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BRIXWORTH RURAL
DISTRICT COUNCIL

ANNUAL
REPORT

OF THE

MEDICAL OFFICER
OF HEALTH

FOR THE

YEAR 1966

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

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Telephone :
Brixworth 291.

Council Offices,
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 eleventh 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 1966 show that there were 212 deaths, 8 less than last year. This gives a standardised rate of 10.70 compared with the national figure of 11.7. Female deaths exceeded male deaths by 26 compared with 28 last year. Details and comments on the causes of death are in Section A.

The total number of births was 234 showing a decline of 36 on last years figure of 270, of which 8 were illegitimate, 6 less than last year. There were 2 infant deaths compared with 8 last year, both were under one week of age. The infant death rate showed a sharp fall to 8.54 compared with 29.63 last year, the national average being 19.0.

There was a decrease in infectious diseases notifications, the figure falling from 160 to 121. Once again no cases of poliomyelitis occurred. There were no epidemics with only 2 cases of dysentery and none of food poisoning. The satisfactory decline in infectious diseases continues and it is safe to predict that once the measles vaccine comes into general use a further fall can be confidently expected. However, 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 9 died from pneumonia, 16 from bronchitis and 3 from other diseases of the respiratory system. There were 2 deaths from tuberculosis and 1 new case was notified. As short a time as 16 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.

Since 1963, the details for immunisation and vaccination have been included in the County Council reports and the County Medical Officer of Health will not be providing statistics relating to individual districts. The necessity for the continued immunisation of all infants against diphtheria, whooping cough and tetanus is once again stressed, with the reminder to parents and guardians not to forget the booster doses at 15 months and at school entry. Smallpox vaccination between the ages of one and two years and immunisation against tuberculosis at 13 years are also important.

Housing development continued. Private enterprise produced 98 houses, 14 more than in 1965, making a total of 1444 since the war.

Improvement grants were made on 12 properties, 17 less than the figure for 1965. 27 properties, 13 more than 1965, received standard grants.

The Thornby scheme was completed during the year under review. Good progress was made on the extensions to the sewage disposal works at Hollowell. Schemes for Arthingworth, Brington, Kelmarsch and Teeton have been approved by the Council and those for the remaining parishes are in preparation.

In general, the environmental control of health in the rural district is being maintained. There are, however, certain adverse signs relating to the general pattern of life at the present time that merit some comment. The hardships of the past are declining and in a welfare state like ours, with almost full employment, declining poverty, increasing benefits and leisure time, new sources of human misery are emerging. Further positive good health will therefore be less in the control of the environment and more on family and individual action.

Improved standards of living together with the internal combustion engine and automation at work have lessened the need for routine physical exercise. In addition, improved food technology is providing richer food at prices people can afford. Thus the majority are eating more high calorie refined food and at the same time using less of it in physical exercise. This is producing a higher incidence of early degenerative disease and which later manifests itself 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 cream and other starchy foods.

The challenge of mental illness persists. Psychosis, neurosis, divorce and illegitimacy rates, crime, delinquency, cruelty to children and drug addiction continue to increase. Drug addiction is a state of chronic or periodic intoxication, harmful to both individual and society, brought about by the repeated consumption of a natural or synthetic drug. There are a number of drugs on which individuals may become dependent and the effects of such drugs may vary between marked stimulation and deep depression. The most commonly met with dependence producing drugs are morphine and its derivatives like heroin (one of the hard drugs), barbiturates, cocaine, cannabis, amphetamines and the hallucinogens which produce hallucinations and include LSD (lysergic acid diethylamide). The physical, mental and moral standard of the addicts rapidly declines as a result of taking drugs. The exact number of hard drug addicts in Great Britain is not known as only a proportion are registered. Estimates vary from a few hundred to three thousand. One constant feature in the various surveys carried out is the alarming increase among young people. The number of known addicts under 20 years trebled in the last six years and those under 35 have increased fivefold. A teenager's introduction to drugs is usually because of curiosity, fear, boredom or bravado. His best protection against possibility of drug addiction is the security of his home and what family life has to offer him. Parents need, too, to know their child's needs and that sympathetic guidance and discipline are not domination. Health education is a necessity and has a vital role to fill. Drugs and addiction should be taught and discussed as part of Health Education programmes in schools. A degree of physical health has now been achieved that has produced the most robust generation ever seen in this country. The majority of these young people are leading useful and energetic lives. However, their vitality, together with relatively high pay and leisure, can cause a few to seek diversions that are both anti social and harmful to themselves. The direction of these energies towards more constructive ends could be incorporated in a form of national service not necessarily related to the armed forces but towards service for the community. When automation becomes general and the working week of adults curtailed, the need in industry of this age group may be lessened and the formation of a young community task force could be envisaged.

