance a preliminary road drill was operated in the town centre without a licensing officer. No statutory action was necessary, and the drills were attended after a request; it is interesting that the operators were not aware of any Noise Act, but concerned in their necessity. Perhaps the Industrial Training Board should emphasize this fact in their programme.

Although noise has not really been a problem, but road traffic noise from the A47 which runs through what is in effect a Main Street town continues to increase in volume and annoyance. The construction of the bypass is necessary both from safety and a noise aspect, especially, as the Transport Authorities are at present planning to "speed up" through traffic. The prospect of the newly authorized 50 vehicles approaching the lower part of Bridge Street at 50 m.p.h. causes concern.

SECTION D

HOUSING

No new Council dwellings were erected during the year, but plans are in hand for a new estate of about 66 houses.

Standard Improvement Grants amounting to £4,797 were paid during the year in connection with the Housing Act 1969. No discretionary grants were made.

Three private contractors continue to erect houses, and 102 new houses were completed during the year. The type of estates being erected are for houses upto a maximum of £5,000, but a new contractor has just arrived in the area and an estate of more expensive houses is to be developed. This will comprise about 29 dwellings ranging from £8,000/£11,000.

The overall position of the Corporation in respect of its own housing stock is unchanged from last year, and is a total of 376 houses (including fifty for senior citizens). Plans to adapt one Council house for a handicapped person are in hand; in this case a paraplaegic.

Housing Standards

A preliminary survey of the Borough is in hand, but not yet completed. Indications show some problems of which the following is an example:

In a terrace row of ten small houses, on a restricted site, four have already been improved - though owing to the restriction of the site the original decision to improve was probably lacking in foresight. Should the owners of the remaining six make application for Improvement Grants, there would be difficulty in making a decision to grant such improvements. Had the re-development been considered as a whole in the first instance, with the possibility of amalgamating two houses into one, a satisfactory solution might have been achieved.

Food shops and restaurants in the District are tending to take advice concerning dogs and a number are displaying the NO DOGS notices. It is considered that this tendency will increase as time progresses.

Pest Infestation The main concern is the local Poultry Processing Factory which has a throughput of about 25,000 birds per week. There is a high daily output of broilers, but over a year a number of hens are processed.

SECTION 2

HOUSING

No new Council dwellings were erected during the year, but plans are in hand for a new estate of about 66 houses.

Standard Improvement Grants amounting to £4,757 were paid during the year in connection with the Housing Act 1959. No discretionary grants were made.

Three private contractors continue to erect houses, and 102 new houses were completed during the year. The type of estate being erected are for houses up to a maximum of £5,000, but a new contractor has just arrived in the area and an estate of more expensive houses is to be developed. This will comprise about 25 dwellings ranging from £3,000 to £11,000.

The overall position of the Corporation in respect of its own housing stock is unchanged from last year, and is a total of 756 houses (including 115 for senior citizens). Plans to empty one Council house for a handicapped person are in hand; in this case a parapet will be added.

Housing Statistics

A preliminary survey of the Borough is in hand, but not yet completed. Indications show some problems of which the following is an example:

In a terrace row of ten small houses, on a restricted site, four have already been improved - though owing to the restriction of the site the original decision to improve was probably lacking in foresight. Should the owners of the remaining six make application for improvement grants, there would be difficulty in making a decision to grant such improvements. Had the re-development been considered as a whole in the first instance, with the possibility of reuniting the houses into one, a satisfactory solution might have been achieved.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Sample checks were made during the year and this included tests for salmonella contamination in poultry from a local factory. All were negative. Various other foods were sampled but only one sample of milk did not pass the standard and repeat samples proved satisfactory. The following weights of food were surrendered during the year to the Public Health inspector.

