

**[Report 1965] / Medical Officer of Health, Brixworth R.D.C.**

**Contributors**

Brixworth (England). Rural District Council.

**Publication/Creation**

1965

**Persistent URL**

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BRIXWORTH RURAL  
DISTRICT COUNCIL

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ANNUAL  
REPORT

OF THE

MEDICAL OFFICER  
OF HEALTH

FOR THE

YEAR 1965



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



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JOHN M. ST. V. DAWKINS  
M.B. B.S. D.M. D.C.H.

Telephone :  
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Brixworth,  
Northampton.

To THE CHAIRMAN AND MEMBERS OF THE  
BRIXWORTH RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my tenth Annual Report as Medical Officer of Health, incorporating that of the Public Health Inspector. This provides an annual assessment of the environmental health of the rural district, and in addition I make some observations on national trends which give evidence of becoming hazards to health either now or in the future.

The vital statistics for the year 1965 show that there were 220 deaths, 27 less than last year. This gives a standardised rate of 10.1 compared with the national figure of 11.5. Female deaths exceeded male deaths by 28 compared with 53 last year. Details and comments on the causes of death are in Section A.

The total number of births was 270 showing a decline of 37 on last years figure of 307, of which 14 were illegitimate, the same number as in 1964. There were 8 infant deaths compared with 6 last year, 5 were under one month of age. The infant death rate rose to 29.63 compared with 19.54 last year, and which is above the national average of 19.0.

There was a slight increase in infectious disease notifications, the figure rising from 160 to 163. Once again no cases of poliomyelitis occurred. There were no epidemics with only 2 cases of dysentery and one of food poisoning. The satisfactory decline in infectious diseases continues, though it is always necessary to maintain vigilance and this should today be directed mainly in the maintenance of a high immunisation rate in infants and in the control and supervision of the preparation and sale of food. Epidemics remain in abeyance only because of the joint and continued co-operation of the community and those responsible for the health services.

The respiratory infections continue to cause considerable morbidity, and again this year influenza and bronchitis are the commonest causes of absence from work. In these days with freely available antibiotics they are seldom a cause of death, though in this district 7 died from pneumonia, 6 from bronchitis and 5 from other diseases of the respiratory system. There were no deaths from tuberculosis. As short a time as



15 years ago, this disease had not yet been vanquished, and it is well to remember that in this period a scourge that assailed mankind since history was recorded has virtually been eradicated in the Western world.

Once again the County Medical Officer of Health will not be providing immunisation and vaccination statistics relating to individual districts but will give figures for the County as a whole. I am unable therefore, to comment on these very necessary procedures in the Brixworth Rural District this year. With each new birth it is necessary to stress the need for immunisation of infants to diphtheria, whooping cough, tetanus, poliomyelitis and smallpox, with adequate booster doses until school life, and at thirteen years all children should be vaccinated against tuberculosis.

Housing development continued. Private enterprise produced 84 houses, 8 less than in 1964, making a total of 1346 since the War. A further 94 houses were being erected at the end of 1965.

Improvement grants were made on 29 properties, an increase on the figure for 1964. During the year 14 properties received standard grant.

Good progress was made in 1965 on the extensions to the Hollowell disposal works and the sewage scheme for Thornby. Further schemes were approved by the Council for the villages of Arthingworth, Kelmarsh and Teeton.

In general the environmental control of health in the rural district is being attained and a further improvement can be expected. There are however, certain adverse signs relating to the general pattern of life at the present time that merit some comment. While the rigours of the past decline and benefits increase new sources of human misery are emerging as a result of these benefits. Future positive good health will therefore be less in the control of the environment and more on individual action.

Each year the number of people who die from cancer of the lung rises. In 1929 there were 2751 cases, in 1939, 6214, in 1963, 24434 and in 1965 26399. It is indisputably proved that heavy cigarette smoking and cancer of the lung are related. Few people are now unaware of the facts. Yet each year thousands of young people start to smoke. Parents and those in contact with children should both warn and set an example not to smoke.

Increasing transport and personal ownership of motors, combined with sedentary amusements such as television, have lessened the need for physical effort. The consumption of food necessary to produce energy for this effort has not declined and the food itself is of a much more highly refined and higher calorie nature. The calorie intake,



therefore, of the majority is much greater than the energy output, and is producing a higher incidence of early degenerative disease and manifesting itself not only in the obvious conditions of obesity and dental decay but later as strokes, coronary heart disease and diabetes. Young people need encouragement to be active in physical enterprise and sport and should consume less sweets, ice creams and other starchy foods. A large intake of food should be compensated for by an equal output of physical energy, and adults are recommended to take regular exercise. I make my annual suggestions for such activities on later pages of this report.

The incidence of mental illness shows no decline and in addition to the psychosis and neurosis other manifestations of mental instability are still too evident as observed in the present high divorce and illegitimacy rate, crime, delinquency and cruelty to children.

The high accident rate, both in the home and on the roads continues unabated. A home accident is nearly always preventable. Those affected are largely either the very young or the elderly. I give some details relating to these later in the report.

Road accidents are an indication of the mental maturity of the drivers of motor vehicles. The young aggressive male, the selfish road hog, the careless inconsiderate driver, is often an immature or unstable individual, and in this field prevention presents a baffling challenge.

In conclusion I wish to thank the members of the Public Health Department for their excellent work during the year, and for their help in the compilation of this report. In addition, I wish to extend my grateful thanks to the Chairman of the Council, and the Chairman and Members of the Public Health and Housing Committee for help and encouragement.

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

I have the honour to be,

Your obedient Servant,

JOAN M. ST. V. DAWKINS.

Medical Officer of Health.



# BRIXWORTH RURAL DISTRICT COUNCIL

## MEMBERS OF THE PUBLIC HEALTH COMMITTEE WHO SERVED DURING THE COURSE OF THE YEAR.

Mr. E.T. Gardner (Chairman)

Dr. A.E. Thomas, J.P.  
(Chairman of the Council)

Mr. G.T. Bennett

Mrs. C.M. Borwick

Mr. A.G. Campion

Major P. de L. Cazenove, T.D.

Mr. E.P. Cowling

Mr. R.H. Dickens

Mr. J.T. Holmes

Mr. J.R. Hart (Deputy Chairman)

Captain R. Bailey, O.B.E., R.N.  
(Vice-Chairman of the Council)

Mrs. J.D.R. Lambley

Mrs. W. Mahon

Mr. D.S. Mason

Mr. T.R. Pegram

Mr. E.A. Turney

Mr. R. Wallbank

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY

Medical Officer of Health:

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

also holds appointments of

Medical Officer of Health, Daventry Rural District  
Council, Daventry Borough Council, Assistant County  
Medical Officer of Health and School Medical Officer.