The upward trend in accidents at home and on the road continues. Confirmed figures for accidents at home have not yet been published, but provisional figures indicate a general worsening in the situation during 1966. On the roads, 7,985 persons were killed as compared with 7,952 in 1965. I give further details on later pages of the report.

Everyone is aware of the growing number of elderly people in the community. At present in England and Wales, there are $5\frac{3}{4}$ million people aged 65 years or more; within the next fifteen years the total will rise to $7\frac{1}{2}$ million and by the year 2001 to nearly $7\frac{3}{4}$ million. This growth

is a direct result of the rising number of births during the late Victorian and Edwardian times, the saving of life from the improved standard of living and the successful control and treatment of infectious diseases. Most elderly people are well able to look after themselves but many cannot. The social aspect alone is a whole complex of different problems. The age of retirement is generally fixed but there is little preparation for the years of retirement. There is the question of accommodation, in separate dwellings, adapted for their needs, with their families or in residential homes. Loneliness is far too common among elderly people. Underlying these questions is the need for an adequate income. The major physical disabilities of old age, bronchitis, arthritis, strokes and heart disease are well known and need special medical and nursing care, but what is more common is increasing frailty, as well as the mental difficulties of old age. The community does provide certain services, but many elderly people fail to avail themselves of these services or even to whom to turn for information. The solution for caring for them has yet to be found. This is a task which falls on us all, the elderly people themselves, their families, their neighbours, voluntary workers and many professional workers.

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)	Mr. J.R. Hart (Deputy Chairman)
Dr. A.E. Thomas, J.P. (Chairman of the Council)	Captain R. Bailey, O.B.E., R.N. (Vice-Chairman of the Council)
Mr. M.R.A. Barritt	Mr. J.T. Holmes
Mr. G.T. Bennett	Mrs. J.D.R. Lambley
Mrs. C.M. Borwick	Mrs. W. Mahon
Mr. A.G. Campion	Mr. T.R. Pegran
Major P. de L. Cazenove, T.D.	Mr. E.A. Turney
Mr. R.H. Dickins	Mr. R. Wallbank
Mrs. P.A. Duff	Mr. W.A. Wells

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.

Technical Assistant:

S. J. K. HARRIS

SUMMARY OF VITAL STATISTICS

Area (in acres)	...	82,227
Population	...	16,690
Number of separate dwellings	...	5,720
Rateable Value 1966	...	£483,652
Product of a Penny Rate	...	£1,930

<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	100	226		
Illegitimate	<u>4</u>	<u>4</u>	<u>8</u>		
	<u>130</u>	<u>104</u>	<u>234</u>	14.02	17.7
				S.R. 15.56	

<u>STILL BIRTHS</u>				<u>Rate per 1000 Live and Still Births</u>	
Legitimate	-	2	2	3.47	15.4
Illegitimate	-	-	-		

<u>TOTAL LIVE AND STILL BIRTHS</u>			
Legitimate	126	102	228
Illegitimate	4	4	8

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	2	-	2	8.54	19.0
Illegitimate	-	-	-	Nil	

NEONATAL DEATHS

Legitimate	2	-	2	8.54	12.9
Illegitimate	-	-	-	Nil	

DEATHS OF INFANTS UNDER ONE WEEK

Legitimate	2	-	2	8.54	11.1
Illegitimate	-	-	-	Nil	

Illegitimate Live Births per cent of total live births - 3.41

Maternal Mortality (including abortion) NIL
 " " per 100 live and stillbirths NIL .26

DEATHS

<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 100 population</u>	<u>Rate for England and Wales</u>
93	119	212	12.70	11.7
			S.R. 10.28	

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
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
1966	16690	234	14.02	2	8.54	212	12.70

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 1966 as 16690, a decrease of 500 on the population of the previous year. The natural increase in population, the excess of births over deaths was 22.

