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Contributors

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I

DORE AND BREDWARDINE RURAL DISTRICT COUNCIL

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1972





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To the Chairman and Members of the Council

Mr. Chairman and Members,

I beg to present the Annual Report of the Medical Officer of Health for the year 1972.

In the Report will be found comment on vital statistics and environmental health of the District. In the Introduction it is proposed to discuss the most important psychological disease affecting the developed nations.

I am,

Your obedient Servant,

JOHN SLEIGH

Medical Officer of Health

Smoking

If smoking is a drug addiction, then it is a psychological disease. The word "drug" is used in three different ways. First it is used to describe therapeutic substances such as cardiac reactants and anticoagulants, then it is used to describe drugs of addiction, such as heroin, and finally it is used to describe substances which the society in question does not approve of, such as cannabis. If smoking fits into any of these categories, it is into the second, that of drugs of addiction. The word "addiction" is used in two different ways, psychological addiction and physical addiction. Psychological addiction means the desire to take the drug regularly for the pleasant effects which taking it brings, physical addiction means the need to take the drug continually for the very unpleasant effects which giving it up produces. While some smokers have only a psychological addiction, there can be no doubt that most have a physical addiction, and there can be no other explanation for persisting in something which causes so much disease and death. By contrast drinking is usually not a physical addiction, and in many cases not even a psychological addiction, and the amount of disease and death caused by drinking is very much less, and cannabis is never a physical addiction and in the majority of cases not even a psychological addiction, and there is no evidence of it causing any disease or deaths at all.

The possibility of smoking being the main cause of lung cancer was first raised because of the great increase in the disease, which was not accompanied by any comparable increase in other forms of cancer. In 1922 there were 612 deaths from lung cancer in England and Wales, in 1931 2,286, and in 1940 5,227, and between 1950 and 1972 deaths increased from 12,241 to 31,649 that is by 158.6%, and the death rate from 0.28 to 0.65, while deaths from other forms of cancer increased from 73,029 to 87,301 that is by 19.5%, and the death rate from 1.67 to 1.78. It was only from 1966 that the death rate from other forms of cancer increased at all, having remained absolutely steady between 1.65 and 1.68 from 1950 to 1965, this increase, which is itself significant, though very much smaller than that from lung cancer, including an increase in deaths from breast cancer from 7,927 to 11,449, or of 40.6%, probably associated with the continuing decline in breast feeding, and an increase in deaths from leukaemia from 1,832 to 3,125, or of 70.6%, probably associated with increased radioactivity in the environment from fallout from testing thermonuclear weapons.

The original report by Doll and Bradford Hill on the connection between smoking and lung cancer appeared in 1950 and even then the moral was perfectly clear for any one who took the trouble to read the Report. Among a group of 709 men and women with lung cancer a much smaller percentage were non-smokers and a much larger percentage heavy smokers than among a similar group without lung cancer. The risk of lung cancer was 25 times as great for men and 13 times as great for women who smoked 25 or more cigarettes a day as for non-smokers. Since then more than thirty investigations in ten countries have shown that when previous smoking habits of patients with lung cancer are analysed there are many more heavy smokers and many fewer light smokers and non-smokers than among matched controls. These investigations have consistently demonstrated a direct association between the number of cigarettes smoked and the incidence of lung cancer. In another type of investigation the smoking habits of large numbers of people are recorded during life and when they die the causes of death are ascertained. Eight investigations of this type are in close agreement in showing a steady rise in lung cancer with increasing number of cigarettes smoked. These investigations are being carried out on a very large scale, the four largest involving 1,003,000 American men and women aged 35 - 84 since 1959, 294,000 American ex-servicemen and women since 1957, 92,000 Canadian ex-servicemen and women since 1955, and 41,000 British doctors since 1951.

The same type of investigation has been carried out into the connection between smoking and chronic bronchitis. Surveys in many countries have shown a close relationship in both men and women between the number of cigarettes smoked and the frequency of chronic bronchitis. Several recent reports have shown that death rates from chronic bronchitis rise with increasing number of cigarettes smoked. In the survey of British doctors deaths from chronic bronchitis among those who had smoked 25 or more cigarettes a day were over twenty times more common than in non-smokers and the findings in the American and Canadian ex-servicemen's studies were similar. It may be argued that chronic bronchitis is not increasing (28,651 persons died in England and Wales in 1972) but what is happening is that the improvement in mortality which would be expected from the removal of other environmental causes is being balanced by the worsening in mortality due to smoking. This is confirmed by the sex ratio of deaths which was 1.2 for men as compared with women in 1946-20 and rose steadily to 5.1 in 1956-60. This sex ratio is remarkably similar to that for lung cancer which rose from 1.7 to 7.6 over the same period, and the two show the effect of the earlier increase in smoking in men. Both have now fallen slightly to 5.0 for bronchitis and 7.2 for lung cancer, showing the effect of the later increase in smoking in women.

All the four major prospective investigations have also shown that the risk of dying of coronary heart disease is greater among smokers than among non-smokers. The risk among smokers is two or three times as high at younger ages, and about one and a half times as high at older ages. These increases are not so high proportionately as those for lung cancer or chronic bronchitis but since the disease is so common the number of deaths involved is very large. In the four investigations between one third and one half of the excess deaths from all causes in smokers were due to coronary heart disease.

How many deaths are due to smoking and what is the consequent reduction in life expectation? The great majority of lung cancer deaths are due to smoking. Lung cancer does occur in non-smokers but it is very uncommon and is of a different form microscopically from the two forms found in smokers. It is also a reasonable assumption to regard the excess of male over female deaths in chronic bronchitis and in coronary heart disease as due to smoking. In 1972 there were 31,649 deaths from lung cancer in England and Wales, 21,588 deaths from chronic bronchitis in men and 7043 in women, a male excess of 14,545 deaths, and 87,478 deaths from coronary heart disease in men and 64,207 in women, a male excess of 23,271 deaths. The lung cancer deaths and the male excess in chronic bronchitis and in coronary heart disease, add up to 69,465 deaths out of 591,907 deaths from all causes, and they can almost all be debited to that half of the population which smoke more than 10 cigarettes a day, so one half of the population has 261,221 deaths and the other 330,686. This represents an enormous reduction in life expectation. From the survey of 441,000 American men aged 35 - 84 in 1959 it has been calculated that the smoker of 10 - 19 cigarettes a day has a reduced expectation below the non-smoker of 5.5 years, and American mortality, always lower than British, is improving, thanks to the much more active antismoking measures of the American Department of Health. It is likely therefore that reduced expectation in Britain will be very much greater.