Poultry	16 tons 4 cwts 17 lbs
Ham	12 lbs

I am of the opinion that temperature control of food is an important matter and that it would be desirable to have some legislative help in arriving at standards. The normal refrigeration counter unit as used in the Borough gives a variation in temperature of the actual food from 30°F to 55°F but where milk bottles are kept at the top of the counter it can be as high as 60°F. There is not of course any standard laid down as to how cold food should be. One factor which often goes unnoticed is that these units occasionally break down, and then recover without the shopkeeper being aware of the fault. Later of course it is probably such a unit which breaks down altogether and the public health inspector is called in to accept surrender of the "limp" contents. In some instances in the Borough the breakdown of a unit is not reported to the inspector because the shopkeeper can obtain recompense by returning it to the wholesaler.

It is indeed surprising that a number of food shops have had to be advised not to store unwrapped exposed foodstuffs (i.e. bread, particularly) on the floors of storerooms and even in the shop itself. Advice has been given in several instances concerning the necessity of clean hand towels. Brackley has a weekly market, and the Council has a policy which makes available to all stall holders the privilege of utilising the hot water facilities of the Town Hall kitchen to assist cleansing of hands and equipment; the procedure normally is that a stall holder will take a bucket of hot water to the market stall, and of course the Town Hall conveniences are always open on Market Day. I consider this an excellent example of good public policy, and other markets in other towns could well copy.

Food shops and restaurants in the District are tending to take advice concerning dogs and a number are displaying the NO DOGS notices, it is considered that this tendency will increase as time proceeds.

Food Inspection The main concern is the local Poultry Processing Factory which has a throughput of about 90,000 birds per weeks. These consist mainly of broilers, but over a year a number of hens are processed.

SECTION 2

INSPECTION AND SUPERVISION OF FOOD

Sample checks were made during the year and this included tests for salmonella contamination in poultry from a local factory. All were negative. Various other foods were sampled but only one sample of milk did not pass the standard and repeat samples proved satisfactory. The following weights of food were surrendered during the year to the Public Health Inspector.

Poultry	15 tons 4 cwt 17 lbs
Meat	12 lbs

I am of the opinion that temperature control of food is an important matter and that it would be desirable to have some legislative help in arriving at standards. The normal refrigeration control unit as used in the home gives a variation in temperature of the stored food from 30°F to 55°F but where milk bottles are kept at the top of the container it can be as high as 60°F. There is not of course any standard laid down as to how cold food should be. One factor which often goes unnoticed is that these units occasionally break down, and then recovery without the shopkeeper being aware of the fault. Later of course it is probably such a unit which breaks down altogether and the public health inspector is called in to accept surrender of the "tinty" contents. In some instances in the home the presence of a unit is not reported to the inspector because the shopkeeper can obtain replacement by returning it to the manufacturer.

It is indeed surprising that a number of food shops have had to be advised not to store unrefrigerated exposed tins (i.e. meat, particularly) on the floors of storerooms and even in the shop itself. Advice has been given in several instances concerning the necessity of clean hand towels. Brackley has a weekly market, and the Council has a policy which makes available to all stalls holders the privilege of utilizing the hot water facilities of the Town Hall kitchen to assist cleaning of hands and equipment. The procedure normally is that a stall holder will take a bucket of hot water to the market stall, and of course the Town Hall conveniences are always open on Market Day. I consider this an excellent example of food public policy, and other methods in other towns could well copy.

Food shops and restaurants in the District are asked to take advice concerning doors and a number are displaying the NO DOGS notices. It is considered that this tendency will increase as time proceeds.

Food Inspection - The main concern in the local Public Health Inspector's Factory which has a throughput of about 90,000 birds per week. These consist mainly of broilers, but over a year a number of hens are processed.

Factory Data The total number of factory employees are approximately 300 (75% are women, 10% of immigrant origin men and women).

Products Oven ready poultry which are subject to freezing processes mainly but also some unfrozen top quality birds, and frozen packeted hen meat as a convenience food only requiring warming.

Market for the Product Is to manufacturers for processing.