DEATHS. The total number of deaths assigned to the District for the year was 212, 8 less than in 1965. The crude death rate based on the mid-year population was 12.70 compared with 12.8 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>
1962	229	100	129	12.29
1963	209	91	118	11.12
1964	247	97	150	13.0
1965	220	96	124	12.8
1966	212	93	119	12.70

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 .81 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 10.28 and below the figure of 11.7 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 212 deaths, 8 less than last year. This gives a standardised rate of 10.28 compared with the national figure of 11.7. Female deaths exceeded male deaths by 26. The great preponderance of deaths from diseases of the heart and circulation is once more evident, making a total of 119 of which 45 died from coronary diseases alone, while 32 died from other heart disease, a further 31 from vascular lesions of the nervous system, and 11 from hypertension and other circulatory diseases.

Diseases 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 33 persons, an increase of 2 on last year. 8 died (6 men and 2 women) from cancer of the lung, an increase of 1 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 212 deaths, 47 persons died before the age of 65. The causes of their deaths were predominantly due to arterial diseases, cancer or respiratory infection.

This year again, the number of deaths from cancer of the lung has increased, statistics also show an increase in the lower age group. Males still predominate but females are catching up due to the increase in the number of female cigarette smokers. In 1929, 2,751 died from cancer of the lung, in 1939, 6,214, in 1963, 24,434, in 1965, 16,399 and in 1966, 27,013. The relationship between heavy cigarette smoking and cancer of the lung has been firmly established. Publicity in press and television have brought it home to all. Yet each year thousands of young people start to smoke and many others continue to indulge in heavy cigarette smoking. The best chance of success in treatment of cancer of the lung lies in early detection. All individuals over the age of 45 should have their chest x-rayed regularly. However, the best cure is prevention, either to abstain from smoking or to give it up. Health educators, parents and those in contact with children should both warn and set an example not to smoke.

In the league table of causes of death, degenerative diseases are the indisputable leaders. Improved standard of living and the successful control and treatment of infections have no doubt increased the number of elderly people in the community, but the emergence of early degenerative disease is now becoming significant. With the mechanisation of industry and improved transport facilities in particular the development and widespread use of motor vehicles, the proportion of people who have adequate exercise has declined and the number of sedentary workers including office workers and business executives has increased. Again modern food technology and the use of scientific knowledge and methods in the production of foods have enormously increased the range and quantity available. Seasonal variations in food supplies have almost disappeared and price is within the means of most.

The net result is that food consumption has gone up. Now 100 lbs. of sugar per head per year is used compared with about one fifth of this quantity 100 years ago; the same is true for fats and other starchy foods. At the same time, the need for physical exercise has diminished. Early degenerative disease is much less common in under-developed countries. It is wise to be as physically active as possible, take regular physical exercise to an amount which does not cause undue fatigue, breathlessness or palpitation, and to exercise moderation in the consumption of starchy and fatty foods.

Road accidents in Great Britain since the beginning of the century have caused 300,000 deaths. In 1966, 7,985 died on the roads compared with 7,952 in 1965. Thus on an average day throughout the year, 22 road users were killed or one death occurred approximately every 66 minutes. Analysis by age has shown the 15 - 25 year group to be most at risk due to temperamental failures of individuals. The necessity of proper maintenance of the vehicle, habitual use of safety devices such as belts in cars or helmets on motor cycles, and driving with due consideration for the safety of other road users is stressed.

Confirmed figures regarding accidents in the home, for 1966 have not yet been published but provisional figures indicate a general worsening of the situation. Falls constitute by far the most frequent cause of accidental death in and around the house, about 59 per cent of the total. Nearly 90 per cent of these fatalities were to people in the age group 65 and over. The next most common cause was poisoning followed by burns and scalds, and finally suffocation and choking. Attention to details such as fire guards, fire resistant materials for children's nightdresses, simple structural alterations in houses for elderly people and provision of physical aids, keeping medicines under lock and key, are required to prevent these deaths.