The medical profession was quick to appreciate the significance of these figures and between 1951 and 1965 about half of the British doctors who previously smoked cigarettes stopped smoking them. As a result the death rate of male British doctors aged 35 - 64 fell by 10% in causes related to smoking, by 17% in causes not related to smoking, and by 12% in all causes, while that of the total male population rose by 7% in causes related to smoking and fell by 17% in causes not related to smoking and by 3% in all causes. Since the publication of the first Report on Smoking and Lung Cancer of the Royal College of Physicians there has been a decrease in the percentage of men smoking in the Registrar General's Social Classes I II and III, who might be expected to take notice of the Report, but not in Social Classes IV and V, and there has been an increase in the amount smoked by smokers.

Meanwhile the politicians remain inactive. £1,000,000 is spent annually on the campaign against the 7,000 annual road deaths, £100,000 on that against the 70,000 annual smoking deaths, or 100 times less per death. A former Minister of Health in a Conservative Government wrote "Smokers contribute £1,000 million annually to the Exchequer, and no one knows better than the Government that they simply cannot afford to lose so much". A Labour Minister wrote "The introduction of a meaningful differential tax on cigarettes would be bound to have a seriously detrimental effect on the total revenue obtainable from tobacco. The object of such a tax would be to reduce cigarette smoking, and thus the capacity of the tobacco duty to produce revenue would be eroded".

Obviously prohibition is impracticable. Smoking is much more addictive than drinking and the resultant increase in crime would make Prohibition in America look like a children's picnic. But at least the politicians could prohibit all advertising. We may permit a dangerous drug addiction but we need not encourage it.

JOHN SLIGH

Dore and Bredwardine Rural District

The Black Mountain Foothills

To the south of the Wye the foothills of the Black Mountains occupy an area of some 100 square miles and represent the less elevated eastern fringe of the main Black Mountain mass which extends into the adjoining counties of Brecon and Monmouth. Over much of the area the rocks are horizontal or only slightly inclined. The various rocks possess differing degrees of resistance, and erosion produces a markedly tabular relief.

The whole region is slightly tilted to the south east, so that the loftiest hills occur on the northern and western fringes. Marbach Hill, overlooking the Wye, rises to over 1,000 feet, Cusop Hill in the north west exceeds 1,300 feet, while along the Breconshire border the high moorland exceeds 2,000 feet. Elsewhere in these uplands few summits rise above the 1,000 feet level, and the topography is that of a pleasantly rolling plateau, with a general elevation of some 600 to 1,000 feet, deeply trenched by the parallel valleys of the Olchon, Escley Brook, Upper Monnow, Dulas and Dore.

These five valleys dominate the human pattern of the region. Agriculturally they are more favoured than the bleaker uplands, and their lower stretches rival in fertility the richest parts of the lowlands. They affect even more markedly the orientation of the region. Movement from east to west is effectively hampered by their deeply trenched courses, and the main routeways run NNW - SSE in conformity with the grain of the region. As a consequence the economic life of the valleys tends to focus on the town of Abergavenny lying outside the county, though a break in the hills to the east of the Golden Valley (the valley of the Dore) causes this, the most easterly of the five valleys, to be more closely connected with Hereford.

The Lowlands

These are floored mainly by red marls, giving a heavy and close textured loamy soil. They consist of an undulating river-fretted lowland ranging in elevation from 200 to 400 feet and are set within a discontinuous frame of hills. Over much of the region the red marls are masked by extensive spreads of glacial drift, ranging in character from comparatively heavy clay to lighter sands and gravels. These gravels are particularly important to agriculture and water supply.

The Wye Valley

The Wye is almost entirely lowland in its affinities. Its physical conditions consist of a lazily meandering stream, fringing stretches of alluvium liable to flood, and discontinuous spreads of terrace gravel. Its economic significance is fourfold. It serves as a routeway, as a source of water supply, as a centre of attraction for holiday makers and fishermen, and it is an important element in the agricultural economy of the District.

The South Eastern Hills

These have a generally subdued relief which is frequently tabular in form. They represent the upturned western edge of the sandstone covering of South Herefordshire.

Section A

Statistics and Social Conditions of the AreaDore R.D.General Statistics

	<u>Dore RD</u> 1971	<u>Dore RD</u> 1972	<u>E & W</u> 1972
Area in acres	84,532	84,532	
Registrar General's estimate of home population, mid-year	7,170	7,270	49,029,000
Number of inhabited houses (end of year) according to Rate Books	2,532	2,538	
Rateable Value	£164,736	£165,564	
Live births			
Number	125	108	725,440
Rate per 1000 population	17.4	14.9	14.8
Illegitimate live births per cent of total live births	4.8	7.4	8.6
Stillbirths			
Number	2	3	8,799
Rate per 1000 total live and still births	15.7	27.0	12.0
Total live and still births	127	111	734,239
Infant deaths (deaths under 1 year)	1	2	12,494
Infant mortality rates			
Total infant deaths per 1000 total live births	8.0	18.5	17.2
Legitimate infant deaths per 1000 total legitimate live births	8.4	10.0	16.9
Illegitimate infant deaths per 1000 total illegitimate live births	0.0	125.0	21.1
Neonatal mortality (deaths under 4 weeks per 1000 total live births)	8.0	18.5	11.5
Early neonatal mortality (deaths under 1 week per 1000 total live births)	0.0	18.5	9.8
Perinatal mortality (stillbirths and deaths under 1 week combined per 1000 total live and still births)	15.7	45.0	21.7
Maternal mortality (including abortion)			
Number of deaths	0	0	111
Rate per 1000 total live and still births	0.00	0.00	0.15
Deaths			
Number	83	97	591,907
Rate per 1000 population	11.6	13.3	12.1

