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Contributors

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II

Mr. Brady
Oxford.

**BRACKLEY
BOROUGH COUNCIL**

ANNUAL REPORT

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OF THE

**MEDICAL OFFICER
OF HEALTH**

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

1971

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

Tel: Brackley 3441/2

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

Mr. Mayor, Aldermen

BRACKLEY BOROUGH COUNCIL

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 provision of health and welfare services; the third on
sanitary circumstances; the fourth on health and safety on land and the
sixth on the control of pollution. In addition, there is a section on
increasingly the public health is a matter of individual
concern, a number of general observations are made on trends which may
prove inimical to health either, now, or in the future.

OF THE

The vital statistics for the year 1970 show that there is a decrease in
population of 504. This apparent fall is because the figure for the
mid-year population which we receive from the Registrar General is an estimate
only. In 1971 a census took place and an actual figure was therefore available.
This was, in fact, less than the estimated figure. The mid-year estimate
for 1970, 5,523 was therefore too high. The actual figure for 1970
proved to be 4,919 which is a decrease of 604 from the estimated figure.
Students who in fact reside outside the district but attend educational
institutions. This brings the population of the district to 4,315.

MEDICAL OFFICER OF HEALTH

There were 57 deaths, an increase of 18 on last year's figure. This
gives a standardised rate of 11.0 compared with the national figure of 10.0.
Male deaths exceeded female deaths by 3. Details and statistics on the causes
of death are given in Section 1. The total number of live births was 110,
an increase of 9 on last year and giving a standardised rate of 25.5 compared
with 16.0 for England and Wales. Illegitimate births were 6, 2 more than in
1970. There were three deaths under the age of one year, two occurring within
the first week of life.

Infectious disease notifications increased from 8 cases in 1970 to 23 this
year, this showed a rise of 75 and included 2 (2)* cases of scarlet fever,
4 (-)* of diphtheria, 1 (-)* of infective hepatitis, 1 (-)* of poliomyelitis,
from measles, bronchitis and 1 (-)* from tuberculosis. There
were 76 cases of infectious diseases notified. Season vaccination increased considerably
in the country, and it is to be hoped that from hereforward, with the
availability of vaccines and the use of the campaign, that a higher percentage

JOAN M. ST.V. DAWKINS
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1971

*the figure for last year.

BRACKLEY
BOROUGH COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER
OF HEALTH

1971

JOHN B. STEWART
MEDICAL OFFICER OF HEALTH

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

Tel: Brackley 2441/2

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 the prevention of disease 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.

The vital statistics for the year show that there is a decrease in population of 560. This apparent fall is because the figure for the mid-year population which we receive from the Registrar General is an estimate only. In 1971 a census took place and an actual figure was therefore available. This was, in fact, less than the estimated figure. The mid-year estimate for 1970, 5,520 was based on the 1961 census, taking into account various factors such as building programmes. The actual census figure for 1971 proved to be 4,600 which is amended to include a number of schoolchildren and students who in fact reside outside the district but attend residential institutions. This brings the total to 4,960.

There were 57 deaths, an increase of 18 on last year's figure. This gives a standardised rate of 11.0 compared with the national figure of 11.6. Male deaths exceeded female deaths by 3. Details and comments on the causes of death are given in Section A. The total number of live births was 105, an increase of 9 on last year and giving a standardised rate of 21.6 compared with 16.0 for England and Wales. Illegitimate births were 6, 2 more than in 1970. There were three deaths under the age of one year, two occurring within the first week of life.

Infectious disease notifications increased from 8 cases in 1970 to 83 this year, this showed a rise of 75 and included 2 (2)* cases of scarlet fever, 4 (-)* of dysentery, and 1 (1)* of infective hepatitis. 3 (-)* people died from pneumonia, 3 (2)* from bronchitis and 1 (-)* from tuberculosis. There were 76 (5)* cases of measles. Measles vaccination increased considerably in the country, and it is to be hoped that from henceforward, with the availability of vaccines and the use of the computer, that a higher percentage

*the figure for last year.

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of children will be vaccinated. While at present the incidence of infectious illness remains satisfactorily low, (apart from measles), should succeeding generations of parents fail to respond to the need for immunisation, recrudescence of infectious illness could occur. It remains vitally important therefore for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus and now measles. With tuberculosis vaccination in the early teens. Towards the end of 1970 Rubella (German Measles) vaccination also became available to all girls between the ages of thirteen and fourteen, this age limit has now been lowered to include eleven and twelve year old girls.

During the year 139 private enterprise houses were erected. There were no new council properties completed, but Scheme 59, totalling 66 houses and flats, continued.

Sanitary circumstances were maintained throughout the year. It is anticipated that work on the approved extension scheme to the sewage disposal works will commence in 1972.

House refuse collection continued on a weekly basis, with the Council once again sharing a modern disposal plant situated in the Rural District.

The maintenance of high standards of food hygiene control continues to form an important aspect of the work of the health department and poultry meat was once again the major food inspection function in the Borough. Mr. Drabble's comments on the future of poultry inspection suggests a procedure that could merit some investigation by the poultry industry.

Technical innovations in the production, manufacture and storage of food, a more mobile population resulting in increased use of canteens and restaurants, place further pressures on staff. Foreign travel, and the importation of intestinal infections, particularly in food handlers, now presents another difficult problem. The town has been fortunate that there have been no cases of food borne infection. Generally food borne infection remains too high, and constant vigilance is needed by our inspectors on all aspects of food control. However, satisfactory food hygiene is ultimately always dependent on the individual who handles the food. The need for adequate training and subsequent supervision of employees by employers cannot be too strongly stressed. The public are the final arbiters and should always be on the alert for poor practice, refusing to accept low standards. Finally all primary food hygiene starts in the home.

The year has been notable for the publication in the late summer of the Consultative Document on the reorganisation of the National Health Service, and the date of April 1974 was fixed both for its implementation and that of local government. There has been much uncertainty during the year as to the future of the organisations of the environmental health services which are destined to remain under the control of the local authorities. Former statutory responsibilities will be relinquished and the title of medical officer of health will cease. Medical staff will transfer to the National Health Service and it is assumed that medical advice shall be received from community physicians, designated as advisors

of children will be vaccinated. While at present the incidence of infectious illness remains relatively low, (apart from measles), should successful eradication of parents fail to respond to the need for vaccination, infectious illness could occur. It would be vital to ensure that children to be vaccinated for diphtheria, polio, whooping cough, tetanus and now measles. With the introduction of the early form. Towards the end of 1970 the incidence of measles vaccination also became available to all children between the ages of thirteen and fourteen, this age limit has now been lowered to include eleven and twelve year old girls.

During the year 1975 private enterprise houses were erected. There were no new council properties completed, but about 50, including 16 houses and flats, continued.

Sanitary arrangements were maintained throughout the year. It is anticipated that work on the approved extension scheme for the sewage disposal works will commence in 1975.

House refuse collection continued on a weekly basis, with the Council once again sharing a modern disposal plant situated in the Rural District.

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Technical innovations in the production, manufacture and storage of food a more positive population resulting in increased use of modern and improved place for food production on a daily basis. Food inspection is the responsibility of the health department, particularly in food handlers, new premises and other difficult problems. The town has been fortunate that there have been no cases of food borne infection. Generally food borne infection remains low, high, and excellent vigilance is needed by our inspectors on all aspects of food control. However, satisfactory food hygiene is necessary always dependent on the individual who handles the food. The need for adequate training and subsequent supervision of employees by employers cannot be too strongly stressed. The public are the final arbiters and should always be on the alert for poor practice, refusing to accept low standards. Finally all primary food hygiene stands in the town.

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to the local authority. The carefully built up structure evolved successfully over many years in the control of infectious disease will, therefore, cease to operate from April 1974. It is to be hoped that satisfactory safeguards will be maintained in the reorganised structure. The medical officer of health has the duty to ascertain, report and advise upon all aspects affecting the health of the community. He acts in fact as "watchdog" of his area, and has the further function of advisor in occupational health to the employees of his authority. The need for these services will continue. The community physician as part of the National Health Service will be well placed to observe and report on all matters relating to health in his area, while his position as advisor to the local authority can continue, and could prove to be a valuable link with the health services, as through the elected representatives a two way communication with the public can be maintained.

While the achievements in the environmental field of the last half century have resulted in the availability of pure water, clean air, sewage disposal, refuse collection, adequate housing, schools and other institutions as well as control of infectious disease, it is ironic that having attained this secure sanitary environment developments during the last decade may now threaten it. While massive changes in administrative control are now envisaged, it might be profitable to consider those factors which the new administration will need to direct their attentions.

In the first instance a major problem is that of population control. For many years, while providing a National Health Service, family planning arrangements have been fragmented between the three branches of the service and voluntary organisations, with wide disparities in the degree of provision. The extension of family planning and abortion legislation has not succeeded in standardising services throughout the country. The need is paramount, and it is as well to reflect on the figures. At present there are 300,000 excess of births over deaths annually, and if the demographic projection for the year 2,000 A.D. is correct the current figure of 55 million will increase to 66.5 million. This means that each year there will be a population increase of a town double the size of Northampton, so that by the end of the century there will be the need to establish 56 such towns in population terms. It is estimated that 150,000 unwanted children are born annually; we know that the genesis of maladjustment, delinquency and crime lie in the early years of childhood, and one can assume that it is from this group of unwanted and often rejected children that such problems arise.

