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RURAL DISTRICT OF BRACKLEY



# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Year 1969

JOAN M. St. V. DAWKINS



BRACKLEY RURAL DISTRICT COUNCIL

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## PUBLIC HEALTH OFFICERS

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Also holds appointments of:-

Medical Officer of Health for Daventry Borough, Daventry R.D.C.,  
Brixworth R.D.C., Brackley Borough, Towcester R.D.C.,  
Northampton R.D.C..

Senior Assistant County Medical Officer of Health,  
Northamptonshire County Council, and from 1st. October 1967,  
Acting Medical Officer of Health for Higham Ferrers Borough,  
Rushden, Raunds and Oundle U.D.Cs. and Oundle and Thrapston R.D.C..

### Public Health Inspector:

Mr. N. R. Caley, M.R.S.H., M.A.P.H.I..

### Clerk to the Public Health Inspector:

Mrs. S.A. Spiers.

### Rodent Operative:

Mr. W.G. Readman.



TO THE CHAIRMAN AND MEMBERS OF  
THE RURAL DISTRICT COUNCIL OF BRACKLEY

Mr. Chairman, My Lady, Ladies and Gentlemen,

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 once again, in seven sections each dealing with an 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; the sixth on the control of infectious and other diseases, and the seventh on rodent control. In addition, while, increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

The district continues to be pleasantly rural in character, much of it still unspoiled and with agriculture continuing as the main occupation. There is no atmospheric pollution and little industry.

The vital statistics for the year show that there were 135 deaths. This gives a standardised rate of 11.0 compared with 10.6 last year, and with the national figure of 11.9. The total number of births was 250 (of which 13 were illegitimate) compared with 259 last year, and showing therefore a decrease of 9. There were 3 infant deaths compared with 10 last year.

There was a decrease in the incidence of infectious diseases from 143 to 29. There were no outbreaks. 1 case of dysentery and 2 cases of food poisoning occurred. Infective Jaundice has been locally notifiable in the district since July 1962, and 3 cases were notified as compared with 6 last year. This year 10 people died from pneumonia and 7 from bronchitis and none from tuberculosis. It is gratifying to record no deaths from a disease which as short a time as fifteen years ago had not been vanquished.

Satisfactory sanitary conditions were maintained throughout the year in an efficient manner. Work continued on the major combined sewage disposal scheme for the parishes of Kings Sutton, Charlton and Aynho.

Refuse collection continued on a weekly basis. Dustbins are collected from premises, but replaced from the roadside by the majority of fit occupiers. The refuse is then conveyed in three rear loading vehicles to the Greatworth tip, where the controlled tipping and soiling over method is employed. The nature of household refuse is changing, much of it now resistant to breakdown, and adequate control of tips is becoming increasingly difficult to maintain. As a result the Council have decided to establish a pre-pulverisation plant between Farthinghoe and Middleton Cheney. Plans to establish this new method of refuse disposal progressed this year.

A survey of the district to ascertain the number of houses unfit for habitation continues, and of the parishes so far visited 4.7% of the private houses could possibly be included in this category. Many of these houses are owner occupied, and often by the elderly. In these cases it is both merciful and expedient to clear the majority as they become vacant, or improve them by means of improvement grants or by voluntary effort. Progress may appear to be slow, but particularly in relation to elderly persons this method is humane, and also in those villages which lack building land, is more economic. The conversion of Astrop Grange, Kings Sutton into nine flats for old people, was completed and the building of 12 bungalows in the grounds is in progress.

The control of food hygiene in the district is maintained at a high standard. There has been also adequate control of food supplies. The sampling of untreated milk bottled on farms continues to be carried out by the Weights and Measures department of the County Council and Mr. Evans, the County Inspector, provides a helpful service. His co-operation and prompt notification of any failures is much appreciated. While the district has been fortunate during the year in having only two isolated cases of food borne infection, the condition is generally far too prevalent. It is essential that there is constant vigilance in the maintenance of standards in the storage, preparation and sale

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

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

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

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

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

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

It is now over twenty years since the inception of the National Health Service. From the outset a tripartite structure separating hospital, general practitioner and local authority services was potentially hazardous. The separation of the preventive services from the National Health Service, and the isolation of medical personnel allying them with other local government officers rather than their colleagues has resulted in a steady decline in recruitment. Local authorities in some instances have failed to recognise the potential of their inheritance and while there has been

expansion of hospital and general practitioner services there has been some stagnation in the preventive field. Foresight in expenditure on prevention could have resulted in saving in the curative services. However health needs are weighed against all other demands and, in practice, are often the ones to be curtailed in times of economic stringency. It is unfortunate that the results of preventive medicine are without immediate dramatic evidence; are slow, long term, and can only be assessed by the passage of time and often the study of statistics. It is unfortunate too that in the last twenty years the needs of prevention have become more subtle, depending now less on obvious environmental control such as the clearing of slums and prevention of infectious disease than on the individuals response to life in an affluent society.

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

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

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

Next, in the middle aged, becoming evident now from the fifth decade there is the ever growing toll which is caused as a result of cigarette smoking. It is agreed that this is probably the

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

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular physical exercise and who are not obese. Farmers and bus conductors suffer less than bus drivers and commercial travellers. It is disturbing to consider that while young people are at school they are physically active but this activity may cease when they leave. They often eat in excess of their needs and start smoking earlier than former generations. The prevention of arterial disease, and the presymptomatic detection in screening of individuals likely to suffer is a challenge to preventive medicine which, at the present time, is

not being tackled in Britain. Apart from isolated pockets of individual research there is little other effort and none which is generally directed. A situation may be building up in which the incidence of early arterial disease could assume epidemic proportions.

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

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

To Mr. N.R. Caley I give my thanks for his steadfast service throughout the year and for his help in the compilation of this report. In addition, I extend my thanks to the Chairman and Members of the Public Health Committee for their interest and encouragement.

Finally I express my appreciation to the County Medical Officer of Health for his ready co-operation in the supply of information.

I remain, your obedient servant,

JOAN M. ST. V. DAWKINS.

Medical Officer of Health.

Public Health Department,  
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October 1970.



# SECTION A

## SOCIAL CONDITIONS OF AREA AND STATISTICS

### BRACKLEY RURAL DISTRICT

The 91 square miles of the District are devoted entirely to agriculture with 329 agricultural holdings of more than 1 acre. There is only one factory of appreciable size which specializes in the packing of products, mainly of the motor industry, for export.

The District is on the eastern edge of the Cotswolds and much of it lies above the 400ft. contour line; here are the headwaters of the Cherwell and Great Ouse rivers.

The 26 parishes contain picturesque villages each with its beautiful church, manor house and stone cottages. Many of the inhabitants are employed in the neighbouring towns of Brackley and Banbury and further afield in Oxford, Coventry and Northampton and the natural growth of these towns has increased the pressure for houses in this attractive rural area. It is to be hoped that the fixing of village boundaries together with reasonable planning development will prevent the villages being spoilt by extensive urbanisation.