The South Eastern Hill

South HerefordshireGeneral Statistics

	<u>Sth Hfds</u> 1971	<u>Sth Hfds</u> 1972	<u>E & W</u> 1972
Area in acres	208,264	208,264	
Registrar General's estimate of home population, mid-year	36,290	36,320	49,029,000
Number of inhabited houses (end of year) according to Rate Books	12,853	12,935	
Rateable Value	£1,066,102	£1,078,161	
Live births			
Number	509	507	725,440
Rate per 1,000 population	14.0	14.0	14.8
Illegitimate live births per cent of total live births	6.5	6.7	8.6
Stillbirths			
Number	4	10	8,799
Rate per 1,000 total live and still births	7.8	19.3	12.0
Total live and still births	513	517	734,239
Infant deaths (deaths under 1 year)	10	10	12,494
Infant mortality rates			
Total infant deaths per 1000 total live births	19.6	19.7	17.2
Legitimate infant deaths per 1000 total legitimate live births	18.9	19.0	16.9
Illegitimate infant deaths per 1000 total illegitimate live births	30.3	29.4	21.1
Neonatal mortality rate (deaths under 4 weeks per 1000 total live births)	11.8	15.8	11.5
Early neonatal mortality rate (deaths under 1 week per 1000 total live births)	9.8	13.8	9.8
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1000 total live and still births)	17.5	32.9	21.7
Maternal mortality (including abortion)			
Number of deaths	0	0	111
Rate per 1000 total live and still births	0.00	0.00	0.15
Deaths			
Number	458	533	591,907
Rate per 1000 population	12.6	14.7	12.1

Dore R.D.Population Changes

Year	Population	Decrease	Increase	Births	Deaths	Natural Increase	Emigration	Immigration
1949	8589							
1950	8691		102	155	80	75		27
1951	8644	47		159	96	63	110	
1952	8389	255		150	85	65	320	
1953	8341	48		166	90	76	124	
1954	8340	1		137	72	65	66	
1955	8340			126	109	17	17	
1956	8320	20		143	70	73	93	
1957	8300	20		122	90	32	52	
1958	8300			114	93	21	21	
1959	8280	20		133	61	72	92	
1960	8310		30	135	91	44	14	
1961	7840	470		118	94	24	494	
1962	7890		50	145	72	73	23	
1963	7800	90		137	86	51	141	
1964	7750	50		128	92	36	86	
1965	7740	10		145	80	65	75	
1966	7740			122	89	33	33	
1967	7740			132	60	72	72	
1968	7820		80	127	91	36		44
1969	7750	70		108	68	40	110	
1970	7710	40		91	86	5	45	
1971	7170	540		125	83	42	582	
1972	7270		100	108	97	11		89

This table may be summarised as follows:

	<u>Population Decrease</u>		<u>Births</u>		<u>Deaths</u>		<u>Natural Increase</u>		<u>Emigration</u>	
	Tot- al No.	Aver- age Annual No.	Tot- al No.	Aver- age Annual No.	Tot- al No.	Aver- age Annual No.	Tot- al No.	Aver- age Annual No.	Tot- al No.	Aver- age Annual No.
	50-59	309	30.9	1405	140.5	846	84.6	559	55.9	868
60-69	530	53.0	1297	129.7	823	82.3	474	47.4	1004	100.4
50-69	839	42.0	2702	135.1	1669	83.5	1033	51.7	1872	93.6
1970		40		91		86		5		45
1971		540		125		83		42		582
1972		-100		108		97		11		-89

The following comments may be made on this Summary table:-

During the period 1950-59 the population of Dore and Bredwardine Rural District decreased by 309 from 8,589 to 8,280, as a result of an excess of 559 births over deaths and a net emigration of 868. During the period 1960-69 the population of Dore and Bredwardine Rural District decreased by 530, from 8,280 to 7,750, as a result of an excess of 474 of births over deaths and a net emigration of 1,004. During the period 1950-69 the population of Dore and Bredwardine Rural District decreased by 839 from 8,589 to 7,750, as a result of an excess of 1,033 of births over deaths and a net emigration of 1,872. There has been an excess of births over deaths in every one of the twenty years but in spite of this the population has fallen in twelve out of the twenty, as a result of a net emigration in every year except two. This is a disastrous rate of depopulation. It is not the births which are lacking. Births are more than adequate to maintain the population and an increase in the number of births will only result in an increase in the volume of emigration. The fault is the inability of the District to retain its population, and as can be seen from the figures taking the two ten year periods with one another, the volume of emigration is increasing.

South HerefordshirePopulation Changes

Year	Popula- tion	Decrease	Increase	Births	Deaths	Natural Increase	Emigra- tion	Immigra- tion
1949	38379							
1950	38281	98		639	472	167	265	
1951	38020	261		678	502	176	437	
1952	37750	270		654	444	210	480	
1953	37817		67	637	461	176	109	
1954	38010		193	575	444	131		62
1955	37950	60		581	482	99	159	
1956	37830	120		601	458	143	263	
1957	37740	90		570	458	112	202	
1958	37760		20	586	456	130	110	
1959	37750	10		564	436	128	138	
1960	37810		60	609	464	145	85	
1961	36300	1510		575	483	92	1602	
1962	36580		280	608	439	169		111
1963	36610		30	615	460	155	125	
1964	37010		400	615	438	177		223
1965	37280		270	587	416	171		99
1966	37420		140	584	436	148	8	
1967	37640		220	572	394	178		42
1968	37620	20		532	441	91	111	
1969	37560	60		556	469	87	147	
1970	37380	180		483	442	41	221	
1971	36290	1090		509	458	51	1141	
1972	36320		30	507	533	- 26		56

This table may be summarised as follows:-

	<u>Population</u> <u>Decrease</u>		<u>Births</u>		<u>Deaths</u>		<u>Natural</u> <u>Increase</u>		<u>Emigration</u>	
	Tot- al No.	Aver- age Annual No.	Tot- al No.	Aver- age Annual No.	Tot- al No.	Aver- age Annual No.	Tot- al No.	Aver- age Annual No.	Tot- al No.	Aver- age Annual No.
1950-59	629	62.9	6085	608.5	4613	461.3	1472	147.2	2101	210.1
1960-69	190	19.0	5853	585.3	4440	444.0	1413	141.3	1603	160.3
1950-69	819	41.0	11938	596.9	9053	452.7	2885	144.3	3704	185.2
1970		180		483		442		41		221
1971		1090		509		458		51		1141
1972		- 30		507		533		- 26		- 56

The following comments may be made on this Summary table.