Inevitably, if population is not checked, those factors which are already causing anxiety will be increased, and pollution of air, water, land and sea, with the added hazard of chemical contamination, will ensue. The resulting overcrowding, creating traffic congestion, despoilation of the countryside and noise, need to be considered for their ultimate combined effects on mental health.

While local authorities are already confronted with an enhanced problem of dealing with the pollutants of their own environment, the steady demand for an increase in all services and the introduction of chemicals resulting

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While the achievements in the environmental field of the last half century have resulted in the availability of pure water, clean air, sewage disposal, refuse collection, education, hospitals, schools and other institutions as well as control of infectious diseases, it is ironic that having attained this secure sanitary environment developments during the last decade may now threaten it. While sensitive changes in environmental control are now envisaged, it might be profitable to consider those factors which the new legislation will need to direct their attention.

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Obviously, if population is not checked, those factors which are already causing anxiety will be increased, and pollution of air, water, land and sea, with the added hazard of chemical contamination, will ensue. The resulting overcrowding, existing traffic congestion, depletion of the countryside and noise, need to be considered for their ultimate combined effects on mental health.

While local authorities are already concerned with an expanded problem of dealing with the pollution of their own environment, they stand alone for an increase in all services and the introduction of measures relating

in new toxic wastes, adds further to disposal problems. The recent dumping of cyanide in my own health division contributes another factor of concern as the demand for water supplies are requiring additional use of river water and thus to re-cycling of water through water supply and sewage disposal systems.

Factory farming methods introduce another innovation which require monitoring: noise, a hazard to health hitherto confined to specific entities, is now becoming a universal irritant that can ultimately erode mental tranquility.

While this report relates to the local environmental health it would be incomplete without some reference to the personal health of the individuals living in that area. Life either adapted to those surroundings or endangered by the misuse of its products are a part of that ambience. It is therefore as much our objective to observe (and hope to prevent) such personal habits which are inimical to health, as it is to maintain a sanitary environment.

The concept of the welfare state, which with all its provisions should result in a lessening demand for and need of health services, has proved to be a chimera. Much has indeed been achieved, but already unanticipated results are evident. These are mostly related to the individuals choice of his way of life.

While diet is adequate and there is little evidence of undernourishment, malnutrition still exists in the considerable over consumption of carbohydrates, with resulting tooth decay and obesity. While the deleterious effect on teeth could be mitigated by the addition of a harmless modicum of fluoride to drinking water, clamant pressures by a minority have succeeded in preventing this, while Governments have been reluctant to legislate. (In our county the two major health authorities exchanged their decisions of dissent and assent creating a further farcical stalemate.)

As well as misuse of diet and alcohol, there is no lessening of the practice of cigarette smoking. I write annually concerning the habit which is a major danger to health; I repeat the facts without hesitation. Cigarette smoking is the greatest single avoidable cause of death in this country at the present time with a probable 50,000 deaths a year from lung cancer, chronic bronchitis and heart disease. Success in the achievement of a sanitary environment is being eroded by the personal choice of individuals. Few can now claim ignorance of its ultimate effect and the acceptance of this health hazard is a voluntary one; yet a national campaign was mounted by the majority of womens' organisations to promote a cytology service (to prevent cervical cancer - causing less than 3,000 deaths a year); one asks why such organisations do not promote campaigns whose objectives are directed at the major killer? It is therefore necessary to continue relentlessly to press for the need for every means to be exerted in the spreading of information concerning

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drinking of sewage in my own health situation constitutes another factor
of concern as the demand for water supplies are requiring additional
use of river water and thus to re-cycling of water through water supply
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Feeling that the situation is another illustration which requires
monitoring, noise, a hazard to health which is confined to specific
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yet a national campaign was launched by the majority of women
organizations to promote a cigarette ban (the present national cancer
campaign less than 5,000 deaths a year); and when any such organizations
do not promote campaigns whose objectives are directed at the cigarette
it is therefore necessary to continue relentlessly to press for this and
for every means to be exerted in the achieving of total eradication.

the effects of cigarette smoking. Does smoking start by emulation of an admired elder person? I believe it does, and parents, teachers, pop stars, television personalities, footballers and perhaps doctors have the responsibility of setting an example to young people. The facts and the figures relating to smoking are in Section A of the report, and I make no excuse for my annual repetition of this necessary information.

Though the harm caused by cigarette smoking is now obvious, other factors inimical to personal health are not so apparent. In the light of present knowledge it is our aim to consider what mortality and morbidity can be prevented. Prevention can be divided into three stages and in each decade of life this discipline can be used. Primary or absolute, as for example in the immunisation to infectious disease, secondary in the early detection and therefore elimination of an illness already evident as in early cancer, and finally tertiary, the amelioration of, or delay in deterioration in the chronic diseases such as those affections of bones and joints that cause so much long term suffering and crippling, and finally to anticipate the needs of the elderly early and prevent breakdown.

There still remains a heavy toll of early and unnecessary death, particularly from arterial disease resulting in coronary thrombosis and strokes; from accidents in the home and on the road; and in the need to detect early cancer. Details on these subjects are included in Section A of the report. Finally research into the causation of disease proceeds concurrently, and for this adequate resources are required.

In the field of mental illness while many material anxieties have been removed there is no lessening of this affliction. Is the occurrence of mental illness higher or lower in countries where individual freedom is curtailed, where life has to be endured rather than enjoyed? We know that during the war there was little neurotic illness. When the need for aggression, for discipline even endurance is removed, there would appear to be no lessening of mental illness. Instead aggression appears in the form of car accidents, vandalism and crime, lack of discipline in sexual promiscuity (with an increase in venereal disease) and drug taking, and perhaps the elimination of the need to endure hardship in neurosis and depression. The etiology of mental illness is a perplexing one, and while many are employed in endeavouring to alleviate sickness already established few are yet considering its primary prevention.

I recollect at the inception of the National Health Service hearing the view that full provision of medical care together with advances in techniques would soon eliminate the need for that branch of the profession whose practice was devoted to prevention. It would appear instead that, though the objectives may change, the challenge is as great as ever.

On a personal note, I had the honour to hold office as Chairman of the Northampton Division of the British Medical Association; was appointed Chairman of the Oxford Region of Public Health Medical Officers for the

fourth year, and represented that Region, again for the fourth year, on the Public Health Committee of the British Medical Association. I was also again appointed to the Whitley Council Staff Side.

I wish to express my thanks to Mr. Drabble, the Public Health Inspector, for his diligent work throughout the year, and for his assistance in the compilation of this report, to the officers and members of the Council for their interest and encouragement and to the County Medical Officer of Health for his ready co-operation at all times.

I remain, your obedient Servant,

JOAN M. ST. V. DAWKINS.

Medical Officer of Health.

L. Davies
J.R. Hutchinson
R.D. Hutchings
B.W. Law (died July 1971)
D. Margieuch
C.J. Briggs
P.A.J. Quinn
D.A.P. Ritchie
Miss B.K. Ritchie
Mrs. B.M. Thorpe
J.B. Williams
J.P. Yates (Mayor)

Public Health Officers

Joan M. St. V. Dawkins M.B., B.S., F.R.C.S., A.F.P., A.C.B.

Medical Officer of Health, Division 1, Northamptonshire.

(Boroughs of Brackley and Daventry; Urban District of Wellingborough; Rural Districts of Brackley, Eilsworth, Daventry, Northampton, Towcester and Wellingborough.)

Senior Assistant County Medical Officer of Health.

Secretary: Mrs. Erica Stevenson.

Office: Divisional Health Office,
7 Chayne Walk,
Northampton NN1 5RT

Tel: Northampton 34000

Public Health Inspector:

C.D. Bebbie, B.A.P.H.T., A.I.A.S., M.Sec.B.Tech.

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I remain, your obedient servant,

JOHN H. ST. Y. BAKER.

Medical Officer of Health.

BOROUGH OF BRACKLEY

Public Health and Works Committee, December, 1971

<u>Chairman:</u>	Alderman N.W.F. Howard
<u>Vice Chairman:</u>	Councillor Mrs. R.M. Haverley
<u>Aldermen:</u>	B.P.C. Sheppard D.J. Newman E. Whitley
<u>Councillors:</u>	F.T. Bartho Mrs. I.D. Bauer (resigned during year) K. Davies J.N. Hutchinson R.D. Hutchings B.W. Law (died July 1971) D. Margieson G.I. Phipps P.R.J. Quinn D.A.T. Ritchie Miss M.K. Ritchie Mrs. D.M. Thorpe J.R. Williams J.F. Yates (Mayor)

Public Health Officers

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

Medical Officer of Health, Division 1, Northamptonshire.

