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RURAL DISTRICT OF BRACKLEY



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Year 1971

JOAN M. St. V. DAWKINS

BRACKLEY RURAL DISTRICT COUNCIL

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VICE - CHAIRMAN: MR. E.R. WILKS.

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Mr. F. Mason.

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The Chairman and Vice-Chairman of the Council are *ex officio* members of the Public Health Committee.

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Secretary

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The Chairman and Vice-Chairman of the Council are ex officio members of the British Medical Association.

PUBLIC HEALTH OFFICERS

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

Medical Officer of Health, Division 1, Northamptonshire.

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

Senior Assistant County Medical Officer of Health

Secretary:

Mrs. E. Stevenson.

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. resigned 24th June 1971.

Mrs. B. Upton. from 28th June 1971.

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 the prevention of diseases 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 is a decrease in population of 280 according to the Registrar General's mid-year estimate of 13,870. There were 125 deaths, an increase of 5 on last year's figure. This gives a standardised rate of 10.3 compared with the national figure of 11.6. Male deaths exceeded female deaths by 19. Details and comments on the causes of death are given in Section A. The total number of live births was 218, a decrease of 3 on last year and giving a standardised rate of 19.2 compared with the national figure of 16.0. Illegitimate births were 5, 5 less than in 1970. There were 2 deaths under the age of one year.

Infectious disease notifications were increased from 46 last year to 87 for 1971, and included 1(5)* cases of infective hepatitis, 1(-)* of food poisoning and 1(6)* of scarlet fever. There were no notifications for whooping cough or dysentery. 8(6)* people died from pneumonia and 5(2)* from bronchitis. There were 83(21)* cases of measles. Measles vaccination increased considerably in the country, and it is to be hoped that from henceforward, with the availability of vaccines and the use of the computer, that a higher percentage of children will be vaccinated.

()* 1970 figures.

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

Work was completed, except for minor details, at Thenford, to provide a 2" rising main to deliver sewage to the works at Middleton Cheney. The enlargement and improvement of facilities at both Middleton Cheney and Croughton were nearing completion. Work is due to commence early in 1972 on the Greatworth, Marston St. Lawrence and Halse scheme, and also at Crowfield, where the existing disposal system is to be abandoned and the sewage pumped to Syresham. The improvements at Hinton-in-the-Hedges are still awaiting approval.

Refuse collection continued on a weekly basis from the majority of premises with a fortnightly collection from more isolated properties. All refuse is now taken to Farthinghoe to the pulverisation plant. The refuse tip at Greatworth is being maintained, for the time being, to provide disposal facilities under the Civic Amenities Act.

35 new dwellings were erected by the Council during 1971 and one was demolished.

The maintenance of high standards in food hygiene control continues to form an important aspect of the work of the health department, and technical innovations in the production, manufacture and storage of food, a more mobile population, resulting in an increase in the use of canteens and restaurants, place further pressures on staff. Foreign travel, and the importation of intestinal infections, particularly in food handlers, now present another difficult problem. The district has been fortunate that there has been only one case of food borne infection. This has been described in detail later in the report. Generally, food borne infection remains too high, and constant vigilance is needed by our inspectors in all aspects of food control. However, satisfactory food hygiene is ultimately always dependent on the individual who handles the food. The need for adequate training and subsequent supervision of the employees cannot be too strongly stressed.

The public are the final arbiters and should always be on the alert for poor practice, refusing to accept low standards. Finally all primary food hygiene starts in the home.

The year has been notable for the publication in the late summer of the Consultive Document on the reorganisation of the National Health Service, and the date of April 1974 was fixed both for its implementation and that of local government. There has been much uncertainty during the year as to the future of the organisation of the environmental health services which are destined to remain under the control of the local authorities. Former statutory responsibilities will be relinquished and the title of medical officer of health will cease. Medical staff will transfer to the National Health Service and it is assumed that medical advice shall be received from community physicians, designated as advisors to the local authority. The carefully built up structure evolved successfully over many years in the control of infectious disease will therefore, cease to operate from April 1974. It is to be hoped that satisfactory safeguards will be maintained in the reorganised structure. The medical officer of health has the duty to ascertain, report and advise upon all aspects affecting the health of the community. He acts in fact as "watchdog" of his area, and has the further function of advisor in occupational health to the employees of his authority. The need for these services will continue. The community physician as part of the National Health Service will be well placed to observe and report on all matters relating to health in his area, while his position as advisor to the local authority can continue and could prove to be a valuable link with the health services, as through the elected representatives a two way communication with the public can be maintained.

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

In the first instance a major problem is that of population control. For many years, while providing a National Health Service, family planning arrangements have been fragmented between the three branches of the service and voluntary organisations, with wide disparities in the degree

of provision. The extension of family planning and abortion legislation has not succeeded in standardising services throughout the county. The need is paramount, and it is as well to reflect on the figures. At present there are 300,000 excess of births over deaths annually, and if the demographic projection for the year 2,000 A.D. is correct the figure of 55 million will increase to 66.5 million. This means that each year there will be a population increase of a town double the size of Northampton so that by the end of the century there will be the need to establish 56 such towns in population terms. It is estimated that 150,000 unwanted children are born annually; we know that the genesis of maladjustment, delinquency and crime lie in the early years of childhood, and one can assume that it is from this group of unwanted and often rejected children that such problems arise.

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

While local authorities are already confronted with an enhanced problem of dealing with the pollutants of their own environment, the steady demand for an increase in all services and the introduction of chemicals resulting in new toxic wastes, adds further to disposal problems. The recent dumping of cyanide in my own health division contributes another factor of concern as the demand for water supplies are requiring additional use of river water and thus to re-cycling of water through water supply and sewage disposal systems.

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

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

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

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

As well as misuse of diet and alcohol, there is no lessening of the practice of cigarette smoking. I write annually concerning the habit which is a major danger to health; I repeat the facts without hesitation. Cigarette smoking is the greatest single avoidable cause of death in this country at the present time with a probable 50,000 deaths a year from lung cancer, chronic bronchitis and heart disease. Success in the achievement of a sanitary environment is being eroded by the personal choice of individuals. Few can now claim ignorance of its ultimate effect and the acceptance of this health hazard is a voluntary one; yet a national campaign was mounted by the majority of womens' organisations to promote a cytology service (to prevent cervical cancer - causing less than 3,000 deaths a year); one asks why such organisations do not promote campaigns whose objectives are directed at the major killer? It is therefore necessary to continue relentlessly to press for the need for every means to be exerted in the spreading of information concerning the effects of cigarette smoking. Does smoking start by emulation of an admired elder person? I believe it does, and parents, teachers, pop stars, television personalities, footballers and perhaps doctors have the responsibility of setting an example to young people. The facts and the figures relating to smoking are in Section A of the report, and I make no excuse for my annual repetition of this necessary information.