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 9 deaths from pneumonia, 16 from bronchitis and 3 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	1	1	2
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	3	1	4
11. Malignant neoplasm, lungs, bronchus	6	2	8
12. Malignant neoplasm, breast	-	3	3
13. Malignant neoplasm, uterus	-	1	1
14. Other malignant and lymphatic neoplasms ..	6	10	16
15. Leukaemia, aleukaemia	1	-	1
16. Diabetes ..	-	1	1
17. Vascular lesions of nervous system	10	21	31
18. Coronary disease, angina	18	27	45
19. Hypertension with heart disease	1	1	2
20. Other heart disease	8	24	32
21. Other circulatory disease	5	4	9
22. Influenza ..	1	-	1
23. Pneumonia ..	6	3	9
24. Bronchitis ..	12	4	16
25. Other diseases of respiratory system ..	1	2	3
26. Ulcer of stomach and duodenum	-	-	-
27. Gastritis, enteritis and diarrhoea	-	1	1
28. Nephritis and nephrosis	1	-	1
29. Hyperplasia of prostate	2	-	2
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	1	1
32. Other defined and ill-defined diseases ..	7	9	16
33. Motor vehicle accidents	1	-	1
34. All other accidents	3	2	5
35. Suicide ..	-	1	1
36. Homicide and operations of war	-	-	-
	93	119	212
	==	==	==

Associated Mortality Statistics :-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
STILL BIRTHS ..	-	2	2
DEATHS of infants under 1 year	2	-	2
DEATHS of infants under 4 weeks (included in previous figure)	2	-	2

BIRTHS. The number of live births was 234 compared with 270 in 1965. The rate per thousand of the population was 14.02. Applying the Registrar General's Area Comparability Factor for births (1.11) to this figure the Standardised Birth Rate obtained for this district - 15.56 compared with 17.7 for England and Wales.

STILL BIRTHS. The number of still births during 1966 was 2 females. The resultant rate for the district is 8.47 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.

<u>STILL BIRTH RATE</u>				
<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
10.03	17.37	3.25	14.6	8.47

ILLEGITIMATE BIRTHS. There were 8 illegitimate births assigned to the district during the year (4 males and 4 females), 6 less than last year. Shown as a proportion of the total number of live births this represents 3.41 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 2 (2 males), six less than in 1965. The resultant rate is 8.54 and is less than 19.0 the figure for England and Wales.

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

<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
6.76	10.42	19.54	29.54	8.54

NEONATAL DEATH RATE. The number of infants who failed to survive for four weeks after birth was 2 males. This gives a rate per 1,000 live births of 8.54 or 0.85 per cent. This is lower than the rate of 12.9 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 2 deaths in this group.

These deaths are included in the Infant Mortality Rate.

TABLE OF CAUSES OF INFANT DEATHS

	<u>Neonatal</u>
Prenaturity	2

GENERAL STATEMENTS

HOSPITAL DEATH RATE. The number of infants who failed to survive for four weeks after birth was 2 males. This gives a rate per 1,000 live births of 0.24 or 0.25 per cent. This is lower than the rate of 1.2 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 2 deaths in this group.

These deaths are included in the Infant Mortality Rate.

TABLE OF CAUSES OF INFANT DEATHS

	<u>Hospital</u>	<u>Private</u>
Total	2	0

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 and 3rd Tuesday of each month at Manfield Hall.

SPRATTON INFANT WELFARE -

3rd. Tuesday each month at Village 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, Hoolot, 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

GENERAL PROVISION OF HEALTH AND SOCIAL SERVICES

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 Creaton 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. Action in respect of one person 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, which was formed in 1961, continues to increase steadily and an average of 40 members now attend the weekly meetings.

Mrs. Lea, the Club Secretary, reports that the members were provided with a varied and interesting programme of activities during the year under review, which included visits to the tulip fields, Abingdon and Charnwood Forest in Leicestershire.

24 members are now receiving treatment from the Chiropody Service.

The Spencer Club, Chapel Brampton.

The formation of this Club, named after Earl Spencer, was suggested by Mr. Dexter of The Spencer Arms, Chapel Brampton, following a party given there for the elderly residents of both the Bramptons.

Since the first of the Club's monthly meetings in March, 1966, numerous activities have been organised for the 51 members. These activities include Beetle and Whist Drives, Bingo, and various other competitions, as well as outings to Leamington Spa, Blaby Rose Gardens and Castle Ashby.

Mrs. Wagstaff, the Club's Secretary, reports that arrangements are being made by the Club to obtain certain commodities, e.g. Horlicks and Marmite, for their members at concessionary rates.

Moulton Darby and Joan Club.