Production Processes

Both broilers and hens are delivered to the factory in stainless steel cages as an integral part of the vehicle body; the lorries back into a bay and the birds are attached to an endless belt suspended by their feet. They are then electrocuted, bled by cutting, and go into a detergent chlorine hot washing bath. After passing through a rubber flail de-feathering machine they arrive (still attached to the endless metal belt) before a long line of workers sitting at the eviscerating tables. After this and certain trimming processes they are washed and then commence a partial refrigeration process, again in water at about freezing temperature. Thereafter the packing and polythene container sealing commences. At the packing stage the sound but poorer quality birds are segregated and become "seconds" suitably marked. The whole process is subject to colour coding. The hen meat is usually dealt with by batching, and at a certain stage these birds go to the steam ovens and are cooked at a temperature of 145°F. The hot carcasses are doused with cold chlorinated water, and pass on a conveyor belt before a line of workbenches where the flesh on the bones is picked off, and put into trays and thereafter go on a wheeled carrier into the cold air quick refrigeration rooms and are frozen. Then they are packeted and become a "convenience" food for the housewife and caterer. In addition there are certain other processes in the course of the preparing chain such as the addition of hot chicken broths and fat for flavouring etc.

Public Health Precautions

This is not a simple task, and is time consuming. The factors involved are:- when the bird is alive whether it is healthy; if adequate cleaning out has taken place on the evisceration bench; if the chlorinated water was of sufficient strength (the trade objects to the slight odour of chlorine on the bird itself and this is retained in the polythene package.) The hen meat process is a vital matter. Here the flesh is cooked, but after there is much handling because disassembly is by hand. In this room all workers have medical checks at the factory medical centre to ascertain that they have no condition which would be likely to spread infection. In addition they robe in a primary washroom, and then in a second washroom, and use disinfectant barrier cream. Further cream dispensers are attached to the walls of the hen meat room. An electro-cutor fly killer is installed in the meat room. As the meat is only cooked to 145°F which, with the length of time involved will sterilise, but then doused with chlorinated water, contamination could occur during the removal of the hen meat from the bone. As the meat is only warmed up after purchase there could be a possibility of bacterial contamination.

Factory Data The total number of factory employees are approximately 300 (150 are women, 10% of whom are men and women).

Production Over twenty poultry which are subject to freezing processes mainly but also some unfrozen top quality birds, and frozen packaged has been a convenience food only requiring warming.

Market for the Product Is to manufacturers for processing.

Production Process

Both broilers and hens are delivered to the factory in stainless steel cages as an integral part of the vehicle body; the broilers back into a bay and the birds are attached to an endless belt suspended by their feet. The birds are then disinfected, dried by air-drying, and go into a detergent chlorine hot washing bath. After passing through a rubber (anti de-fathering) machine they arrive (still attached to the endless belt) before a hole line of water sitting at the evaporation table. After this and certain evaporation processes they are washed and then commence a partial refrigeration process, again in water at about freezing temperature. Thereafter the broilers and hens are contained in separate containers and packed along the endless belt. The whole process is subject to colour coding. The hen meat is usually dealt with by broilers, and at a certain stage these birds go to the steam ovens and are cooked at a temperature of 145°F. The hot containers are washed with cold chlorinated water, and pass on a conveyor belt before a line of water, where the flesh on the bones is picked off, and put into trays and thereafter on a wheeled carrier into the cold air which refrigeration room and are frozen. Then they are packed and become a "convenience" food for the household and caterer. In addition there are certain other processes in the course of the processing which are the addition of hot chicken broth and fat for flavouring etc.

Public Health Inspection

This is not a simple task, and is time consuming. The factory involved when the bird is alive whether it is healthy. It is adequate cleaning out has taken place on the evaporation bench at the chlorinated water was of sufficient strength (the trade object to the light about of chlorine on the bird itself and this is retained in the polythene packages). The hen meat process is a vital matter. Here the flesh is cooked, but after there is much handling because obviously is by hand. In this room all workers have medical checks at the factory medical centre to ascertain that they have no condition which would be likely to spread infection. In addition they wear a primary restriction, and then in a second washroom and use disinfectant barrier cream. Further cream disinfectants are attached to the walls of the hen meat room. An electro-cutter fly killer is installed in the meat room. As the meat is only cooked to 145°F which with the length of time involved will sterilize, and then dehydrated with chlorinated water, contamination would occur during the removal of the hen meat from the bone. As the meat is only warmed up after purchase there could be a possibility of bacterial contamination.