Though the harm caused by cigarette smoking is now obvious, other factors inimical to personal health are not so apparent. In the light of present knowledge it is our aim to consider what mortality and morbidity can be prevented. Prevention can be divided into three stages and in each decade of life this discipline can be used. Primary or absolute, as for example in the immunisation to infectious disease, secondary in the early detection

and therefore elimination of an illness already evident as in early cancer, and finally tertiary, the amelioration of or delay in deterioration in the chronic diseases such as those affections of bones and joints that cause so much long term suffering and crippling, and finally to anticipate the needs of the elderly early and prevent breakdown.

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

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

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

On a personal note I had the honour to hold office as Chairman of the Northampton division of the British Medical Association; was appointed Chairman of the Oxford Region of Public Health Medical Officers for the fourth year, and represented that Region, again for the fourth year on the Public Health Committee of the British Medical Association.

I was also again appointed to the Whitley Council Staff Side.

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,
Rural District Council Offices,
Brackley Lodge,
Brackley, Northants.
September, 1972.

REPORT OF VITAL STATISTICS 1972

	1970	1971	1972
Population (mid-year)	14,150	14,070	not available
No. of marriages (1st Jan - 31st Dec)	4,573	4,698	4,779
Births (1st Jan - 31st Dec)	2,770,367	2,309,400	2,205,152
Deaths (1st Jan - 31st Dec)	2,188	2,298	2,392

I was also appointed to the Whitley Council Staff Side.
To Mr. W. H. Coley I give my thanks for his steadfast advice
throughout the year and for his help in the organization 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,

JOHN H. ST. V. DAVENPORT

Medical Officer of Health

Public Health Department,
Rural District Council Office,
Brackley Lodge,
Brackley, Northants. N. 100.
September, 1925.

I have the honor to acknowledge the receipt of your letter of the 11th inst. and in reply to inform you that the same has been forwarded to the appropriate authorities for their consideration.

I am, Sir, very truly,
Yours faithfully,
John H. St. V. Davenport

SECTION A

SOCIAL CONDITIONS OF AREA AND STATISTICS

BRACKLEY RURAL DISTRICT

The district is situated in the most southerly part of Northamptonshire and has common boundaries with Buckinghamshire, Oxfordshire and Warwickshire. It is essentially rural in character and its 91 square miles are devoted almost entirely to agriculture. There is only one factory of appreciable size and this specializes in the packing of products, mainly of the motor industry, for export.

The district is on the eastern edge of the Cotswolds and the picturesque and, so far, unspoilt villages are attracting an increasing number of people who want " a place in the country".

Many of these new residents are retired or travel daily to their work in the neighbouring towns of Banbury, Northampton and Oxford and even farther afield to Birmingham, Coventry and London.

This increasing demand for housing development in the district has necessitated very careful planning control to ensure that the essential characteristics of the district remain unchanged.

SUMMARY OF VITAL STATISTICS 1971

Area in acres		58,132	
	<u>1970</u>	<u>1971</u>	<u>1972</u>
Population (mid-year)	14,150	13,870	not available
No. of dwellings (at 1st April)	4,573	4,658	4,779
Rateable value (at 1st April)	£370,367	£389,936	£405,152
Product of 1p rate(at 1st April)	£ 1,518	£ 3,856	£ 3,951

		BRACKLEY R.D.C.		
		MALES	FEMALES	TOTAL
ESTIMATED MID-YEAR HOME POPULATION				13,870
LIVE BIRTHS	Total	105	113	218
	Legitimate	103	110	213
	Illegitimate	2	3	5
STILLBIRTHS	Total	-	4	4
	Legitimate	-	4	4
	Illegitimate	-	-	-
TOTAL LIVE AND STILL BIRTHS	Total	105	117	222
	Legitimate	103	114	217
	Illegitimate	2	3	5
DEATHS OF INFANTS under 1 year of age	Total	1	1	2
	Legitimate	1	1	2
	Illegitimate	-	-	-
under 4 weeks of age	Total	-	1	1
	Legitimate	-	1	1
	Illegitimate	-	-	-
under 1 week of age	Total	-	-	-
	Legitimate	-	-	-
	Illegitimate	-	-	-
DEATHS - ALL AGES		72	53	125

	Brackley R.D.C	England & Wales
LIVE BIRTH RATES, ETC.		
Livebirths per 1,000 home population (crude rate)	15.7	16.0
Area comparability factor	1.22	1.00
Local adjusted rate	19.2	16.0
Ratio of local adjusted rate to national rate	1.20	1.00
Illegitimate live births as percentage of all live births	2.0	8.0
STILLBIRTH RATE		
Stillbirths per 1,000 total live and still births	18	12
INFANT MORTALITY RATES		
Deaths under 1 year per 1,000 live births	9	18
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	9	17
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births	-	24
Neonatal mortality rate		
Deaths under 4 weeks per 1,000 live births	5	12
Early neonatal mortality rate		
Deaths under 1 week per 1,000 total live births	-	10
Perinatal mortality rate		
stillbirths and deaths under 1 week combined per 1,000 total live and still births	18	22
DEATHS RATES, ETC - ALL AGES		
Deaths per 1,000 home population (Crude rate)	9.0	11.6
Area comparability factor	1.14	1.0
Local adjusted rate	10.3	11.6
Ratio of local adjusted rate to national rate	.88	1.00