During the period 1950-59 the population of South Herefordshire decreased by 629, from 38,379 to 37,750, as a result of an excess of 1,472 of births over deaths and a net emigration of 2,101. During the period 1960-69 the population of South Herefordshire decreased by 190, from 37,750 to 37,560, as a result of an excess of 1,413 of births over deaths and a net emigration of 1,603. During the period 1950-69 the population of South Herefordshire decreased by 819, from 38,379 to 37,560, as a result of an excess of 2,885 of births over deaths and a net emigration of 3,704. If the figures for Ross, which has a net immigration, probably from outside, are subtracted, the position is even worse. During the period 1950-59 the population of South Herefordshire excluding Ross decreased by 669, from 33,089 to 32,420, as a result of an excess of 1,479 of births over deaths and a net emigration of 2,148. During the period 1960-69 the population of South Herefordshire, excluding Ross, decreased by 1,430 from 32,420 to 30,990, as a result of an excess of 1,184 of births over deaths and a net emigration of 2,614. During the period 1950-69 the population of South Herefordshire, excluding Ross, decreased by 2,099, from 33,089 to 30,990, as a result of an excess of 2,663 of births over deaths and a net emigration of 4,762.

Dore R.D.

Births, Stillbirths and Infant DeathsLive Births

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	41	59	100
Illegitimate	4	4	8
Total	45	63	108

Stillbirths

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate		3	3
Illegitimate		3	3
Total		3	3

Deaths of Infants under one year of age

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1		1
Illegitimate		1	1
Total	1	1	2

Deaths of Infants under four weeks of age

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1		1
Illegitimate		1	1
Total	1	1	2

Deaths of Infants under one week of age

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1		1
Illegitimate		1	1
Total	1	1	2

South HerefordshireBirths, Stillbirths and Infant DeathsLive Births

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	243	230	473
Illegitimate	19	15	34
Total	262	245	507

Stillbirths

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	1	7	8
Illegitimate		2	2
Total	1	9	10

Deaths of Infants under one year of age

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	7	2	9
Illegitimate		1	1
Total	7	3	10

Deaths of Infants under four weeks of age

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	5	2	7
Illegitimate		1	1
Total	5	3	8

Deaths of Infants under one week of age

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	5	1	6
Illegitimate		1	1
Total	5	2	7

Bronchitis and emphysema													3
Other diseases of respiratory system	1												1
Cirrhosis of liver	1												1
Other diseases of digestive system	1												1
Other diseases of genito urinary system	1												1
Other causes of perinatal mortality	1	1	1										3
Symptoms and ill defined conditions	1												1
Motor vehicle accidents	2			1	1								4
All other accidents	2												2
Total All Causes	57	40	1	1	1	1	1	1	1	1	3	7	23

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South Herefordshire

Deaths

Cause of Death	Total All Ages		Under 4 Weeks		4 Weeks and under 1 Year		A g e s																		
	M	F	M	F	M	F	1-		5-		15-		25-		35-		45-		55-		65-		75 and over		
							M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Tuberculosis of respiratory system	2																								
Late effects of respiratory tuberculosis	1																								
Other tuberculosis	1																								
Malignant neoplasm, buccal cavity, etc.	3	1																							
Malignant neoplasm, cesophagus	7	5																							
Malignant neoplasm, stomach	10	6																							
Malignant neoplasm, intestine	14	2																							
Malignant neoplasm, lung, bronchus	14	2																							
Malignant neoplasm, breast	14																								
Malignant neoplasm, uterus	3																								
Malignant neoplasm, prostate	5																								
Leukaemia	2	3																							
Other malignant neoplasms	16	11																							
Benign and unspecified neoplasms	1																								
Diabetes mellitus	1	2																							
Avitaminoses	1																								
Other endocrine etc. Diseases	1																								
Anaemias	2	1																							
Mental disorders	2																								
Other diseases of nervous system	2																								

Chronic rheumatic heart disease	7	4	1	6	1	3	3	1	15	3	4
Hypertensive disease	95	44	1	6	1	20	3	36	2	33	24
Ischaemic heart disease	20	17						3	17	15	
Other forms of heart disease	22	46		1	3	4	5	6	7	11	31
Cerebrovascular disease	12	8				1	1	4	3	7	4
Other diseases of circulatory system	2	5				1		1	1	1	4
Influenza	19	22				2	2	2	1	15	19
Pneumonia	18	2				3	5	10	1	1	1
Bronchitis & emphysema	1					1	1				
Asthma	2	4				1	1		1		3
Other diseases of respiratory system	1	1						1			1
Peptic ulcer											
Intestinal obstruction and hernia	1	1						1			
Cirrhosis of liver	1	1						1			
Other diseases of digestive system	1	3						1			
Nephritis and nephrosis	2	1						1	1		
Other diseases, genito urinary system	2	2						2			
Diseases of musculo skeletal system											
Congenital anomalies	3	1						1			
Birth injury, difficult labour, etc.	1	1									
Other causes of perinatal mortality	4	1						1			
Symptoms and ill defined conditions	3	2								3	2
Motor vehicle accidents	4	3						3	1		
All other accidents	9	7						1	3	4	7
Suicide and self inflicted injuries	2	1						1		1	
All other external causes	2										
Total All Causes	298	235	5	3	2	2	2	2	10	55	28
			94	52	115	136					