Another aspect of the food inspection processes occur which involve liaison with the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food. Where a large number of birds (and this can be as many as 800) show signs of disease abnormalities, the D.V.O. is informed who will then contact the D.V.O. in the area from which the birds came. In a number of instances it has been discovered that in fact the Ministry already had a particular poultry farm under observation. These procedures usually mean that the Brackley factory does not receive any more birds from that source for a period of time.

The local D.V.O. is most helpful to the Public Health Inspector and has on occasion made his laboratory facilities available for detailed examination of carcasses. As an example of the kind of abnormalities which occur, in one instance the poultry were suffering from a nutritional deficiency which caused the beaks to splay as if they were ducks, and the birds had been unable to eat adequately. The carcasses (over 600 in one instance) showed gross emaciation and complete fat deficiency around the internal organs.

Food and Drugs Act, 1955

The provisions of this Act relating to the nature and substance of food supplied to the public, are operated by Mr. F.J. Evans, Chief Inspector, Weights and 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 1970.

Samples taken in Brackley Borough in the 12 months ending 31st March, 1970

Milk	14
Butter	1
Condiment	1
Dripping	1
Flavouring etc.	1
Lard etc.	1
Meat Products	13
Total	<u>32</u>

Remarks

It is again pleasing to be able to report that none of the samples taken in the Borough during the year were the subject of adverse report by the Public Analyst.

Another aspect of the food inspection process under which
 liaison with the National Veterinary Officer of the Ministry
 of Agriculture, Fisheries and Food. There is a large number of birds
 (and this can be as many as 500) which are of domestic origin.
 The D.V.O. is informed who will then contact the D.V.O. in the case
 in which the birds come. In a number of instances it has been
 discovered that in fact the Ministry already has a particular poultry
 farm under observation. These procedures usually mean that the
 British factory does not receive any more birds from that source
 for a period of time.

The local D.V.O. is most helpful to the Public Health Inspector
 and has on occasion made his laboratory facilities available for
 detailed examination of carcasses. As an example of the kind of
 abnormalities which occur in one instance the poultry were suffering
 from a nutritional deficiency which caused the bones to soften as if
 they were broken, and the birds had been unable to eat adequately. The
 carcasses (over 500 in one instance) showed gross emaciation and complete
 fat deficiency around the internal organs.

Food and Water Act, 1955

The provisions of this Act relating to the safety and substance of
 food supplied to the public, are operated by Mr. F. J. Evans, Chief
 Inspector, Poultry and Fisheries 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 1956.

Analysis taken in Poultry Houses in the 12 months ending 31st March, 1956

Meat	1
Butter	1
Goodman	1
Crystalline	1
Flavouring etc.	1
Lard etc.	1
Meat Products	12
Total	22

Remarks

It is again a pleasure to be able to report that none of the
 samples taken in the Borough during the year were the subject of
 adverse report by the Public Analyst.

SECTION V

Offices, Shops and Railway Premises Act, 1963

During this year concentration has been made on the food shops. One confectioners shop has been reconstructed and minor works carried out at a number of premises.

All provisions governing the notification of infectious diseases and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:-

Acute encephalitis	Optic atrophy
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Since 1968 notification of the diseases listed below is no longer required:-

Acute influenza pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

During the year 17 cases of infectious disease were notified, a decrease of 76 on last year's figure.

Measles The number of cases reported was 3, 73 less than last year. 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. Complica-

Office, Shop and Railway Program Act, 1907

During this year considerable work has been done on the food shops. One collection shop has been reconstructed and minor works carried out at a number of places.

SECTION F

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Health Services and Public Health Act, 1968

Public Health (Infectious Diseases) Regulations

Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:-

Acute encephalitis	Opthalmia neonatorum
Acute meningitis	Paratyphoid Fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Since 1968 notification of the diseases listed below is no longer required:-

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

During the year 17 cases of infectious disease were notified, a decrease of 76 on last year's figure.