THE REGISTERED CAUSES OF DEATH WERE:-

Causes of death	Males	Females	Totals
Enteritis and other Diarrhoeal Diseases	1	-	1
Malignant Neoplasm, Stomach	4	-	4
Malignant Neoplasm, Intestine	-	2	2
Malignant Neoplasm, Larynx	2	-	2
Malignant Neoplasm, Lung, Bronchus	8	1	9
Malignant Neoplasm, Breast	-	2	2
Other Malignant Neoplasms	6	5	11
Other Endocrine Etc. Diseases	-	2	2
Multiple Sclerosis	-	1	1
Other Diseases of Nervous System	-	1	1
Ischaemic Heart Disease	22	15	37
Other Forms of Heart Disease	4	5	9
Cerebrovascular Disease	4	8	12
Other Diseases of Circulatory System	1	3	4
Pneumonia	6	2	8
Bronchitis and Emphysema	5	-	5
Asthma	1	1	2
Intestinal Obstruction and Hernia	1	-	1
Nephritis and Nephrosis	1	-	1
Other Diseases, Genito-Urinary System	-	2	2
Diseases of Musculo-Skeletal System	-	2	2
Other Causes of Perinatal Mortality	-	1	1
Symptoms and Ill Defined Conditions	1	-	1
Motor Vehicle Accidents	3	-	3
All other Accidents	1	-	1
Suicide and Self-Inflicted Injuries	1	-	1
TOTALS	72	53	125

<u>DEATHS FROM</u>	Cancer all ages	30	Lung cancer 9)
" "	Pneumonia	8	
" "	Bronchitis and Emphysema	5	
" "	Coronary Thrombosis	46	
" "	Car Accidents	3	
<u>Deaths</u> (see table on page 13)	Total	125	

In a review of the cause of death the primary concern is to assess which could have been prevented. There were 2 infant deaths. Out of the total of 125 deaths, 45 occurred before the age of 65 with a further 30 between 65-74. Up to the age of 45 there were 10 deaths. Between 45-54 12; and 23 deaths between 55 - 64. In the latter two decades the causes were mainly ischaemic heart disease (coronary thrombosis) and cancer.

DEATHS FROM CANCER

Cancer of the Lung

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

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

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

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

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

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

Other Cancers

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

Arterial Disease

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern 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.

Accidents

The yearly toll of injury and death from road accidents mounts steadily. In an overpopulated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However the majority of deaths (and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and 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 1971 7,696 were killed on the roads as compared with 7,500 in 1970.

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

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

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protection. The only clear evidence is that the incidence is lower in
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evidence further needs emphasis, as it is easy in a modern industrialized
society with the activity engaged in sedentary occupations, the
absent use of motor transport and television, for many to become
physically inactive. It is time to establish a way of life soon after
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exercise which can be suitably modified to the passing years. This
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Accidents

The yearly toll of injury and death from road accidents is
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an anticipated increase of numbers of vehicles annually, it can be
expected that the death rate will not decline. However,
the majority of deaths (and injuries) occur in motor vehicles and
18-24. The young male would appear to be the participant and
the cause of transportation on the road. It would suggest that there
is a field for action in the attention of this group in the prevention
of road safety, which could start at school. In 1971, 7,000 were
killed on the roads as compared with 7,500 in 1970.

Deaths from accidents in the home are also continuing at a rate
which is too high. Elderly people are by far the most frequent
victims of fatal home accidents, and in 1970 were more than twice as
many as those who died in this way were aged 65 and over. However, 1/3
of the deaths in this particular age-group were caused by
falling. Children under 15 years old accounted for over 10 per cent
of the total.

In England and Wales during 1970 a total of 6,582 people died as
a result of accidents in and around the home. This is 23 per cent
per cent) fewer than in the previous year. Further analysis indicates
that although 1/3 more people died in residential institutions, the
number of deaths which occurred in private homes fell by 1/3.
All these figures are based on statistics from the Registrar General
and are subject to the usual caveats which apply to such statistics.
The figures are given in the accompanying table and are based on
data for 1970.

S E C T I O N 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. D.H. Johnston 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.
General Hospital, Northampton.
Radcliffe Infirmary, Oxford.

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 Nurses and Health Visitor.

(d) 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 Section 47, National Assistance (Amendment) Act, 1951.

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

SERVICES FOR OLD PEOPLE

The following provide services for old people:-

1. The National Health Service

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

2. The County Council

(a) The Health Department

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

(b) The Social Services Department

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

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

- 1 Home Help Service. This 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.
- 11 Residential Accommodation.
- 111 Holidays for the elderly.
- 1V. Special services for the blind and deaf, 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 elderly 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.

There are clubs, which provide many facilities for the elderly, held at Aynho, Boddington, Chacombe, Chipping Warden, Croughton, Culworth, Evenley, Eydon, Greatworth, Holmdon, Kings Sutton, Middleton Cheney, and Syresham.

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

1. Home Help Service. This is of assistance to the prevention of breakdown in the aged, and every one is to remain in their own homes who would otherwise have to be removed to institutions.

2. Residential Association. Location - ...

3. Holidays for the elderly.

4. Special services for the blind and deaf, and post-graduate where necessary.

5. The Department of Health and Social Security ...

6. The District Council ...

7. Homes for the aged, blind, and in some cases facilities with ...

8. Voluntary Organizations

These are many and services vary in different areas. They include holiday schemes in which elderly people are taken on sea-side holidays in the summer time; the Derry and Joan Giblin "Home on Wheels" service; the Home Visiting. The Home's voluntary services vary often undertaken many of the above duties, while in other areas local voluntary committees run the various organizations. The Rural 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 central colleagues, endeavours to fulfill the function of co-operation and co-ordination between these various agencies. Many cases of breakdown can be prevented by early application of these services.

There are clubs, which provide many facilities for the elderly, held at Ancho, Boddington, Chappell, Clipping, Warden, Grouse, Cairn, Evelyn, Eder, Gressborough, Lohans, Light out, St. John's Church, and Sycamore.

SECTION C

Sanitary Circumstances of the Area

Water Supply

The Bucks Water Board are the statutory undertaking responsible for the maintenance of a satisfactory water supply throughout the district. The source of the supply is the river Great Ouse and the wells in the chalk and greensand in the southern part of the Board's area.

The water is treated at the Board's works at Foxcote. The supply enters the district at Evenley and is piped to every parish with exception of the small parish of Edgcote. Within the district there are storage reservoirs at Thorpe Mandeville and Aston-le-Walls and a water tower at Greatworth. The increasing demand for water has necessitated the construction by the Board of a new one million gallon reservoir at Greatworth with a new booster station and work on this project has now started.