Dore R.D.Vital Statistics

	<u>Births</u>			<u>Stillbirths</u>			<u>Infant Deaths</u>			<u>Maternal Deaths</u>			<u>Deaths</u>		
	Dore No.	RD Rate	E&W Rate	Dore No.	RD Rate	E&W Rate	Dore No.	RD Rate	E&W Rate	Dore No.	RD Rate	E&W Rate	Dore No.	RD Rate	E&W Rate
1950	155	17.8	15.9	3	19.0	22.6	2	12.9	29.6	0	0.00	0.86	80	9.2	11.6
1951	159	18.4	15.5	3	18.5	23.0	6	37.7	29.7	0	0.00	0.75	96	11.1	12.5
1952	150	17.9	15.3	0	0.0	22.7	4	26.7	27.6	0	0.00	0.67	85	10.1	11.3
1953	166	19.9	15.5	1	6.0	22.4	3	18.1	26.8	0	0.00	0.71	90	10.8	11.4
1954	137	16.4	15.2	0	0.0	23.5	1	7.3	25.4	0	0.00	0.65	72	8.6	11.3
1955	126	15.1	15.0	4	30.8	23.2	5	39.7	24.9	0	0.00	0.60	109	13.1	11.7
1956	143	17.2	15.7	4	27.2	22.9	2	14.0	23.7	0	0.00	0.52	70	8.4	11.7
1957	122	14.7	16.1	5	39.4	22.5	5	41.0	23.1	0	0.00	0.45	90	10.8	11.5
1958	114	13.7	16.4	3	25.6	21.5	4	35.1	22.5	0	0.00	0.43	93	11.2	11.7
1959	133	16.1	16.5	4	29.2	20.8	5	37.6	22.2	0	0.00	0.38	61	7.4	11.6
1960	135	16.2	17.2	3	21.7	19.8	1	7.4	21.8	0	0.00	0.39	91	11.0	11.5
1961	118	15.1	17.6	5	40.7	19.0	2	16.9	21.4	0	0.00	0.34	94	12.0	11.9
1962	145	18.4	18.0	2	13.6	18.1	1	6.9	21.7	0	0.00	0.35	72	9.1	11.9
1963	137	17.6	18.2	4	28.4	17.2	4	29.2	21.1	0	0.00	0.28	86	11.0	12.2
1964	128	16.5	18.5	2	15.4	16.3	7	54.7	19.9	0	0.00	0.26	92	11.9	11.3
1965	145	18.7	18.1	0	0.0	15.8	8	55.2	19.0	0	0.00	0.25	80	10.3	11.5
1966	122	15.8	17.7	1	8.1	15.3	0	0.0	19.0	0	0.00	0.26	89	11.5	11.7
1967	132	17.1	17.2	3	22.2	14.8	1	7.6	18.3	0	0.00	0.21	60	7.8	11.2
1968	127	16.2	16.9	0	0.0	14.3	1	7.9	18.3	0	0.00	0.24	91	11.6	11.9
1969	108	13.9	16.3	2	18.2	13.2	1	9.3	18.1	0	0.00	0.19	68	8.8	11.9
1970	91	11.8	16.0	2	21.5	13.0	1	11.0	18.2	1	10.80	0.18	86	11.2	11.7
1971	125	17.4	16.0	2	15.7	12.5	1	8.0	17.5	0	0.00	0.17	83	11.6	11.6
1972	108	14.9	14.8	3	27.0	12.0	2	18.5	17.2	0	0.00	0.15	97	13.3	12.1

This table may be summarised as follows:

	<u>Births</u>			<u>Stillbirths</u>			<u>Infant Deaths</u>			<u>Maternal Deaths</u>			<u>Deaths</u>		
	Dore Tot- al No.	R.D. Av Ann Rate	E&W Av Ann Rate	Dore Tot- al No.	R.D. Av Ann Rate	E&W Av Ann Rate	Dore Tot- al No.	R.D. Av Ann Rate	E&W Av Ann Rate	Dore Tot- al No.	R.D. Av Ann Rate	E&W Av Ann Rate	Dore Tot- al No.	R.D. Av Ann Rate	E&W Av Ann Rate
50-59	1405	16.7	15.7	27	19.6	22.5	37	27.0	25.6	0	0.00	0.60	846	10.1	11.6
60-69	1297	16.6	17.6	22	16.8	16.4	26	19.5	19.9	0	0.00	0.28	823	10.5	11.7
50-69	2702	16.6	16.6	49	18.2	19.4	63	23.3	22.7	0	0.00	0.44	1669	10.3	11.7
1970	91	11.8	16.0	2	21.5	13.0	1	11.0	18.2	1	10.80	0.18	86	11.2	11.7
1971	125	17.4	16.0	2	15.7	12.5	1	8.0	17.5	0	0.00	0.17	83	11.6	11.6
1972	108	14.9	14.8	3	27.0	12.0	2	18.5	17.2	0	0.00	0.15	97	13.3	12.1

The following comments may be made.

Taking the period 1950-69 as a whole, the average birth rate was the same as that for England and Wales. This is in spite of the low proportion of women of child bearing age, the area comparability factor for births for 1972 being 1.17. The average still birth rate was lower than that for England and Wales. The average infant mortality rate was higher than that for England and Wales. The number of pregnancies is too small to produce a maternal death rate of any significance, but it is notable that not one maternal death occurred in 1950-69. The average death rate was lower than that for England and Wales. This is in spite of the high proportion of elderly people, the area comparability factor for deaths for 1972 being 0.95.

It should be noted that only twice in the period 1950-72 has the death rate for England and Wales been higher than in 1972, and one of these years was 1963, the year of the Great Freeze. This illustrates how little improved health is connected with improved treatment services, it being connected rather with improved environmental and health education services. Improved treatment services are no substitute for a healthy environment for mind and body, nor for adherence to the simple rules of natural diet, moderation in eating and drinking, avoidance of tobacco, and regular exercise.