(Boroughs of Brackley and Daventry; Urban District of Wellingborough; Rural Districts of Brackley, Brixworth, Daventry, Northampton, Towcester and Wellingborough.)

Senior Assistant County Medical Officer of Health.

Secretary: Mrs. Erica Stevenson.

Office: Divisional Health Office,
7 Cheyne Walk,
Northampton NN1 5PT

Tel: Northampton 34833

Public Health Inspector:

S.C. Drabble, M.A.P.H.I., A.I.A.S., M.Soc.D.Tech.

Causes of Death at different periods of life during the year 1971

Cause of Death	Sex	All Ages	Under 4 Weeks	4 weeks & under 1 year	Age in Years						
					1-5-15-35-45-55-65-75+						
					1-5-	15-	35-	45-	55-	65-	75+
B19(3) Malignant Neoplasm, Stomach	M F	1 -	- -	- -	- 1	- -	- -	- -	- -	- 1	- -
B19(4) Malignant Neoplasm, intestine	M F	1 1	- -	- -	- -	- -	- -	- -	1 -	- -	1 -
B19(6) Malignant Neoplasm, lung, bronchus	M F	1 -	- -	- -	- -	- -	- -	- -	1 -	- -	- -
B19(7) Malignant Neoplasm, breast	M F	2 -	- -	- -	- -	- -	1 -	- -	- -	1 -	- -
B19(11) Malignant Neoplasms, other	M F	4 -	- -	- -	- -	- -	- -	1 -	2 -	- -	1 -
B46(5) Other diseases of nervous system	M F	1 -	- -	- -	- -	- -	- -	- -	- -	- -	1 -
B28 Ischaemic Heart disease	M F	13 2	- -	- -	- -	- -	2 -	- -	3 -	5 -	3 2
B29 Other forms of heart disease	M F	1 6	- -	- -	- -	- -	- -	- -	- -	1 1	1 5
B30 Cerebrovascular disease	M F	7 -	- -	- -	- -	- -	- -	- -	1 -	1 -	7 -
B46(6) Other diseases of circulatory system	M F	3 1	- -	- -	- -	- -	- -	- -	- -	2 -	1 1
B32 Pneumonia	M F	3 2	- -	- -	- -	- -	- -	- -	- -	1 1	2 1
B33(1) Bronchitis and emphysema	M F	2 1	- -	- -	- -	- -	- -	- -	- -	1 1	1 -
B46(7) Other diseases of respiratory system	M F	1 1	- -	- -	- -	1 -	- -	- -	- -	- -	- 1
B46(11) Diseases of musculo-skeletal system	M F	1 1	- -	- -	- -	- -	- -	- -	- -	- 1	- 1
B42 Congenital anomalies	M F	1 2	1 2	- -	- -	- -	- -	- -	- -	- -	- -
B47 Motor vehicle accidents	M F	1 2	- -	- -	- -	- -	1 -	- -	- -	- -	- -
TOTAL	M F	30 27	1 2	- -	- -	- 1	- -	3 1	1 2	6 9	10 16

SECTION A

NATURAL AND SOCIAL CONDITIONS

Summary of Vital Statistics. 1971

Area of the Borough (Acres)	1,685
Population (Estimated mid-year 1971)	4,960
Number of inhabited houses (end of 1971)	1,639
Rateable value of the Borough	£166,545
Sum represented by a penny rate	£15,094

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

POPULATION: The resident mid-year home population as estimated by the Registrar General was 4,960 and the vital statistics are based on this figure. The estimated population is 560 less than that for the year 1970. The natural increase in population, that is, the increase of births over deaths is 48.

LIVE BIRTHS: The number of live births was 105 compared with 96 in 1970. The rate per thousand population was 21.2. Applying the Registrar General's Area Comparability Factor for births (1.02) to this figure the Standardised Birth Rate obtained for the area is 21.6 compared with 16.0 for England and Wales.

STILLBIRTHS: There was one stillbirth during 1971. The rate per thousand live and stillbirths was 9 compared with 12 for England and Wales.

ILLEGITIMATE BIRTHS: The number of illegitimate births in the area was 6, 2 males and 4 females. Shown as a proportion of the total number of live births this represents 6 per cent.

MATERNAL MORTALITY: No death was recorded

INFANT MORTALITY: Three infants died before reaching their first birthday, two more than in 1970. The rate per thousand live births was 29 compared with 18 for England and Wales.

NEONATAL MORTALITY: There were three deaths under four weeks, giving a rate per thousand live births of 29, compared with 12 for England and Wales.

EARLY NEONATAL MORTALITY: There were two deaths under one week giving a rate per thousand live births of 19, compared with 10 for England and Wales.

PERINATAL MORTALITY: The Perinatal Mortality Rate (stillbirths and deaths under one week combined per 1,000 live and stillbirths) for the Borough was 28.00. The rate for England and Wales was 22.00.

NATURAL AND SOCIAL CONDITIONS

Summary of Vital Statistics, 1971

Area of the Borough (Acres)	1,685
Population (Estimated mid-year 1971)	4,960
Number of registered houses (April 1971)	1,679
Rateable value of the Borough	£166,515
The rate represented by a penny rate	21.5,000

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

POPULATION: The resident mid-year home population as estimated by the Registrar General was 4,960 and the vital statistics are based on this figure. The estimated population in 1960 was 4,700. The increase of 260 in the natural increase in population, that is, the excess of births over deaths is 60.

LIFE EXPECTANCY: The number of live births was 105 compared with 96 in 1970. The rate per thousand population was 21.2. Applying the Registrar General's age-comparability factor for births (1.09) to this figure the standardized birth rate obtained for the year is 23.0 compared with 16.0 for England and Wales.

DEATHS: There was one stillbirth during 1971. The rate per thousand live and stillbirths was 9 compared with 15 for England and Wales.

ILLICIT DRUGS: The number of illicit drugs found in the area was 6, 5 males and 4 females. Shown as a proportion of the total number of live births this represents 6 per cent.

NATURAL MORTALITY: No death was recorded.

INFANT MORTALITY: Three infants died before reaching their first birthday. The rate per thousand live births was 29 compared with 16 for England and Wales.

PERINATAL MORTALITY: There were three deaths under four weeks, giving a rate per thousand live births of 59, compared with 15 for England and Wales.

EARLY PERINATAL MORTALITY: There were two deaths under one week giving a rate per thousand live births of 19, compared with 10 for England and Wales.

PERINATAL MORTALITY: The Registrar General's age-comparability factor for perinatal mortality was 1.09. The rate for England and Wales was 21.00.

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
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
1970	17.40	17.70	16.00	7.10	10.70	11.70	10.00	18.05	18.00
1971	21.20	18.50	16.00	11.50	10.10	11.60	29.00	18.00	18.00

Deaths: The total number of deaths assigned to the Borough for the year was 57, 18 more than in 1970. The crude death rate based on the mid-year population was 11.5 compared with 7.1 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 .96 for the Borough, giving a Standardised Death Rate of 11.0 compared with 11.6 for England and Wales.

Once again diseases of the heart and circulation constitute over one half of the total deaths, taking this year 33 persons, with cancer and respiratory infection being the other two main causes.

DEATHS FROM CANCER

Cancer of the Lung

Cigarette Smoking

The recently published report of the Royal College of Physicians on Smoking and Health Now, states that premature death and disabling illness caused by cigarette smoking have reached epidemic proportions and present the most challenging of all opportunities for preventive medicine in this country. It maintains that the challenge remains unanswered and that the Government has done little to curb smoking.

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 last five years:-

Year	Birth-rate			Death-rate			Infant mortality rate		
	per 1,000 live births	per 1,000 population	per 1,000 live births	per 1,000 live births	per 1,000 population	per 1,000 live births	per 1,000 live births	per 1,000 population	per 1,000 live births
1937	17.30	16.00	17.30	10.10	11.50	41.00	18.00	18.00	18.00
1936	16.00	15.00	16.00	10.00	11.00	40.00	18.00	18.00	18.00
1935	16.00	15.00	16.00	10.00	11.00	40.00	18.00	18.00	18.00
1934	17.30	17.00	17.30	10.00	11.00	40.00	18.00	18.00	18.00
1933	17.30	17.00	17.30	10.00	11.00	40.00	18.00	18.00	18.00

Health: The total number of deaths registered in the borough for the year was 57, 10 more than in 1932. The crude death rate based on the mid-year population was 11.5 compared with 7.1 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 "Age Sex Comparison Factor" which has been estimated by the Registrar General as .95 for the borough, giving a Standardised Death Rate of 11.0 compared with 11.6 for England and Wales.

Once again diseases of the heart and circulation constitute one half of the total deaths, taking this year 29 persons, with cancer and respiratory infection being the other two main causes.

HEALTHY LIVER CANCER

Cancer of the Liver

Statistical Details

The recently published report of the Royal College of Physicians on Smoking and Health has, states that progressive death and disabling illness caused by cigarette smoking have reached epidemic proportions and present the most menacing of all opportunities for preventive medicine in this country. It remains that the challenge remains unanswered and that the Government has done little to curb smoking.