The table on page 27 shows that the supply is available to most properties in the district.

An adequate supply has been maintained throughout the district and bacteriological and chemical examination of samples show that the supply is of a satisfactory quality. A total of forty-five samples were taken throughout the district at approximately monthly intervals by the Public Health Inspector for bacteriological examination ; all the samples were satisfactory. One sample was sent for chemical examination and the analysis is shown on page 28.

In previous reports mention has been made of the instances of discolouration and brown sediment which occurs from time to time in certain lengths of main. Complaints are still being received mainly from housewives possessing spin driers who find that their washed clothing when taken from the drier is stained with the brown deposit; the clothes having acted like a filter in the drier. The cause which is due to aquatic plant life in surface reservoirs, is well known and is a national problem more especially in rural areas where long lengths of water mains encourage the formation of this deposit; the Board promptly arrange for the mains to be flushed out when instances are referred to them.

Nineteen water samples of private and other non-mains supplies were examined bacteriologically. These samples were taken during investigations of these supplies. Seven of the samples were unsatisfactory but remedial measures which were advised resulted in satisfactory samples being obtained in most cases.

Swimming Pools

There are no public swimming pools in the district but a number of private pools are known to exist.

The Public Health Inspector has not been called upon for advice concerning these pools.

There is a small pre-fabricated pool at Culworth School for the benefit of the children attending the school. The water is filtered and chlorinated and although the pool is used to its maximum capacity during hot weather samples of the water taken by the Public Health Inspector have been bacteriologically satisfactory.

Sewerage and Sewage Disposal

Steady progress has been maintained in the provision of sewers and sewage disposal works throughout the district and the position at the end of 1971 was as follows:-

Croughton Enlargement and improvement of existing sewage disposal plant. Work is nearing completion.

Middleton Cheney Enlargement and improvement of existing works at Lower Middleton Cheney, with provision for a pumping station at Upper Middleton Cheney to replace the old irrigation works and additional sewers to be laid. The work is nearing completion.

Thenford The old works were abandoned and a 2" P.V.C. rising main was constructed to deliver the sewage to the enlarged works at Middleton Cheney. This work is completed except for minor details.

Greatworth, Marston St. Lawrence & Halse The Greatworth works are to be enlarged. The old disposal works at Marston St. Lawrence and Halse to be abandoned and sewage pumped from these villages to Greatworth and parts of these villages to be sewered. This work is due to commence early in 1972.

Crowfield The existing disposal system to be abandoned and sewage to be pumped through a 2" rising main to Syresham. The work is due to commence early in 1972.

Hinton in the Hedges The provision of a pumping station to pump sewerage to the sewage disposal works at Brackley. This scheme has had to be postponed due to financial restrictions, however it is hoped that approval will be given for work to commence in 1972.

The completion of the above schemes will mean that almost all the villages are provided with satisfactory disposal systems. Three improvements which could be considered for the future are (1) the provision of additional sewers and pumping station at Overthorpe to serve properties at the north of the village (2) abandonment of the old irrigation system at Culworth at the west of the village and the pumping of sewage to the existing but enlarged works to the south of Culworth (3) to pump sewage from Radstone to Whitfield for treatment.

The provision of satisfactory water-borne sanitation in each village together with the grants which can be obtained for the provision of proper amenities in dwellings has resulted in the insanitary pail closets being virtually eliminated.

When, in due course of housing inspections these are found, the owner is advised of the improvement grants which are available, and asked to replace the insanitary fitting with a water closet.

Isolated properties which cannot be connected to public sewers because of distance or technical reasons have to dispose of sewage to septic tanks which have to be emptied by private contractors at the owner's expense. It would seem reasonable that the Council should consider providing a rate-borne septic tank emptying service for such properties.

Public Cleansing

The Council maintains a weekly collection of refuse from most premises in the district. This is not a kerbside collection but the empty dustbins are left at the entrance for the occupier to take back to the premises.

Three rear loading compression vehicles are used and the refuse is taken to the disposal plant at Farthinghoe where it is pulverised before being tipped in a disused railway cutting. A special collection is made at fortnightly intervals from the more isolated properties. Trade refuse is collected on a pre-payment basis.

The refuse tip at Greatworth which is being retained for the time being to provide disposal facilities under the Civic Amenities Act., still causes some concern. Some persons depositing refuse there carelessly leave the refuse at the entrance to the tip and even on the highway verge where it is unsightly and necessitates its frequent removal.

The Council have continued to provide other disposal facilities in an effort to reduce to a minimum the indiscriminate tipping of refuse on unofficial tips and in hedgerows and ditches. There is an annual collection of bulky refuse in each parish. This service is much appreciated by the residents and a surprising amount of refuse, including scrap iron and other articles are collected. The Council have engaged a contractor to make periodic tours of the district to remove refuse and litter from the roadside and from unofficial tips. Two large containers have been put near the entrance to Farthinghoe Disposal Plant, which are for the convenience of the public and about 3 tons of refuse is collected weekly.

Disinfestation

The assistance of the health department to deal with infestations by insect pests was sought on twelve occasions by householders. These were mainly of a minor nature, the insects being cluster flies, ants, cockroaches, bees, wasps, caterpillars and fleas. There has been no case of bed-bugs reported in the district for many years.

The new refuse tip at Farthinghoe has been kept under surveillance for fly infestations but relatively few have been seen and it has not yet been found necessary to spray the tip as was the practice at Greatworth.

Clean Air Acts 1956 & 1968

In previous years very few complaints have been made to the Department concerning smoke nuisances and which were usually due to garden bonfires.

This year the continuous burning of large quantities of waste wood and paper in the open are at a factory in the district has given rise to a more serious nuisance to residents in the vicinity of the factory. The firm are at present investigating various methods of disposal including burning the refuse on site in a large incinerator designed to operate without causing nuisance.

Moveable Dwellings

At 31st December, the number of site licences issued and current under the Caravan Sites and Control of Development Act 1960 was 12 and the total number of caravans on the sites was 16. There are no sites owned and controlled by the local authority. The sites are, in the main, well maintained and comply with the Council's licensing conditions. They were inspected at least once in the year and special attention was given to the fire fighting facilities at the sites.

