

[Report 1968] / Medical Officer of Health, Brixworth R.D.C.

Contributors

Brixworth (England). Rural District Council.

Publication/Creation

1968

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BRIXWORTH RURAL
DISTRICT COUNCIL

ANNUAL
REPORT

OF THE

MEDICAL OFFICER
OF HEALTH

FOR THE

YEAR 1968



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

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

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my thirteenth Annual Report as Medical Officer of Health, which also incorporates the report of the Chief Public Health Inspector.

The report is presented in eight sections, each dealing with a separate aspect of environmental control. I have given, in addition, some observations on trends which influence the health of the individual.

The district continues to present an attractive rural countryside with little industry and no atmospheric pollution and, as yet, no large scale developments. The main occupation continues to be agriculture. There is an increase of 180 on population in the Registrar General's mid-year figure, which was exceeded by the end of the year. 8 Council bungalows were completed, and private enterprise produced another 133 dwellings, altogether 33 more dwellings than in 1967, bringing into the district many new young families. In all 1693 houses have been built since the war. Improvement Grants were made on 15 properties, 9 less than the figure for 1967. 85 properties, 30 more than in 1967, received Standard Grants.

The vital statistics for the year show that there were 219 deaths, an increase of 34 on last year's figure. This gives a standardised rate of 11.65 compared with the national figure of 11.9. Female deaths exceeded male deaths by 7. Details and comments on the causes of death are given in Section A.

The total number of live births was 261, a decrease of 10 on last year and giving a standardised rate of 15.3, a lower figure than the national one of 16.9. Illegitimate births were 17, a decrease of 4 on last year's figure of 21. There were 3 infant deaths, which occurred in the first four weeks of life.

There was a decrease in infectious diseases notifications from 210 last year to 78 this year, and the incidence of infectious disease was, apart from measles, low. There were 65 cases of measles. During the year measles vaccination was introduced, and it is to be hoped that the incidence of this hitherto universal disease, often severe and causing both distress and complications, may now decline. It continues to be

necessary, however, to maintain a watchful eye in relation to infectious diseases generally. Should standards fall infection could recur. This is particularly important in relation to a high public response to immunisation which in many areas is too low. Parents are reminded that it is vitally important to have their children immunised to diphtheria, poliomyelitis, tetanus, whooping cough, smallpox and now measles, not forgetting the necessary booster immunisations. Tuberculosis vaccination follows later - in the early teens. Infections which are food borne are also far too prevalent, and a high standard in the sale, preparation and storage of food must be maintained. Clean milk, pure water and efficient meat inspection is also essential. These standards are sustained by constant inspection, exhortation and sampling by the local authority but the public themselves must co-operate both in refusing to accept unsatisfactory practices in shops and cafes and by keeping strict methods in their homes and in their own personal hygiene.

While the environmental situation in relation to health improves annually new problems arise. A rising population together with an affluent, highly mobile society are producing new environmental problems, the solution of which will cause many further challenges. The quantity of refuse increases annually together with the problem of its future disposal. Additional housing and the modernisation of older properties giving a piped water supply and suitable sewage disposal has added to water consumption and emphasised the continual need for modern methods of sewage control. Increasing ownership of motor cars, and transportation by road of goods requires adequate motorways and presents the tragic problem of death and mutilation from road accidents. The pollution of rivers and water courses by insecticides and other chemicals, the mass production of food using factory farming methods and chemical additives, the universal use of detergents, atmospheric pollution, the increase of noise in cities, all present new problems which could be as hazardous to health as the infectious diseases of the past.

In relation to personal health, while children and young adults have never been healthier, and people are living longer there remain many problems, both of preventable disease, and in the relief of suffering. The causes of some fatal and other crippling diseases are as yet unsolved. There remains the enigma of cancer, and that of the rheumatic diseases with its allied afflictions of bones, joints and muscles. However, many afflictions are preventable, and these depend now less on the control of the environment than on the life the individual chooses to lead. It is our duty to observe the trends and then to inform. This information should be clearly stated, repeated constantly and the advice should give cogent reasons for its acceptance. It is disturbing to note that at the present time the tendency is for warnings to be ignored. The future health of the community will depend increasingly on the response to these facts.