The fatal effects of tobacco smoking are almost restricted to cigarette smokers and increase with the amount smoked. Cigarette smokers are about twice as likely to die in middle age as are non-smokers. It is said that 50,000 deaths a year can be attributed to cigarette smoking, either from cancer of the lung (of which there were in 1971 30,746 deaths, 25,137 males, 5,609 females), chronic bronchitis, emphysema, coronary disease, cancer of mouth, larynx and oesophagus and certain other cancers which are commoner in cigarette smokers.

In spite of all the publicity, and few smokers indeed must now not be aware of the harmful effects of smoking, the only group of individuals who have stopped smoking are doctors, and only one third of doctors smoked cigarettes compared with two thirds of other men. In fact among women the smoking habit has increased.

It is essential that those who already smoke must be persuaded to give up, but the greatest challenge is to succeed in convincing young people that they should never start to smoke, and the need for doctors, teachers and others who have contact and influence with children to set an example cannot be over-emphasised.

Many other measures are needed, such as the restriction of smoking in public places and at work, limitation of advertising and gift and coupon schemes, the printing of warning notices on cigarette packets and ever widening publicity of the dangers on the mass media.

Those who already smoke need special advice and clinics should be established to assist them. They should be advised to turn to the less harmful pipe and cigar. To smoke fewer cigarettes, inhale less, to smoke less of each cigarette, take fewer puffs and use cigarettes with a lower tar and nicotine content.

Other Cancers

The causes of cancers, apart from cancer of the lung, remain still to be ascertained. However some progress is being made, and different methods of controlling the cancerous diseases have greatly increased in effectiveness in recent years. Research is providing information which will help in prevention, in early detection and treatment. New techniques for detection including mammography and xerography, cytology and immuno-diagnosis are being used and further improved, while chemo-therapy with carcinostatic drugs and hormones and perhaps immunotherapy in the future, may all prove to be new and effective chemo-therapeutic agents. At present early detection and new and more effective treatment have restored numerous patients to lives of good quality for many years.

ARTERIAL DISEASE

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

The fatal effects of tobacco smoking are almost restricted to cigarette smokers and increase with the amount smoked. Cigarette smokers are about twice as likely to die in middle age as non-smokers. It is said that 20,000 deaths a year can be attributed to cigarette smoking, either from cancer of the lung (of which there were in 1971 20,746 deaths, 15,127 males, 5,619 females), chronic bronchitis, emphysema, coronary diseases, cancer of mouth, larynx and oesophagus and certain other cancers which are commoner in cigarette smokers.

In spite of all the publicity, and few smokers indeed quit now, no aware of the harmful effects of smoking, the only group of individuals who have stopped smoking are doctors, and only one third of doctors smoked cigarettes compared with two thirds of other men. In fact among women the smoking habit has increased.

It is essential that those who already smoke must be persuaded to give up, but the greatest challenge is to succeed in convincing young people that they should never start to smoke, and the need for doctors, teachers and others who have contact and influence with children to set an example cannot be over-emphasised.

Many other measures are needed, such as the restriction of smoking in public places and at work, limitation of advertising and cigarette design, education, the printing of warning notices on cigarette packets and over-riding publicity of the dangers on the news media.

Those who already smoke must attend advice and clinics should be established to assist them. They should be advised to quit before they have had any and often, to smoke fewer cigarettes, inhale less, to smoke less of each cigarette, take fewer puffs and use cigarettes with a lower tar and nicotine content.

Other dangers

The causes of cancer, apart from cancer of the lung, remain still to be researched. However some progress is being made, and different methods of controlling the common diseases have greatly increased the effectiveness in recent years. Research is providing information which will help in prevention, in early detection and treatment. New techniques for detection involving mammography and endoscopy, cytology and biopsy, diagnosis are being used and further improved, while chemotherapy with cytotoxic drugs and hormones and perhaps immunotherapy is the future. It may all prove to be new and effective anti-neoplastic agents. It is hoped early detection and new and more effective treatment have restored numerous patients to lives of great quality for many years.

General remarks

The incidence of early degenerative diseases of the arteries, particularly in males, is increasing in all industrialised sections 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 the 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.

ACCIDENTS

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 may be 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 1971 7,696 were killed on the roads as compared with 7,500 in 1970.

Deaths from accidents in the home are also continuing at a rate which is far too high. Elderly people are by far the most frequent victims of fatal home accidents, and in 1970 more than two-thirds of the people who died in this way were aged 65 and over. Seventy-eight per cent of the deaths in this particular age-group were caused by falls. Children under five years old accounted for over 10 per cent of the total.

In England and Wales during 1970 a total of 6,482 people died as a result of accidents in and around the home. This is 25 (or 0.4 per cent) fewer than in the previous year. Further analysis indicates that although 116 more people died in residential institutions, the number of deaths which occurred in private homes fell by 141.

medicine. Now is their time at a time of their major contribution to the 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 aging, heredity 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 industrialized 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.

ACCIDENTS

The yearly toll of injury and death from road accidents remains appalling. In an overpopulated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it can 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 may be the cause of transportation on the road. It would suggest that there is a limit for action in the education of this group in the principles of road safety, which should start at school. In 1971, 7,695 were killed on the roads as compared with 7,500 in 1970.

Deaths from accidents in the home are also continuing at a rate which is far too high. Elderly people are by far the most frequent victims of fatal home accidents, and in 1970 more than two-thirds of the people who died in this way were aged 65 and over. Seventy-eight per cent of the deaths in this particular age-group were caused by falls. Children under five years old accounted for over 10 per cent of the total.

In England and Wales during 1970 a total of 6,435 people died as a result of accidents in and around the home. This is 32 (or 0.4 per cent) fewer than in the previous year. Further analysis indicates that although 16 more people died in residential institutions, the number of deaths which occurred in private homes fell by 141.

SECTION B

GENERAL PROVISIONS OF HEALTH AND WELFARE SERVICES

Laboratory Facilities:

The Public Health Laboratory Service operating at both Northampton and Oxford, was available for the diagnosis and analysis of specimens relative to infectious disease and also for the examination of samples of milk, ice-cream, water and others, and was free of cost to the authority. A helpful and efficient service is provided and we thank both Dr. L. Hoyle at the General Hospital, Northampton and Dr. D.H. Johnston at the Radcliffe Infirmary, Oxford for their constant co-operation.

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 Hospitals at Northampton and Oxford.

Ambulance Service:

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.

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. There is also a 'Home Help Service' provided by the Social Services Department of the County Council, which affords considerable benefit to the community both for domiciliary maternity cases and in the care of old people, who can remain comfortably in their homes and who, without this help, would be in Institutions.

Child Welfare Clinic:

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.

Welfare of the Aged - National Assistance Act, 1948, and Section 47, National Assistance (Amendment) Act, 1951.

SECTION 2

GENERAL PROVISIONS OF HEALTH AND MEDICAL SERVICES

Laboratory Facilities:

The Public Health Laboratory Services operating at both Northampton and Oxford, was available for the diagnosis and analysis of specimens relative to infectious diseases and also for the examination of samples of milk, ice-cream, water and others, and was free of cost to the authority. A helpful and efficient service is provided and we thank both Dr. J. Noyce at the General Hospital, Northampton and Dr. E.H. Johnson at the Radcliffe Infirmary, Oxford for their constant co-operation.

Hospital Services:

The Hospitals available to residents of the Borough are, the Horton General Hospital, Knebworth, 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 referred to the local hospitals at Northampton and Oxford.

Emergency Services:

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.

Nursing 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. There is also a 'Home Help Service' provided by the Social Services Department of the County Council, which affords considerable benefit to the community both for home-helping seriously cases and in the care of old people, who can remain comfortably in their homes and also, without this help, would be in institutions.

Child Welfare Clinic:

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. Health Officers for school children organised by the County Council continued to operate during the year.

Voluntarism of the Area - National Assistance Act, 1948, and Section 47, National Assistance (Amendment) Act, 1951.

Under this section the Council is responsible for the removal to suitable premises of persons needing care and attention. No action was necessary under this Act, this year.

Services for Old People

The following provide services for old people:-

1. The National Health Service

- (a) General Practitioner Service.
- (b) Hospital and Specialist Services.

2. The County Council

(a) The Health Department

- 1. District Nurses
- 2. Health Visitors
- 3. Chiropody Services
- 4. Certain home equipment

(b) The Social Services Department

From the 1st April 1971 the Social Services Department was established in accordance with the requirements of the Local Authority Social Services Act, 1970. In Northamptonshire the department was formed by the amalgamation of the former Childrens' and Welfare Departments, together with several functions which were previously the responsibility of the Health Department, including certain child health functions, care of the handicapped, and Mental Health and Home Help sections.

The following services are now provided for the elderly by this department:-

- 1. Home Help Service.
- 2. Residential Accommodation.
- 3. Holidays for the elderly.
- 4. Special services for blind, deaf, and home fittings where necessary.

3. Department of Health and Social Security

Financial help where necessary.