MEASLES The number of cases reported was 9, 70 less than last year. 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. Complica-

SECTION V

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Health Services and Public Health Act, 1908
Public Health (Infectious Diseases) Regulations
Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious diseases and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1908 and the Public Health (Infectious Diseases) Regulations 1908.

The infectious diseases to be notified to the medical officer of health are:-

Acute encephalitis	Optic atrophy
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(Amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Since 1908 notification of the diseases listed below is no longer required:-

Acute infectious pneumonia	Erysipelas
Acute primary pneumonia	Hemorrhagic sepsis
Acute rheumatism	Postural pyrexia

Responsibility for notifying a case of suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

During the year if cases of infectious disease were notified, a decrease of 75 on last year's figure.

MEASLES The number of cases reported was 9,70 less than last year. This highly infective illness from which few individuals escape has its incidence almost exclusively during childhood. It usually follows a seasonal 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

tions 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 this became available for general use in 1968. It is hoped that in future years measles in common with poliomyelitis and diphtheria will be virtually eradicated.

WHOOPIING COUGH Two cases, the same number as last year, 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 Two cases were notified. This diseases continues to exhibit its mild phase.

FOOD POISONING There was one case of food poisoning reported during the year, in late September when a case of Salmonella Paratyphoid B (phage type Taunton) was transferred to the Borough from a hospital outside the District. The patient had contracted the infection abroad. As the patient had been discharged from hospital in an infectious state, the strictest hygiene precautions and surveillance of home contacts was necessary throughout the period of infection. Matters were confused when one of the home contacts produced a single positive faecal specimen. However as the contact never produced another positive after repeated tests, had never shown any symptoms and was in fact perfectly well, it was assumed that the containers had, at the relevant time, been muddled at home. The patient and family co-operated fully with the public health department, and showed great restraint in remaining at home, and entertaining no visitors. Excellent and helpful co-operation was also received from the general practitioner.

INFECTIVE HEPATITIS No cases were notified. Acute Infective Hepatitis* is a disease caused by a virus which attacks the liver and 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 spread by blood transfusion and inefficiently sterilized equipment used by doctors, dentists, nurses, drug addicts and in the various tatooing 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.

*Original name for Infective Jaundice

There 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 this became available for general use in 1968. It is hoped that in future years measles is common with poliomyelitis and diphtheria will be virtually eradicated.

WHOLECORN COUGH Two cases, the same number as last year, 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 Two cases were notified. This disease continues to exhibit its mild phase.

FOOD POISONING There was one case of food poisoning reported during the year, in late September when a case of Salmonella Paratyphi B (phage type Yarmouth) was transferred to the Borough from a hospital outside the Borough. The patient had contracted the infection abroad. As the patient had been discharged from hospital in an infectious state, the strictest hygiene precautions and surveillance of home contacts was necessary throughout the period of infection. Matters were continued when one of the home contacts produced a single positive faecal specimen. However as the contact never produced another positive after repeated tests, had never shown any symptoms and was in fact perfectly well, it was assumed that the contact had, at the relevant time, been notified at home. The patient and family co-operated fully with the public health department, and showed great restraint in remaining at home, and entertaining no visitors. Excellent and helpful co-operation was also received from the general practitioner.

INFECTIVE MONONUCLEOSIS No cases were notified. Acute Infective Mononucleosis is a disease caused by a virus which attacks the liver and 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 incubation period of the virus is present in faeces 10 days before jaundice, and up to 8 days after.

Severe Mononucleosis which is another form of infective mononucleosis, has a longer incubation period of from 30 to 100 days and affects mainly adults and can spread by blood transfusion and transfusion of plasma. The clinical picture is that of a severe, acute, infectious disease and in the various faecal specimens. The clinical picture of these two types of mononucleosis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work for 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 disposable 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 was one case of meningeal tuberculosis which was treated at Oxford, and notified from there.

Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate hand washing techniques are practiced with current disinfection of excreta. Serum hepatitis can be virtually abolished if disposable equipment was generally introduced. In this County disposable equipment is used by the County Health Department in all procedures involving immunization. Gamma globulin is of value for the protection of close contacts and pregnant women during epidemics. The disease has been locally notifiable since July 1963 in the County of Northamptonshire. Under the Health Services and Public Health Act 1968 Infective jaundice has now become nationally notifiable.

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DIPHTHERIA There have been no cases of diphtheria in Northamptonshire since 1950. 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 immunized. It is only by keeping up the numbers immunized that this dread condition can be kept at bay. It is the duty of parents to have their children immunized. Should they fail they neglect their children's welfare.

TUBERCULOSIS There was one case of meningococcal tuberculosis which was treated at Oxford, and notified from there.

FACTORIES ACT 1948

PREMISES INSPECTED BY THE INSPECTORS OF

1949

SUMMARY OF PUBLIC HEALTH INSPECTORS VISITS TO PREMISES

1. INSPECTED PREMISES	House Inspection	43
	Factories and Workshops	31
	Inspection of bakehouses	16
	Inspection of meat hawkers and food vans	12
	Inspection of fried fish shops	17
	Inspection of other food shops	74
	Inspection under Offices, Shops and Railway Premises Acts (other than food shops)	14
	Inspection of Catering Establishments, Cafes or Canteens	22
	Drainage Tests	7
	Total:	220
(i) Factory Section 4 and enforced Authorities	15	21
	2	-
(ii) Factory includes in in which 7 is enforced Local Authority	-	-
	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (ex- cluding out- workers' premises)	-	-
	-	-
Total:		220

REPORT OF PUBLIC HEALTH INSPECTOR
VISITS TO FACILITIES

House Inspection	43
Factories and Workshops	51
Inspection of Bakeries	75
Inspection of meat markets and food stores	75
Inspection of fried fish shops	77
Inspection of other food shops	78
Inspection under Offices, Shops and Railway Foodstuffs (other than food shops)	85
Inspection of Catering Establishments, Canteen or Cafeteria	85
Public Toilets	87

FACTORIES ACT 1961

PREScribed PARTICULARS ON THE ADMINISTRATION OF
THE FACTORIES ACT, 1961, FOR THE YEAR 1969

PART 1 OF THE ACT

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH
(including inspections made by Public Health Inspectors)

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	7	9	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	15	21	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total:	22	30	-	-

FACTORIES ACT 1961

PREPARED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961, FOR THE YEAR 1962

PART I OF THE ACT

1. INSPECTIONS BY MEMBERS OF PARLIAMENT AS TO HEALTH
(including inspections made by Public Health Inspectors)

Premises	No. on Register	Number of		
		Inspection	Written Notices	Occasions Prosecuted
(1) Factories in which Sections 1, 2, 3, 4 and 5 are to be enforced by Local Authorities	7	2	-	-
(11) Factories not included in (1) in which Section 7 is enforced by the Local Authority	12	24	-	-
(111) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total:	22	30	-	-

CASES IN WHICH DEFECTS WERE FOUND

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			to H. M. Inspec.	by H. M. Inspec.	
Want of Cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	4	4	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
Total:	4	4	-	-	-

CASES IN WHICH DEFECTS WERE FOUND

Particulars	Found	Remedied	No. of cases in which defects were found		No. of cases in which process-tins were instituted
			Referred		
			to E.M. Inspect.	by E.M. Inspect.	
Want of Cleanliness (2.1)	-	-	-	-	-
Overcrowding (2.2)	-	-	-	-	-
Unsanitary conditions (2.3)	-	-	-	-	-
Indefinite ventilation (2.4)	-	-	-	-	-
Ineffective drainage of floors (2.5)	-	-	-	-	-
Sanitary conveniences (2.7)	-	-	-	-	-
(a) Inefficient	4	4	-	-	-
(b) Ventilation or defective	-	-	-	-	-
(c) Not adequate for boxes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outlets)	-	-	-	-	-
Total:	4	4	-	-	-