In no other field is the message clearer than in the individual choice of whether to smoke or not. It is probable that 50,000 deaths a year in Great Britain are caused from cigarette smoking not only from cancer of the lung,

the annual total of which is steadily rising, but from coronary thrombosis, chronic bronchitis and pneumonia, should such a toll of death and suffering be caused by any other preventable illness, a massive machinery would be demanded to prevent it. There has been recently a national campaign, with much pressure on the government to institute cervical cytology testing, yet cervical cancer is causing less than 3,000 deaths a year. The facts relating to smoking and lung cancer are now well known, yet the message is ignored, and it is probable that the only section of the community who are smoking less are the medical profession. Cigarette smoking is a habit, becoming in some an addiction where there is no apparent immediacy of danger and when abstinence requires a sustained effort over many years with little apparent benefit. In addition the tobacco industry is world wide involving capital, employment and governments obtain large revenues from taxation. Economic problems could result should the habit cease. Large amounts of capital are used to promote advertising, while the puny efforts of health educators with infinitesimal reserves at their disposal go unheeded. Individuals therefore remain apathetic for lack of clear initiative. The efforts of the medical profession must continue and the need for action assiduously pressed. The incidence of early death, perhaps preventable, particularly in males from arterial disease is another disquieting aspect of today.

In assessing illnesses which can be preventable, while smoking is a habit which can be accepted or refused, the prevention of early arterial disease is more complex. There is evidence however, that cigarette smoking may contribute to the incidence of coronary thrombosis. However, the early onset of arterial disease in males would appear to be increasing in all civilised countries in the world. Men are dying or being crippled in their prime, at the time of their greatest contribution to society, and while their commitments to their families are still high. The causes of arterial disease can only be inferred, and like cancer, these may be multiple. Some are known to be hereditary. Of the known facts the salient ones are that the incidence is lower in those who have taken regular exercise throughout life, and in those who are not obese. Modern life with its tendency to lessen physical exertion, with abundance of many highly refined foods increase both these factors. Thus excessive calorie intake without the compensatory effect of exercise combine to cause this early degenerative condition. It is disturbing now to consider that many young people are starting to smoke earlier than their predecessors, cease to take any form of regular exercise on leaving school and often eat excessively. Perhaps the early onset of coronary thrombosis of epidemic proportions may occur in the next or succeeding generations, should not urgent measures be taken to prevent such a catastrophe.

In the field of mental health, in spite of the relief of poverty and its attendant anxieties, there is little evidence of improvement. Indeed, the incidence of crime, the new problem of drug addiction together with disruption of family life by the increased divorce rate, in sexual permissiveness and cruelty to children indicate that our society, while

experiencing both more material prosperity and physical comfort, remains immature and lacking in stability. However, it is my personal contention that the present generation of young people are the most physically sound of any generation yet produced, are probably the best educated, and indeed the great majority are leading useful and energetic lives. A minority only are seeking those diversions which are harming both themselves and others.

This report usually includes detailed reports on the activities of the various old people's clubs in the district. These accounts have always been kindly provided by the secretaries of the voluntary committees. As activities are usually similar each year, it has been decided to ask for reports triennially as the request for an annual report is perhaps somewhat of an imposition to these ladies who give so much of their time to these worthwhile causes. It is appropriate to accord the voluntary committees the thanks of the community for the valuable service that they give to the elderly.

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 Committees 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 until July, 1968)	Mr. J.R. Hart (Deputy Chairman until July, 1968)
Mr. J.R. Hart (Chairman from July, 1968)	Mr. J.T. Holmes (Deputy Chairman from July, 1968)
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	Mrs. J.D.R. Lambley
Mr. G.T. Bennett	Mrs. W. Mahon
Mrs. C.M. Borwick	Mr. T.H. Morgan
Mr. A.G. Campion	Mr. T.R. Pegram
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, Brackley and Daventry
Borough Councils, Brackley, Daventry, Northampton
and Towcester Rural District Councils, Acting
Medical Officer to Oundle, Raunds, Rushden Urban,
Oundle and Thrapston Rural and Higham Ferrers
Urban District Councils, and Senior Assistant
Medical Officer Northamptonshire County Council.

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	...	17,100
Number of separate dwellings	...	5,960
Rateable Value 1968	...	£518,653
Product of a Penny Rate	...	£2,050

<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	118	244		
Illegitimate	9	8	17		
	<u>135</u>	<u>126</u>	<u>261</u>	15.3	16.9
				S.R.15.3	

<u>STILL BIRTHS</u>				<u>Rate per 1000 Live and Still Births</u>	
Legitimate	-	1	1	4.0	14.3
Illegitimate	-	-	-		

<u>TOTAL LIVE AND STILL BIRTHS</u>			
Legitimate	126	119	245
Illegitimate	9	8	17

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	1	2	3	11.5	18.3
Illegitimate	-	-	-	Nil	

NEONATAL DEATHS

Legitimate	1	2	3	11.5	12.3
Illegitimate	-	-	-	Nil	

DEATHS OF INFANTS UNDER ONE WEEK

Legitimate	1	1	2	7.7	24.7
Illegitimate	-	-	-	Nil	

Illegitimate Live Births per cent of total live births - 6.5

Maternal Mortality (including abortion) NIL
 " " per 100 live and stillbirths NIL .24

DEATHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1000 population</u>	<u>Rate for England and Wales</u>
	106	113	219	12.8	11.9
				S.R.11.65	

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
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
1967	16920	271	16.0	1	4.0	185	10.9
1968	17100	261	15.3	3	11.0	219	12.8

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 1968 as 17,100, an increase of 180 on the population of the previous year. The natural increase in population, the excess of births over deaths was 42.