Meetings of this Club are still held on alternate Wednesday evenings at the Manfield Hall, and, according to Mr. Chappell, the Club Leader, are usually attended by as many as 60 of the 94 members enrolled.

As in previous years, the Club continued to provide a full programme of activities for its members, which during 1966 included 7 concert parties, numerous film demonstrations and visits to Hunstanton, Windsor, and Coventry Pantomime.

The number of members receiving treatment from the Chiropody service now totals 63.

The Walgrave Darby and Joan Club.

The weekly meetings of this Club continue to be held on Monday afternoons at the Church Rooms, Gold Street.

Mrs. Lewis, the Club Leader, recalls that good support was given by the 30 members to all activities organised during 1966, which included various outings, film shows and concerts given by local entertainers.

The Evergreen Club, Spratton.

The Secretary, Mrs. Girling, reports that the Club continues to meet on the first Tuesday in every month and that all activities organised by the Club are well supported by the members.

The most popular events of the programme for 1966 were the outings and the exchange visits with other Clubs. The Chiropody Service is still maintained for members requiring treatment.

Welford Welcome Club.

Various mystery tours and outings to Nottingham and the Coventry Theatre were arranged by this Club for its 60 members during the year under review.

The Secretary, Mrs. Vaughan, reports that the Club has provided 4 of its handicapped members with alarm systems that can be used to summon the assistance of neighbours and passers-by, should a sudden emergency occur.

Several members are receiving treatment from the Chiropody Service which still visits the village.

Mrs. Lewis, the Club leader, recalls that good support was given by the 50 members to all activities organized during 1966, which included various outings, film shows and concerts given by local entertainers.

The Hyattsville Club, Hyattsville

The Secretary, Mrs. Gilling, reports that the Club continues to meet on the first Tuesday in every month and that all activities organized by the Club are well supported by the members. The most popular events of the program for 1966 were the outings and the exchange visits with other Clubs. The Club's service is still maintained for members requiring treatment.

Welfare Welfare Club

Various special hours and outings to Washington and the Coventry Theatre were arranged by this Club for its 60 members during the year under review. The Secretary, Mrs. Vaughan, reports that the Club has provided a list of the hospitalized members with whom visits can be made to assist them in the restoration of neighbors and possibly, should a sudden emergency occur. Several members are receiving treatment from the Psychiatry Service which still visits the village.

SECTION C.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

WATER SUPPLIES.

All responsibility for water undertakings 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 plumbo solvency.

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

Bacteriological samples taken in Brixworth Rural District	..	60
Chemical analyses at Treatment Works		25
Bacteriological samples taken at Treatment Works	..	376

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 on the Thornby scheme was completed during the year under review and good progress was also made on the extensions to the Sewage Disposal Works at Hollowell. Schemes for Arthingworth, Brington, Kelmarsh and Teeton have already been approved by the Council and further schemes are in preparation for the remaining parishes in the district.

DISINFECTION.

Concurrent and terminal disinfection by means of gaseous liquid disinfectants is carried out in houses where certain infectious diseases are notified. No requests for disinfection of premises were received during the year.

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 1966.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Though 35 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.

Two 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 7 villages during the year. Approximately 3140 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.

H O U S I N G

Housing Act, 1957.

No. of permanent dwellings in area	5720
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 ..	121
No. of houses already covered by Clearance Orders ..	3
No. of houses for individual demolition	82

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 985 but by the time the report had been prepared 340 of these had been sufficiently improved to merit upgrading, whilst a further 442 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 45.

Housing Act, 1957. Section 17.

1. No. of unfit houses represented	Nil
2. No. of Demolition Orders made	Nil
3. No. of houses demolished	3
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	18
2. No. of unfit houses upgraded	3

From these details it will be observed that the total number of unfit houses throughout the district declined by 5 during the year, either through improvements or demolition, whilst 18 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 1966 is appended below, and shows the position in better perspective, with only 24 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	173
No. dealt with by Demolition Order, Clearance Order or Closing Order	448
No. repaired by owners and upgraded	340
No remaining to be dealt with	24

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 -

429 properties have been brought up to modern standards by the provision of Discretionary Grants amounting in total to £114,701 and improvements to a further 147 dwellings have been aided by the provision of Standard Grants totalling £14,038.

HOUSING RE-SURVEY.