There was an instance of a site for one caravan being established without the requisite planning permission and the Council considered taking statutory action to require the removal of the caravan; however subsequent reports to the Council revealed special circumstances in this case and at the time of writing the occupant and his family have been rehoused in a Council house.

Factories Act 1961

The table on page 30 shows the number of factories in the district and the number of visits of inspection made. No serious contraventions of the Act were found. There are no factories in the district employing outworkers and no notifications have been received this year from other authorities of persons who are employed by firms and who work in private houses.

Offices, Shops & Railway Premises Act 1963.

The above Act is concerned with the working conditions in offices and shops and requires such premises where people are employed to be registered with the local authority. At the end of the year there were 42 premises registered and the table on page 26 classifies the premises and shows the number of employees in each class. The Public Health Inspector made 33 visits of inspection. Contraventions of the Act were of a minor nature and included such matters as the lack of first aid boxes, notices etc., No accidents on registered premises were reported.

Summary of complaints (or requests for advice) made to the Health Department in 1971.

Drainage,sewerage and sanitation..	...	..	32
Refuse disposal.	...	...	8
Housing conditions	...	...	16
Insect pests	...	...	15
Water Supply	...	...	15
Food (and Milk)	...	...	11
Nuisance from smoke	..	...	3
Nuisance from noise	..	...	2
Nuisance from keeping animals.	...	...	8
Rats and Mice...	...	...	113
Ditches and Watercourses	...	...	4
Caravans..	...	...	5
Miscellaneous	..	...	10

The above table broadly classifies the occasions when the assistance of the Health Department has been sought by members of the public.

Petroleum Storage

The number of current licences issued by the Council for the storage of petroleum spirit in bulk is 64 and 17 of these are for petrol filling stations. The remainder cover storage on private premises (mainly farms). The Public Health Inspector made 36 visits of inspection.

Two of the conditions attached to the licences are that underground tanks shall be pressure tested and that any electrical installation at the storage point shall be certified as satisfactory by a qualified electrician.

A continuous programme of testing is proceeding and during the year the electrical installations at five premises were found to be satisfactory. Three underground tanks were tested, one failed the pressure test and was filled with concrete.

The Offices, Shops and Railway Premises Act 1963

Total number of registered premises at 31st December 1971:- 42

Number of visits made to registered premises:- 33

Analysis by Workplaces of persons employed in registered premises at end of 1971

	<u>No. of persons</u>
Offices	58
Retail Shops	56
Wholesale Departments	11
Catering Establishments	36
Fuel Storage Depots	<u>12</u>
	<u>173</u> (93 males, 80 females)

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.

NUMBER OF DWELLINGS SUPPLIED WITH MAINS WATER AT 31.12.71.

Aston-le-Walls...	...	...	...	...	...	...	...	58
Aynho ...	...	...	...	...	...	...	...	243
Boddington ...	...	...	...	...	...	...	...	167
Chacombe...	...	...	...	...	...	...	...	168
Chipping Warden..	...	...	...	...	...	...	...	197
Croughton..	...	...	...	...	...	...	...	171
Culworth...	...	...	...	...	...	...	...	148
Edgcote ...	...	...	...	...	...	...	...	-
Evenley ...	...	...	...	...	...	...	...	161
Eydon ...	...	...	...	...	...	...	...	137
Farthinghoe ...	...	...	...	...	...	...	...	106
Greatworth.	...	...	...	...	...	...	...	213
Helmdon ...	...	...	...	...	...	...	...	235
Hinton-in-the-Hedges...	...	...	...	...	...	...	...	36
Kings Sutton ...	...	...	...	...	...	...	...	556
Marston St.Lawrence ...	...	...	...	...	...	...	...	72
Middleton Cheney.	...	...	...	...	...	...	...	1011
Moreton Pinkney .	...	...	...	...	...	...	...	105
Newbottle..	...	...	...	...	...	...	...	152
Radstone ..	...	...	...	...	...	...	...	17
Sulgrave ..	...	...	...	...	...	...	...	134
Syresham ..	...	...	...	...	...	...	...	186
Thenford ..	...	...	...	...	...	...	...	20
Thorpe Mandeville	...	...	...	...	...	...	...	57
Warkworth..	...	...	...	...	...	...	...	5
Whitfield..	...	...	...	...	...	...	...	47
TOTAL ...	...	...	...	...	...	...	...	<hr/>4402 <hr/>

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.1X 8NB.

Analysis of a sample of water received 29.6.71. Our ref A/R/944
From Brackley Rural District Council.
Labelled 37, The Green, Evenley, Brackley.
(from kitchen tap - direct mains supply) Date 29.6.71., 11.30 hrs.
Taken by N.R. Caley, Public Health Inspector.

CHEMICAL RESULTS IN MILLIGRAMMES PER LITRE (ppm)

Appearance: Clear and bright.

Colour (Hazen)	3	Turbidity (A.P.H.A.) units)	NIL
pH	7.4	Odour	NIL
Electrical Conductivity (reciprocal Megohms per cm)	550	Free Carbon Dioxide	11
		Disolved Solids dried at 180°C.	400
Chlorine present as Chloride	39	Alkalinity as Calcium Carbonate	
			125
Hardness: Total	260	Carbonate	125
		Non-carbonate	135
Nitrate Nitrogen	2.4	Nitrite Nitrogen	Absent
Ammoniacal Nitrogen	0.01	Permanganate Value	1.3
Albuminoid Nitrogen	0.15	Residual Chlorine	0.12
Metals			
Iron	0.20		
Copper	0.10		
Zinc, lead, manganese:	Absent		

This sample is clear and bright in appearance, has a reaction slightly on the alkaline side of neutrality and is free from metals apart from minute traces of iron and copper. The water is hard in character but its hardness and its content of mineral and saline constituents in solution are not excessive. It is of satisfactory organic quality.

These results indicate a pure and wholesome water suitable for drinking and domestic uses, from the aspect of the chemical analysis.
6th July, 1971. (signed) R.C. HOATHER.