DEATHS. The total number of deaths assigned to the District for the year was 219, 34 more than in 1967. The crude death rate based on the mid-year population was 12.8 compared with 10.9 in the previous year. The following table has been compiled for comparison with the four previous years :-

<u>Year</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded</u>
1964	247	97	150	13.0
1965	220	96	124	12.8
1966	212	93	119	12.7
1967	185	89	96	10.9
1968	219	106	113	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 .91 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 11.65 and below the figure of 11.9 for England and Wales.

Causes of Death.

The causes of death are shown in the statistical table on page 15 and are classified under the appropriate headings of the 49 listed in the International Statistical Classification of Diseases, Injuries and Causes of Death 1968, 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 219 deaths, 34 more than last year. This gives a standardised rate of 11.65 compared with the national figure of 11.9. Female deaths exceeded male deaths by 7. The great preponderance of deaths from diseases of the heart and circulation is once more evident, making a total of 130 of which 61 died from coronary diseases alone, while 31 died from other heart disease, a further 30 from vascular lesions of the nervous system, and 13 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 32 persons, a decrease of 9 on last year. 7 died (4 men and 3 women) from cancer of the lung, a decrease of 5 on last year. Disease of the heart and circulation together with cancer cause in the district 70% of the total deaths.

However, out of a total of 219 deaths, 51 persons died before the age of 65. The causes of their deaths were predominantly due to arterial diseases, cancer, respiratory infection or accidents.

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 1959, 6,214, in 1963, 24,434, in 1965, 16,399, in 1967, 28,252, and in 1968, 28,826, (male 23,896, female 4,930). The relationship between heavy cigarette smoking and cancer of the lung has been well established. It can also contribute to other chest conditions such as chronic bronchitis and may be an adverse factor in coronary heart disease. Yet each year thousands of young people start to smoke and many others continue to indulge in heavy cigarette smoking. The efforts of health education would appear to be having little success. It may be easy to achieve a public response to single and immediate request such as attendance for immunisation but to succeed in long term influence is another matter. In trying to prevent lung cancer we are asking for a sustained effort over many years so that habits are inculcated which will reduce a risk which has no apparent immediate effect. Our aim must however continue to be directed by all means at our disposal, towards young people in an endeavour to prevent them from initially acquiring the smoking habit. Those

whom children admire, and therefore emulate have a responsibility to show by their example that cigarette smoking is a foolish habit. Parents, teachers, youth leaders, sportsmen, actors, pop stars and all those whom the young may follow need to realise how considerable is their own influence and example in this respect.

The emergence of early degenerative disease of the arteries is now becoming significant especially among middle aged males. These men in their prime and at a time of their greatest contributions to society are often killed or crippled by coronary thrombosis or strokes. This disease which now assails all the highly developed communities is a challenge which is not being met. The majority of individuals are unaware of the dangers of a pattern of life, assumed in early adulthood and followed without change until the cataclysm strikes them. The causes remain unsolved, and the factors involved are probably multiple. However, one salient feature is apparent, and this is the simple one that early arterial disease is less evident in those who take regular physical exercise. Today with mechanisation of industry, the widespread use of motor vehicles, entertainments which require no physical participation, particularly the almost universal use of television, together with an increase in the number of workers whose work is almost entirely sedentary, the proportion of people who have adequate exercise is declining. It is therefore wise to establish the habit of being as physically active as possible starting after leaving school and continuing with suitable modification through the years. While at school the emphasis is on team games, and many children fail to continue their activity after leaving school. However, swimming, squash, golf, fishing, sailing, walking, dancing, horse riding and gardening are all activities that can be continued either alone or with small groups, and some of these suitably adapted may go on throughout life. The daily walk, especially if demanded by a dog, thus ensuring its regularity is specially recommended as this is an activity which can be pursued to old age. This, together with the need to exercise some moderation in the consumption of food, to watch against obesity and the endeavour to maintain a benign and tolerant attitude to life and labours may indeed help to avert an early onset of arterial degeneration.

A small decline of approximately 7% can be reported in deaths from road accidents and this is attributed to the introduction of the breathalyser test. In 1968, 6,810 people died as a result of accidents on the roads compared with 7,487 in 1967. Since the beginning of the century, road accidents in Great Britain have caused over 300,000 deaths. Thus on an average day 20 people die as a result of such an accident, one road user being killed nearly every hour. Analysis by age has shown the 15 - 26 year old, males predominating, and is most probably due to the temperamental failure of this age group. The necessity of proper maintenance of the vehicle, habitual use of safety devices such as belts in cars and helmets for motor cyclists, and driving with due consideration for the safety of other road users is stressed.