Surveys of Arthingworth, Boughton, Brixworth, Church and Chapel Brampton, Moulton, Spratton and Walgrave were completed during the course of the year, making a total of 13 villages surveyed since the review began. Of the 3,438 dwellings inspected, 667, i.e. approximately 20%, were found lacking in one or more of the 5 basic amenities, and an additional 34 properties were found to be unfit for human habitation.

The number of dwellings deficient in each of the basic amenities are shown below :-

1.	Fixed bath or shower	..	411
2.	Wash hand basin	..	609
3.	Hot and cold water supply to bath, wash hand basin and sink	..	628
4.	Inside W.C.	..	402
5.	Food store	..	87

As the result of informal approaches made to owners following these surveys, 20 properties had been provided with the required amenities by the end of the year.

The number of bottles of medicine used in the month is as follows:-

1. For the month of January	111
2. For the month of February	98
3. For the month of March	105
4. For the month of April	112
5. For the month of May	118
6. For the month of June	125
7. For the month of July	132
8. For the month of August	140
9. For the month of September	148
10. For the month of October	155
11. For the month of November	162
12. For the month of December	170

As the result of internal operations, the following items are shown, 20 quantities have been provided which are required to be used in the year.

The following items are shown in the account:-

The following items are shown in the account:-

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The following items are shown in the account:-

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

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 125 food premises in the District, the total number being made up as follows - 64 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.

172 visits were paid to food premises during the course of the year, some of which were made in connection with the Offices, Shops and Railway Premises Act.

Contravention of the Food Hygiene Regulations were noted in 6 of the premises visited and these were quickly rectified by the traders concerned

Samples taken in Brixworth Rural District in the
12 months ending 31st. March, 1967.

Milk	67	Brought forward	91
Antibiotic milks	9	Ice cream	9
Almond marzipan	1	Jan, etc.	4
Antacid tablets	1	Lard	1
Butter	3	Margarine	2
Cheese	2	Meat Paste	2
Condiment	1	Meat Products	18
Coffee	1	Soft drinks	4
Cream	1	Spirits	6
Evaporated milk	1	Sweets	1
Fruit	4	Vinegar	2
Carried forward	91	TOTAL	140
	<u>==</u>		<u>==</u>

REMARKS.

Four samples of milk were submitted to the Public Analyst for a freezing point test following a complaint from a dairy company about suspected water in milk supplied by one producer. The samples were found to be deficient in solids-not-fat but the Hortvet freezing points were genuine and indicated that there was no added water.

Nine samples of untreated milk and four samples of pasteurised milk were submitted to the Public Health Laboratory for appropriate examination.

One sample of untreated milk failed the brucella ring test and details were reported to the Medical Officer of Health for the district. The producer concerned has since stopped selling untreated milk by retail.

Five samples failed the methylene blue test for keeping quality and appropriate action was taken to secure an improvement in production or storage conditions.

WEIGHTS AND MEASURES ACT, 1963.

6,904 articles of food were checked for weight or measure during the year and of these 42 were found to be deficient whilst 38 were incorrect in other respects.

The errors found were not of a serious nature and called for no action other than advice or caution at the time of detection.

SLAUGHTERHOUSES.

The standards prescribed in the Slaughterhouses (Hygiene) Regulations 1958 and the Slaughter of Animals (Prevention of Cruelty) Regulations 1958 continue to be maintained at the two licensed slaughterhouses in the district

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)	302	2	1388	11
Number inspected	302	2	1388	11
<u>All diseases except Tuberculosis and Cysticerci</u>				
Whole carcasses condemned	Nil	Nil	2	Nil
Carcasses of which some part or organ was condemned ..	30	Nil	22	Nil
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	9.93	Nil	1.73	Nil
<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 some 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

UN SOUND FOOD SURRENDERED OR CONDEMNED.

		<u>Tons</u>	<u>Cwts</u>	<u>lbs.</u>
1.	Meat at slaughterhouses	-	5	3
2.	Meat at wholesale premises	-	-	-
3.	Meat at retail shops	-	-	75
4.	Cooked meat and meat products	-	-	-
5.	Canned meats ..	-	1	8
6.	Fish ..	-	-	-
7.	Fruit and vegetables ..	-	1	9
8.	Other foods ..	-	-	-
Total		-	7	95

SECTION F.