South Herefordshire

Vital Statistics

	<u>Births</u>			<u>Stillbirths</u>			<u>Infant Deaths</u>			<u>Maternal Deaths</u>			<u>Deaths</u>		
	Sth No.	Hfds Rate	EAW Rate	Sth No.	Hfds Rate	EAW Rate	Sth No.	Hfds Rate	EAW Rate	Sth No.	Hfds Rate	EAW Rate	Sth No.	Hfds Rate	EAW Rate
1950	639	16.7	15.9	18	27.4	22.6	13	20.3	29.6	0	0.00	0.86	472	12.3	11.6
1951	678	17.8	15.5	17	24.5	23.0	26	38.3	29.7	1	1.44	0.75	502	13.2	12.5
1952	654	17.3	15.3	18	26.8	22.7	13	19.9	27.6	0	0.00	0.67	444	11.8	11.3
1953	637	16.8	15.5	10	15.5	22.4	7	11.0	26.8	1	1.55	0.71	461	12.2	11.4
1954	575	15.1	15.2	15	25.4	23.5	22	38.3	25.4	0	0.00	0.65	444	11.7	11.3
1955	581	15.3	15.0	18	30.1	23.2	13	22.4	24.9	0	0.00	0.60	482	12.7	11.7
1956	601	15.9	15.7	19	30.6	22.9	15	25.0	23.7	0	0.00	0.52	458	12.1	11.7
1957	570	15.1	16.1	17	29.0	22.5	12	21.1	23.1	0	0.00	0.45	458	12.1	11.5
1958	586	15.5	16.4	13	21.7	21.5	14	23.9	22.5	0	0.00	0.43	456	12.1	11.7
1959	564	14.9	16.5	13	22.5	20.8	15	26.6	22.2	0	0.00	0.38	436	11.5	11.6
1960	609	16.1	17.2	16	25.6	19.8	6	9.9	21.8	0	0.00	0.39	464	12.3	11.5
1961	575	15.8	17.6	15	25.4	19.0	12	20.9	21.4	0	0.00	0.34	483	13.3	11.9
1962	608	16.6	18.0	9	14.6	18.1	16	26.3	21.7	0	0.00	0.35	439	12.0	11.9
1963	615	16.8	18.2	12	19.1	17.2	28	45.5	21.1	0	0.00	0.28	460	12.6	12.2
1964	615	16.6	18.5	9	14.4	16.3	17	27.6	19.9	0	0.00	0.26	438	11.8	11.3
1965	587	15.7	18.1	7	11.8	15.8	15	25.6	19.0	0	0.00	0.25	416	11.2	11.5
1966	584	15.6	17.7	8	13.5	15.3	9	15.4	19.0	0	0.00	0.26	436	11.7	11.7
1967	572	15.2	17.2	13	22.2	14.8	5	8.7	18.3	0	0.00	0.21	394	10.5	11.2
1968	532	14.1	16.9	12	22.1	14.3	6	11.3	18.3	0	0.00	0.24	441	11.7	11.9
1969	556	14.8	16.3	8	14.2	13.2	9	16.2	18.1	0	0.00	0.19	469	12.5	11.9
1970	483	12.9	16.0	7	14.3	13.0	4	8.3	18.2	1	2.04	0.18	442	11.8	11.7
1971	509	14.0	16.0	4	7.8	12.5	10	19.6	17.5	0	0.00	0.17	458	12.6	11.6
1972	507	14.0		10	19.3		10	19.7		0	0.00		533	14.7	

This table may be summarised as follows:

	<u>Births</u>			<u>Stillbirths</u>			<u>Infant Deaths</u>			<u>Maternal Deaths</u>			<u>Deaths</u>		
	Sth Tot- al No.	Hfds Av Ann	EAW Av Ann	Sth Tot- al No.	Hfds Av Ann	EAW Av Ann	Sth Tot- al No.	Hfds Av Ann	EAW Av Ann	Sth Tot- al No.	Hfds Av Ann	EAW Av Ann	Sth Tot- al No.	Hfds Av Ann	EAW Av Ann
1950-59	6085	16.0	15.7	158	25.4	22.5	150	24.7	25.6	2	0.30	0.60	4613	12.2	11.6
1960-69	5853	15.7	17.6	109	18.3	16.4	123	20.7	19.9	0	0.00	0.28	4440	12.0	11.7
50-69	11938	15.9	16.6	267	21.8	19.4	273	22.7	22.7	2	0.15	0.44	9053	12.1	11.7
1970	483	12.9	16.0	7	14.3	13.0	4	8.3	18.2	1	2.04	0.18	442	11.8	11.7
1971	509	14.0	16.0	4	7.8	12.5	10	19.6	17.5	0	0.00	0.17	458	12.6	11.6
1972	507	14.0		10	19.3		10	19.7		0	0.00		533	14.7	

The following comments may be made

Taking the period 1950-69 as a whole, the average birth rate was lower than that for England and Wales. This is due to the low proportion of women of child bearing age, the area comparability factor for births for 1972 for all the districts being above unity. The average stillbirth rate was higher than that for England and Wales. The average infant mortality rate was the same as that for England and Wales. The number of pregnancies is too small to produce a maternal death rate of any significance, but the two deaths which occurred in 1950-69 produced an average rate corresponding to 34.1% of that for England and Wales. The average death rate was higher than that for England and Wales. This is due to the high proportion of elderly people, the area comparability factor for deaths for 1972 for all the four districts being below unity.

It should be noted that only twice in the period 1950-72 has the death rate for England and Wales been higher than in 1972, and one of these years was 1963, the year of the Great Freeze. This illustrates how little improved health is connected with improved treatment services, it being connected rather with improved environmental and health education services. Improved treatment services are no substitute for a healthy environment for mind and body, nor for adherence to the simple rules of natural diet, moderation in eating and drinking, avoidance of tobacco and regular exercise.

Dore R.D.