### SUMMARY OF VITAL STATISTICS 1969

Area in acres		58,132	
	<u>1968</u>	<u>1969</u>	<u>1970</u>
Population (mid-year)	13,689	14,000	not available
No. of dwellings (at 1st April)	4,354	4,500	4,573
Rateable value (at 1st April)	£331,636	£349,509	£370,367
Product ld. rate (at 1st April)	£ 1,362	£ 1,419	£ 1,518

		BRACKLEY R.D.C.		
		MALES	FEMALES	TOTAL
ESTIMATED MID-YEAR HOME POPULATION				14,000
LIVE BIRTHS	Total	128	122	250
	Legitimate	123	114	237
	Illegitimate	5	8	13
STILLBIRTHS	Total	2	1	3
	Legitimate	2		2
	Illegitimate		1	1
TOTAL LIVE AND STILL BIRTHS	Total	130	123	253
	Legitimate	125	114	239
	Illegitimate	5	9	14
DEATHS OF INFANTS under 1 year of age	Total	2	1	3
	Legitimate	1	1	2
	Illegitimate	1		1
under 4 weeks of age	Total	1		1
	Legitimate	1		1
	Illegitimate			
under 1 week of age	Total			nil
	Legitimate			
	Illegitimate			
DEATHS - ALL AGES		79	56	135

	Brackley R.D.C.	England & Wales
LIVE BIRTH RATES, ETC.		
Livebirths per 1,000 home population (crude rate)	17.9	16.3
Area comparability factor	1.22	1.00
Local adjusted rate	21.8	16.3
Ratio of local adjusted rate to national rate	1.34	1.00
Illegitimate live births as percentage of all live births	5.0	8.0
STILLBIRTH RATE		
Stillbirths per 1,000 total live and still births	12	13
INFANT MORTALITY RATES		
Deaths under 1 year per 1,000 live births	12	18
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	8	17
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births	77	25
Neonatal mortality rate		
Deaths under 4 weeks per 1,000 live births	4	12
Early neonatal mortality rate		
Deaths under 1 week per 1,000 total live births	nil	10
Perinatal mortality rate		
Stillbirths and deaths under 1 week combined per 1,000 total live and still births	12	23
DEATHS RATES, ETC. - ALL AGES		
Deaths per 1,000 home population (crude rate)	9.6	11.9
Area comparability factor	1.15	1.00
Local adjusted rate	11.0	11.9
Ratio of local adjusted rate to national rate	.93	1.00

CAUSES OF INFANT DEATHS:

	<u>Males</u>	<u>Females</u>
Septicæmia / meningitis	1	-
Upper respiratory infection	1	-
Upper respiratory failure	-	1
	<u>2</u>	<u>1</u>

CAUSES OF STILLBIRTHS:

Intra uterine anoxia/post maturity	1	-
Hydrocephaly/Placental infraction	1	-
Combined accidental haemorrhage/Pre-eclamptic toxæmia of pregnancy	-	1
	<u>2</u>	<u>1</u>

<u>DEATHS FROM:</u>	Cancer all ages	...	...	...	29 (Lung cancer 9)
"	"	Pneumonia	...	...	10
"	"	Bronchitis	...	...	7
"	"	Coronary Thrombosis	...	...	35
"	"	Strokes	...	...	17
"	"	Car Accidents	...	...	2
<u>DEATHS</u>	(see table on page 14)	...	Total		135

THE REGISTERED CAUSES OF DEATH WERE:-

Causes of death	Males	Females	Totals
Malignant Neoplasm - Stomach	2	2	4
Malignant Neoplasm - Intestine	1	1	2
Malignant Neoplasm - Bronchus, Lung	8	1	9
Malignant Neoplasm - Breast	-	3	3
Malignant Neoplasm - Prostate	1	-	1
Leukaemia	-	3	3
Other Malignant Neoplasms	2	5	7
Diabetes Mellitus	1	-	1
Other Endocrine Etc. Diseases	-	1	1
Anaemias	-	1	1
Mental Disorders	-	1	1
Meningitis	1	-	1
Chronic Rheumatic Heart Disease	1	1	2
Hypertensive Disease	1	1	2
Ischaemic Heart Disease	20	15	35
Other Forms of Heart Disease	7	3	10
Cerebrovascular Disease	10	7	17
Other Diseases of Circulatory System	3	1	4
Pneumonia	6	4	10
Bronchitis and Emphysema	5	2	7
Other Diseases of Respiratory System	2	1	3
Other Diseases of Digestive System	2	-	2
Other Diseases - Genito-Urinary System	-	1	1
Other Complications of Pregnancy, etc.	-	1	1
Diseases of Skin, Subcutaneous Tissue	1	-	1
Motor Vehicle Accidents	2	-	2
All Other Accidents	3	1	4
TOTALS	79	56	135

In a review of the causes of death the primary concern is to assess which could have been prevented. There were 3 infant deaths. (The causes of their deaths are listed on page 13). Out of the total of 135 deaths, 35 occurred before the age of 65 with a further 35 between 65-75. Up to the age of 45 there were only 8 deaths. Between 45 - 55, 5; and 19 deaths between 55 - 65. In the latter two decades the causes were mainly ischaemic heart disease (coronary thrombosis) and cancer.

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

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

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

The adverse effects on health of smoking unfortunately only becomes manifest after many years and are therefore not obviously connected with the habit. Also in many countries the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation, and it is not practicable to impose regulations on an unwilling population. However it is imperative to take action that will discourage young people from starting to smoke, and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailment of all forms of sales promotion that encourage the use of tobacco.

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

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

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

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

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

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

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

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

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

### Comparative Figures for 5 years 1963-1967

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

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

### Home Accidents - Cause of Death

#### Falls:

56% of total deaths - in one year (1967) (4,407 cases)

89% of victims were aged 65 or over

60% were falls on one level, tripping, slipping, stumbling

25% were falls from one level to another

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

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

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

#### Prevention:

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

#### Poisoning:

- 19% of all fatal home accidents in 1 year (1967)
- 43% of poisoning accidents involved household gas (642 cases)
- 57% involved drugs, chemicals and all other causes of poisoning (775 cases)

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

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

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

#### Prevention:

To prevent gas poisoning have any suspected leak inspected and serviced by the Gas Board; form the habit of checking that burners are alight; keep adequate ventilation to ensure a change of air,

never use rubber connecting tubing, see that gas geyser flues are clear of obstruction; tighten loose gas taps that can be accidentally knocked on.

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

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

### Burns and Scalds

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

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

### Prevention:

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

Clothing should never be aired near unguarded fires of any kind. Care should be taken when using flammable solvents for dry cleaning, or flammable adhesives for fixing tiles, etc. in the house. Paraffin and petrol should be stored in metal cans, and oil heaters filled, if possible outside the house.

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

### Suffocation and Choking

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

### Prevention:

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

### Other Risks

In one year (1967) 439 people died from other accidental causes, these included 75 drowning fatalities in baths, garden ponds, etc.; 27 from accidents with firearms; 70 from electrocution and 20 from foreign bodies in orifice.

### Electrical Accidents

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

## The Human Factor in Accidents

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

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



## SECTION B

### GENERAL PROVISION OF HEALTH SERVICES

#### 1. LABORATORY FACILITIES

Samples of milk, ice-cream, water and other specimens from this district are examined at the Public Health Laboratories in Oxford and Northampton. This most useful and efficient service is under the control of Dr. W.H.H. Jebb at the Radcliffe Infirmary, Oxford and Dr. L. Hoyle at the General Hospital, Northampton; I thank them for their ready co-operation at all times.

#### 2. HOSPITAL SERVICES

Horton General Hospital, Banbury.  
Cottage Hospital, Brackley.  
Northampton General Hospital.

##### Infectious Diseases

Slade Isolation Hospital, Oxford.  
Harborough Road Hospital, Northampton.

#### 3. COUNTY COUNCIL SERVICES

##### (a) Ambulances

The County Council provide ambulances for the removal to hospital of all general, medical, surgical and infectious cases. There is an ambulance station in Brackley.

##### (b) Child Welfare Centres and Clinics

Infant Welfare Centres are held at Brackley, Middleton Cheney Kings Sutton and Helmdon. Transport facilities are provided by the County Council in various parts of the district for mothers and children to attend clinics at a nearby centre.

##### (c) Nursing in the Home, Midwives and Health Visitor Services

The district is well covered, and all villages have the services of both District Nurse and Health Visitor.

(d) The Home Help Service

This service is in operation in several parishes of the district. It is a very necessary service and affords considerable benefit to the community, both to domiciliary and maternity cases, and especially in the care of old people who can remain comfortably at home, and who without this help, would be in institutions.