PREVALENCE OF, AND CONTROL OVER INFECTIONS AND OTHER DISEASES.

There was a decrease in the notification of infectious diseases from 163 last year to 121 this year. The incidence of measles was less than last year and has again failed to exhibit its usual biennial incidence.

MEASLES. 91 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 seen and successfully dealt with by the large number of effective antibiotics that are now available.

SCARLET FEVER. 4 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.

WHOOPIING COUGH. 18 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. A second case of Flexner dysentery was reported from the residential school where a case had occurred during the previous year. It was suspected that there was a common source of infection and extensive investigations were instituted. The sanitary and water installations were inspected as well as the school grounds, pond and sewage disposal. All members of the school staff, teachers, domestic, and workmen on a building site were investigated and specimens analysed from them as well as from all the pupils in the school. Many visits were paid to the school and conferences held with the headmaster, matron and school doctor, who gave every co-operation. No source of infection was found and fortunately no further cases occurred.

Later in the year it was discovered that the original case (first occurring in 1965) had become an intermittent carrier, and though all specimens taken from him at school were negative, he produced a positive specimen while at home. He was further treated and was finally cured.

The fact that only one case resulted in a residential school especially where the youngest pupils are only eight years old proved the excellence of the hygiene precautions and high standards of this Institution and the quality of the nursing and medical care. The

exercise was an interesting but disquieting one as it proved once more the great difficulty of eradicating infection in dysentery cases, and that the strictest personal hygiene, particularly in the scrupulous washing of hands after the use of the toilet and before eating or preparing food for others is an observance which should be constantly maintained.

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. One case was notified (1 female).

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. 2 cases were notified. (2 females). 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 16 deaths from bronchitis, and 3 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, for three years. This period has now been ~~extended~~ by the Ministry for a further three years. By arrangement with other District Councils this also became operative in the County of Northamptonshire. 2 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 disposal 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. No cases were notified.

OPHTHALMIA NEONATORUM. No cases were 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	3	1	4	.23
Whooping Cough	5	13	18	1.07
Measles	52	39	91	5.44
Dysentery	2	-	2	.11
Acute pneumonia	-	2	2	.11
Erysipelas	-	1	1	.05
Infectious hepatitis	2	-	2	.11
Respiratory tuberculosis	-	1	1	.05
	64	57	121	

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, Halcot, 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.

Year	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
Total	1	2	3	4	5	6	7	8	9	10
Whooping Cough	1	2	3	4	5	6	7	8	9	10
Diphtheria	1	2	3	4	5	6	7	8	9	10
Tetanus	1	2	3	4	5	6	7	8	9	10
Poliomyelitis	1	2	3	4	5	6	7	8	9	10
Smallpox	1	2	3	4	5	6	7	8	9	10
Total	1	2	3	4	5	6	7	8	9	10

T U B E R C U L O S I S

AGE AND SEX DISTRIBUTION OF NEW CASES AND
DEATHS, 1966.

Age Groups	New Cases				Deaths			
	Pulmonary		Other		Pulmonary		Other	
	M	F	M	F	M	F	M	F
0 - ..	-	-	-	-	-	-	-	-
1 - ..	-	-	-	-	-	-	-	-
5 - ..	-	-	-	-	-	-	-	-
15 - ..	-	1	-	-	-	-	-	-
20 - ..	-	-	-	-	-	-	-	-
25 - ..	-	-	-	-	-	-	-	-
35 - ..	-	-	-	-	-	-	-	-
45 - ..	-	-	-	-	-	-	-	-
55 - ..	-	-	-	-	-	-	-	-
65 - ..	-	-	-	-	-	-	-	-
75 and over ..	-	-	-	-	1	1	-	-
Total	-	1	-	-	1	1	-	-

P U S H C O U N T Y

AN ACT FOR THE REGULATION OF THE TRADE

CHAPTER 100

Age Group	New Branch				Existing			
	M	F	M	F	M	F	M	F
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
2 -	-	-	-	-	-	-	-	-
15 -	-	-	-	-	-	-	-	-
20 -	-	-	-	-	-	-	-	-
25 -	-	-	-	-	-	-	-	-
30 -	-	-	-	-	-	-	-	-
35 -	-	-	-	-	-	-	-	-
40 -	-	-	-	-	-	-	-	-
45 -	-	-	-	-	-	-	-	-
50 -	-	-	-	-	-	-	-	-
55 -	-	-	-	-	-	-	-	-
65 and over	-	-	1	1	-	-	-	-
Total	-	-	1	1	-	-	-	-

SECTION G.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

No additional premises were registered during the course of the year and due to closures and changes in staffing arrangements, the provisions regarding registration ceased to apply to 4 retail shops included in the total for 1965.