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 8 deaths from pneumonia, 9 from bronchitis and 3 from other respiratory diseases and asthma.

With regard to accidents in the home, figures for 1968 are not yet available, however I quote the report on this subject which was published in the Home Safety Journal in July, 1969 :-

" The total number of accidental deaths in and around the home in Great Britain in 1967 was 7,909. There were 6,722 deaths in private homes and 1,187 in residential institutions. Thus there were 674 (or 7.9 per cent) fewer fatalities than in 1966. It was in fact the lowest total for ten years.

Home accident deaths constituted over 38 per cent of all accident fatalities in 1967, and accounted for 1.3 per cent of deaths due to all causes.

The annual totals of home accident fatalities in England and Wales and in Scotland for the ten years 1958-67 are given in the table below.

In England and Wales there was a reduction of 7.2 per cent compared with the previous year. In Scotland deaths decreased by 11.9 per cent.

Deaths	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales	7001	7010	7030	6882	7627	8024	7370	7330	7470	6929
Scotland	1156	1147	1115	1262	1297	1275	1276	1157	1113	980
Total	8157	8157	8145	8144	8924	9299	8646	8487	8583	7909

The second table gives an analysis of the 1967 figures according to cause, age-group and sex. Death rates per 100,000 population are also given.

In the four main cause categories fatalities showed a reduction compared with 1966, although deaths due to 'other' causes increased. Deaths to children aged 5-14 numbered the same as before, and in the age-group 45-64 years there was a slight increase.

Cause of Death	Age-group (years)					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 & +	Male	Female	
Poisoning	33	13	316	494	624	637	843	1,480
Falls	78	12	75	336	3906	1252	3155	4,407
Burns and Scalds	123	45	60	135	428	325	466	791
Suffocation and Choking	526	7	71	74	64	421	321	742
Others	114	38	115	89	133	288	201	489
Total	874	115	637	1128	5155	2923	4986	7909

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

Sixty-five per cent of the deaths in 1967 were in the age-group 65 and over. Eleven per cent of the total fatalities were to children under five years old.

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

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

" Falls constitute the first and foremost cause of accident fatalities in and around the home, accounting for more deaths than all other causes together. The 1967 toll was 4,407, i.e. nearly 56 per cent of the total. About six out of ten of the deaths were due to falls on one level - tripping, slipping and stumbling. And more than a quarter of the fatalities were caused by falling from one level to another, e.g. down stairs, from ladders, etc. The remainder were due to unspecified falls. Nearly 89 per cent of the victims of falls were aged 65 years and over.

Poisoning is always the second most frequent cause of home accident deaths. In 1967 in Great Britain fatalities due to poisoning numbered 1,480, i.e. nearly 19 per cent of the total. Over 43 per cent of the accidents involved household gas, the toll being 642. In this category the majority of the victims were elderly. Deaths caused by other gases numbered 63. Poisoning fatalities due to solid and liquid substances totalled 775, the vast majority of these involving drugs.

The third major cause of accidental deaths in the home is burns and scalds. Such accidents claimed 791 victims in 1967, i.e. 10 per cent of the total. Under this general heading there are two main sub-categories. About nine out of ten of the victims died as a result of fire and explosion of combustible materials (burns due to clothing catching alight, by falling into the fire, conflagration etc.). The remaining fatalities were caused by hot substances, corrosive liquids and steam.

Suffocation and choking constitute the fourth main cause of fatal home accidents in Great Britain. There were 742 deaths under this heading in 1967, over nine per cent of the total. About two out of three of the fatalities were due to choking over food. The majority of the remaining deaths were caused by suffocating in beds, cots, and cradles. Seventy-one per cent of the victims of accidental suffocation and choking were babies and children under five years old.

Lastly, deaths due to other miscellaneous causes totalled 489 in 1967. In the case of drowning accidents there were 75 fatalities, and deaths due to electrocution numbered 70. Other causes included excessive cold (38 deaths), blows from falling objects, etc. (31), lack of care of infants under one year old (28), firearms (27) and foreign bodies in orifice (20).