(e) Care and After Care Service

The County Council provide a number of facilities in respect of the crippled, aged persons, diabetics and the mentally ill; they are also responsible for the preventive services for tuberculosis.

WELFARE OF THE AGED

National Assistance Act, 1948 and National Assistance (Amendment) Act, 1951:

No action was necessary under section 47 during this past year.

The following provide services for old people.

1 National Health Service

(a) General Practitioner.

(b) Hospital and Specialist Services including the Almoner Service.

2 The County Council

(a) The Health Service.

(i) District Nurses.

(ii) Health Visitors.

(iii) Home Help Service. The Home Help Service is of inestimable value in the prevention of breakdown in the aged, and many are able to remain in their own homes who would otherwise have to be removed to institutions. Several old people were kept under observation during the year.

(b) The Welfare Department.

(i) Part III accommodation and homes.

(ii) Special Services for the Blind, etc., and home fittings where necessary.

3. The 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.
5. Voluntary Organisations.  
These are many and services vary in different areas. They include holiday schemes in which old people are taken on sea-side holidays in off-season times; the Darby and Joan Clubs; "Meals on Wheels" Service; the Home Visiting. The Women's Voluntary Service very often undertakes many of the above duties, while in other areas local voluntary committees run the various organisations. The Rural Communities' Council, together with the Old People's Welfare Committee, provide co-operation between the various services.

Your Medical Officer of Health, having a special interest in the welfare of the aged, and by virtue of her appointment both to the District and the County Council, and by her relationship with other medical colleagues, endeavours to fulfil the function of co-operation and co-ordination between these many agencies. Many cases of breakdown can be prevented by early application of these services.

The following clubs have kindly provided these reports of the activities of their clubs and I am most grateful to them. The voluntary organisers who give so freely of their time to this worthwhile activity are fulfilling an important and necessary function and are gratefully thanked for their services.

THE GOOD COMPANIONS CLUB, AYNHO. The Secretary, Mrs S.A. Stevens, has supplied this report.

We held afternoon meetings each Wednesday fortnight, with an average attendance of 20 members. We had six coach outings during the Summer, and two theatre outings during the winter. We held a Christmas party, were invited out to two parties and had one return party during November. We held a coffee day in a member's house to raise funds.

BODDINGTON OVER SIXTY FRIENDLY CLUB. Mr. F. Mason has supplied this report.

It gives me great pleasure to report that once again we have had quite a successful year. Our membership has increased and there are now 35 members of a club which through its own officers are able to maintain contacts with all branches of our welfare services.

Some of the older members get assistance from home helps which is much appreciated. The Chiropody service is also a great boon, this service is also administered by one of the members.

The holiday at Clacton is indeed a very welcome break for some of our members who would otherwise not be able to get a change at all.

At the end of the year our funds stood at £70.8.0. and we are looking forward to quite a few happy outings in the coming year.

One note of regret, we lost three members during the year, one of them our treasurer since the founding of the club.

CHACOMBE OLD PEOPLES CLUB. The Secretary, Mrs E. Bricknell has supplied this report.

The club has 50 members, meetings are held once a month on a Wednesday afternoon, when we play bingo, no charge is made, the prizes are given free and tea is provided by the Committee. Occasionally we hold a Coffee Evening and Bring and Buy Sale to raise funds.

All meetings are held in members houses as we have no Village Hall.

Last Summer we organised two outings; in July we had a day trip to Weymouth and in September a half day tour around the Cotswolds with tea at Evesham. These outings are free to members.

At Christmas each member is given a grocery parcel, value 10/-.

A Chiropody service is provided.

Our members received supplies of cheap tea, bovril, and horlicks.

Funds for the Club are obtained from draws, subscriptions and Bring and Buy sales.

MIDDLETON CHENEY OLD FOLKS WELFARE COMMITTEE. The Secretary, Mrs.M. Bain has supplied this report.

The old folk have met on the first Wednesday in each month in the Village Hall. We have had films of members visits abroad, a talk by Police Sargent Page on "General Safety", entertainers, bingo and community singing led by our own choir.

The choir has been very successful and have been round to other villages to entertain their members.

Two outings have been held, one to Southsea and the second, a tour of the Cotswolds, with tea at Cheltenham.

Our annual Exhibition and Sale was very successful, the Judges commented that the exhibits were of a very high standard. The sale of goods after the judging and the tombola organised by our President, Mrs A. Green, of Rectory Lane, brought in enough money to help pay for the outings and our New Year's Party.

The party was held in January and after a very nice meal served by Committee members, we were entertained by the Scouts, Boys Brigade and Adventurers. These young folk organised a concert which proved so successful that they repeated it for the general public.

Members have organised and run stalls at the Playing Fields Fete and the Village Hall Bazaar.

Concessionary foods for old folks have been sold at each meeting by Mrs Green and has proved a very satisfactory part of our organisation. Our Committee, made up of representatives from all organisations in the village, have visited members in their homes and arranged for the Chiropodist to visit those unable to get out and have made reports to the Officers of illness or any need.

Our Annual General Meeting was held on April 28th. in the Village Hall, our treasurer, Mr. A. Bain, retired due to ill health. We made plans for the coming year which we hope will prove as successful as 1969.

SYRESHAM FRIENDSHIP CLUB: Hon. Treasurer, Mr.P. Westcott, Hon. Secretary, Mr. P. Bradbury; Mr. Westcott supplied this report.

The Club had a very successful year, again maintaining its membership at around 60, even with a few unfortunate losses. A number of members spent a week's holiday at Clacton in the Spring and Southend in the Autumn, which they all greatly enjoyed, a few members who could not be away for the week took the coach ride there and back in the same day.

We were successful in commencing the Chiropody Service early in the year to which 24 members participate, all of whom report a great benefit.

We continue to hold fortnightly meetings in the village hall and during the Summer months arranged the following outings.

Mystery Tour, a visit to Bourton-on-the-Water, and tea, a tour of the Cotswolds and tea at Northleach. Two visits to Northampton Rep., Theatre and the Pantomime at Oxford. A Bazaar was organised to raise funds for our Birthday and Christmas parties, and were successful in making over £82. Our Birthday party in November to which we invited 12 members from each of two other clubs was greatly enjoyed and to which the local school children entertained with a play and songs.

We held our Christmas party on 23rd. December, to which we also invited members from two other clubs, and at which the Committee provided an excellent hot turkey dinner with all the trimmings.

There is no question that all members greatly enjoyed all the aspects of the club's activities and great credit is due to the volunteer Committee and helpers.

## SECTION C

### SANITARY CIRCUMSTANCES

#### Water Supply

The district is supplied with water by the Bucks Water Board who are the statutory undertakers. The source of the supply is the River Great Ouse at Buckingham, supplemented by water derived from chalk wells in the southern part of the Board's area and transferred northwards through their Mid Bucks Scheme. The water is purified at the Board's treatment works at Foxcote. The supply enters the district at Evenley and is distributed throughout the district. There are covered reservoirs at Thorpe Mandeville and Aston-le-Walls and a water tower at Halse.

Seventy-five samples of the supply were taken by the health department from taps in premises throughout the district and submitted for bacteriological examination. Three of the samples from two premises, showed slight contamination. As on previous occasions it was difficult to account for this especially as samples taken at properties nearby were satisfactory; it is possible that the washers in the taps or the gland packing were the cause of the contamination. However the mains were flushed by the Water Board and subsequent samples were satisfactory.

Complaints were received from three villages regarding discolourisation of the water. This was due to an accumulation of sediment in 'dead-end' lengths of main and it was soon cleared by flushing, wash-out hydrants are now being fitted to these mains by the Bucks Water Board and it will be much easier to clear these pipes should sediment accumulate in them in the future.

A sample of water submitted for Chemical Analysis was satisfactory and the analyst's report is shown on page 33.

With regard to private supplies, a complaint was made regarding one such piped supply which supplies several properties, the supply sometimes fails for a day or so during very cold weather and the owner is having the system overhauled to remedy this defect.