Senior Public Health Inspector:

F. A. RUSSELL, F.F.S., M.R.S.H., M.A.P.H.I.

Additional Public Health Inspector:

B. A. CHAPMAN, M.R.S.H., M.A.P.H.I.

Joined the Department from Leicester Corporation  
on 1st. April, 1965.

Assistant Public Health Inspector:

R. S. LINLEY, A.R.S.H.

Resigned on 19th. April, 1965, to take up  
appointment as Meat Inspector with Gipping  
Rural District Council, Suffolk.

Technical Assistant:

S. J. K. HARRIS

Appointed 1st. June, 1965.



SUMMARY OF VITAL STATISTICS

Area (in acres)	...	82,227
Population	...	17,190
Number of separate dwellings	...	5,753
Rateable Value 1965	...	£465,294
Product of a Penny Rate	...	£1,874

<u>LIVE BIRTHS</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1000 estimated</u>	<u>Rate for England and Wales</u>
Legitimate	126	130	256		
Illegitimate	10	4	14		
	<u>136</u>	<u>134</u>	<u>270</u>	15.71	18.1
				S.R. 17.43	

<u>STILL BIRTHS</u>				<u>Rate per 1000 Live and Still Births</u>	
Legitimate	3	1	4	14.6	15.8
Illegitimate	-	-	-		

<u>TOTAL LIVE AND STILL BIRTHS</u>			
Legitimate	129	131	260
Illegitimate	10	4	14

INFANT DEATHS

Deaths under 1 year per 1000 live births.

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1000 Live Births</u>	<u>Rate for England and Wales</u>
Legitimate	7	1	8	29.63	19.0
Illegitimate	-	-	-	Nil	

NEONATAL DEATHS

Legitimate	5	1	6	22.2	13.0
Illegitimate	-	-	-		

DEATHS OF INFANTS UNDER ONE WEEK

Legitimate	5	-	5
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Illegitimate Live Births per cent of total live births - 5.19

Maternal Mortality (including abortion) NIL  
 " " per 100 live and stillbirths NIL .25

<u>DEATHS</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 100 population</u>	<u>Rate for England and Wales</u>
	96	124	220	12.8	11.5
				S.R. 10.1	

TABULATED SUMMARY FOR PREVIOUS YEARS

Year	Estimated Population	<u>Births</u>		<u>Deaths</u>			
		No.	Crude Rate	<u>Under 1 year</u>		<u>All Ages</u>	
				No.	Rate	No.	Crude Rate
1955	18440	276	14.96	5	15.11	270	14.64
1956	18620	260	13.96	6	23.08	220	11.82
1957	18860	262	13.89	7	26.72	240	12.72
1958	19170	303	15.80	5	15.10	226	11.80
1959	19270	283	14.94	3	10.4	214	11.11
1960	19470	310	15.92	2	6.45	229	11.76
1961	18480	274	16.77	8	14.59	229	12.39
1962	18620	296	15.90	2	6.76	229	12.29
1963	18800	288	15.32	3	10.42	209	11.12
1964	18920	307	16.2	6	19.54	247	13.0
1965	17190	270	15.71	8	29.63	220	12.8



# THE UNITED STATES OF AMERICA

Year	Estimated Population	No.	Grade Rate	District	
				North	South
1905	1,150	270	12.11	10.11	12.11
1906	1,200	280	12.50	10.50	12.50
1907	1,250	290	12.89	10.89	12.89
1908	1,300	300	13.28	11.28	13.28
1909	1,350	310	13.67	11.67	13.67
1910	1,400	320	14.06	12.06	14.06
1911	1,450	330	14.45	12.45	14.45
1912	1,500	340	14.84	12.84	14.84
1913	1,550	350	15.23	13.23	15.23
1914	1,600	360	15.62	13.62	15.62
1915	1,650	370	16.01	14.01	16.01
1916	1,700	380	16.40	14.40	16.40

## SECTION A.

### NATURAL AND SOCIAL CONDITIONS.

The Rural District is centrally situated in the County of Northamptonshire, extending in the south from the County Borough of Northampton and in the north to the Leicestershire border. The character of the area is largely rural and the main industry is agriculture. A few light industries are scattered throughout the district. Open cast iron workings are present in the vicinity of Pitsford and Brixworth.

The district presents a picture of largely unspoilt rural country, with many woods, set in an undulating countryside enlivened by the stretches of water of the reservoirs, which are a characteristic of the area.

POPULATION. The Registrar General gives the estimated population for the mid-year 1965 as 17190, a decrease of 1730 on the population of the previous year. The natural increase in population, the excess of births over deaths was 50.

DEATHS. The total number of deaths assigned to the District for the year was 220, 27 less than in 1964. The crude death rate based on the mid-year population was 12.8 compared with 13.0 in the previous year. The following table has been compiled for comparison with the four previous years :-

<u>Years</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded</u>
1961	229	84	145	12.39
1962	229	100	129	12.29
1963	209	91	118	11.12
1964	247	97	150	13.0
1965	220	96	124	12.8

In order to compare the mortality in the District with the mortality for England and Wales it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as .79 for this District. In addition the area comparability factors have been adjusted specifically to take account of the presence of any residential institutions in the area. There are a number of institutions in this area for old people and this adjustment is therefore very necessary in order to obtain a true picture of the area mortality.

The Standardised Death Rate, therefore, is 10.1 and below the figure of 11.5 for England and Wales.



## Causes of Death.

The causes of death are shown in the statistical table on page 13 and are classified under thirty six headings, based on the abbreviated list of the International, Statistical Classification of Diseases, Injuries and Causes of Death 1948, as used for England and Wales. This year the Registrar General has listed the Causes of Death in age groups, of under 1 year, then in quincades to fifteen and thereafter in decades to 75 and over. Male and female deaths are also shown.

The vital statistics for the year show that there were 220 deaths, 27 less than last year. This gives a standardised rate of 10.1 compared with the national figure of 11.5. Female deaths exceeded male deaths by 28. The great preponderance of deaths from diseases of the heart and circulation is once more evident, making a total of 134 of which 42 died from coronary diseases alone, while 35 died from other heart disease, a further 37 from vascular lesions of the nervous system, and 20 from hypertension and other circulatory diseases.

Disease of the heart and circulation constitute therefore over one half of the total deaths. Cancer remains again the second cause of death, taking this year 31 persons, a decrease of 7 on last year. 7 died (4 men and 3 women) from cancer of the lung, a decrease of 2 on last year. Disease of the heart and circulation together with cancer cause in the district 75% of the total deaths.

However, out of a total of 220 deaths, 44 persons died before the age of 65. The causes of their deaths were predominantly due to arterial diseases, cancer or respiratory infection, or accidents.