4. The District Council

Homes for the aged, flats and in some cases flatlets with Warden supervision.

Under this section the Council is responsible for the removal to suitable persons of persons needing care and attention. No action was necessary under this Act this year.

Services for Old People

The following provide services for old people:-

1. The Hospital Health Service

- (a) General Practitioner Service.
- (b) Hospital and Specialist Services.

2. The Family Council

(a) The Health Department

- 1. District Nurses
- 2. Health Visitors
- 3. Physiotherapy Services
- 4. Certain home equipment

(b) The Social Services Department

From the 1st April 1971 the Social Services Department was established in accordance with the requirements of the Local Authority Social Services Act, 1970. In 1970, the Department was formed by the amalgamation of the former Children's and Welfare Departments. Together with several functions which were previously the responsibility of the Health Department, including certain child health functions, care of the handicapped, and Mental Health and Home Help sections.

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- 1. Home Help Service.
- 2. Residential Accommodation.
- 3. Holidays for the elderly.
- 4. Special services for blind, deaf, and home fittings where necessary.

3. Department of Health and Social Security

Financial help where necessary.

4. The District Council

Home for the aged, flats and in some cases flats with nursing supervision.

SECTION 5

5. Voluntary Organisations

These are many and services vary in different areas. The Darby and Joan Club which has been established many years in the Borough, meets every Wednesday afternoon in the Town Hall. It is very well attended and popular.

The water supply consists of storage, collection, distribution and supply. Filtration. The water is non-fluoridated, and fluoride is not added. There is a natural fluoride content of approximately 2 parts per million.

The sources of this supply are varied and for the major portion of the Borough are based on supplies which include deep boreholes and wells in the lower ground and chalk, and river water supplies from the Great Ouse. The Waterworks plant incorporates electronic and television devices to ensure a constant flow to all areas, and to keep a check on waste.

Generally the supply from the Board was satisfactory in quality and quantity. Forty-two samples were taken and submitted to the Public Health Laboratory for examination. The reports indicate that bacteriologically they were satisfactory. Certain areas of the Borough are troubled with brackish water which, however, shows satisfactory potability as tested.

The total number of properties connected to the mains is 7,500 and only 34 persons within the Borough are not supplied with a mains water supply.

Byways - Biological Work

It has not been possible even by careful management to meet the Great Ouse River Board standards in respect of the disposal of refuse. Effluent, and remains of animals have been found. During the year the Council have obtained approval for an extension of the sewage treatment works at it is possible in 1972 at the latest.

Further surveys of refuse have been carried out during the year, and this includes a check on the refuse survey. The survey shows that the refuse is not disposed of in the proper manner. The survey also shows that the Council have not been able to meet the standards of the Great Ouse River Board. The survey also shows that the Council have not been able to meet the standards of the Great Ouse River Board.

Byways - Of The Borough

Last year the changing pattern of housing was studied, and during the year any changes of housing have been noted.

2. Religious Observances

There are many and services vary in different areas. The
Baptist and other churches have been established many years in
the country, and every Sabbath afternoon in the town hall.
It is very well attended and popular.

SECTION C

SANITARY CIRCUMSTANCES OF THE DISTRICT

Water Supply

Water is supplied to the Borough by the Bucks Water Board. Treatment consists of storage, sedimentation, chlorination and rapid sand gravity filtration. The water is non-plumbo solvent, and fluoride is not added; there is a natural fluoride content of approximately .2 parts per million.

The sources of this supply are varied and for the major portion of the Borough are based on supplies which include deep bores and wells in the lower greensand and chalk, and river water supplies from the Great Ouse. The waterworks plant incorporates electronic and television devices to ensure a constant flow to all areas, and to keep a check on waste.

Generally the supply from the Board was satisfactory in quality and quantity. Thirty two samples were taken and submitted to the Public Health Laboratory for examination; the reports indicate that bacteriologically they were satisfactory. Certain areas of the Borough are troubled with brown discolourations which, however, show satisfactory potability on test.

The total number of properties connected to the mains is 1,559 and only 31 persons within the Borough are not supplied with a mains water supply.

Sewerage -- Disposal Works

It has not been possible even by careful management to meet the Great Ouse River Board standards in respect of the disposal works effluent, and results of samples have been erratic. Arising from this the Council have obtained approval for an extension scheme, to proceed as soon as it is possible - 1972 at the latest.

Further surveys of sewers have been carried out during the year, and this includes a closed circuit television survey; revealing even the smallest crack or defect in the interior surfaces of the sewers. Arising from this survey the Council have re-laid some quite substantial lengths of trunk sewer, and remedied hitherto unknown breaks and defects in numerous places.

Sewerage - Of the Borough

Last year the changing pattern of drainage engineering was mentioned, and during the past year many thousands of yards of new domestic drains have been added.

WATER SUPPLY AND DISTRIBUTION

Water Supply

Water is supplied to the Borough by the Bucks Water Board. The water is pumped from the River Great Ouse and is treated at the Bucks Water Treatment Works. The water is then pumped to the Borough and is distributed to the houses. The water is of good quality and is suitable for drinking.

The source of this supply is varied and for the major portion of the Borough are based on supplies which include deep bore and wells in the lower greensand and chalk, and river water supplies from the Great Ouse. The waterworks plant incorporates electronic and television devices to ensure a constant flow to all areas, and to keep a check on water.

Generally the supply from the Board was satisfactory in quality and quantity. Thirty two samples were taken and submitted to the Public Health Laboratory for examination. The reports indicate that bacteriologically they were satisfactory. Certain areas of the Borough are treated with brown disinfectant which, however, show satisfactory results on test.

The total number of properties connected to the mains is 1,750 and only 17 houses within the Borough are not supplied with a mains water supply.

Wastewater - Domestic Sewage

It has not been possible even by careful management to treat the Great Ouse River sewage standards in respect of the dissolved solids, effluent, and results of samples have been erratic. Acting from this the Council have obtained approval for an extension scheme, to proceed as soon as it is possible - 1972 at the latest.

Various surveys of sewers have been carried out during the year, and this included a closed circuit television survey covering some of the effluent areas or defects in the interior surfaces of the sewers. During this survey the Council have found some quite substantial defects of trunk sewer, and revealed hitherto unknown breaks and defects in numerous places.

Wastewater - Of the Borough

Last year the changing pattern of drainage engineering was mentioned and during the past year many thousands of yards of new domestic drains have been added.

Where new estates are constructed on the newly adopted 'combined system' they belong as far as maintenance is concerned to the house owners, but supervision of effectiveness comes within the purview of the public health department; the house owner bearing the cost of cleansing and repair.

Smoke Abatement

No serious smoke offence is being committed within the Borough, either industrially or domestically at the present time, although with the completion of numerous small factories on the new Industrial Estate this could become a problem in the near future. However, with the availability of electronically controlled electro-static "deposition of particle" devices, it may be possible to prevent this nuisance before it occurs.

Swimming Pool

It has only been necessary to close the Pool on two occasions this year, because of vandalism. The satisfactory state of the water has been achieved by constant vigilance in the standards of maintenance of water purity, frequent sampling, and close attention to chlorination. The use of hydrochloric acid (in a dilute form) was introduced in 1969 and this year has been used again in addition to the usual chlorine dosing and testing. Undoubtedly for an open air pool it has proved most effective in reducing the algae content of the water, and permitting a maximum absorption of chlorine with consequent oxygenation. Other Baths in the Borough, attached to schools, have been checked and are satisfactory; the one reported as unsatisfactory last year has had an entirely new purification system installed which produces excellent results.

Vandalism and the Public Health

Reference is made to the closing of the Swimming Pool because of vandalism and this resulted from finding the water discoloured a creamy white one morning, and a few weeks later it was coloured brown; not knowing what chemical agent had been used the Pool had to be closed for the safety of the public.

It is not uncommon to find the public lavatories damaged, and in one instance filthied all over in an indiscriminate fashion; the structural damage applied more to the male conveniences than the female ones, but nevertheless in one case during the year the "Ladies" was badly damaged, it is believed by young teenage girls.

Vandalism poses an imponderable problem and particularly causes inconvenience when it occurs in public lavatories and swimming baths. Society is deprived of amenities and must bear the additional cost. The extra work caused to council staff inevitably leads to fragmentation of their other duties.

These new estates are constructed on the newly adopted 'combined system' they belong as far as maintenance is concerned to the house owners, but supervision of efficiency comes within the purview of the public health department; the house owner bearing the cost of cleaning and repairs.

Public Health

The system works efficiently as being combined with the house, rather than as a separate unit, although with the adoption of numerous small factories on the new industrial estate this could become a problem in the near future. However, with the availability of electrically controlled electrically 'deposition of particles' devices, it may be possible to prevent this nuisance before it occurs.

Public Health

It has only been necessary to close the pool on two occasions this year, because of vandalism. The satisfactory state of the water has been maintained by constant vigilance in the absence of maintenance of water supply, frequent watering and close attention to chlorination. The use of hydrochloric acid (in a dilute form) was introduced in 1955 and this year has been made in addition to the usual chlorine dosing and testing. Satisfactorily for an open air pool it has proved most effective in reducing the algae content of the water, and providing a suitable chlorination of chlorine with consequent oxygenation. Other factors in the through, attached to schools, have been checked and are satisfactory. One reported an investigation last year had an entirely new installation system installed which produces excellent results.