A roadside spring to which the public has access and which in previous years has been satisfactory both in quality and quantity, now appears to be contaminated. This is slight and the cause cannot yet be found with certainty, however it became apparent only after the building of a nearby housing estate and may be related to that fact.

Almost every house within a reasonable distance of the mains supply has this taken in pipes within the house. The few houses with taps outside the house are substandard and awaiting either demolition or reconditioning.

Details of the samples taken by the Public Health Inspector are shown on page 31, and the result of a chemical examination of the water on page 33.

BACTERIOLOGICAL SAMPLES OF MAINS WATER TAKEN BY THE PUBLIC HEALTH INSPECTOR WITH RESULTS OF EXAMINATION.

<u>Parish or Village</u>	<u>Number Taken</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Aston-le-Walls	2	2	-
Aynho	2	2	-
Boddington	6	6	-
Chacombe	10	8	2
Chipping Warden	1	1	-
Croughton	2	2	-
Culworth	1	1	-
Evenley	10	10	-
Eydon	1	1	-
Farthinghoe	3	3	-
Greatworth	2	2	-
Helmdon	5	5	-
Hinton-in-the-Hedges	1	1	-
Kings Sutton	7	7	-
Marston St. Lawrence	2	2	-
Middleton Cheney	9	8	1
Moreton Pinkney	1	1	-
Newbottle	2	2	-
Radstone	1	1	-
Sulgrave	1	1	-
Syresham	2	2	-
Thenford	1	1	-
Thorpe Mandeville	2	2	-
Whitfield	1	1	-
	<u>75</u>	<u>72</u>	<u>3</u>

NUMBER OF DWELLINGS SUPPLIED WITH MAINS WATER AT 31.12.69.

Aston-le-Walls	...	...	...	...	...	...	58
Aynho	...	...	...	...	...	...	225
Boddington	...	...	...	...	...	...	164
Chacombe	...	...	...	...	...	...	138
Chipping Warden	...	...	...	...	...	...	194
Croughton	...	...	...	...	...	...	166
Culworth	...	...	...	...	...	...	146
Edgcote	...	...	...	...	...	...	NIL
Evenley	...	...	...	...	...	...	153
Eydon	...	...	...	...	...	...	135
Farthinghoe	...	...	...	...	...	...	106
Greatworth	...	...	...	...	...	...	203
Helmdon	...	...	...	...	...	...	227
Hinton-in-the-Hedges	...	...	...	...	...	...	35
Kings Sutton	...	...	...	...	...	...	518
Marston St. Lawrence	...	...	...	...	...	...	72
Middleton Cheney	...	...	...	...	...	...	965
Moreton Pinkney	...	...	...	...	...	...	101
Newbottle	...	...	...	...	...	...	146
Radstone	...	...	...	...	...	...	16
Sulgrave	...	...	...	...	...	...	128
Syresham	...	...	...	...	...	...	176
Thenford	...	...	...	...	...	...	20
Thorpe Mandeville	...	...	...	...	...	...	52
Warkworth	...	...	...	...	...	...	5
Whitfield	...	...	...	...	...	...	47
Total	...	...	...	...	...	...	<u>4,196</u>

COPY OF RESULT OF CHEMICAL ANALYSIS OF SAMPLE OF MAINS WATER

The Counties Public Health Laboratories,  
Thresh House,  
Verulam Street,  
Gray's Inn Road,  
London W.C.1.

Analysis of a sample of water received 3.12.69. Our ref. Y/H/010  
From Brackley Rural District Council.  
Labelled "Four Bridges", Banbury Lane, Kings Sutton.  
(from kitchen tap - direct from main) Date 3.12.69. 9.00 hrs.  
Taken by N.R. Caley, Public Health Inspector.

CHEMICAL RESULTS IN MILLIGRAMS PER LITRE (ppm)

Appearance: Clear and bright.

Colour (Hazen)	5	Turbidity (A.P.H.A. units)	NIL
pH	7.6	Odour	NIL
Electric Conductivity (Reciprocal Megohms per cm.)	670	Free Carbon Dioxide	9
Chlorine present as Chloride	39	Dissolved Solids dried at 180°C.	470
Hardness: Total	440	Alkalinity as Calcium Carbonate	160
Carbonate	160	Non-carbonate	280
Nitrate Nitrogen	3.7	Nitrite Nitrogen	Absent
Ammoniacal Nitrogen	0.04	Oxygen Absorbed	0.80
Albuminoid	0.12	Residual Chlorine	0.02
Metals Iron, zinc, copper, lead: Absent			

This sample is clear and bright in appearance, has a reaction on the alkaline side of neutrality and is free from metals. The water is very hard in character but contains no excess of mineral or saline constituents in solution. It is of a satisfactory organic quality.

These results indicate a pure and wholesome water suitable for drinking and domestic uses, from the aspect of the chemical analysis.  
15th. December, 1969.

(signed). R.C. HOATHER.

## Sewerage and Sewage Disposal

Work continued throughout the year on the construction of the major sewage disposal works at Kings Sutton. This is a combined scheme to treat the sewage from Kings Sutton, Charlton and Aynho.

The works were to have been completed by September but there was a delay in the supply of essential pumping equipment which was outside the control of the Council or contractors. The works are now operational (March 1970) and the old Kings Sutton works, which gave rise in the past to numerous complaints and were a cause for concern as a health hazard, will no longer be used.

A major public health measure still required is the improvement of the sewage disposal facilities at Upper Middleton Cheney. Due to the rapid rate of house building in recent years, the old works are overloaded and the effluent ditch is grossly contaminated. A tender has now been accepted to build a pumping station adjacent to the site of the old works, which will pump the sewage to the new works at Lower Middleton Cheney. Part of Astrop Road, Middleton Cheney, is to be sewered for the first time and properties now drained to septic tanks will be able to be connected to the new sewers.

The position in other parishes is as follows:-

Croughton: A tender has been accepted for the improvement of the sewage disposal works.

Hinton-in-the-Hedges: The scheme is in preparation. The Council are endeavouring to acquire land for a site for the new works.

Marston St. Lawrence and Greatworth: This is a combined scheme. The detailed design is nearing completion.

Halse: Outline details are nearing completion.

Crowfield: The proposal is to pump sewage from Crowfield to the works at Syresham about  $\frac{3}{4}$  mile distant. Design work is well advanced.

When the above work is completed the Council will have virtually accomplished its task of modernising the sewage disposal facilities throughout the district. Attention in the future should be directed to improving these facilities when necessary.

The advent of sewers and sewage disposal works together with grants to owners for the improvement of their houses has resulted over the years in the conversion of pail closets and privies to waterborne sanitation. A survey which is now being undertaken indicates that the number of properties still having pail closets or privies is less than 4% of the total number of private houses i.e. less than 150 houses.

### Public Cleansing

House refuse is collected weekly from most of the properties in the district and collections are made fortnightly from outlying farms. Three rear loading fore and aft tipping vehicles are used and automatic compression of the refuse increases the holding capacity of the vehicles and reduces the number of journeys of the vehicles to the refuse tip; about 80 cubic yards of uncompressed refuse can be collected by the three vehicles. Eleven men are employed in three teams. The dustbins are collected from the premises but the empty bin is left on the kerbside for the occupier to return to the premises. There have been no complaints by the public about this method of collection and on request, due to infirmity or illness, the empty bins are returned to the premises by the collectors.

Complaints have been made about the tip at Greatworth and it has long been realized that this method of disposal of refuse is not satisfactory. The nature of refuse is changing, there is more putrescible material, paper, packaging and plastics. It is difficult to dispose of the latter material which does not break down and is offensive when burnt in quantity. There is a shortage of proper covering material and uncovered refuse is attractive to flies and rodents and in spite of all precautions, the hedgerows become littered with paper blown off the tip by high winds.