Last year in Great Britain, 8,560 died as a result of an accident in the home. Of these, 7370 died in England and Wales, and in Scotland the figure was 1,190. Falls accounted for 4,561 of the death toll, while poisoning caused 1,782. Deaths due to burns and scalds numbered 866 and of the remaining 1,331 fatalities, probably over half involved suffocation and choking. Nearly all these deaths are preventable. Those affected come mainly from the young and elderly age groups. Mothers of young children should be ever mindful of the hazards in their homes to their young children, particularly in relation to burns and scalds, accidental poisoning and electricity. The aged have the problem of failing faculties in sight, smell, hearing and balance, and it is always necessary to remember that their environment requires organisation to combat these difficulties.



Deaths as a result of road accidents are mounting in all prosperous countries. There were four deaths caused by an accident on the road from this District. The national figure of deaths and injured rises annually. Road deaths have become the twentieth century epidemic. Nearly all these fatalities, together with thousands of injured are caused by the temperamental failures of individuals, who driving heedlessly, lack the mental maturity to realise that in their hands the motor car is a menace to society.

The great majority of deaths are caused, however, by the degenerative diseases. People are living longer and the diseases of old age are more evident. However, in a prosperous, well-fed and largely sedentary society the emergence of early degenerative disease is now becoming significant. The consumption of highly refined, high calorie foods, far removed from natural diet, together with a sedentary life, the motor car once again playing an insidious and evil role, when even leisure may be passively spent, is causing a definite increase in the early incidence of arterial disease, particularly in men. The high incidence of diabetes may also be related to this cause. In the endeavour to detect the aetiology of the diseases of civilisation one might look for the grosser departure of living habits from the natural order of things. The concentration of carbohydrate has recently been suggested as a possible malefactor in this respect, and it should be borne in mind that carbohydrate occurring in nature is almost always blended with bulky quantities of cellulose and fibre. So far, those advising on diet have not emphasised the need for wholegrain cereals in preference to refined cereals. It has been found that in primitive societies, degenerative disease, obesity, and hypertension seldom occur, but if they become urbanised and live on a western diet which includes white bread, fish and chips, sweets and aerated water, a high incidence of these diseases occurs.

While food consumption is unlikely to decline and the processing and refining of diet may further increase, it becomes more necessary to stress the need for physical exercise. This was once imposed by necessity and needs now to become a major activity and as such should be pleasurable. The bodily well-being engendered by exercise should be a further incentive. A daily vigorous walk, particularly if imposed by an eager canine friend, as then its regularity is ensured, is a happy activity for all ages. Parents should endeavour to join their children in their pursuits such as cycling, swimming, tennis, cricket, rounders and ping-pong. Even the skipping rope could play its part after some initial training. Dancing is another communal all season form of healthy exercise. To men, I would suggest that when practicable, the car should be left and walking substituted; those who are over-weight should take more exercise as well as eating less food. Regular habits are always the most beneficial however, and the gardener and the golfer have the ideal pursuit that can provide both interest and physical exertion. Those who have been long inactive should commence with moderate exercise, making gradual increases as weight declines and prowess grows.



In my observations that good health may be dependent on individual action, in no instance is this more evident than in the adoption of cigarette smoking. The evidence which relates to the incidence of lung cancer to cigarette smoking is accepted by authorities and responsible bodies throughout the world. It is also known that the habit contributes to the incidence of chronic bronchitis, other chest complaints and coronary heart disease. Each year, the death rate from cancer of the lung rises. I quote these figures, in 1929 there were 2,751 deaths, in 1939, 6,214, in 1963, 24,434, and in 1965, 26,399 deaths. It is particularly the duty of those who influence the young, to reiterate the facts constantly so that young people do not start this habit without a full knowledge of the dangers that it entails. Doctors, teachers, parents and others whose example young people may follow, have a responsibility to show by their own actions that smoking is harmful.

The respiratory infections still take their toll, though less than formerly. The great majority of deaths from pneumonia are in those whose health is undermined by other causes and is as such only a terminal event. There were 7 deaths from pneumonia, 6 from bronchitis and 5 from other respiratory diseases.

# M O R T A L I T Y   T A B L E

<u>Causes of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	-	-	-
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria ..	-	-	-
5. Whooping Cough ..	-	-	-
6. Meningococcal infections	-	-	-
7. Acute poliomyelitis ..	-	-	-
8. Measles ..	-	-	-
9. Other infective and parasitic diseases ..	-	-	-
10. Malignant neoplasm, stomach	2	1	3
11. Malignant neoplasm, lungs, bronchus	4	3	7
12. Malignant neoplasm, breast	-	5	5
13. Malignant neoplasm, uterus	-	-	-
14. Other malignant and lymphatic neoplasms ..	9	6	15
15. Leukaemia, aleukaemia	1	-	1
16. Diabetes ..	2	2	4
17. Vascular lesions of nervous system	12	25	37
18. Coronary disease, angina	26	16	42
19. Hypertension with heart disease	2	2	4
20. Other heart disease	9	26	35
21. Other circulatory disease	3	13	16
22. Influenza ..	-	-	-
23. Pneumonia ..	4	3	7
24. Bronchitis ..	4	2	6
25. Other diseases of respiratory system ..	1	4	5
26. Ulcer of stomach and duodenum	1	1	2
27. Gastritis, enteritis and diarrhoea	2	1	3
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	2	-	2
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	1	1	2
32. Other defined and ill-defined diseases ..	8	9	17
33. Motor vehicle accidents	2	2	4
34. All other accidents ..	1	1	2
35. Suicide ..	-	1	1
36. Homicide and operations of war	-	-	-
	96	124	220



# Associated Mortality Statistics :-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
STILL BIRTHS ..	3	1	4
DEATHS of infants under 1 year	7	1	8
DEATHS of infants under 4 weeks (included in previous figure)	5	1	6

BIRTHS. The number of live births was 270 compared with 307 in 1964. The rate per thousand of the population was 15.71. Applying the Registrar General's Area Comparability Factor for births (1.11) to this figure the Standardised Birth Rate obtained for this district - 17.43 compared with 13.1 for England and Wales.

STILL BIRTHS. The number of still births during 1965 was 3 males and 1 female. The resultant rate for the district is 14.6 which is less than the figure for England and Wales. The rates for the past five years are given in the following table (per 1,000 live and still births) by way of comparison.

## STILL BIRTH RATE.

<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>
21.90	10.03	17.37	3.25	14.6

ILLEGITIMATE BIRTHS. There were 14 illegitimate births assigned to the district during the year (10 males and 4 females), the same figure as in 1964. Shown as a proportion of the total number of live births this represents 5.19 per cent.

MATERNAL MORTALITY. No deaths associated with pregnancy or childbirth were recorded during the year.