Vandalism and the Public Health

Reference is made to the closing of the swimming pool because of vandalism and this resulted from finding the water discoloured a cloudy white one morning, and a few weeks later it was returned brown, not knowing what chemical agent had been used the pool had to be closed for the safety of the public.

It is not uncommon to find the public lavatories damaged, and in one instance (1955) all over in an industrial estate; the structural damage applied more to the main convenience than the toilet area, but nevertheless in one case during the year the 'ladies' was badly damaged, it is believed by young teenage girls.

Vandalism poses an insuperable problem and particularly causes inconvenience when it occurs in public lavatories and swimming baths. Society is deprived of amenities and must bear the additional cost. The extra work caused to council staff inevitably leads to fragmentation of their other duties.

Caravan Sites

There are no licenced sites in the Borough, and apart from the occasional squatting by an itinerant there is no problem.

Public Cleansing

House refuse collection is carried out weekly with the householder putting it out ready for removal. Special arrangements are however made in respect of the old, the handicapped and the infirm. The Borough disposal tip has been closed and the Council now share a modern disposal plant situated at Farthinghoe, with the Rural District Council.

Rodent Control

The Borough is remarkably free from rat infestation, while the mouse increase is being held and, possibly, reducing.

Noise Abatement Act, 1960

The main noise problem of Brackley is the A43, which creates through the centre of the Town (little more than a mile) a roar of sound which is an indictment upon a society which will permit so devastating an infliction upon the human ear. Brackley needs a Bye-pass.

Senior Citizens Association

There are fifty units of accommodation available, including self-contained flats, within a block of flats, for married couples or single persons, with communal facilities available and a warden on call if required. Single rooms are also provided, with communal facilities and more actual care given by the Warden and welfare staff.

Also in the Borough, but operated by the County Council, is an "Old Peoples' Home" where independent living conditions are not provided, but those incapable of looking after themselves are cared for.

Catavan Miles

There are no licensed mines in the Borough, and apart from the occasional squabbling by an itinerant there is no problem.

Public Cleansing

House refuse collection is carried out weekly with the householders putting it out ready for removal. Special arrangements are however made in respect of the old, the handicapped and the infirm. The Borough Council has been asked and the Council now have a contract disposal plant situated at Farnborough, with the Rural District Council.

Public Control

The Borough is remarkably free from rat infestation, which the Council is doing much to prevent, and, possibly, reducing.

Public Assistance Act, 1960

The main problem of the Borough is the fact that it is situated in the centre of the town (little more than a mile) a town of some 12,000 in which is an industrial area which will be a disaster as devastating as anything upon the town at present. The Council needs a by-law.

SECTION D

HOUSING

No new Council dwellings were erected this year, but Scheme 59 totalling 66 houses and flats is proceeding.

Standard Improvement Grants amounting to £2,454 were paid in connection with the Housing Act 1969.

Three private contractors have been erecting houses, and 139 new dwellings were completed during the year.

The overall position of the Corporation in respect of its own housing stock is unchanged from last year, and seems likely to be so until Scheme 59 is completed. There are in the Borough a total of 376 Council houses, including fifty for senior citizens. One Council house has been adapted for a paraplegic.

Housing Standards

During the year four houses were the subject of action under the Housing Act, 1957 and no Undertaking accepted. Three Closing Orders will be implemented later.

Senior Citizen Accommodation

There are fifty units of accommodation available, including self contained flats, within a block of flats, for married couples or single persons, with communal facilities available and a Warden on call if required. Single rooms are also provided, with communal facilities and more actual care given by the Warden and welfare staff.

Also in the Borough, but operated by the County Council, is an Old Peoples' Home where independent living conditions are not provided, but those incapable of looking after themselves are cared for.

SECTION 2

HOUSING

As the Council buildings were erected this year, last Scheme 29 totaling 66 houses and flats is proceeding.

Estimated improvement grants amounting to £2,454 were paid in connection with the housing and 1952.

Three private contractors have been erecting houses, and 159 new dwellings were completed during the year.

The overall position of the Corporation in respect of its own housing stock is unchanged from last year, and seems likely to be so until Scheme 29 is completed. There are in the borough a total of 276 Council houses, including fifty for mental patients. One Council house has been adapted for a paraplegic.

Housing Standards

During the year four houses were the subject of orders under the Housing Act, 1937 and no satisfactory accepted. Three Housing Orders were registered later.

Senior Citizen Accommodation

There are fifty units of accommodation available, including ten contained flats, within a block of flats, for married couples or single persons, with communal facilities available and a garden on each side. Single rooms are also provided, with communal facilities and some actual care given by the warden and welfare staff.

Also in the borough, but operated by the County Council, is an Old People's Home where independent living conditions are not provided, but those incapable of looking after themselves are cared for.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Food is spot sampled regularly for bacteriological soundness and fitness for consumption, which includes ice cream, milk, and with particular emphasis on cooked meat products.

There were two instances of mould on meat pies, one of an excessive mould on a cheese product, otherwise all samples proved satisfactory.

The inspection of poultry meat was once again the largest food inspection factor in the Borough. The year has been comparatively free of fowl pest problems, although there were a number of false alarms. It was necessary twice during the year to have some suspicious carcasses examined at the Ministry of Agriculture, Fisheries and Food Veterinary Research Centre, with negative results. The Centre were not able, at the time of investigation, to pinpoint the exact factor causing the queer looking carcasses, but it is now believed it was due to factory malfunctions.

The approximate annual throughput of birds at the local poultry processing factory is in excess of four million. A new poultry processing factory is to be built on the Industrial Estate, which will have an expected throughput of about 400,000 birds per annum; plans have already been approved.

It is understood that the Government intend to ensure a more detailed and thorough inspection of individual poultry carcasses for which purpose new legislation is proposed. In the view of most health officers this increased supervision is overdue, and under EEC rules all exporters of poultry meat will have to meet the proposed standards. It can be foreseen that with improved methods of pre-chilling and many more officers to carry out the detailed inspections that costs will rise. It appears that further staff are always necessary in order to implement the improvement of hygiene standards and it is suggested that computerisation could obviate the human element. I commend to the poultry industry the suggestion that it would be within the bounds of sophisticated electronic detection devices to produce an instrument which could detect pathological abnormalities in poultry carcasses; there are no basic reasons why this could not be achieved and the computer could be programmed to know better than the human being when such abnormalities are present. If a space satellite can be programmed to cover the globe detecting vegetation suffering from man created environmental pollution, and locate the earth's resources in respect of a variety of minerals including oil, then by employing the same electro-thermo-chemical means the detection of poultry carcase abnormalities on a closed-circuit basis should be comparatively simple.

EXAMINATION AND SUPERVISION OF FOOD

Food is most easily inspected for bacteriological standards and fitness for consumption, which includes its taste, smell, and with particular emphasis on cooked meat products.

There were two instances of meat on next day, one of an emergency would on a change product, otherwise all samples proved satisfactory.

The inspection of poultry meat was once again the largest food inspection factor in the Borough. The year has been comparatively free of food problems, although there were a number of false alarms. It was necessary twice during the year to have some unsatisfactory carcasses examined at the Ministry of Agriculture, Fisheries and Food Veterinary Research Centre, with negative results. The Centre were not able, as the state of investigation, to pinpoint the exact fault causing the gross quality concerns, but it is now believed it was due to faulty bacteriology.

The appropriate annual throughput of birds at the local poultry processing factory is in excess of four million. A new poultry processing factory is to be built on the Industrial Estate, which will have an expected throughput of about 400,000 birds per annum. Plans have already been approved.

It is understood that the Government intend to enact a more detailed and thorough inspection of individual poultry carcasses for which purpose new legislation is proposed. In the view of what health officers this increased supervision is overdue, and under EEC rules all exports of poultry meat will have to meet the proposed standards. It can be foreseen that with improved methods of pre-chilling and high speed evisceration to carry out the detailed inspections that meat will come. It appears that further staff are always necessary in order to implement the improvement of hygiene standards and it is suggested that computerisation could assist the human element. I commend to the poultry industry the suggestion that it would be within the bounds of sophisticated scientific detection devices to produce an instrument which could detect pathological abnormalities in poultry carcasses. There are no basic reasons why this could not be achieved and the computer could be programmed to know better than the human being when such abnormalities are present. It is again suggested that be programmed to cover the whole deboning operation including the removal of a variety of internal including all, then by applying the same electronic-chromatographic means the detection of poultry carcasses abnormalities as a closed-circuit basis should be completely simple.

Arising from some complaints during the year it was necessary to investigate the quality of milk being distributed in the Borough, which resulted in the reorganisation of milk distribution in the town.