Because of the shortcomings of this method of tipping the Council have decided to establish a pre-pulverisation plant between Farthinghoe and Middleton Cheney. The refuse will be broken down to small granules by machinery and the resulting refuse will occupy much less space and will be less attractive to pests and vermin; and will be tipped in a disused railway cutting near the plant. The tip at Greatworth will no longer be used.

Work on the new plant is due to commence early in 1970.

The Council again arranged for special collections of bulky material from central points in each parish. This permits householders to dispose of such items as old beds, mattresses, scrap iron etc..

## Caravan Sites and Control of Development Act 1960

The number of caravans used as permanent homes has not varied to any large extent; there are 22 caravans on 16 sites. There are no holiday sites as such in the district but the Camping Club frequent one farm for weekend meetings of the Club during the summer.

No difficulties were experienced during the year in administering this Act and all the sites comply with the Council's licensing conditions. It must be emphasized, however, that most of these caravans were designed for holiday touring and their use as permanent homes is to condone what is in effect substandard living accommodation.

In contrast, the larger mobile home leaves little to be desired. They are reasonably spacious and contain all sanitary amenities and can readily be connected to water supply and drainage. There is thus no need for separate sanitary accommodation on the site.

Work started during the year on the construction of a marina at the Oxford Canal at Aynho for the benefit of pleasure craft. When completed the marina will provide mooring and repair facilities for craft, a shop, bathing, washing and sanitary accommodation. Already the site, which was formerly a coal yard, is much improved and it is an added amenity to the district.

## Clean Air Act 1956

There are no industrial processes in the district causing smoke in such quantities as to require action under the above Act. Two complaints were received regarding nuisance caused by the lighting of garden bonfires. In both cases fires were kept alight in gardens for more than reasonable periods of time and the persons responsible were warned that although the Clean Air Act was not concerned with garden bonfires they were liable to proceedings under the Public Health Act.

## Public Health Act Section 60

This section requires satisfactory means of escape in case of fire from certain buildings. It applies to buildings of more than two storeys where any storey is more than 20ft above ground level.

The Public Health Inspector and the Fire Prevention Officer of the County Council inspected 8 such premises and recommendations were made in respect of 4 of them.

## Swimming Baths and Pools

There are no public swimming pools in the district but a number of private pools exist. There is a public swimming pool in Brackley Borough and as stated in my report for 1968, discussions are taking place on the possibility of replacing this with an enclosed pool; the cost to be shared. It is considered that an up-to-date enclosed and heated swimming pool is essential in Brackley as this is an educational centre with six schools.

## Insect Pests and Disinfestation

Four infestations of fleas were investigated, three cases in houses and one in a workshop. In all occurrences, animals - dogs and cats - were the cause of the infestations. Appropriate precautions to disinfest the premises were taken.

The department is asked from time to time for advice in dealing with infestations of Cluster Flies. These have been more prevalent in recent years. Their favourite winter habitat is a warm roof space where they congregate in alarming numbers often causing much concern to the householder. They usually vacate the roof in the first warm days of spring when they appear in the other rooms of the house. They resemble house flies but their life cycle and habits are completely different and they are by no means such a health hazard as common houseflies.

Advice was sought when some grubs mysteriously appeared on a schoolroom floor. On investigation it was found that the grubs were falling through a small hole in the classroom ceiling and when part of the roof was removed some dead fly-blown starlings were found.

Advice was given on the treatment of a house infested with cockroaches; these were attracted by the central heating system.

## Factories Acts

The table on page 40, shows the number of factories in the district and the number of visits of inspection made. No serious contraventions of the Acts were found.

## Outworkers

There are no factories in the district employing outworkers. However, neighbouring authorities have notified 2 outworkers working in their homes in this area. These homes and working conditions have been inspected and found to be quite satisfactory.

## Offices, Shops and Railway Premises Act 1963

This Act deals with the health, welfare and safety of persons employed in shops and offices.

The table on page 40, gives details of the type and number of each place of employment and the classification of the persons employed therein.

The total of registered premises was three less than in 1968 and the number of persons employed decreased by three. Contraventions of the Act were of a minor nature and remedied without formal action being recommended. No accidents on registered premises were reported.

## Petroleum Storage Licences

The above Act prohibits the keeping and storage of bulk quantities of petroleum spirit unless the person storing the petroleum has a licence from the Council. The number of licences held in this district is 67. Sixteen are for filling stations and 51 for private use.

The filling stations are inspected at least once a year and visits are made to the other stores when time permits.

The Home Office Code of principles of construction of petroleum stores and licensing conditions have again been revised. The Council's licensing conditions closely follow this model code. One of the licensing conditions requires underground storage tanks to be tested 20 years after installation. This year 19 tanks were pressure tested and 5 failed the test; this is a fairly high figure and gives some cause for concern. Tanks which fail the test are either filled with concrete or removed by specialist firms.

# FACTORIES ACT 1961

## Part 1 of the Act

1. Inspections for the purpose of provision as to health (including inspections made by the Public Health Inspector).

<u>Premises</u>	<u>Number on Register</u>	<u>Inspections</u>	<u>Written Notices</u>	<u>Occupier Prosecuted</u>
(i) Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authorities	-	-	-	-
(ii) Factories not included in (i) in which section 7 is enforced by the Local Authority	20	10	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	-	-	-	-
Total	20	10	-	-

The Offices, Shops & Railway Premises Act 1962

Total number of registered premises at 31st. December 1969:- 38

Number of visits made to registered premises:- 52

Analysis by Workplaces of persons employed in registered premises at end of 1969.

	<u>No. of persons</u>
Offices	19
Retail Shops	59
Wholesale Departments	12
Catering Establishments	37
Fuel Storage Depots	1
	<u>128 (57 males, 71 females)</u>

The above figures relate to premises which are inspected by the Public Health Inspector. H.M. Inspector of Factories administers this Act in factories which are supervised by the Inspectorate for the purpose of the Factories Act 1961.

SUMMARY OF PUBLIC HEALTH INSPECTOR'S VISITS TO AND INSPECTIONS OF PREMISES IN 1969.

Housing Survey	...	...	...	...	...	...	...	85
Water Supply	...	...	...	...	...	...	...	16
Improvement Grants and proposed reconditioning	...	...	...	...	...	...	...	56
Insanitary Premises	...	...	...	...	...	...	...	1
Offensive Accumulations & refuse disposal	...	...	...	...	...	...	...	16
Housing Defects	...	...	...	...	...	...	...	51
Fire Escape from dwellings	...	...	...	...	...	...	...	12
Drainage	...	...	...	...	...	...	...	23
Insect pests and animals	...	...	...	...	...	...	...	16
Persons in need of care	...	...	...	...	...	...	...	4
Infectious Disease & Food Poisoning	...	...	...	...	...	...	...	43
Derelict Buildings	...	...	...	...	...	...	...	7
Noise Nuisance	...	...	...	...	...	...	...	1
Atmospheric Pollution	...	...	...	...	...	...	...	4
Polluted Ditches & Watercourses	...	...	...	...	...	...	...	2
Abandoned Vehicles	...	...	...	...	...	...	...	3
Miscellaneous	...	...	...	...	...	...	...	32
Caravans	...	...	...	...	...	...	...	34
Animal Boarding	...	...	...	...	...	...	...	4
Revisits	...	...	...	...	...	...	...	106
Offices & Shops Act	...	...	...	...	...	...	...	22
Petroleum Stores	...	...	...	...	...	...	...	53
Schools	...	...	...	...	...	...	...	41
Factories	...	...	...	...	...	...	...	10
Butchers	...	...	...	...	...	...	...	33
Grocers & Greengrocers	...	...	...	...	...	...	...	71
Catering Establishments & Licensed Premises	...	...	...	...	...	...	...	48
Bakers	...	...	...	...	...	...	...	11
Mobile Shops	...	...	...	...	...	...	...	30
Milk & Dairies	...	...	...	...	...	...	...	10

# SUMMARY OF COMPLAINTS INVESTIGATED 1969

Drainage, sewerage and sanitation	...	...	...	...	...	17
Refuse	...	...	...	...	...	6
Insanitary conditions	...	...	...	...	...	15
Insect Pests and Vermin	...	...	...	...	...	6
Nuisance from keeping animals	...	...	...	...	...	3
General Housing defects	...	...	...	...	...	13
Water supply	...	...	...	...	...	5
Rats and Mice	...	...	...	...	...	67
Food	...	...	...	...	...	6
Noise	...	...	...	...	...	3
Miscellaneous	...	...	...	...	...	8

## SECTION D

### HOUSING

#### The Provision of New Houses

##### Council Houses

No new Council dwellings were built during the year but 9 flats for old people at Astrop Grange, Kings Sutton, were completed. Work also started on the 12 bungalows for old people which are being built in the grounds of Astrop Grange. This scheme has everything to commend it; the accommodation is spacious and comfortable and much is being done to make a pleasant environment without detracting from the charm of this country house.