INFANT MORTALITY. The number of infants who died before reaching their first birthday was 8 (7 males and 1 female), two more than in 1964. The resultant rate is 29.54 and is more than 19.0 the figure for England and Wales.

## DEATH RATE UNDER 1 YEAR PER 1,000 LIVE BIRTHS.

<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>
14.59	6.76	10.42	19.54	29.54

NEONATAL DEATH RATE. The number of infants who failed to survive for four weeks after birth was 5 males and 1 female. This gives a rate per 1,000 live births of 22.2 or 2.2 per cent. This is very much higher than the rate of 13.0 for England and Wales.

The Registrar General gives a further sub-division, in his returns this year, of deaths of infants under one week of age. There were 5 deaths in this group.

These deaths are included in the Infant Mortality Rate.

TABLE OF CAUSES OF INFANT DEATHS

	<u>Neonatal</u>	<u>1 - 12</u> <u>months</u>
1. Congenital heart disease	2	
2. Cerebral haemorrhage - Forceps delivery	2	
3. Prematurity	1	
4. Antepartum haemorrhage Prematurity	1	
5. Asphyxia ..		1
6. Bronchopneumonia		1



The number of infants who failed to survive for  
 four weeks after birth was 5 males and 1 female. This gives a rate  
 per 1,000 live births of 22.5 or 2.2 per cent. This is very much  
 higher than the rate of 1.5 per cent reported in 1914.

The Registrar General gives a further indication in his  
 volume this year, of deaths of infants under one year of age.  
 were 5 deaths in this group.

These deaths are included in the Infant Mortality Rate.

### TABLE OF DEATHS OF INFANTS

Infant	Sex	Age	Cause of Death
1.	Male	1 day	Constitutional heart disease
2.	Female	1 day	Constitutional heart disease
3.	Male	1 day	Constitutional heart disease
4.	Female	1 day	Constitutional heart disease
5.	Male	1 day	Constitutional heart disease
6.	Female	1 day	Constitutional heart disease
7.	Male	1 day	Constitutional heart disease
8.	Female	1 day	Constitutional heart disease
9.	Male	1 day	Constitutional heart disease
10.	Female	1 day	Constitutional heart disease
11.	Male	1 day	Constitutional heart disease
12.	Female	1 day	Constitutional heart disease
13.	Male	1 day	Constitutional heart disease
14.	Female	1 day	Constitutional heart disease
15.	Male	1 day	Constitutional heart disease
16.	Female	1 day	Constitutional heart disease
17.	Male	1 day	Constitutional heart disease
18.	Female	1 day	Constitutional heart disease
19.	Male	1 day	Constitutional heart disease
20.	Female	1 day	Constitutional heart disease

## SECTION B.

### GENERAL PROVISION OF HEALTH AND WELFARE SERVICES.

LABORATORY SERVICE. Laboratory work in connection with the diagnosis and control of infectious diseases is carried out at the Emergency Public Health Laboratory in Northampton under Dr. Hoyle, and is free of cost to the Local Authority. An efficient and helpful service is always provided, and we thank Dr. Hoyle for constant co-operation.

INFANT WELFARE CENTRES. The following centres are held at the places and dates indicated. Your Medical Officer of Health is in attendance in her capacity as Assistant County Medical Officer at Brixworth and Welford.

#### BRIXWORTH INFANT WELFARE -

3rd. Friday each month at Village Hall.

#### WELFORD INFANT WELFARE -

4th Thursday each month at Village Hall.

#### BOUGHTON INFANT WELFARE -

2nd Wednesday each month at Boughton Institute.

#### MOULTON INFANT WELFARE -

1st Tuesday each month at Manfield Hall.

#### SPRATTON INFANT WELFARE -

4th Tuesday each month at Women's Institute.

The Mobile Caravan Clinic which was instituted to supply services to those villages who were without access to existing Clinics, now operates at Ravensthorpe, East Haddon, Little and Great Brington, Holcot, Walgrave, Old and Hannington.

AMBULANCE SERVICE. General medical and surgical cases are removed by the County Ambulance Service, under the control of the County Council. Infectious diseases cases are also removed under the same arrangements.

NURSING IN THE HOME. The services of District Nurses, Mid-wives and Health Visitors are provided by the County Council, and the area is well covered. The Home Help Service is also provided by the County Council. This is a very necessary service, and affords considerable benefit to the community both for domiciliary maternity cases and



particularly in this area in the care of old people, who can remain comfortably at home and who, without this help, would be in Institutions.

GENERAL HOSPITAL ACCOMMODATION. The Oxford Regional Hospital Board is responsible for the provision of hospitals and out patient clinics.

All medical, surgical and paediatric and gynaecological cases are treated at Northampton General Hospital.

Maternity cases are treated at the Barratt Hospital, which forms part of the General Hospital.

Accident and orthopaedic cases are treated at the General Hospital, and the latter also at the Manfield Hospital, Northampton.

The Geriatric Units for old ladies are situated at Pitsford within this district.

ISOLATION HOSPITAL. Cases of Infectious Disease which require isolation are treated at the Harborough Road Isolation Hospital, Northampton, which comes under the administration of the Oxford Regional Hospital Board. Cases of tuberculosis are treated at Creton Hospital.

WELFARE OF OLD PEOPLE. National Assistance Act, 1948. Section 47 and 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, though a number of old people were kept under supervision, and arrangements made for them to enter Institutions, or to be looked after by other means. We are fortunate in this district in having two comfortable country houses at Pitsford as hospitals for old ladies. We have no accommodation in the district for males who have either to go to St. Edmunds Hospital, Northampton, or to Danetre Hospital, Daventry.

#### 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 including the Almoner Service. In this district there are two geriatric hospitals for old ladies at Pitsford.



2. The County Council.

(a). The Health Department.

1. District Nurses.
2. Health Visitors.
3. Home Helps.
4. Chiropody Service.
5. Certain home equipment.

(b). The Welfare Department.

1. Part III accommodation and homes. There are none in this District.
2. Special services for blind etc., and home fittings.

3. The National Assistance Board.

Financial help.

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 seaside holidays in off season times. The Darby and Joan Clubs, "Meals on Wheels" Service, and Home Visiting. The Womens Voluntary Service very often undertake many of the above duties, while in other areas local voluntary Committees run the various organisations. The Rural Communities Council together with the Old Peoples 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. Some cases of breakdown may be prevented by early application of these services.



6. DARBY AND JOAN CLUBS.

The "Evergreen Club", Brixworth.

The membership of this Club has increased since 1964, and many of the 64 members manage to attend the weekly meetings which are held in the Parish Hall.

Mrs. Green, the Club Secretary, reports that visits were made to Bourton-on-the-Water, the Coventry Pantomime, and the Harpole Darby and Joan Club during the year under review.