The foods surrendered or condemned during the year are as follows:-

	Tons	Cwts.	Qtrs.	Lbs.
Poultry meat	15	2	3	7
Fresh meat at retail point				4
Other foods		1	2	4
Liquid foods, including milk				2 gals.

Food and Drugs Act, 1955

The provisions of this Act relating to the nature of 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, 1972.

Samples taken in Brackley Borough in the 12 months ending 31st March, 1972

Milk	14
Meat products	12
Bread	1
Onions	1
Tea	1
Jam	1
Soft Drinks	2
Creams	1
TOTAL	<u>33</u>

Remarks

Only one of the samples which was taken in the Borough during the period under review was found to be unsatisfactory.

Following a complaint by a member of the public, a sample of corned beef was submitted for examination and was reported to contain a bristle approximately $2\frac{3}{4}$ inches in length.

Weights and Measures Act, 1963

Of the 5,373 articles which were checked for weight or measure in the whole of the County of Northamptonshire during the year 17 were found to be deficient; and 35 were incorrect in other respects. Generally the

During the year some complaints during the year it was necessary to investigate the quality of milk being distributed in the Borough, which resulted in the recommendation of milk distribution in the town.

The foods enumerated as consumed during the year are as follows:-

Food	Wheat	Barley	Other	Total
Foodstuffs	15	2	1	18
Wheat meal at retail price	1	1	1	3
Other foods	1	1	1	3
Island foods, including milk	1	1	1	3

Food and Fertilizer Act, 1927

The provisions of this Act relating to the nature of substances of food supplied to the public, are operated by Mr. T. J. Brown, Chief Inspector, Health and Resources Department of the County Council, to whom are referred for the following information relating to the work carried out by his Department in the Borough during the twelve months ending 31st March, 1928.

Specimens taken in Borough during 1927-28

Milk	15
Meat products	12
Bread	1
Butter	1
Eggs	1
Tea	1
Coffee	1
Soft drinks	1
Drinks	1
TOTAL	34

Analysis

Only one of the samples which was taken in the Borough during the period under review was found to be unsatisfactory.

Following a complaint by a member of the public, a sample of corned beef was submitted for examination and was reported to contain a bacteria approximately 25 inches in length.

Analysis and Fertilizer Act, 1927

Of the 2,375 articles which were checked for weight or measure in the whole of the County of Northamptonshire during the year 17 were found to be deficient, and 25 were incorrect in other respects. Generally the

errors were found to be of a minor nature and were dealt with by advice or caution to the traders concerned.

Offices, Shops and Railway Premises Act, 1963

The general standard in the food shops has been maintained, and the main troubles arising have been due to unsatisfactory storage arrangements for refuse. One cafe and one grocer's shop have closed during the year, and there is a proposal to open another premise as a licenced restaurant. One public house had the general sanitation improved to a higher level by the provision of new conveniences, and better domestic conditions for the landlord.

Offices

Several new office premises have been provided all with modern standards and apart from improved ventilation at two existing premises, and the abatement of overcrowded conditions at another, there has been little change during the year. One case, where it was thought conditions inimical to health prevailed, was referred to the Factory Inspectorate. The premises have now been transferred from our Register. In another instance a complaint was received concerning unduly long hours of work affecting young persons which was referred to the Department of Employment and Productivity. There was another case concerning the carrying of heavy weights which was also referred to the same Department. Inspecting surfaces of floors, obstructions in passages, dangerous staircases all come within the range of duties carried out locally, and where this occurs on premises where some part is classed as a factory or workshop, it is occasionally necessary to refer to the Factory Inspectorate: the office portion being a local duty and the factory section the concern of a Government Department. One instance of the use of a radio-active source at a factory was referred to the Local Authority as required under legislation, and apart from the inspection and assessment of its use it proved a useful exercise in ascertaining the exact Government Inspectorate which has been set up to deal with advice on such matters: this proved to be the Radio/Chemical Inspectorate.

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 63 cases of infectious disease were notified, an increase of 75 on last year's figure.

Measles

The incidence of measles notified in 1970 was 75 cases as compared with 3 in 1969. While measles is no longer a major cause of morbidity in Britain, it is an important illness and

errors were found to be of a minor nature and were dealt with by advice or
written to the factory concerned.

General. State and Railway Inspection Act, 1902

The general standard in the food shops has been maintained, and the
main inspection system has been due to unsatisfactory state of affairs
for notice. One case and one factory's shop have closed during the year,
and there is a proposal to open another premises as a licensed restaurant,
and the public house had the general sanitation improved to a higher level by
the provision of new conveniences, and better domestic conditions for the
kitchen.

General

General and office inspection have been provided all with notice of standards
and spent from improved ventilation at two existing premises and the
statement of circumstances conditions at another, there has been little
change during the year. One case, where it was thought conditions might
be health provided, was referred to the factory inspectorate. In another instance
premises have not been transferred from one factory to another. In another instance
a complaint was received concerning unsatisfactory conditions of work affecting young
persons which was referred to the Department of Employment and Productivity.
There was another case concerning the carrying of heavy weights which was
also referred to the same Department. In another instance of illness,
obstruction in passages, dangerous circumstances all come within the scope of
action carried out locally, and where this occurs in premises where work
part is classed as a factory or workshop, it is occasionally necessary to
refer to the factory inspectorate. The office provides below a local duty
and the factory section the contents of a Government Department. One
instance of the use of a radio-active source at a factory was referred
to the local authority as required under legislation, and apart from the
inspection and assessment of its use it proved a useful exercise in
investigating the exact Government Inspectorate which has been set up
to deal with advice on such matters. This proved to be the factory inspectorate.

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 and 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 83 cases of infectious disease were notified, an increase of 75 on last year's figure.

MEASLES

The incidence of measles notification increased. There were 76 cases as compared with 5 in 1970. While measles is no longer a major cause of morbidity in Britain, it is an unpleasant illness and

SECTION 2

PREVALENCE OF AND CONTROL OVER INFECTIONS AND OTHER DISEASES

Health Services and Public Health Act, 1963
Public Health (Infectious Diseases) Regulations
Notification of Infectious Diseases 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, 1963 and the Public Health (Infectious Diseases) Regulations, 1963.

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

Acute encephalitis	Typhoid fever
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Scarlet fever
Adenitis	Relapsing fever
Cholera	Shigellosis
Dysentery	Smallpox
(Amoebic and bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Rabies	

Since 1963 notification of the diseases listed below is no longer required:-

Acute bacterial pneumonia	Erysipelas
Acute primary pneumonia	Measles
Acute rheumatism	Scarlet fever

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 55 cases of infectious diseases were notified, an increase of 75 on last year's figure.

HEALTH

The incidence of notified notification increased. There were 75 cases as compared with 5 in 1970. While measles is no longer a major cause of morbidity in Britain, it is an unpleasant illness and

few reach adult life without having contracted it. In addition in the five years preceding 1968 there were 467 deaths. An infection of such universality may result in complications, including neurological sequelae and respiratory, eye and aural infections, and during an epidemic year as many as 8,000 hospital admissions may occur.

The regular biennial cycle of epidemics of measles failed to occur in the 1968-69 winter and again in the winter of 1969-70 there was no national epidemic, due probably to the programme of immunisation which began in 1968. The suspension of vaccination in March 1969 of a certain batch of vaccine led to a shortage and the rate of immunisation has been less than sufficient to prevent the number of susceptible children increasing with the new births each year. It was evident by the middle of 1970 that the incidence of measles would be high as notifications markedly increased and continued throughout the year. By mid-1970 sufficient supplies of vaccine were available and vaccination was resumed, however during late 1970 and throughout 1971 there was a significant rise of measles notifications nationally and a campaign, initiated by the Chief Medical Officer of the Department of Health, to promote further measles vaccination was successful, and there was a considerable increase in the numbers of children vaccinated.

It is to be hoped that a sufficient number of susceptibles will now be vaccinated and that 1971 will be the last year when a high incidence of measles is recorded.

RUBELLA

Rubella vaccination became available in November 1970 and this was offered to all girls in their 14th year of life, (aged 13). Following the increased availability of the vaccines this age limit has now been lowered to include 11 and 12 year old girls.

INFECTIVE JAUNDICE

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 be spread by blood transfusion and inefficiently sterilized equipment used by doctors, dentists, nurses, drug addicts and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work from six weeks to two months, and might not feel really fit for a year.

There was one case notified in the town this year.

few years' adult life without having contracted it. In addition in the five years preceding 1955 there were 407 deaths. An infection of such universality may result in complications, including neurological symptoms and respiratory eye and nasal infections, and during an epidemic year as many as 8,000 hospital admissions may occur.

The regular biennial cycle of epidemics of measles failed to occur in the 1955-56 winter and again in the winter of 1956-57 there was no national epidemic, due probably to the programme of immunisation which began in 1955. The suspension of vaccination in March 1955 of a certain batch of vaccine led to a shortage and the rate of immunisation has been less than anticipated. To prevent the number of susceptible children increasing with the new birth each year. It was evident by the middle of 1957 that the incidence of measles would be high as notifications markedly increased and continued throughout the year. By mid-1957 sufficient supplies of vaccine were available and vaccination was resumed, however during late 1957 and throughout 1958 there was a significant rise of measles notifications nationally and a campaign, initiated by the Chief Medical Officer of the Department of Health, to promote further measles vaccination was successful, and there was a considerable increase in the number of children vaccinated.