SUMMARY OF PUBLIC HEALTH INSPECTOR'S VISITS TO AND INSPECTIONS OF
PREMISES IN 1971

Housing survey, Slum Clearance & Qualification Certificates	222
Improvement Grants, Reconditioning Schemes, Housing Advances.	114
Caravan Sites	41
Infectious disease and food poisoning	6
Dangerous structures	3
<u>Nuisances</u>	
Offensive accumulations and refuse disposal	16
Insect pests	12
Noise	2
Smoke /air pollution	4
Water Supply	11
Drainage	69
Offices & Shops (Welfare of employees)	33
Factories (Welfare of employees)	10
Schools and School Canteens	18
Licensed petroleum stores	36
Animal Boarding Establishments	7
Revisits to premises	147
Miscellaneous visits	25

FACTORIES ACT 1961

Part 1 of the Act

1. Inspection for the purpose of provision as to health (including inspection 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	24	10	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	-	-	-	-
TOTAL	24	10	-	-

S E C T I O N D

Housing

New dwellings provided by the Council during 1971 numbered 35. These were erected in the following parishes:-

Kings Sutton 2 (three bedroom houses) at Upper Astrop Road.
 21 (two bedroom flats) at Cherwell Banks.

Middleton Cheney 12 (three bedroom houses) at Arrows Close.

The number of Council controlled dwellings in the individual parishes is shown on page:- 34.

The future building programme makes provision for the following dwellings to be constructed:-

Chacombe 24 three bedroom houses

Charlton 12 three bedroom houses
 4 two bedroom bungalows

Moreton Pinkney 2 two bedroom bungalows
 2 three bedroom houses

Upper Boddington 4 one bedroom bungalows

All the older Council houses have been modernised and provided with the standard amenities.

The Improvement of Housing Conditions (Private Houses)

Increased publicity about improvement grants has resulted in a substantial increase in requests for advice and the enquiries about grants. In all cases the properties involved have been visited and assistance given to the owners.

This year the Council gave approval to grant applications involving 49 houses (43 "discretionary" grants and 6 standard grants); this is an increase of 17 over the previous year.

The progressive policy of the Council over the years both in regard to improvement grants and slum clearance generally has reduced the number of sub-standard houses to a few in each village. These are not found in defined groups but are interspersed with satisfactory dwellings and not in sufficient numbers to warrant their inclusion in improvement or clearance areas. A proportionately large number of these are occupied by the owners and elderly tenants and as the Council are aware, they will be dealt with when circumstances permit.

It is perhaps a reflection on the standard of housing in the district that only two complaints were received from tenants of private houses. In both cases the defects were of a minor nature. Three complaints were made by tenants of Council houses that their houses were damp. Upon investigation it was found that the dampness was due to excessive condensation caused by insufficient heat in the houses coupled with inadequate ventilation. These conditions are more prevalent where the tenants are at work and the houses are unoccupied most of the day.

Action taken during the year with regard to 'unfit' houses was as follows:-

	<u>No. of houses</u>
Closing orders made	3
Demolished	1
Made fit for habitation and the Demolition Orders or Closing Orders Cancelled	5

The Council also accepted proposals for the reconditioning of five houses which are subject to Housing Act Orders.

Other changes in the stock of private dwellings resulted in a nett loss of eleven units:-

Loss due to conversions (e.g. two houses into one)	7
Demolished to make way for other development	2
Demolished because of roal improvement works	2

Qualification Certificates

The Housing Act 1969 enables a landlord to convert the tenancy of his property from a controlled tenancy to a regulated one and to apply to the Rent Officer for a "fair rent" to be fixed. The landlord must first obtain from the Council a Qualification Certificate. Before issuing the certificate the Council must be satisfied that the dwelling;-

1. has all the standard amenities (bath, wash-hand basin, sink, hot water supply and W.C.) for the exclusive use of its occupants and
2. is fit for habitation and be in good repair having regard to its age, character and locality.

Since the inception of the Act, applications for Qualification Certificates have been received in respect of 13 dwellings.

The Public Health Inspector found that seven dwellings were not in good repair and the issue of certificates were deferred until the necessary repairs had been done. Eleven certificates have so far been issued ; all the properties had the standard amenities.

1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
10	10	10	10	10	10
11	11	11	11	11	11
12	12	12	12	12	12
13	13	13	13	13	13
			33.		
1384	13	1384	1384		TOTAL:

STATEMENT OF HOUSING PROGRESS

PROVISION OF COUNCIL DWELLINGS

	Pre-War War-time dwellings	Post War Dwellings	Sub-standard dwellings acquired & 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	33	-	41
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	224	-	290
Marston St. Lawrence	6	16	-	22
Middleton Cheney & Overthorpe	71	236	-	307
Moreton Pinkney	8	9	-	17
Newbottle & Charlton	18	29	-	47
Radstone	-	-	-	-
Sulgrave	14	25	-	39
Syresham	38	37	-	75
Thenford	-	-	-	-
Thorpe Mandeville	6	6	-	12
Warkworth	-	-	-	-
Whitfield	-	6	-	6
TOTALS:	349	923	12	1284

S E C T I O N E

Inspection and Supervision of Food

Food Premises

The Food Hygiene (General) Regulations 1970 contain provisions which require that food for human consumption shall be prepared, handled and stored in a hygienic manner in suitable premises.

The premises in this district which are subject to these Regulations can be classified as follows:-

General provision shops	44
Butchers' Shops	10
Bakehouses	2
Cafés	1
Licensed premises	33
Restaurants	9
Factory Canteens	1
School Canteens	8
Premises registered for the sale of ice-cream	35
Milk distributors licensed by the Council	17

There is no longer such a clear division between the various trades as the above classification would suggest. For example some butchers sell groceries and vegetables and with the increasing use of refrigeration most grocer's sell meat products and fish. An increasing number of public houses are offering more than a simple 'snack' meal.

The inspection of food premises is an important part of the Public Health Inspector's work and as much attention is given to this aspect of his work as other duties allow. In general the premises are satisfactory and comply with the regulations.

The contraventions which are found are mainly due to carelessness and ignorance of the requirements.

No complaints were made by members of the public about the condition of food premises but three complaints were received concerning food. These were:-

1. A foreign body in a plastic cup from a food vending machine.
2. Mouldy condition of a packet of crumpets.
3. One biscuit from a tin of shortbread biscuits found to be contaminated by a caustic substance which had caused some irritation of the tongue of the complainant.