Commodities such as Tea, Coffee and Ovaltine are made available to all members at concessionary rates and Chiropody treatment is given to those members who require this service.

Moulton Darby and Joan Club.

This Club continues to meet weekly at the Manfield Hall and the majority of the 82 members enrolled can usually be found at their meetings. Entertainment is provided at most of the meetings by local artists and when these cannot be obtained Bingo Sessions or Whist Drives are arranged instead. Memorable events in the Club's calendar for 1965 were the visits to Evesham in May and to Oxford and Abingdon in September. The annual party held in March and the visit to the Christmas Pantomime in Northampton also received good support.

Mr. Chappell, the Club Leader, reports that many members are still taking advantage of the Chiropody Service which is also available to pensioners who are non-members of the Club.

The "Evergreen Club", Spratton.

This Club was only formed in March 1964 and consequently its activities have not previously been reported. Meetings are held monthly at the Womens Institute Hall and are usually attended by as many as 30 out of the 40 members enrolled.

Mrs. Goff, the Club Secretary, feels that the main function of the Club is to provide a meeting place for elderly persons who obtain enjoyment from the opportunity of being able to communicate with each other, though concert parties and educational demonstrations are arranged to hold their interest.

A Chiropody Service is provided for members by the County Council and those who have difficulty in walking are conveyed to the Club meetings by car.



Walgrave Darby and Joan Club.

Mrs. Lewis, the Club Leader, reports that all meetings of the Club held during the year were well attended and that the most popular features of their activities were the Whist Drives. The fifth anniversary of the Club's formation was celebrated during the year by a visit to Leicester which was enjoyed by all members of the party. Apart from the trip to Leicester visits were also arranged to Brighton and Leamington and in December many members had Christmas dinner at the Spencer Arms, Chapel Brampton, where they were entertained by Mrs. Mabbutt of Northampton.

The Welford "Welcome Club".

A most interesting programme of activities was provided for the 76 members of this Club during 1965 which included visits to the Phoenix Theatre, Leicester, the Coventry Theatre and outings to both Nottingham and Oakham.

Mrs. Vaughan, the Club Secretary, reports that members are able to see film shows and educational demonstrations at their monthly meetings where they are also able to obtain Tea, Coffee and Horlicks at reduced rates.

A Chiropody Service is still maintained for members requiring treatment.





## SECTION C.

### SANITARY CIRCUMSTANCES OF THE DISTRICT.

#### WATER SUPPLIES.

All responsibility for water undertaking throughout the entire Rural District is now vested in the Mid-Northamptonshire Water Board. The source of supply for the Board is Pitsford Reservoir which has a capacity of about 4,000 million gallons. Treatment of water consists of softening, filtration and finally chlorination. There is no plumbosolvency.

The following figures are supplied by the Mid-Northamptonshire Water Board :-

Bacteriological samples taken in Brixworth Rural District	..	47
Chemical analyses at Treatment Works		28
Bacteriological samples taken at Treatment Works	..	315

Unfortunately no figures are readily available for the number of houses supplied (a) direct from the mains, and (b) by stand-pipes.

#### PRIVATE SUPPLIES.

Eight samples were taken during the year.

#### SEWERAGE AND SEWAGE DISPOSAL.

Work commenced on the schemes for Thornby and for the extension of the sewage disposal works at Hollowell during the year under review and further schemes were approved by the Council for the villages of Arthingworth, Kelmash and Teeton.

#### DISINFECTION.

Concurrent and terminal disinfection by means of gaseous liquid disinfectants is carried out in houses where certain infectious diseases are notified. In the course of the year a number of requests for disinfection of premises were received and dealt with.



### DISINFESTATION.

This service, which includes the eradication of bed bugs, is carried out on behalf of the Council at the request of owners or tenants of houses complaining of the presence of vermin. No action was necessary during 1965.

### PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Though 33 notifications of rodent infestations were dealt with during the period under review, no major infestations were found. The Council's refuse tips were treated regularly throughout the year.

### MOVEABLE DWELLINGS - PUBLIC HEALTH ACT, 1936. SECTION 26. AND THE CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960.

Five licences were granted by the Council during the year.

### REFUSE COLLECTION AND DISPOSAL.

The paper sack system of refuse collection was introduced to a further 10 villages during the year. Approximately 2000 dwellings in the District have now been changed over to this system.

The remainder of the District continued to operate on a weekly "kerb side" bin system.

## SECTION D.

### HOUSING

#### Housing Act, 1957.

No. of permanent dwellings in area	5753
Estimated number of houses unfit for human habitation according to Sec.16 of the Act and suitable for action under Secs. 17 & 42 of the Housing Act, 1957 ..	203
No. of houses for inclusion in Clearance Areas ..	124
No. of houses already covered by Clearance Orders ..	3
No. of houses for individual demolition	76

It is of interest to note that, for the purposes of the report, the total number of unfit houses revealed by the original survey, plus subsequent additions is 968 but by the time the report had been prepared 337 of these had been sufficiently improved to merit up-grading, whilst a further 428 had been demolished.

The usual work of the Council under the Housing and Public Health Acts continued, and the details are set out in tabular form below and on page 47.

#### Housing Act, 1957. Section 17.

1. No. of unfit houses represented	4
2. No. of Demolition Orders made	3
3. No. of houses demolished	Nil
4. No. of persons affected	Nil

#### Housing Act, 1957. Section 42.

1. No. of Clearance Orders made	Nil
2. No. of houses included in Area	Nil
3. No. of houses demolished	Nil
4. No. of persons affected	Nil

#### Other associated housing statistics.

1. No. of undertakings received	15
2. No. of unfit houses upgraded	8

From these details it will be observed that the total number of unfit houses throughout the district declined by 14 during the year, either through improvements or demolition, whilst 15 houses came under



control by means of an undertaking from the owner not to re-let after vacation until made fit for human habitation.

Whilst these figures show good progress in slum clearance during the year under review, it should be remembered that the slum clearance problem in the Brixworth Rural District had largely been dealt with by the end of 1960. A survey of the position at the end of the year 1965 is appended below, and shows the position in better perspective, with only 29 houses remaining to be dealt with. This is a very satisfactory position with regard to which the District Council are to be congratulated.

No. the subject of Undertakings	164
No. dealt with by Demolition Order, Clearance Order or Closing Order	438
No. repaired by owners and upgraded	337
No. remaining to be dealt with	29

Nevertheless it must be recorded that a fairly large number of sub-standard houses are still occupied by single persons or old couples. Practically the whole of these are the subject of Undertakings not to re-let when they become vacant. Though the majority may be adequate to serve the life-time of the present tenants, a re-survey of these properties is at present being made in order to determine this. The Council has no new houses under construction but the survey referred to may reveal a need for a few more old peoples' bungalows.