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. Other infective and parasitic diseases ..	1	-	1
2. Malignant Neoplasm - stomach	2	1	3
3. Malignant neoplasm - lung, bronchus	4	3	7
4. Malignant neoplasm - breast	-	2	2
5. Malignant neoplasm - uterus	-	1	1
6. Other malignant neoplasms, etc.	12	7	19
7. Diabetes mellitus	1	3	4
8. Chronic rheumatic heart disease	-	2	2
9. Hypertensive disease	2	1	3
10. Ischaemic heart disease	33	31	64
11. Other forms of heart disease	8	13	21
12. Cerebrovascular disease	8	22	30
13. Other diseases of circulatory system ..	7	3	10
14. Influenza ..	-	1	1
15. Pneumonia ..	4	4	8
16. Bronchitis and emphysema	6	3	9
17. Asthma ..	1	1	2
18. Other diseases of respiratory system ..	2	-	2
19. Peptic ulcer ..	1	1	2
20. Intestinal obstruction and hernia ..	1	-	1
21. Other diseases of digestive system	4	3	7
22. Nephritis and nephrosis	1	-	1
23. Hyperplasia of prostate	1	-	1
24. Other diseases, genito-urinary system ..	-	1	1
25. Diseases of musculo-skeletal system ..	-	2	2
26. Congenital anomalies	1	1	2
27. Birth injury, difficult labour etc.	1	1	2
28. Motor vehicle accidents	4	2	6
29. All other accidents	-	4	4
30. Suicide and self-inflicted injuries	1	-	1
	<hr/> 106 <hr/>	<hr/> 113 <hr/>	<hr/> 219 <hr/>

Associated Mortality Statistics :-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
STILL BIRTHS ..	-	1	1
DEATHS of infants under 1 year	1	2	3
DEATHS of infants under 4 weeks (included in previous figure)	1	2	3

BIRTHS. The number of live births was 261 compared with 271 in 1967. The rate per thousand of the population was 15.3. Applying the Registrar General's Area Comparability Factor for births (1.00) to this figure the Standardised Birth Rate obtained for this district remains the same as the Crude Rate - 15.3 compared with 16.9 for England and Wales.

STILL BIRTHS. There was one still birth during 1968. The rates for the past five years are given in the following table (per 1,000 live and still births).

<u>STILL BIRTH RATE</u>				
<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>
3.25	14.6	8.47	Nil	4.0

ILLEGITIMATE BIRTHS. There were 17 illegitimate births assigned to the district during the year (9 males and 8 females), 4 less than last year. Shown as a proportion of the total number of live births this represents 6.5 per cent.

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

INFANT MORTALITY. Three infants died before reaching their first birthday, two more than in 1967. The resultant rate is 11.0 and is less than 18.3 the figure for England and Wales.

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

<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>
19.54	29.54	8.54	4.0	11.0

NEONATAL DEATH RATE. Three infants failed to survive for four weeks after birth, 1 male and 2 females. This gives a rate per 1,000 live births of 11.5 or 1.15 per cent. This is lower than the rate of 12.3 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, 1 male and 1 female.

These deaths are included in the Infant Mortality Rate.

TABLE OF CAUSES OF INFANT DEATHS

	<u>Neonatal</u>
Cerebral haemorrhage	1
Kidney disease	1
Prematurity	1

MINUTAL DEATH RATE. These infants failed to survive for four weeks after birth, 1 male and 2 females. This gives a rate per 1,000 live births of 11.5 or 1.15 per cent. This is lower than the rate of 12.7 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, 1 male and 1 female.

These deaths are included in the Infant Mortality Rate.

TABLE OF CAUSES OF INFANT DEATHS

Deaths

Coronary haemorrhage	1
Kidney disease	1
Preterm birth	1

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, 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 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.

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 or more; within the next decade the total will rise to 7 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 provides certain services, but many elderly people fail to avail themselves of these or even know to whom to turn for information. The solution of 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 and many professional workers.

6. Darby and Joan Clubs.

The facilities provided by these organisations are very much appreciated by the elderly members of the communities which they serve. There are seven Darby and Joan Clubs in the District, all of which provide very full programmes of activities for their members. Such activities normally include excursions to places of interest, Concert Parties, Bingo, Whist and Beetle Drives. Several Clubs arrange chiropody treatment for their members, and also obtain certain commodities at concessionary prices for sale at their meetings. Details regarding Clubs in the Council's area are given below :-

Evergreen Club, Brixworth.

Secretary: Mrs. F.G. Lea.

Meetings: Weekly on Thursday afternoons at the Parish Hall.

Spencer Club, Chapel Brampton.

Secretary: Mrs. E.E. Wagstaff.

Meetings: Monthly at the Spencer Arms (dates subject to variance).

Darby and Joan Club, Moulton.

Secretary: Mr. A. Chappell.

Meetings: Alternate Wednesday evenings at the Manfield Hall.

Evergreen Club, Sibbertoft.

Secretary: Mrs. D.K. Skinner.

Meetings: Fortnightly on Thursday afternoons at the Reading Room.

Evergreen Club, Spratton.

Secretary: Mrs. W.H. Girling.

Meetings: Monthly on afternoon of first Tuesday at the Womens Institute Hall.

Darby and Joan Club, Walgrave.