Work also commenced on the construction of 7 houses at Bull Baulk, Middleton Cheney, and 2 houses at Farthinghoe Road, Charlton. The future building programme includes 21 flats and 2 houses at Kings Sutton and 2 houses at Wheelers Rise, Croughton.

##### The Improvement of Housing Conditions

The Housing Act 1969 came into operation on 25th. August 1969. Briefly the Act increases the amount of the "Discretionary", (now renamed simply "Improvement Grant") and the Standard Grant; the maximum of these is increased to £1,000 and £200 respectively. In special circumstances the Standard Grant may be increased to £450. The Improvement Grant can now include some items of disrepair and replacement. The Act also includes provisions whereby the local authorities may obtain a grant for improving the environment of residential areas. Up to £100 per dwelling in the area may be claimed which can be spent on such items as tree-planting, play spaces, fencing etc.. There are also powers in the Act to enable landlords to charge higher rents for improved houses in good repair; the tenancy can be changed from a 'controlled' tenancy to a 'regulated' tenancy.

During the year applications for grants were approved for the improvement of 24 dwellings; 15 by way of Standard Grants and 9 Discretionary Grants. It is too early to say whether the 1969 Act has offered enough inducement to owners to improve their property, Owner occupiers are certainly taking advantage of it and of the above 24 applications, 18 were by owner/occupiers.

## Slum Clearance

The Housing Act 1969 places a general duty on local authorities to cause an inspection of their districts to be made from time to time with a view to dealing with the unsatisfactory conditions in older houses in their areas. A survey of the district is at present being done but pressure of other work has impeded progress. Of the parishes so far surveyed 4.7% of the private houses could possibly be classed as 'unfit for habitation' and not repairable at reasonable cost'. Applying this percentage to the total number of private houses gives an approximate figure of 150 unfit houses. The figures also indicate that about half of these houses are occupied by elderly people or owner occupiers who do not wish to move into Council accommodation. In fact the number of Council house applicants in sub-standard dwellings is very small indeed.

## Slum Clearance

	1962	1963	1964	1965	1966	1967	1968	1969
Demolished	6	6	9	8	6	6	2	0
Closed	8	7	3	4	2	4	6	4
Made fit for habitation following formal action under the Housing Acts.	5	9	13	8	8	9	8	7

## Changes in the Stock of Private Dwellings (other than by "slum clearance" or by new dwellings).

	<u>No. of dwellings</u>
Becoming derelict and demolished	1
Demolished to make way for other development	4

There was no increase or decrease in the number of dwellings due to the conversion of property.

STATEMENT OF HOUSING PROGRESS

PROVISION OF COUNCIL DWELLINGS

	Pre-War and War-time dwellings.	Post War Dwellings.	Sub-standard dwellings acquired and reconditioned.	Totals:
Aston-le-Walls	16	8	-	24
Aynho	-	30	6	36
Boddington (Upper & Lower)	6	23	-	29
Chacombe	17	21	-	38
Chipping Warden	-	62	-	62
Croughton	8	31	-	39
Culworth	21	21	-	42
Edgcote	-	-	-	-
Evenley	-	13	6	19
Eydon	12	13	-	25
Farthinghoe	10	20	-	30
Greatworth & Halse	16	41	-	57
Helmdon	16	44	-	60
Hinton-in-the-Hedges	-	6	-	6
Kings Sutton	66	189	-	255
Marston St. Lawrence	6	16	-	22
Middleton Cheney & Overthorpe	71	217	-	288
Moreton Pinkney	8	9	-	17
Newbottle & Charlton	18	27	-	45
Radstone	-	-	-	-
Sulgrave	14	25	-	39
Syresham	38	37	-	75
Thenford	-	-	-	-
Thorpe Mandeville	6	6	-	12
Warkworth	-	-	-	-
Whitfield	-	6	-	6
Totals:	349	865	12	1226

# STATEMENT OF HOUSING PROGRAMS

## PROVISION OF COUNCIL BUILDINGS

Location	Number of Council Buildings	Number of Council Buildings	Number of Council Buildings	Number of Council Buildings
Aston-le-Walls	16	8	1	34
Aynho	-	20	1	36
Boddington (Upper & Lower)	6	23	-	29
Chorley	17	21	-	38
Chipping Warden	-	62	-	62
Crofton	8	31	-	39
Culworth	21	21	-	42
Eddycote	-	-	-	-
Evenley	-	13	5	18
Fydon	12	13	-	25
Grantham	10	20	-	30
Grantham & Halse	16	42	-	58
Holton	16	14	-	30
Horton-le-Moors	-	8	-	8
Kings Sutton	66	189	-	255
Marston St. Lawrence	6	16	-	22
Mableton Cheney & Overborough	21	217	-	238
Moston Pannoy	8	9	-	17
Newbottle & Charlton	18	27	-	45
Radstone	-	-	-	-
Ratcliffe	14	25	-	39
Ryeburn	28	27	-	55
Thorncliffe	-	-	-	-
Thorpe Mandeville	6	6	-	12
Wirksworth	-	-	-	-
Witley	-	6	-	6
Totals:	342	662	12	1226

## S E C T I O N E

### INSPECTION AND SUPERVISION OF FOOD PREMISES

#### Food Premises

The number and class of food premises is shown on page 47, 203 visits of inspection were made by the Public Health Inspector during the year.

Food premises are subject to the provisions of the Food Hygiene (General) Regulations 1960. These regulations contain provisions relating to 1. The Cleanliness of persons handling food and their freedom from infectious disease. 2. The hygienic construction of food premises and the provision of such things as the supply of hot and cold water, wash-hand basins, first-aid outfits, facilities for washing food and equipment, refuse disposal etc.. 3. The temperature at which certain foods are to be kept.

Alterations and improvements continue to be made to the food-shops in the district. Several shops have been re-designed to permit the customers to serve themselves and almost every shop has a frozen food display cabinet. It is regrettable that many instances of misuse of these cabinets have been observed during the inspection of shops. They are often overloaded with the result that packets of perishable foods are above the load line and consequently begin to thaw out. Such foods could decompose and become dangerous. It would be an improvement if some accessory could be fitted to the cabinet to give a warning signal if any packet is above the load line. Some freezers are not defrosted regularly and are often seen coated with ice and although this may look impressive from a marketing point of view it does affect the efficiency of the apparatus. Again there is a tendency to put the new delivery of frozen foods on top of the present stock with the result that the foods at the bottom of the cabinet become out dated. Producers are still reluctant to date stamp their products although the packets bear a date code known only to them. All retailers are advised to use their own code especially for such rapidly perishable foods as pies and sausages.

## Catering Establishments

These premises are classified as follows:-

Restaurants and cafés serving full meals	7
Cafés serving light refreshments	4
Public Houses	33
Factory canteens	1
School canteens	4

The standard of hygiene of the above premises is generally good. An increasing number of public houses are serving more varied dishes due to a large extent to the "breathelyser" and the need to attract more custom.