Private owners continue to take advantage, encouraged by the Council, of the financial aid available for improving their properties. The position to date is summarised as follows -

417 properties have been brought up to modern standards by the provision of Discretionary Grants amounting in total to £108,269. and improvements to a further 120 dwellings have been aided by the provision of Standard Grants totalling £10,370.

#### HOUSING RESURVEY.

This survey was commenced in April of the year under review for the purpose of obtaining the following information :-

1. The number of dwellings in the District lacking in one or more of the five basic amenities, i.e. Bath, Wash Hand Basin, Hot and Cold Water Supply, Inside W.C. and Food Store.



2. The number of dwellings which had become unfit for human habitation since the last survey due to deterioration.
3. The demand for accommodation suited to the needs of old persons.

By the end of the year the villages of Creton, Guilsborough, Holcot, Pitsford and Welford had been surveyed and of the 855 houses inspected it was found that 156 were lacking in amenities and that the condition of 21 properties warranted their classification as unfit for human habitation. Furthermore, it was found that the demand by elderly persons for smaller accommodation was such that schemes are being prepared for bungalows in the villages of Pitsford and Welford.

In respect of the properties found to be lacking in amenities, the necessary action is being taken under the provisions of the Housing Act, 1964, to ensure that they will eventually be provided with the amenities required. Although only informal approaches have been made so far it is satisfying to note that many owners have already given assurances that they will carry out the work involved.





## SECTION E.

### INSPECTION AND SUPERVISION OF FOOD.

#### THE MILK (SPECIAL DESIGNATION) (AMENDMENT) REGULATIONS, 1965.

The above Regulations which extend the range of designations applicable to milk came into force on the 1st. October, 1965. The four designations which can now be used in relation to milk are as follows :-

1. Untreated..
2. Pasteurised.
3. Sterilised.
4. Ultra Heat Treated.

By the end of the year 10 licences authorising the use of these designations had been issued under the new regulations to Dealers operating in this District.

#### FOOD AND DRUGS ACT, 1955. CLEAN FOOD.

DAIRIES. There are three registered dairies in the District, and during the year a satisfactory standard of cleanliness was maintained therein.

FOOD PREMISES. There are 128 food premises in the District, the total number being made up as follows - 66 shops, 3 cafes, 13 butchers shops, 3 bakeries and 42 public houses.

CONDEMNED FOOD. Condemned food is disposed of in one of two ways, i.e. tinned food is buried at one of the Council's refuse tips, and unsound meat is sent to the Pytchley Hunt Kennels.

ICE CREAM. Most retailers are still selling pre-packed varieties only, but it is now possible to register premises for the sale of both completely wrapped and partly wrapped products.

#### FOOD HYGIENE (GENERAL) REGULATIONS, 1960.

During the year efforts have been made to improve further the general standard of food hygiene throughout the District. In spite of the difficulties involved it can fairly be stated that the majority of food traders are endeavouring to attain satisfactory standards. 255 visits were paid to food premises under the Food Hygiene Regulations.



Samples taken in the Brixworth Rural District in the  
12 months ended 31st. March, 1966.

Milk	73	Brought forward	130
Antibiotic milks	5	Crean	2
Meat products	16	Ice Cream	5
Jam etc.	2	Puddings	2
Spirits	11	Table Jelly	1
Butter	3	Sweets	1
Margarine	1	Fruit	6
Soft drinks	2	Medicines	3
Beverages	1	Soup	1
Fish products	8	Mustard	1
Flour	1	Eggs	2
Cheese	6	Corn oil	1
Cheese spread	1		
Carried forward	130		155

REMARKS

Following a request received from the Brixworth Public Health Department a sample of cake flour was submitted and reported as being 50 per cent deficient in chalk. The flour in question had been found to be deficient in chalk on importation and a subsequent attempt was made to correct this. Following the Public Analyst's report it is understood that the flour was disposed of for purposes other than human consumption.

Two samples of frozen sliced beef in gravy were reported as having total meat equivalents of 55 per cent and 58 per cent respectively. The manufacturers claimed that there was some doubt as to whether frozen meat products would be within the scope of proposed new regulations, which are expected to require a higher meat content for products sold under this description. It was decided to take no further action until there is a clarification of the position as it affects frozen foods.

During the last few months of the year, it was agreed that an increased proportion of the number of samples taken from the few remaining sellers of raw milk would be sent to the Public Health Laboratory for biological examination and the results reported to District Councils.

Six samples were taken in the Brixworth Rural District during the period and the brucella ring test gave a negative result in each case. Guinea pigs were inoculated with milk from these samples and no evidence of tuberculosis was found in post-mortem examinations of these animals.

Note that this report applies to the twelve months ending 31st. March, 1966.

At the beginning of the year there were two slaughterhouses licensed, having been brought up to the standards prescribed in the Slaughterhouses (Hygiene) Regulations, 1958, and the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958.

It is not anticipated that any further slaughterhouses will be brought up to standard.



## MEAT INSPECTION.

Inspection of meat was maintained at 100%, and findings are recorded below in a table based on that suggested by the Ministry of Health.

### Carcases and Offal inspected and condemned in whole or in part.

	Cattle	Calves	Sheep and Lambs	Pigs
Number killed (if known)	299	Nil	1755	30
Number inspected	299	Nil	1755	30
<u>All diseases except Tuberculosis and Cysticerci</u>				
Whole carcasses condemned	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned ..	29	Nil	50	1
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	9.69	Nil	2.85	3.33
<u>Tuberculosis only.</u>				
Whole carcasses condemned	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned	Nil	Nil	Nil	Nil
Percentage of the number inspected affected with tuberculosis	Nil	Nil	Nil	Nil
<u>Cysticercosis.</u>				
Carcasses of which part or organ was condemned	Nil	Nil	Nil	Nil
Carcasses submitted to treatment by refrigeration ..	Nil	Nil	Nil	Nil
Generalised and totally condemned ..	Nil	Nil	Nil	Nil

UNSOUND FOOD SURRENDERED OR CONDEMNED.

	<u>Tons</u>	<u>Cwts.</u>	<u>Lbs.</u>
1. Meat at slaughterhouse	-	3	72
2. Meat at wholesale premises	-	-	-
3. Meat at retail shops	-	-	87
4. Cooked meat and meat products	-	-	10
5. Canned meats ..	-	-	-
6. Fish .. ..	-	-	-
7. Fruit and vegetables ..	-	-	-
8. Other foods ..	-	2	19
Total	-	6	76



# IMPORTED FOOD SUBSIDIZED OR COMMODITY

For agricultural use, 10% of the production and 10% of the consumption of the commodity shall be exempt from the duty on imports.