Secretary: Mrs. E. Lewis.

Meetings: Weekly on Tuesday afternoons at the Church Rooms.

Welcome Club, Welford.

Secretary: Mrs. G. Vaughan.

Meetings: Monthly on afternoon of first Thursday at the Village Hall.

Evergreen Club, Burlington.
Secretary: Mrs. E. A. Simpson.
Meeting: Monthly on Thursday afternoon at the
club house, Burlington.
Evergreen Club, Burlington.
Secretary: Mrs. E. A. Simpson.
Meeting: Monthly on Thursday afternoon at the
club house, Burlington.
Welfare Club, Burlington.
Secretary: Mrs. E. A. Simpson.
Meeting: Monthly on Thursday afternoon at the
club house, Burlington.

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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 ..	65
Chemical analyses at Treatment Works	13
Bacteriological samples taken at Treatment Works ..	281

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

PRIVATE SUPPLIES.

Ten samples were taken during the year.

SEWERAGE AND SEWAGE DISPOSAL.

The scheme for the extension of the Sewage Disposal Works at Hollowell is now completed. Schemes for Arthingworth and Kelmarsh, Brington and Teeton have been approved by the Council, and await Ministerial and other approvals. The consent of the Ministry is however dependent upon the relaxation of the present severe economic restrictions.

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 1968.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Though 45 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.

Seven licences were granted by the Council during the year.

REFUSE COLLECTION AND DISPOSAL.

The change-over from the 'kerbside' bin system of refuse collection was completed during the year with the introduction of the paper sack system to the parishes of Hannington, Moulton and Overstone, and the latter system of refuse collection now operates throughout the district.

SECTION D.

H O U S I N G

Housing Act, 1957.

No. of permanent dwellings in area	5960
Estimated number of houses unfit for human habitation according to Sec.16 of the Act and suitable for action under Sections 17 and 42 of the Housing Act, 1957 ..	211
No. of houses for inclusion in Clearance Areas ..	113
No. of houses already covered by Clearance Orders ..	3
No. of houses for individual demolition	95

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 1047 but by the time the report had been prepared 361 of these had been sufficiently improved to merit upgrading whilst a further 475 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	18
2. No. of Demolition Orders made	4
3. No. of Closing Orders made	-
4. No. of houses demolished	25
5. 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	5
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 33 during the year, either through improvements or demolition, whilst 5 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 1968 is appended below, and shows the position in better perspective, with only 38 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	155
No. dealt with by Demolition Order, Clearance Order or Closing Order	493
No. repaired by owners and upgraded	361
No. remaining to be dealt with	38

Many sub-standard houses cannot be dealt with as they are occupied by elderly persons for whom suitable alternative accommodation is difficult to find. To relieve this situation Old Persons Bungalows are being built in the parishes of Guilsborough, Moulton, Pitsford, Walgrave and Welford.

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 :-

467 properties have been brought up to modern standards by the provision of Discretionary Grants amounting in total to £127,554. and improvements to a further 251 dwellings have been aided by the provision of Standard Grants totalling £30,497.

HOUSING RE-SURVEY

Surveys of the remaining ten parishes were completed during the course of the year, and an additional 147 properties were found to be deficient in one or more of the five basic amenities. The number

deficient in each Parish is shown in the following table :-

<u>Parish</u>	<u>No. of properties surveyed</u>	<u>Number of properties lacking amenities</u>	<u>Deficient properties - % of total surveyed</u>
East Haddon	172	38	22%
Holdenby	37	8	22%
Hollowell	87	25	31%
Kelmarsh	45	12	27%
Lamport	80	7	9%
Hollowell	63	6	10%
Ravensthorpe	115	16	13%
Scaldwell	89	27	30%
Sulby	24	1	4%
Thornby	52	7	14%

All 39 parishes within the District have now been surveyed, revealing a total of 1,223 dwellings lacking amenities. By the end of the year however 165 of these dwellings had been provided with the amenities required, and a further 363 have become the subject of Undertakings from the owner not to re-let until the specified amenities are installed.

The total number of additional unfit houses found as a result of the survey is 90.

Defendant's name is shown in the following table :-

Defendant's name	No. of convictions	Period of conviction	Defendant's name	No. of convictions
124	17	10	124	17
125	31	8	125	31
126	87	25	126	87
127	45	18	127	45
128	60	7	128	60
129	63	10	129	63
130	115	16	130	115
131	89	27	131	89
132	24	1	132	24
133	32	7	133	32

All 32 parishes within the District have now been surveyed. A total of 1,225 families having convictions by the end of the year. However 152 of these families had been provided with the amenities required and a further 265 have become the subject of Parliamentary work. The cases not to be included in the statistics are families who are subject of Parliamentary work.

The total number of additional units houses found as a result of the survey is 20.