Causes of Death

	<u>Lung Cancer</u>			<u>Other Cancer</u>			<u>Cerebro Vascular Disease</u>			<u>Cardio Vascular Disease</u>			<u>Other Cardiac Disease</u>		
	Dore RD No.	E&W Rate	E&W Rate	Dore RD No.	E&W Rate	E&W Rate	Dore RD No.	E&W Rate	E&W Rate	Dore RD No.	E&W Rate	E&W Rate	Dore RD No.	E&W Rate	E&W Rate
1950	1	0.12	0.28	11	1.27	1.67	10	1.15	1.48	5	0.58	1.25	22	2.53	2.21
1951	1	0.12	0.30	14	1.62	1.66	9	1.04	1.56	10	1.16	1.33	13	1.50	2.34
1952	0	0.00	0.32	12	1.43	1.67	14	1.67	1.58	7	0.83	1.40	17	2.03	2.00
1953	4	0.48	0.34	12	1.44	1.65	10	1.20	1.54	9	1.08	1.42	20	2.40	1.93
1954	3	0.36	0.37	9	1.08	1.67	11	1.32	1.63	5	0.60	1.53	13	1.56	1.87
1955	3	0.36	0.39	18	2.16	1.67	12	1.44	1.67	7	0.84	1.61	19	2.28	1.88
1956	3	0.36	0.41	11	1.32	1.67	10	1.20	1.67	6	0.72	1.70	15	1.80	1.82
1957	1	0.12	0.42	21	2.53	1.67	6	0.72	1.64	8	0.96	1.72	18	2.17	1.70
1958	2	0.24	0.44	12	1.45	1.68	18	2.17	1.69	10	1.20	1.86	17	2.05	1.72
1959	4	0.48	0.46	10	1.21	1.68	9	1.09	1.66	7	0.85	1.87	7	0.85	1.58
1960	1	0.12	0.48	19	2.29	1.68	11	1.32	1.67	10	1.20	2.01	15	1.81	1.55
1961	1	0.13	0.49	18	2.30	1.67	12	1.53	1.67	8	1.02	2.07	24	3.06	1.57
1962	4	0.51	0.51	11	1.39	1.67	7	0.89	1.68	12	1.52	2.19	15	1.90	1.50
1963	1	0.13	0.52	16	2.05	1.66	13	1.67	1.71	9	1.15	2.29	16	2.05	1.47
1964	3	0.39	0.54	13	1.68	1.67	13	1.68	1.56	13	1.68	2.24	17	2.19	1.25
1965	0	0.00	0.55	16	2.07	1.67	9	1.16	1.64	10	1.29	2.38	12	1.55	1.23
1966	1	0.13	0.56	17	2.20	1.69	14	1.81	1.64	17	2.20	2.39	13	1.68	1.23
1967	3	0.39	0.58	7	0.90	1.70	11	1.42	1.59	16	2.07	2.67	5	0.65	0.82
1968	1	0.13	0.59	24	3.07	1.72	14	1.79	1.65	11	1.41	2.85	11	1.41	0.82
1969	3	0.39	0.61	15	1.94	1.74	14	1.81	1.63	18	2.32	2.86	7	0.90	0.78
1970	2	0.26	0.62	22	2.85	1.74	12	1.56	1.62	21	2.72	2.84	11	1.43	0.75
1971	4	0.56	0.63	10	1.39	1.76	11	1.53	1.64	23	3.21	2.93	9	1.26	0.73
1972	4	0.55	0.65	14	1.93	1.78	11	1.51	1.67	17	2.34	3.09	13	1.79	0.74

This table may be summarised as follows:

	<u>Lung Cancer</u>			<u>Other Cancer</u>			<u>Cerebro Vascular Disease</u>			<u>Cardio Vascular Disease</u>			<u>Other Cardiac Disease</u>		
	Dore RD Tot- al	E&W Av Ann	E&W Av Ann	Dore RD Tot- al	E&W Av Ann	E&W Av Ann	Dore RD Tot- al	E&W Av Ann	E&W Av Ann	Dore RD Tot- al	E&W Av Ann	E&W Av Ann	Dore RD Tot- al	E&W Av Ann	E&W Av Ann
50-59	22	0.26	0.37	130	1.55	1.67	109	1.30	1.61	74	0.88	1.57	161	1.92	1.91
60-69	18	0.23	0.54	156	1.99	1.69	118	1.51	1.64	124	1.59	2.40	135	1.72	1.21
50-69	40	0.25	0.46	286	1.77	1.68	227	1.40	1.63	198	1.23	1.98	296	1.82	1.56
1970	2	0.26	0.62	22	2.85	1.74	12	1.56	1.62	21	2.72	2.84	11	1.43	0.75
1971	4	0.56	0.63	10	1.39	1.76	11	1.53	1.64	23	3.21	2.93	9	1.26	0.73
1972	4	0.55	0.65	14	1.93	1.78	11	1.51	1.67	17	2.34	3.09	13	1.79	0.74

The following comments may be made.

Death rates from the four main causes of death, responsible for 65.7% of all deaths in England and Wales in 1972, are shown, with death rates from cancer subdivided into those from lung cancer and those from other cancer. Although death rates from lung cancer were lower than those for England and Wales, due to different smoking habits in rural areas, they showed the same dramatic rise due to increased smoking, in contrast to death rates from other cancer, in which the rise was much less. Death rates from other cancer were higher than those for England and Wales. Death rates from cerebral disease were lower than those for England and Wales. Death rates from cardiovascular disease were lower than those for England and Wales. Death rates from other cardiac disease were higher than those for England and Wales. These two rates must however be taken together, as the shift from one to the other is partly due to a change in the fashion of diagnosis.

It should be noted that between 1950 and 1972 the death rate for England and Wales from lung cancer increased from 0.28 to 0.65, that is by 132.1%, from other cancer from 1.67 to 1.78, that is by 6.6%, from cerebro vascular disease from 1.48 to 1.67, that is by 12.8%, and from all cardiac disease from 3.46 to 3.83, that is by 10.7%. As already stated, improved health is not connected with improved treatment services, but with improved environmental and health education services, a healthy environment for mind and body, natural diet, moderation in eating and drinking, avoidance of tobacco, and regular exercise.