Lbs.	Dolls.	Total	1. Meat of slaughterhouses
12	2	-	2. Meat of wholesale provisions
67	-	-	3. Meat at retail shops
4. Cooked meat and meat products	1.11	1.11	5. Canned meats
6. Fish	1.11	1.11	7. Fruits and vegetables
8. Other foods	1.11	1.11	Total
11.3	11.3	11.3	12.3
1.11	1.11	1.11	1.11
1.11	1.11	1.11	1.11
1.11	1.11	1.11	1.11
1.11	1.11	1.11	1.11
1.11	1.11	1.11	1.11

## SECTION F.

### PREVALENCE OF, AND CONTROL OVER INFECTIONS AND OTHER DISEASES.

There was an increase in the notification of infectious diseases from 160 last year to 163 this year. The incidence of measles was similar this year to last year and has not exhibited its usual biennial incidence.

MEASLES. 128 cases were notified. This disease though highly infectious is now, like scarlet fever, of a more benign character, seldom showing serious complications. However, in the more delicate, and occasionally in normal children, ear or eye infections or pneumonia still occur. These are, however, usually soon and successfully dealt with by the large number of effective antibiotics that are now available.

SCARLET FEVER. 11 cases were notified. This disease continues in its mild phase. Its principle interest is that it gives a rough indication of the amount of streptococcal infection in the community.

WHOOPING COUGH. 13 cases were notified. This is another condition which is becoming largely more benign, but in some cases this can be distressing, and in infancy a serious illness. Protection to this disease is often by triple vaccination, together with tetanus and diphtheria, and the low incidence in the District may be ascribed to their immunisation.

DYSENTERY. 2 cases have been notified. The first, a case of Flexner dysentery, was in a schoolboy from a residential school. He was isolated, removed to hospital and discharged to his home. Strict hygiene precautions were instituted at the school, and investigations made for the source of infection. None were found locally. The boy had been on holiday abroad previous to his return to school, and had probably contracted his infection there. The second case was one of sonne dysentery in an adult male. Careful isolation at home and hygiene precautions were instituted and no further cases occurred.

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

ERYSIPELAS. No cases were notified.



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 public recollection of the dangers of this infection. Mothers without knowledge of the disease feel a false security and may fail to have their children immunised. That this is a dangerous situation cannot be too strongly stressed, and only by keeping up the numbers of children immunised may 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 children's welfare.

PNEUMONIA. No cases were notified. Respiratory infection generally continues to be a cause of much ill health and chronic suffering. A very marked decline in deaths from pneumonia has taken place since the discovery of the sulphonamides and antibiotics, however, in chronic sufferers from bronchitis and in the aged and debilitated, some cases do still prove fatal.

There were 6 deaths from bronchitis, and 5 from other diseases of the respiratory system.

The incidence of chronic nasal catarrh often with the later development of sinusitis is still an all too common occurrence. Many school-children still suffer from nasal catarrh. The cause is obscure and the need for research into this problem continues to be stressed.

MENINGITIS. No cases occurred.

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.

INFECTIOUS HEPATITIS. 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. No cases were notified during the year.

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

FOOD POISONING. There was one case only of Salmonella Typhimurium which occurred in a child. The child's father was employed on a bread round, and as the child did not respond to treatment and became a symptomless carrier the mother, on the advice of the Medical Officer, removed with the child to her parents while the father carried on with his work at home. Both parents and contacts were tested pathologically at frequent intervals and they remained free from infection. The mother returned home when the child was better.

OPHTHALMIA NEONATORUM. 1 case was notified.

Notification of the following cases of infectious disease was received during the year.

DISEASE	M	F	Total	Rate per 1,000 population
Scarlet Fever	6	5	11	.64
Whooping Cough	5	8	13	.76
Measles ..	66	62	128	7.45
Dysentery ..	2	-	2	.12
Food Poisoning ..	-	1	1	.06
Ophthalmia Neonatorum	-	1	1	.06
Respiratory Tuberculosis	3	2	5	.29
Tuberculosis (Other forms) ..	-	2	2	.12
Total	82	81	163	



## VACCINATION AND IMMUNISATION.

Children are offered immunisation to the following diseases - Diphtheria, Whooping Cough, Tetanus, Poliomyelitis and Smallpox in the earlier years. These procedures are carried out by General Practitioners or by the County Council at their Child Welfare Clinics which are held in this District at the Centres detailed on page 17.

In addition, the County Council provides a mobile caravan clinic which visits many villages of the area which were not formerly accessible to welfare clinics. The following villages are visited :-

Ravensthorpe, East Haddon, Great and Little Brington,  
Holcot, Walgrave, Old and Hannington.

Figures are not available this year of the numbers immunised in the District. The County Council will include these in their statistics for the year.

## TUBERCULOSIS.

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary tuberculosis employed in the milk trade, or under Section 172 of The Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from tuberculosis.

Vaccination against tuberculosis is offered by the County Council to all children at 13 years of age. This is carried out in the schools and there is a high acceptance rate.

# TUBERCULOSIS

## AGE AND SEX DISTRIBUTION OF NEW CASES AND

DEATHS, 1965.

Age Groups			New Cases				Deaths			
			Pulmonary		Other		Pulmonary		Other	
			M	F	M	F	M	F	M	F
0	-	..	-	-	-	-	-	-	-	-
1	-	..	1	-	-	-	-	-	-	-
5	-	..	-	-	-	1	-	-	-	-
15	-	..	-	-	-	-	-	-	-	-
20	-	..	-	1	-	-	-	-	-	-
25	-	..	-	-	-	-	-	-	-	-
35	-	..	1	-	-	-	-	-	-	-
45	-	..	-	-	-	-	-	-	-	-
55	-	..	1	-	-	-	-	-	-	-
65	-	..	-	1	-	-	-	-	-	-
Age unknown		..	-	-	-	1	-	-	-	-
Total			3	2	-	2	-	-	-	-



# THE BUREAU OF

AND THE DISTRICT OF COLUMBIA

1911

New Cases				Deaths			
Polio				Other			
Y	M	F	T	Y	M	F	T
-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-
2	-	-	-	1	-	-	-
12	-	-	-	-	-	-	-
20	-	-	-	1	-	-	-
23	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-
28	-	-	-	1	-	-	-
30	-	-	-	-	-	-	-
32	-	-	-	1	-	-	-
33	-	-	-	-	-	-	-
34	-	-	-	1	-	-	-
35	-	-	-	-	-	-	-
36	-	-	-	-	-	-	-
37	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-
40	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-
45	-	-	-	-	-	-	-
46	-	-	-	-	-	-	-
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76	-	-	-	-	-	-	-
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83	-	-	-	-	-	-	-
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89	-	-	-	-	-	-	-
90	-	-	-	-	-	-	-
91	-	-	-	-	-	-	-
92	-	-	-	-	-	-	-
93	-	-	-	-	-	-	-
94	-	-	-	-	-	-	-
95	-	-	-	-	-	-	-
96	-	-	-	-	-	-	-
97	-	-	-	-	-	-	-
98	-	-	-	-	-	-	-
99	-	-	-	-	-	-	-
100	-	-	-	-	-	-	-

## SECTION G.

### OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

As only 39 premises had been registered under the above Act by the end of 1964 a survey was carried out during the early part of the year under review in order to ascertain the number of offices and shops still not registered.