It is to be hoped that a sufficient number of susceptibles will now be vaccinated and that 1959 will be the last year when a high incidence of measles is recorded.

MEASLES

Measles vaccination became available in November 1959 and this was offered to all girls in their 14th year of life, (aged 13). Following the increased availability of the vaccine this age limit has now been lowered to include 11 and 12 year old girls.

INFECTIVE MONONUCLEOSIS

Acute infectious mononucleosis is a disease caused by a virus which attacks the liver and causes jaundice. It is mainly an infection of young people, of school-age, and with an incubation period of 15 to 20 days. The characteristic features of infectious mononucleosis are fever, headache, and enlarged lymphatic nodes. The virus is present in blood 10 days before jaundice and up to 8 days after.

Severe infectious mononucleosis, which is another form of infectious mononucleosis, has a longer incubation period of from 20 to 40 days and affects mainly adults and can be spread by blood transfusion and infectious material. The clinical picture of these two types of infectious mononucleosis is similar, but the severe form is more serious and in the severe form 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.

There was one case notified in the town this year.

RESPIRATORY INFECTIONS AND INFLUENZA

Three deaths were recorded this year from pneumonia, three from bronchitis and none from influenza. Other respiratory infections are now seldom a cause of death, except as a terminal event, but remain a considerable cause of ill-health. These are still the highest cause of loss of working hours, and bronchitis, nasal catarrh and sinus infections result in much disability.

TUBERCULOSIS

There were no cases of tuberculosis notified during the year.

WHOOPING COUGH

This is another condition which is becoming largely more benign, but in some cases can be distressing, and in infancy, a serious illness. Protection to this disease is often by triple vaccination, together with tetanus and diphtheria. There were no cases notified in the Borough during the year and this satisfactory lack of cases is probably due to the high immunisation rate in the town.

SCARLET FEVER

This disease continues in its mild phase. Its principal interest is that it gives a rough indication of the amount of streptococcal infection in the community.

Two cases were notified in the town.

SMALLPOX

It has recently been recommended by the Department of Health and Social Security that vaccination against smallpox need no longer be carried out as a routine procedure in early childhood as the risk of exposure to infection is far less likely than at any previous time since the disease was first recorded in this country.

It is however emphasised that all travellers to and from areas of the world where smallpox is endemic, or countries where eradication programmes are in progress, and health service staff who come into contact with patients, should be offered vaccination and re-vaccination.

DIPHTHERIA

There have been no cases of diphtheria in Northamptonshire since 1956. There is therefore, with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too

RESPIRATORY INFECTIONS AND INFLUENZA

Three deaths were recorded this year from pneumonia, three from bronchitis and none from influenza. Other respiratory infections are not serious causes of death, except as a terminal event, but remain a considerable cause of ill-health. There are still the highest rates of loss of working hours, and bronchitis, acute catarrh and sinus infections remain in such disability.

ENTEROVIRUS

There were no cases of enterovirus notified during the year.

MEASLES

This is another condition which is becoming largely more benign, but its cause was not identified, and in infancy, a serious illness. Protection to this disease is often by triple vaccination, together with tetanus and diphtheria. There were no cases notified in the year. During the year and this satisfactory lack of cases is probably due to the high immunisation rate in the town.

SHARPEY FEVER

This disease continued in its mild phase. The reported incidence that it gives a rough indication of the amount of enteroviral infection in the community.

Two cases were notified in the town.

SCARLET

It has recently been recommended by the Department of Health and Social Security that vaccination against scarlet fever should be carried out as a routine procedure in early childhood as the risk of exposure to infection is far less likely than at any previous time since the disease was first reported in this country.

It is however emphasized that all travellers to and from areas of the world where scarlet fever is endemic, or countries where eradication programmes are in progress, and health service staff who come into contact with patients should be offered vaccination and re-vaccination.

MEASLES

There have been no cases of measles in Northamptonshire since 1955. There is therefore, with each successive year of freedom from infection, a diminishing vaccination of the children of this illness. Notable without knowledge of the disease itself a false security and may not have their children vaccinated. That this is a dangerous situation cannot be too

strongly stressed, as it is only by keeping up the numbers of children immunised that the disease can be kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so, they neglect their welfare.

POLIOMYELITIS

Once again there have been no cases, and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

SONNE DYSENTERY

There were four cases notified.

FOOD POISONING

The condition is usually caused by one of the Salmonella organisms, the commonest being the Typhimurium strain or paratyphoid A or B. The Staphylococcus gaining entry to food from an infected spot or boil on the hands, arms or face of a food handler may also be an occasional cause. More rarely typhoid fever or botulism may occur. However, the commonest germ causing food poisoning is the Salmonella gaining entry into food by the faulty hygiene of food handlers. The sources of infection can be numerous, uncooked contaminated (often imported) meat being today, one of the most frequent.

There were no cases of food poisoning reported during the year.

strongly stressed, as it is only by keeping up the number of children immunized that the disease can be kept in check. It is the duty of all parents to have their children immunized, and it does not do any harm to suggest their vaccine.

IMMUNIZATION

Once again there have been no cases, and this freedom can be ascribed to immunization as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a faster lasting immunity than the Salk or injected variety. A drink of sugar or a jump of sugar is also much acceptable to the young patients than the previous needle prick.

SCARLET FEVER

There were four cases notified.

SCARLET FEVER

The condition is usually caused by one of the *Streptococcus* species, the organism being the *Streptococcus scarlatina* or *Streptococcus pyogenes*. It is a very common cause of fever and is often associated with a rash. The disease is usually caused by a food handler who also has an occasional case. There is a very high fever and a rash which is often described as a "scarlet fever" rash. The disease is usually caused by a food handler who also has an occasional case. There is a very high fever and a rash which is often described as a "scarlet fever" rash. The disease is usually caused by a food handler who also has an occasional case. There is a very high fever and a rash which is often described as a "scarlet fever" rash.

There were no cases of food poisoning reported during the year.

SUMMARY OF PUBLIC HEALTH INSPECTOR'S
VISITS TO PREMISES

House Inspections:

(a) Existing stock	131
(b) New houses (Habitation certification)	23

Inspection of bakehouses	11
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Inspection of Food Premises:

(a) Market Stalls	139
(b) Food vans - all types	23
(c) Fried Fish Shops	7
(d) Food Shops - all varieties	96
(e) Restaurants, canteens, refreshment dispenser cabinets, etc.	31

Inspections under Offices, Shops and Railway Premises Act (other than food shops)	14
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Drainage Tests

(a) Old properties	8
(b) New properties	112
(c) Investigations other than test	21

Visits as to Vermin

(a) Insect infestation	4
(b) Mice	52
(c) Rats	24

Visits concerning suspected food poisoning, dysentery, etc.	3
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STATE OF TEXAS DEPARTMENT OF HEALTH BUREAU OF PUBLIC HEALTH VISITS TO FACTORIES

General Inspection

- (a) Existing stock 134
- (b) New houses (habitation ventilation) 23

Inspection of buildings

Inspection of food premises

- (a) Market stalls 138
- (b) Food vans - all types 23
- (c) Food shops - all varieties 23
- (d) Food shops - all varieties 23
- (e) Restaurants, canteens, refreshment 21
- dispensaries, etc.

Inspection under Order, Shops and Railway Trains Not (other than food shops)

Drainage Tests

- (a) Old properties 8
- (b) New properties 112
- (c) Investigations other than test 21

Visits as to Towns

- (a) Inspect infection 4
- (b) Rice 25
- (c) Bats 24

Visits concerning suspected food poisoning, dysentery, etc.

3

FACTORIES ACT 1961

PREScribed PARTICULARS ON THE ADMINISTRATION OF
THE FACTORIES ACT, 1961. FOR THE YEAR 1971

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		
		Inspection- tions	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	5	5	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	16	17	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (ex- cluding out- workers' premises	-	-	-	-
Total:	21	22	-	-

FACTORY ACT 1951

TABLE 1. FACTORIES ACT 1951: THE ADMINISTRATION OF THE ACT

PART I OF THE ACT

INVESTIGATION AND INSPECTION OF FACTORIES AND WORKSHOPS
(including investigations made by Public Health Inspectors)

Particulars	No. on Register	Number of		
		Inspected	Notified	Notified
(i) Factories in which Sections 1, 2, 3, 4 and 5 are enforced by local authorities.	2	2	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority.	16	17	-	-
(iii) Other premises in which Section 7 is enforced by the local authority (excluding out-workers' premises).	-	-	-	-
Total:	18	19	-	-

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	--	--	--	--	--
(b) Unsuitable or defective	--	--	--	--	--
(c) Not separate for sexes	--	--	--	--	--
Other offences against the Act (Not including offences relating to Outwork)	--	--	--	--	--
Total:	--	--	--	--	--