The school kitchens are excellent, and the staff are to be complimented on the very high standard attained in all of them.

## Food Delivery Vehicles

There are numerous food vehicles plying in the district and since there are no regulations requiring these to be registered with a local authority it is impossible for the health department to keep track of them; most of them operate from outside the district. As stated in previous reports many of these vehicles are ill-adapted for the trade which they do. They are inspected whenever they are seen by the Public Health Inspector to ascertain whether the relevant regulations are being observed. These are the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 and they seek to apply similar regulations to food delivery vehicles as to foodshops. One of the regulations requires washing facilities to be carried on food vehicles which offer unwrapped food for sale. Many of the retailers are loath to provide the necessary equipment and there is a definite need for the purpose-made vehicle fitted out to comply with the regulations.

Milk distributors are licenced with the local authority and there would seem to be no reason why other food vendors should not be similarly licenced.

### Complaints About Food

There were 6 complaints about food as follows:-

Fly in packet of sausages

Maggot in packet of sausages

Mould on chocolate

Dirty milk bottle

Tainted ham

Bone taint in side of beef

In the first two instances the manufacturers were warned by the Council. The complaint about the dirty milk bottle was made to the County Council and dealt with by the Weights and Measures Inspector. The "mouldy" chocolate was found to be the normal "bloom" which develops on chocolate and is of no significance. The remaining cases of tainted ham and "bone tainted" meat were replaced by the suppliers.

### Milk Supply

The production, treatment and sale of milk is controlled by the Milk (Special Designations) Regulations. Retail distributors with premises in this district are required to register with this Council and 14 distributors are so registered. Since all milk sold in this district must be designated milk i.e. "sterilised", "pasteurised" or "untreated" all distributors must also hold a licence under the appropriate regulations. The licences are valid for five years and all are due for renewal on 1st. January 1971. The Public Health Inspector regularly samples the milk and 26 samples were taken, 23 samples of pasteurised milk and 3 samples of sterilised milk. All the samples satisfied the statutory tests. There are no heat treatment plants in the district and no wholesale distributors, hence all milk sold other than that supplied by producer-retailers is already bottled and capped before it enters the district. The Council are not concerned with the licensing of producer/retailers, as these are under the control of the Minister of Agriculture, Fisheries and Food.

Regular milk sampling of untreated milk is carried out by the Weights and Measures Department of the County Council, who have kindly agreed to co-operate with public health departments in the county. Results of any test which is not satisfactory are immediately reported and suitable action is taken. This service has been of great assistance, and our thanks for this helpful service are accorded to the Weights and Measures Department. It is particularly useful in relation to Brucella infection.

### Food Sampling

Eight samples of meat products were submitted for bacteriological examination. These were taken early in the year and were a continuation of a series of samples which commenced late in 1968.

As on previous occasions the samples of cooked ham showed a heavier plate count of organisms than the pies. It is significant that samples taken after the knives and machines had been properly cleansed showed a marked decrease in the number of bacterial colonies.

As a routine check two samples of yoghurt were submitted for bacteriological examination, no pathogenic organisms were found.

At the request of a retailer eight samples of tinned and packeted foods were sent for examination; all were found to be satisfactory.

### Ice-Cream Samples

Seventeen samples of ice-cream were submitted for examination and were graded by the laboratory as follows:-

Grades I & II

14

Grade III

2

Grade IV

1

Grades I and II are considered to be satisfactory. The unsatisfactory Grade III & IV samples were from the same vendor and after consultation with the manufacturer the remainder of this batch was withdrawn from sale.

## Slaughterhouses

There are no slaughterhouses in the district. Meat is supplied to the 9 butchers shops from abattoirs in Banbury and Northampton.

Regular inspections of the butchers' shops are made by the Public Health Inspector and the meat in stock is also inspected.

Some important Regulations were introduced in 1969. These were the Meat Sterilisation Regulations. The effect of these regulations is to require all meat which is unfit for human consumption to be sterilized before entering the chain of distribution. It is hoped that this legislation will prevent the illegal sale of unfit meat to unwitting purchasers. Unfit meat was also available in pet shops and it was often indistinguishable from fresh meat and was therefore liable to be used for human consumption. In addition cases of food poisoning have been caused by infected meat being brought into the home for pets and contaminating knives and kitchen utensils.

### SAMPLES TAKEN IN THE BRACKLEY RURAL DISTRICT IN THE 12 MONTHS ENDING 31st. MARCH 1970. BY THE NORTHAMPTONSHIRE COUNTY COUNCIL - WEIGHTS AND MEASURES DEPARTMENT

Milk	...	...	...	...	...	...	...	51
Butter	...	...	...	...	...	...	...	2
Coffee etc.	...	...	...	...	...	...	...	2
Cream	...	...	...	...	...	...	...	9
Flavourings	...	...	...	...	...	...	...	4
Glace Cherries	...	...	...	...	...	...	...	1
Ice Cream	...	...	...	...	...	...	...	6
Lard etc.	...	...	...	...	...	...	...	1
Margarine	...	...	...	...	...	...	...	1
Meat Products	...	...	...	...	...	...	...	16
Preserves	...	...	...	...	...	...	...	2
Soft Drinks	...	...	...	...	...	...	...	2
Spirits	...	...	...	...	...	...	...	5
Table Jelly	...	...	...	...	...	...	...	1
Vinegar	...	...	...	...	...	...	...	1
Total	...	...	...	...	...	...	...	<u>104</u>

<u>Remarks</u>	<u>Date</u>

Whilst two samples of milk were found to be deficient in solids-not-fat, the subsequent application of the freezing point test by the Public Analyst proved that the depression of the solids-not-fat percentage was not due to the addition of water. No further action was necessary in the circumstances.

WEIGHTS AND MEASURES ACT. 1963

3,402 articles were checked for weight or measure during the year and of these only 29 were found to be deficient. None of the errors were sufficiently serious to justify the institution of legal proceedings and were dealt with by advice or caution at the time of detection.

## SECTION F

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

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

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute pneumatosis	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.

The total number of infectious diseases notified during the year was 29 showing a decrease on last year's figure of 114. This was largely due to a decrease in the incidence of measles. There were 3 cases of infective jaundice compared with 6 in 1968.

MEASLES This highly infective illness from which few individuals escape has its incidence almost exclusively during childhood. It usually follows a biennial incidence, with high numbers occurring in alternate years. The course of the illness is almost invariably benign, but complications which include otitis media, pneumonia, eye infections and very occasionally encephalitis do occur, and the illness itself is often severe. Complications can be effectively dealt with by the many antibiotics which are now available, but these drugs are themselves not all without side effects, are expensive and involve medical supervision. An effective measles vaccine has now been developed and this became available this year. It is anticipated that in future years measles in common with poliomyelitis and diphtheria will be virtually eradicated. This year there were only 16 cases.

WHOOPING COUGH There were no notifications. Acceptance rate to immunisation is high and the incidence of this condition is low. Cases still occur as immunisation is not completely effective, however in the majority of children who have received immunisation the illness is usually mild.

SCARLET FEVER Three cases were notified, one from Charlton, one from Evenley and one from Greatworth. This disease continues to exhibit its mild phase. The principal interest in its notification is that it gives some indication of the degree of streptococcal infection in the community.

POLIOMYELITIS No cases occurred, 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 more acceptable to the young patients than the previous needle prick.

FOOD POISONING There was one case of Salmonella Typhimurium and one case of Salmonella Stanley notified during the year.

The condition is usually caused by one of the Salmonella organisms, of which there are a large number. The commonest strain being that of typhimurium. Salmonella infection is common in bovines, and the incidence of infection on farms is now notified by the Divisional Veterinary Officer to the Medical Officer of Health. Farm workers are then warned of the possibility of human infection, and given details of hygiene precautions to prevent incidence in themselves or their families.