Steps were taken to ensure that the 33 additional premises found as a result of the survey were registered without further delay and by the end of the year all premises affected by the Act had been registered and inspected.

An analysis of the contraventions disclosed by these inspections is shown in the table below.

The attention of employers and other persons concerned was immediately drawn to the necessity of remedying these contraventions and at the close of the year very few remained to be rectified.

#### ANALYSIS OF CONTRAVENTIONS

Sec.	Number of Contraventions found	Sec.	Number of Contraventions found
4	Cleanliness 9	14	Seats (Sedentary Workers) -
5	Overcrowding -	15	Eating facilities -
6	Temperature 30	16	Floors, passages & stairs 14
7	Ventilation 1	17	Fencing exposed parts of machinery .. -
8	Lighting -	18	Protection of young persons from dangerous machinery .. -
9	Sanitary Conveniences 13	19	Training of young persons working at dangerous machinery .. -
10	Washing facilities 5	23	Prohibition of heavy work -
11	Supply of drinking water -	24	First Aid General Provisions .. 7
12	Clothing Accommodation -		
13	Sitting facilities -		
			TOTAL 79



Prescribed particulars on the administration of the  
Offices, Shops and Railway Premises Act, 1963, for  
the year 1965.

Class of Premises	No. of premises registered during the year.	Total number of registered premises at end of the year.	No. of persons employed in work places incorporated with registered premises.		No. of registered premises inspected during the year.
			M	F	
Offices	8	17	20	22	16
Retail shops	17	33	26	47	31
Wholesale shops & warehouses	-	1	3	-	1
Catering establishments open to the public canteens	5	13	21	43	13
Fuel storage Depots	3	3	9	2	3
TOTALS	33	67	79	114	64

Total number of visits of all kinds by Inspectors to registered premises = 98

ENFORCEMENT OF THE ACT

Class of Premises	Exemptions Granted				Prosecutions
	Space (Sec. 5)	Temperature (Sec.6)	Conveniences (Sec.9)	Washing facilities (Sec.10)	
Offices	-	-	-	-	-
Retail Shops	-	-	-	-	-
Wholesale shops and warehouses	-	-	-	-	-
Catering establishments open to the public canteens	-	-	-	-	-
Fuel storage depots	-	-	-	-	-

SECTION H.

FACTORIES ACT, 1961.

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF  
THE FACTORIES ACT, 1961, FOR THE YEAR 1965.

CLASSIFIED LIST OF REGISTERED FACTORIES  
AS AT 31ST DECEMBER, 1965.

		Power	Non- Power
1.	Food manufacture	3	-
2.	Wearing Apparel :-		
	(a) Boots and Shoes	1	-
	(b) Outfitting	2	-
3.	Carpentry, Joinery & Sawmills	10	5
4.	Garages, Repair Shops and Engineers ..	17	5
5.	Laundries ..	3	-
6.	Plumbers ..	-	2
7.	Purification of water	2	-
8.	Leather Accessories	2	-
9.	Gas holders ..	1	-
	TOTAL	41	12



PART I OF THE ACT.

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	32	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	41	10	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
	53	42	-	-

2.

CASES IN WHICH DEFECTS WERE FOUND.

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



PART VIII OF THE ACT - OUTWORK.

Nature of Work	Section 133			Section 134		
	No. of out-workers in August list required by Sec. 133 (i) (c)	No. of cases of default in sending list to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-whole-some premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Making Wearing Apparel	6	-	-	-	-	-
TOTAL	6	-	-	-	-	-

SUMMARY OF

PUBLIC HEALTH INSPECTOR'S INSPECTIONS

Housing	..	1384
Slaughterhouses and Butchers Shops		202
Bakehouses	..	4
Cafes	..	4
Shops	..	201
Offices	..	66
Factories and Workshops		49
Water Supplies	..	21
Infectious Diseases	..	21
Defective Premises	..	136
Defective Drainage	..	109
Pests Destruction	..	80
Tents, Vans and Sheds	..	62
Dairies	..	5
Verminous Premises	..	-
Nuisances	..	12
Refuse Collection	..	1209
		<u>3565</u>

NOTICES SERVED :-

Informal - Section 92 Public Health Act, 1936	Nil
Statutory - do.	Nil



# APPENDIX II

## LIST OF RESEARCH INSTITUTES

1934	..	Housing
1935	..	Alcoholism and Antismoking
1936	..	Alcoholism
1937	..	Alcohol
1938	..	Alcohol
1939	..	Alcohol
1940	..	Alcohol
1941	..	Alcohol
1942	..	Alcohol
1943	..	Alcohol
1944	..	Alcohol
1945	..	Alcohol
1946	..	Alcohol
1947	..	Alcohol
1948	..	Alcohol
1949	..	Alcohol
1950	..	Alcohol
1951	..	Alcohol
1952	..	Alcohol
1953	..	Alcohol
1954	..	Alcohol
1955	..	Alcohol
1956	..	Alcohol
1957	..	Alcohol
1958	..	Alcohol
1959	..	Alcohol
1960	..	Alcohol
1961	..	Alcohol
1962	..	Alcohol
1963	..	Alcohol
1964	..	Alcohol
1965	..	Alcohol
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1967	..	Alcohol
1968	..	Alcohol
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1971	..	Alcohol
1972	..	Alcohol
1973	..	Alcohol
1974	..	Alcohol
1975	..	Alcohol
1976	..	Alcohol
1977	..	Alcohol
1978	..	Alcohol
1979	..	Alcohol
1980	..	Alcohol
1981	..	Alcohol
1982	..	Alcohol
1983	..	Alcohol
1984	..	Alcohol
1985	..	Alcohol
1986	..	Alcohol
1987	..	Alcohol
1988	..	Alcohol
1989	..	Alcohol
1990	..	Alcohol
1991	..	Alcohol
1992	..	Alcohol
1993	..	Alcohol
1994	..	Alcohol
1995	..	Alcohol
1996	..	Alcohol
1997	..	Alcohol
1998	..	Alcohol
1999	..	Alcohol
2000	..	Alcohol

## NOTES

Information - Section 32 Public

Health Act, 1936

1936

Statutory -

1936

1936