APPENDIX

The following table shows the number of additional units houses found as a result of the survey in each parish.

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 124 food premises in the District, the total number being made up as follows - 63 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.

214 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.

Contraventions of the Food Hygiene Regulations were noted in 3 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, 1969.

Milk ..	59	Brought forward	82
Antibiotic milk	7	Fruit - Canned	5
Beetroot ..	1	Health food	1
Butter ..	3	Ice cream	1
Cakes ..	1	Jelly	1
Cheese ..	1	Lard	4
Coffee etc.	2	Margarine	2
Condiment ..	2	Meat products	22
Cream etc.	3	Potato crisps	1
Demerara sugar	1	Preserves	3
Dripping ..	1	Soft drinks	4
Fish products	<u>1</u>	Wines and spirits	<u>23</u>
Carried forward	82	Total	<u>149</u>

REMARKS.

Two samples of milk were reported by the Public Analyst to be deficient in solids-not-fat. In each case the Hortvet freezing point test was applied but there was no indication that the deficiency was due to the addition of water and no further action was considered necessary.

No adverse comments concerning the remaining samples were made by the Public Analyst although it was necessary to write to the manufacturers of pickled beetroot to secure an amendment to the labelling of their product.

Five samples of untreated milk and three samples of pasteurised milk were submitted to the Public Health Laboratory and appropriate tests were applied.

No evidence of infection by tubercle bacilli or by brucellosis was found in the untreated milk samples whilst the processed milks were found to have been pasteurised satisfactorily.

WEIGHTS AND MEASURES ACT, 1963.

Of the 6,035 articles of food checked for weight or measure during the year only 29 were found to be deficient whilst 9 were incorrect in other respects.

Generally the errors found were of a minor nature and no action other than advice or warning was required.

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.

The use of cloths for wiping down carcasses has been abolished at both slaughterhouses in accordance with the requirement of the Slaughterhouses (Hygiene) (Amendment) Regulations, 1966, which came into operation on the 1st November, 1968. Water jets have superseded their use for this purpose.

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)	265	-	1155	13
Number inspected	265	-	1155	18
<u>All diseases except Tuberculosis and Cysticerci</u>				
Whole carcasses condemned	Nil	Nil	-	Nil
Carcasses of which some part or organ was condemned ..	29	Nil	32	Nil
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	11.6	Nil	2.78	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

POULTRY INSPECTION.

Routine inspection of poultry is not carried out as there are no processing establishments in the District.

UN SOUND FOOD SURRENDERED OR CONDEMNED.

			Tons	Cwts.	lbs.
1.	Meat at slaughterhouses		-	3	90
2.	Meat at wholesale premises		-	-	-
3.	Meat at retail shops		-	2	2
4.	Cooked meat and meat products		-	-	-
5.	Canned meats	..	-	-	20
6.	Fish	..	-	-	-
7.	Fruit and vegetables	..	-	-	-
8.	Other foods	..	-	-	10
		Total	-	6	10

SECTION F.

PREVALENCE OF, AND CONTROL OVER
INFECTIONS AND OTHER DISEASES.

There was a decrease in the notification of infectious disease from 210 last year to 78 this year. The incidence of measles was lower than last year having failed to exhibit its usual biennial incidence.

MEASLES. 65 cases were notified. This highly infective illness from which few individuals escape has its incidence almost exclusively in childhood. It usually follows a biennial incidence with a rise in alternate years. The course of the illness is almost invariably benign, but complications which include otitis media, pneumonia, eye infection and very occasionally encephalitis do occur, and the illness itself is often unpleasant. Complications can be effectively dealt with by the many antibiotics which are now available, but these drugs themselves are not without side effects, are expensive and involve medical supervision. An effective measles vaccine has now been developed, and this became available for general use this year. It is anticipated that in future years measles in common with poliomyelitis and diphtheria may be virtually eradicated

SCARLET FEVER. 2 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. 5 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. 3 cases were notified. They were all Sonne dysentery.

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 though there were 8 deaths. 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 also 9 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.

INFECTIVE JAUNDICE. 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. Under the Health Services and Public Health Act, 1968, this disease has now become nationally notifiable, since 1st October, 1968.

Acute Infectious 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-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 a jaundiced adult would be away from work from six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital, provided adequate hand washing

techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposal equipment was generally introduced. In this County 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.

* Original name for Infective Jaundice.

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	Male	Female	Total	Rate per 1,000 population
Scarlet Fever	-	2	2	.12
Whooping Cough	4	1	5	.29
Measles	34	31	65	3.80
Dysentery	3	-	3	.18
Infectious Hepatitis	1	1	2	.12
Spinal tuberculosis	-	1	1	.06
	42	36	78	

VACCINATION AND IMMUNISATION.