The first two complaints were dealt with informally and appropriate warnings given to the producers concerned,

The contaminated biscuit was sent to the Public Analyst for examination; the remainder of the biscuits in the tin were quite satisfactory. The Analyst reported that a portion of the biscuit was contaminated by an alkaline substance which was not identified. The biscuit manufacturers - a reputable firm- were most concerned about this complaint and a thorough examination of the factory and the processes failed to reveal any substance which could have contaminated the biscuit in this manner. Checks of other tins of biscuits from the same dough mix were negative and there always had been a total ban in the factory of all caustic materials and strong detergents.

How this biscuit became contaminated remains a mystery but one cannot rule out the possibility that the contamination may have occurred after the tin had been opened by the purchaser.

The inspection of food premises is an important part of the Public Health Inspector's work and as much attention is given to this aspect of his work as other duties allow. In general the premises are satisfactory and comply with the regulations. The contraventions which are found are mainly due to carelessness and ignorance of the requirements.

As in previous reports mention must be made of the increasing number of so called "mobile-shops" operating in the district. Although these vehicles provide a convenient service to the housewife they are often difficult to adapt so as to comply with the relevant regulations. They are frequently small converted vans stocked to capacity and one suspects that stock rotation is neglected and it is obvious that the appliances for hand washing are rarely used. There is a need for purpose made vehicles and perhaps a greater need for some form of prior approval and licensing by the local authority of these vehicles.

Fairly frequent inspections are made of the catering establishments; the school canteens are, without exception, excellent, and one would wish that this high standard could be maintained in other catering premises in the district.

Only one case of food poisoning was notified during the year. This was a case of Salmonella infection of an employee at a food factory. Investigation revealed that the infection was almost certainly contracted outside the district. The case was excluded from work until bacteriological tests were negative.

Milk Supply

The grades of milk which may be sold are "untreated" Pasteurised", "Sterilized" and "Ultra-Heat Treated". Under the provisions of the Milk Special Designations Regulations the retailers of designated milk (other than producer-retailers) whose premises are within the district, are licensed by the Council and general control is affected by these regulations and the Milk and Dairies (General) Regulations. Producer/retailers are supervised by the Ministry of Agriculture Fisheries and Food.

The licences are for five year periods and the current licences operate until 31st December 1975. The number is as follows:-

Milk (Special Designation) Regulations.

Licences for the sale of pasteurised milk, sterilized milk and ultra heat treated milk	10
Licences for the sale of pasteurised milk and ultra heat treated milk	4
Licences for the sale of pasteurised milk	3

There are no licences in force for "Untreated" Milk.

Dealers holding licences from other local authorities may sell milk in this area and vice versa.

There are no heat treatment or bottling plants in the district and milk retailed in the district has been pre-packed elsewhere.

More provision shops are now stocking cartons of ultra-heat treated milk also known as "long-life" milk because of its longer life. Cartons of ordinary pasteurised milk have also made an appearance in the district ; this milk has of course, no longer life than bottles pasteurised milk.

Nineteen samples of milk were submitted for statutory testing. These tests are

1. The Methylene Blue Test to determine whether the milk has been hygienically produced and bottled.
2. The Phosphatase Test to determine whether pasteurised milk has been properly heat-treated.
3. The Turbidity Test to determine whether milk has been properly sterilized.

The eighteen samples of pasteurised milk satisfied the Methylene Blue and Phosphatase tests and one sample of Sterilized milk satisfied the Turbidity Test.

Two complaints were received regarding bottled milk. One was from a school where a bottle of milk supplied to the school was found to contain a spider. This complaint was referred to the County Weights and Measures Department and details of the investigation together with another complaint concerning school milk are contained in the Chief Inspector's report on page 40.

The second complaint was about a 'dirty' milk bottle and which in fact was an old bottle badly scratched on the external surface; the appropriate dairy was asked to with-draw similar old bottles.

Ice-cream

The manufacture, storage and sale of this product is regulated by the Food and Drugs Act and the Ice-cream (Heat Treatment) Regulations.

No ice-cream is manufactured in the district but 42 premises, mainly provision shops, are registered for its storage and sale. All ice-cream sold is pre-packed and is stored in thermostatically controlled refrigeration cabinets.

As in the examination of milk, the Methylene Blue Test is used to determine whether ice-cream has been hygienically manufactured and stored. The test grades in the ice-cream is in four categories; grades I & II are satisfactory and III and IV unsatisfactory. Of thirteen samples taken, eleven were graded I and two were graded III.

Meat Inspection and Slaughterhouses

There are no slaughterhouses or poultry processing plants in the district. Most of the fresh meat supplied is obtained by butchers from abattoirs in Northampton and Banbury.

The number of inspections of food premises made by the Public Health Inspector were as follows:-

Butchers	28	Mobile Shops &	
Grocers & Greengrocers	43	food delivery vehicles	8
Catering Establishments	48	Dairies and Milk distributors	10
Bakers	7	Miscellaneous	25

The following samples were taken during the year by the Weights and Measures Department of the County Council, period ending 31st March.1972.

Milk	30	brought forward	51
Meat Products.....	9	Sweets	2
Soft drinks.....	1	Beef stock.....	1
Vinegar	2	Custard	1
Tinned fruit.....	2	Spirits	6
Drugs	1	Almonds	1
Shandy	1	Soda mint tablets....	1
Fish Products.....	1	Tea	1
Butter	2	Ice-cream	3
Margarine.....	2	Shortbread	1
Carried forward	<u>51</u>	Jam	2

70
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In his annual report the Chief Inspector comments on the three unsatisfactory samples obtained in the Brackley Rural District following complaints-

One complaint was from a school where a spider had been found in a bottle of school milk. Legal proceedings were taken against the dairy concerned and the Chief Inspector states:-"Although the facts appeared to be clearly established the magistrates dismissed the case as the milk bottle had been opened by a child before the foreign body was observed." The Chief Inspector reports that a further complaint was received from the same school of an earwig in a bottle of milk:- "Since examination revealed that the earwig had not been subjected to any heat treatment, there was no satisfactory evidence available to show the point at which the insect entered the bottle and it was decided that no action was possible."

A sample of shortbread which was submitted on behalf of the Public Health Department of the Rural District Council following a complaint by the buyer that it had caused a blister on his tongue, was reported to be contaminated by an alkaline substance and not fit for human consumption. The information was passed to the Chief Public Health Inspector so that the matter could be investigated more fully.