68 visits were made to registered premises in order to advise employers regarding the requirements of the Act.

There have been no reports of accidents on registered premises since the Act came into force.

Prescribed particulars on the administration of the Offices, Shops and Railway Premises Act, 1963, for the year 1966.

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	-	17	20	22	-
Retail shops	-	29	25	44	-
Wholesale shops & warehouses	-	1	3	-	-
Catering establishments open to the public, canteens	-	13	21	43	-
Fuel storage depots	-	3	9	2	-
TOTALS	-	63	78	111	-

Total number of visits of all kinds by Inspectors to registered premises = 68

ENFORCEMENT OF THE ACT

Class of Premises	Exemptions Granted				Prosecutions
	Space (Sec. 5)	Temperature (Sec.6)	Conven- iences (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 1966,

CLASSIFIED LIST OF REGISTERED FACTORIES
AS AT 31ST. DECEMBER, 1966.

		<u>Power</u>	<u>Non- Power</u>
1.	Food manufacture	3	-
2.	Wearing Apparel :-		
	(a) Boots and Shoes	1	-
	(b) Outfitting	2	-
3.	Carpentry, Joinery & Sawmills	8	5
4.	Garages, Repair Shops and Engineers	18	5
5.	Laundries ..	3	-
6.	Plumbers ..	-	2
7.	Purification of water	2	-
8.	Leather Accessories ..	2	-
9.	Gasholders ..	1	-
	TOTAL	40	12

A. H. 1010-11

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	27	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	40	6	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	-	-	-	-
	52	33	-	-

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	-	-	-	-	-
(c) Not separate for sexes ..	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	-	-	-	-	-

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-wholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Making Wearing Apparel	9	-	-	-	-	-
Stuffed Toys	2	-	-	-	-	-
TOTAL	11	-	-	-	-	-

SUMMARY OF

PUBLIC HEALTH INSPECTOR'S INSPECTIONS

Housing	2905
Slaughterhouses and Butchers Shops	146
Bakehouses	3
Cafes	7
Shops	165
Offices	6
Factories and Workshops	33
Water Supplies	27
Infectious Diseases	11
Defective Premises	127
Defective Drainage	127
Pests Destruction	84
Tents, Vans and Sheds	45
Dairies	4
Verminous Premises	-
Nuisances	16
Refuse Collection	946
	<hr/>
	4652
	<hr/>

NOTICES SERVED :-

Informal - Section 92 Public Health Act, 1936	8
Statutory - do.	1

SUMMARY OF

PUBLIC HEALTH INSPECTOR'S REPORT

No.	Description	Amount	Date
1	Housing	1000	1935
2	Sanitation and Hygiene	1000	1935
3	Inspection	1000	1935
4	Public Health	1000	1935
5	Water Supply	1000	1935
6	Inspection of Buildings	1000	1935
7	Inspection of Factories	1000	1935
8	Inspection of Factories	1000	1935
9	Inspection of Factories	1000	1935
10	Inspection of Factories	1000	1935
11	Inspection of Factories	1000	1935
12	Inspection of Factories	1000	1935
13	Inspection of Factories	1000	1935
14	Inspection of Factories	1000	1935
15	Inspection of Factories	1000	1935
16	Inspection of Factories	1000	1935
17	Inspection of Factories	1000	1935
18	Inspection of Factories	1000	1935
19	Inspection of Factories	1000	1935
20	Inspection of Factories	1000	1935
21	Inspection of Factories	1000	1935
22	Inspection of Factories	1000	1935
23	Inspection of Factories	1000	1935
24	Inspection of Factories	1000	1935
25	Inspection of Factories	1000	1935
26	Inspection of Factories	1000	1935
27	Inspection of Factories	1000	1935
28	Inspection of Factories	1000	1935
29	Inspection of Factories	1000	1935
30	Inspection of Factories	1000	1935

NOTES:

Internal - Section 22 Public Health Act, 1935
 1 - do. - do.