Other causes of food poisoning are staphylococcus which may gain entry to food from an infected spot on the face, hands or arms of a food handler which may cause a severe form of the illness. As the symptoms result from a toxin which is unaffected by heat, cooking the infected food, in this case does not prevent the illness. More rarely typhoid fever, botulism or chemical contaminants may occur. However the commonest germ is the salmonella which gains entry into food because of the faulty personal hygiene of food handlers. The sources of infection are numerous, probably uncooked contaminated (often imported) meat being today one of the most frequent.

A report of suspected food poisoning affecting a family in one house was investigated at Middleton Cheney. Inquiries revealed that all the family had suffered the usual food poisoning symptoms and severe headaches. One unusual feature which aroused suspicion was the fact that the family improved after going out for a day but became ill again on returning home. An inspection of the house revealed that this was heated by gas central heating implemented by gas fires. The windows were draught-proofed and in fact, the heating appliances were consuming much of the available oxygen and it can only be assumed that the rooms were insufficiently ventilated resulting in a lack of sufficient oxygen.

Alterations were made to provide additional ventilation to the heaters and the family made a rapid recovery.

SMALLPOX There were no cases. The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

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 strongly stressed, as it is only by keeping up the numbers of children immunised that the disease 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.

INFECTIVE JAUNDICE The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st. July, 1962. By arrangement with other District Councils this also became operative in the County of Northamptonshire. Under the Health Services and Public Health Act 1968 this disease has now become nationally notifiable as Infective Jaundice. Three cases were notified during the year.

Acute Infective Jaundice 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 15-50 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 jaundice, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work from six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate hand washing techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposal equipment was generally introduced. In this County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

# PERIOD DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS DISEASES

A statement showing the period distribution of the cases notified is given hereunder.

	January	February	March	April	May	June	July	August	September	October	November	December	TOTALS
Scarlet Fever ...	1	-	-	1	1	-	-	-	-	-	-	-	3
Diphtheria ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles ...	4	3	1	3	4	-	-	1	-	-	-	-	16
Whooping Cough ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning ...	-	-	-	-	-	-	-	1	-	1	-	-	2
Dysentery ...	-	-	-	-	1	-	-	-	-	-	-	-	1
Infective Jaundice	-	-	-	1	2	-	-	-	-	-	-	-	3
Poliomyelitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS ...	5	3	1	5	8	-	-	2	-	1	-	-	25

# INCIDENCE OF INFECTIOUS DISEASES

Over the past 10 years other than Tuberculosis

		1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Scarlet Fever	...	3	4	7	2	4	7	5	2	6	3
Diphtheria	...	-	-	-	-	-	-	-	-	-	-
Pneumonia	...	1	3	4	1	-	-	1	-	-	-
Measles	...	36	234	3	160	161	79	104	258	128	16
Whooping Cough	...	5	3	-	10	4	-	9	7	2	-
Food Poisoning	...	-	-	5	-	7	1	1	-	-	2
Dysentery	...	1	-	-	3	1	-	-	-	-	1
Erysipelas	...	-	-	1	-	1	-	-	-	1	-
Infective Jaundice				5	9	1	1	4	35	6	3
(not notifiable until 1962											
Poliomyelitis	...	-	-	-	-	-	-	-	-	-	-

# INCIDENCE OF NOTIFIABLE DISEASES 1969

(other than Tuberculosis)

In individual Parishes.

Parish	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Food Poisoning	Dysentery	Infective Jaundice	Poliomyelitis	TOTALS
Aston-le-Walls	...	-	-	-	-	-	-	-	-
Aynho	...	-	2	-	-	-	-	-	2
Boddington	...	-	-	-	-	-	-	-	-
Chacombe	...	-	-	-	-	-	-	-	-
Chipping Warden	...	-	1	-	-	-	-	-	1
Croughton	...	-	1	-	-	-	-	-	1
Culworth	...	-	-	-	1	-	-	-	1
Edgcote	...	-	-	-	-	-	-	-	-
Evenley	... 1	-	2	-	-	-	-	-	3
Eydon	...	-	-	-	-	-	1	-	1
Farthinghoe	...	-	-	-	-	-	-	-	-
Greatworth	... 1	-	-	-	-	-	-	-	1
Helmdon	...	-	-	-	-	-	1	-	1
Hinton-in-the-Hedges	-	-	-	-	-	-	-	-	-
Kings Sutton	...	-	2	-	-	-	-	-	2
Marston St. Lawrence	-	-	-	-	-	-	-	-	-
Middleton Cheney	...	-	6	-	1	1	-	-	8
Moreton Pinkney	...	-	-	-	-	-	-	-	-
Newbottle & Charlton	1	-	-	-	-	-	-	-	1
Radstone	...	-	-	-	-	-	-	-	-
Sulgrave	...	-	-	-	-	-	1	-	1
Syresham	...	-	2	-	-	-	-	-	2
Thenford	...	-	-	-	-	-	-	-	-
Thorpe Mandeville	...	-	-	-	-	-	-	-	-
Warkworth	...	-	-	-	-	-	-	-	-
Whitfield	...	-	-	-	-	-	-	-	-
TOTALS	... 3	-	16	-	2	1	3	-	25

## TUBERCULOSIS

Four new cases of respiratory tuberculosis were notified in the year.

The total cases on the Register at the end of the year was:-

<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Total</u>	
<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
35	29	14	7	49	36 = 85

## VACCINATION AND IMMUNISATION

Details of these figures are now given in the Annual Report of the County Medical Officer of Health.

## SECTION G

### RODENT CONTROL

This service has continued satisfactorily and 67 requests were made to the department for the services of the rodent operative. This number was less than in 1968 but the infestations have not been so severe.

The service is free of charge to private householders. Business premises, farms etc. are treated on a time and material basis. The Council also operates a contract service for business premises, mainly farms, for a fixed charge of £5.5.0.. The rodent operative provides three treatments per year at the premises and 59 farms have availed themselves of this service. This is about the maximum number of contracts possible for the operative.

Towards the latter part of the year the Council participated in a rodent control scheme organised by the Ministry of Agriculture, Fisheries and Food. This was an attempt to make a large part of the East Midlands a "rat-free zone". It has been found that by establishing a large number of permanent baiting points and keeping these points well supplied with bait, it is possible to rid an area of rats and prevent a re-infestation. This method of treatment is important where farms are concerned. In addition to putting baits down in the farm buildings, they are placed in hedgerows and ditches at strategic points. The theory is that at the onset of cold weather the rats leave the fields for the buildings using hedgerows as 'runs' and the bait is taken before a colony can be started in the buildings. It was essential that this block baiting should be started at the same time throughout the area of the scheme and with the co-operation of the National Farmers Union, farmers were asked to establish the baiting points themselves. Those farmers having contracts with the Council were given a supply of ready-mixed bait in lieu of one of the contract treatments.

At the time of writing this report it is too early to assess the results of the scheme but it is anticipated that this method of baiting will continue and be extended and it is suggested that standing committees be formed to keep rodent control measures under review in the areas corresponding to the National Farmers Union districts.

This scheme has meant more work for the rodent operative and he has continued to perform his duties with enthusiasm and efficiency. As previously stated, the contract work is very demanding but well worthwhile. The work would be somewhat lessened if permanent baiting points could be established on each farm and the farmer himself attended to these. The reduction in the number of rats could be unparalleled.

#### Number of treatments undertaken

Sewers, sewerage disposal works and ditches and hedgerows	91
Refuse tips (including roadside 'lay-bys' and unofficial tips)	46
Farms and smallholdings	123
Private dwellings	119
Business premises (factories, shops etc.) and schools	30
Total number of visits made to premises including visits for survey purposes	1247

#### Quantity of material used

Oatmeal with Warfarin	2506lbs
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