Weights and Measures Act 1963

Of the 4,463 articles which were checked for weight or measure during the year, only 21 were found to be deficient. The errors were not of a serious nature and were dealt with by advice or caution to the traders concerned.

S E C T I O N 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 encaphalitis	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 rheumatism	Puerperal pyrexia

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

The total number of infectious diseases notified during the year was 86 showing an increase on last year's figure of 46. There was 1 case of infective jaundice compared with 5 in 1970.

MEASLES The incidence of measles notification increased. There were 83 cases as compared with 21 in 1970. While measles is no longer a major cause of morbidity in Britain, it is an unpleasant illness and few reach adult life without having contracted it. In addition in the five years preceding 1968 there were 467 deaths. An infection of such universality may result in complications, including neurological sequelae and respiratory, eye and aural infections, and during an epidemic year as many as 8,000 hospital admissions may occur.

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

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

SCARLET FEVER One case was notified, occurring in Helmdon. 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 notified during the year and this is reported on in Section E.

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 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.

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

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

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

RESPIRATORY INFECTIONS AND INFLUENZA Eight deaths are recorded this year from pneumonia, 5 from bronchitis and none from influenza.

Other respiratory infections are now seldom a cause of death, except as a terminal event, but remain a considerable cause of ill-health. These are still the highest cause of loss of working hours, and bronchitis, nasal catarrh and sinus infections still result in much disability.

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
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	2	5	3	7	13	23	18	11	-	-	1	-	83
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-	-	1	-	1
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Jaundice	-	-	-	1	-	-	-	-	-	-	-	-	1
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	2	5	3	9	13	23	18	11	-	-	2	-	86

INCIDENCE OF INFECTIOUS DISEASES

Over the past 10 years other than Tuberculosis

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Scarlet Fever	7	2	4	7	5	2	6	3	6	1
Diphtheria	-	-	-	-	-	-	-	-	-	-
Measles	3	160	161	79	104	258	128	16	21	83
Whooping Cough	-	10	4	-	9	7	2	-	14	-
Food Poisoning	5	-	7	1	1	-	-	2	-	1
Dysentery	-	3	1	-	-	-	-	1	-	-
Infective Jaundice	5	9	1	1	4	35	6	3	5	1
Poliomyelitis	-	-	-	-	-	-	-	-	-	-

INCIDENCE OF NOTIFIABLE DISEASES 1971

(other than Tuberculosis)

In individual Parishes.

	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Food Poisoning	Dysentery	Infective Jaundice	Poliomyelitis	TOTALS
Aston-le-Walls	...	-	-	-	-	-	-	-	-
Aynho	...	-	2	-	-	-	-	-	2
Boddington	...	-	-	-	-	-	-	-	-
Chacombe	...	-	1	-	-	-	-	-	1
Chipping Warden	...	-	-	-	-	-	-	-	-
Croughton	...	-	7	-	-	-	-	-	7
Culworth	...	-	-	-	-	-	-	-	-
Edgcote	...	-	-	-	-	-	-	-	-
Evenley	...	-	9	-	1	-	-	-	10
Eydon	...	-	1	-	-	-	-	-	1
Farthinghoe	...	-	1	-	-	-	-	-	1
Greatworth	...	-	4	-	-	-	-	-	4
Helmdon	...	1	9	-	-	-	-	-	10
Hinton-in-the-Hedges	-	-	-	-	-	-	-	-	-
Kings Sutton	...	-	36	-	-	-	-	-	36
Marston St.Lawrence	-	-	-	-	-	-	-	-	-
Middleton Cheney	...	-	9	-	-	-	1	-	10
Moreton Pinkney	...	-	-	-	-	-	-	-	-
Newbottle & Charlton	-	-	-	-	-	-	-	-	-
Radstone	...	-	2	-	-	-	-	-	2
Sulgrave	...	-	1	-	-	-	-	-	1
Syresham	...	-	-	-	-	-	-	-	-
Thenford	...	-	-	-	-	-	-	-	-
Thorpe Mandeville	...	-	-	-	-	-	-	-	-
Warkworth	...	-	-	-	-	-	-	-	-
Whitfield	...	-	1	-	-	-	-	-	1
TOTALS	...	1	83	1	-	1	-	-	86

S E C T I O N G

RODENT CONTROL

It is the Council's duty to enforce the provisions of the Prevention of Damage by Pests Act 1949 in the District. The Act requires that the Council shall ensure that, so far as is practicable, the District is kept free from rats and mice.

Our part-time rodent operator is employed for this purpose and the following services are provided:-

1. Domestic premises are dealt with free of charge.
2. Business premises are treated on a time and material basis plus an establishment charge.
3. The operation of a contract service which provides for three treatments per year of a premises for a fixed annual charge of £5.25.

This latter service has proved to be very satisfactory and at the end of the year 66 farms were being treated under contracts.

In addition to the above the Rodent Operator regularly inspects refuse tips (including unofficial tips) hedgerows, road lay-bys, and sewage disposal works. The sewers are inspected on a rota basis which ensures that about 10% of sewer manholes are inspected and test-baited every other year.

Infestations at the Council's new refuse disposal plant and tip at Farthinghoe have been of a very minor nature and have been quickly dealt with. Similarly the test baiting of the Council's sewers have revealed no serious infestations.

The Rodent Operator reports that in a few instances he has experienced difficulty in completely ridding some premises of rats and mice. Indications suggest that possibly some of the rodents are developing a resistance to Warfarin, the bait which is so convenient to use and which is relatively harmless to other animals. The Rodent Operator has had to resort to using zinc phosphide to eradicate such infestation. Zinc phosphide is a dangerous poison and great care is needed where it is to be used and baiting points must be properly protected.

To achieve success with this poison pre-baiting must be employed. This involves two or three visits to put down bait without poison until the rodents become accustomed to taking it, after which the zinc phosphide can be added.

The following table shows the number of treatments carried out in the district:-

Number of treatments undertaken

Sewers, sewerage disposal works, ditches and hedgerows	58
Refuse tips, (including 'lay-bys' and unofficial tips)	30
Farms and small holdings	139
Private dwellings	43
Business premises (factories, shops etc) and schools.	17
Total visits made to premises including visits for survey purposes	1140
Quantity of bait used	3256 lbs.