Children are offered immunisation to the following diseases - Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Smallpox and Measles 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 19.

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.

Disease	Males	Females	Total	Rate per 1,000 population
Scarlet Fever	..	2	2	.12
Whooping Cough	4	1	5	.29
Measles	24	31	55	2.80
Dysentery	2	-	3	.18
Infectious Hepatitis	1	1	2	.12
Spinal tuberculosis	-	1	1	.06
	42	36	78	

VACCINATION AND IMMUNIZATION

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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, West and Little Haddon,
- Hilcot, Wainby, Old and Haddington.

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

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

AGE AND SEX DISTRIBUTION OF NEW CASES AND
DEATHS, 1968.

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

TUBERCULOSIS

AGE AND SEX DISTRIBUTION OF NEW CASES AND

DEATHS, 1968

Age Group	New Cases				Deaths			
	Pulmonary		Other		Pulmonary		Other	
	M	F	M	F	M	F	M	F
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	-	-	-	-	-	-	-	-
15 -	-	-	-	-	-	-	-	-
20 -	-	-	-	-	-	-	-	-
25 -	-	-	-	-	-	-	-	-
35 -	-	-	-	-	-	-	-	-
45 -	-	-	-	-	-	-	-	-
55 -	-	-	-	2	-	-	-	-
65 -	-	-	-	-	-	-	-	-
75 and over	-	-	-	-	-	-	-	-
Total	-	-	-	2	-	-	-	-

SECTION G.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

Four 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 one Office, two Retail Shops and two Catering Establishments included in the total for 1967.

Inspections of the newly registered premises revealed 7 contraventions of the Act, most of which were minor faults soon rectified by the employer. In addition to the visits made for inspection purposes, 73 visits were made to registered premises in order to advise employers regarding requirements of the Act. There have been no reports of accidents in 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 1968.

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	2	17	22	25	2
Retail shops	2	28	25	44	2
Wholesale shops and warehouses	-	2	4	-	-
Catering establishments open to the public, canteens	-	11	16	36	-
Fuel storage depots	-	3	9	2	-
TOTAL	4	61	76	107	4

Total number of visits of all kinds by Inspectors to registered premises - 73

OFFICES, SHOPS AND WAREHOUSES ACT, 1957

Four 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 one Office, two Retail Shops and two Catering Establishments included in the total for 1957.

ENFORCEMENT OF THE ACT

Inspections of the newly registered premises revealed 7 contraventions of the Act, most of which were minor faults soon rectified by the employer. In addition to the visits for inspection purposes, 75 visits were made to registered premises to ascertain if there had been any reports or accidents in registered premises since the Act came into force.

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	-	-	-	-	-
TOTAL	0	0	0	0	0

Total number of visits of all kinds by Inspectors to registered premises - 75

SECTION H.

F A C T O R I E S A C T , 1 9 6 1 .

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF
THE FACTORIES ACT, 1961, FOR THE YEAR 1968.

CLASSIFIED LIST OF REGISTERED FACTORIES
AS AT 31ST. DECEMBER, 1968.

			Power	Non- Power
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		19	5
5.	Laundries	..	3	-
6.	Plumbers	..	-	2
7.	Purification of water		2	-
8.	Leather Accessories	..	2	-
9.	Gasholders	..	1	-
		TOTAL	41	12

PART I OF THE ACT.

SECTION 11

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	11	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
	53	43	-	-

1.

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 unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Making Wearing Apparel	5	-	-	-	-	-
TOTAL	5	-	-	-	-	-

SUMMARY OF

PUBLIC HEALTH INSPECTOR'S INSPECTIONS

Housing	2,023
Slaughterhouses and Butchers Shops	141
Bakehouses	2
Cafes	26
Shops	63
Offices	12
Factories and Workshops	43
Water Supplies	25
Infectious Diseases	20
Defective Premises	194
Defective Drainage	121
Pests Destruction	85
Tents, Vans and Sheds	66
Dairies	3
Verminous Premises	-
Nuisances	9
Refuse Collection	1,718
	<u>4,551</u>

NOTICES SERVED :-

Informal - Section 92 Public Health Act, 1936	15
Statutory - do.	3

SUMMARY OF

PUBLIC HEALTH INSPECTOR'S INSPECTIONS

Housing 2,023
Slaughterhouses and Butchers 141

Bakeries		Factories and Workshops		Water Supplies		Infectious Diseases		Defective Premises		Defective Drainage		Pests Destruction		Tanks, Vans and Bins		Dairies	
28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
194	194	194	194	194	194	194	194	194	194	194	194	194	194	194	194	194	194
121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121	121
85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85
66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

Miscellaneous 2
Refuse Collection 1,718
4,531
1,813

NOTICES SERVED :-

Informal - Section 92 Public Health Act, 1936 12
Statutory - do. do. 2