South Herefordshire

Causes of Death

	<u>Lung Cancer</u>			<u>Other Cancer</u>			<u>Cerebro Vascular Disease</u>			<u>Cardio Vascular Disease</u>			<u>Other Cardiac Disease</u>		
	Sth No.	Hfds Rate	EW Rate	Sth No.	Hfds Rate	EW Rate	Sth No.	Hfds Rate	EW Rate	Sth No.	Hfds Rate	EW Rate	Sth No.	Hfds Rate	EW Rate
1950	5	0.13	0.28	70	1.83	1.67	73	1.91	1.48	39	1.02	1.25	104	2.72	2.21
1951	7	0.18	0.30	65	1.71	1.66	62	1.63	1.56	51	1.34	1.33	84	2.21	2.34
1952	5	0.13	0.32	57	1.51	1.67	55	1.46	1.58	38	1.01	1.40	100	2.65	2.00
1953	9	0.24	0.34	65	1.72	1.65	56	1.48	1.54	53	1.40	1.42	106	2.80	1.93
1954	6	0.16	0.37	55	1.45	1.67	65	1.71	1.63	48	1.26	1.53	87	2.29	1.87
1955	12	0.32	0.39	71	1.87	1.67	74	1.95	1.67	52	1.37	1.61	76	2.00	1.88
1956	9	0.24	0.41	65	1.72	1.67	68	1.80	1.67	35	0.93	1.70	89	2.35	1.82
1957	8	0.21	0.42	72	1.91	1.67	56	1.48	1.64	49	1.30	1.72	92	2.44	1.70
1958	12	0.32	0.44	49	1.30	1.68	71	1.88	1.69	63	1.67	1.86	71	1.88	1.72
1959	10	0.26	0.46	67	1.77	1.68	65	1.72	1.66	49	1.30	1.87	67	1.77	1.58
1960	14	0.37	0.48	75	1.98	1.68	75	1.98	1.67	60	1.59	2.01	65	1.72	1.55
1961	17	0.47	0.49	72	1.98	1.67	68	1.87	1.67	57	1.57	2.07	78	2.15	1.57
1962	17	0.46	0.51	56	1.53	1.67	62	1.69	1.68	62	1.69	2.19	60	1.64	1.50
1963	11	0.30	0.52	68	1.86	1.66	69	1.88	1.71	61	1.67	2.29	65	1.78	1.47
1964	12	0.32	0.54	56	1.51	1.67	65	1.76	1.56	79	2.13	2.24	55	1.49	1.25
1965	17	0.46	0.55	64	1.72	1.67	64	1.72	1.64	78	2.09	2.38	49	1.31	1.23
1966	14	0.37	0.56	66	1.76	1.69	74	1.98	1.64	82	2.19	2.39	65	1.74	1.23
1967	18	0.48	0.58	62	1.65	1.70	68	1.81	1.59	90	2.39	2.67	44	1.17	0.82
1968	17	0.45	0.59	79	2.10	1.72	70	1.86	1.65	76	2.02	2.85	42	1.12	0.82
1969	19	0.51	0.61	70	1.86	1.74	72	1.92	1.63	112	2.98	2.86	48	1.28	0.78
1970	22	0.59	0.62	63	1.69	1.74	69	1.85	1.62	86	2.30	2.84	55	1.47	0.75
1971	17	0.47	0.63	58	1.60	1.76	81	2.23	1.64	89	2.45	2.93	46	1.27	0.73
1972	16	0.44	0.65	87	2.40	1.78	68	1.87	1.67	139	3.83	3.09	42	1.16	0.74

This table may be summarised as follows:

	<u>Lung Cancer</u>			<u>Other Cancer</u>			<u>Cerebro Vascular Disease</u>			<u>Cardio Vascular Disease</u>			<u>Other Cardiac Disease</u>		
	Sth No.	Hfds Rate	EW Rate	Sth No.	Hfds Rate	EW Rate	Sth No.	Hfds Rate	EW Rate	Sth No.	Hfds Rate	EW Rate	Sth No.	Hfds Rate	EW Rate
50-59	83	0.22	0.37	636	1.68	1.67	645	1.70	1.61	477	1.26	1.57	876	2.31	1.91
60-69	156	0.42	0.54	668	1.80	1.69	687	1.85	1.64	757	2.03	2.40	571	1.54	1.22
50-69	239	0.32	0.46	1304	1.74	1.68	1332	1.77	1.63	1234	1.65	1.98	1447	1.93	1.56
1970	22	0.59	0.62	63	1.69	1.74	69	1.85	1.62	86	2.30	2.84	55	1.47	0.75
1971	17	0.47	0.63	58	1.60	1.76	81	2.23	1.64	89	2.45	2.93	46	1.27	0.73
1972	16	0.44	0.65	87	2.40	1.78	68	1.87	1.67	139	3.83	3.09	42	1.16	0.74

The following comments may be made.

Death rates from the four main causes of death, responsible for 65.7% of all deaths in England and Wales in 1972, are shown, with death rates from cancer subdivided into those from lung cancer and those from other cancer. Although death rates from lung cancer were lower than those for England and Wales, due to different smoking habits in rural areas, they showed the same dramatic rise due to increased smoking, in contrast to death rates from other cancer, in which the rise was much less. Death rates from other cancer were higher than those for England and Wales. Death rates from cerebrovascular disease were higher than those for England and Wales. Death rates from cardiovascular disease were lower than those for England and Wales. Death rates from other cardiac disease were higher than those for England and Wales. These two rates must however be taken together, as the shift from one to the other is partly if not entirely due to a change in the pattern of diagnosis.

It should be noted that between 1950 and 1972 the death rate for England and Wales from lung cancer increased from 0.28 to 0.65, that is by 132.1%, from other cancer from 1.67 to 1.78, that is by 6.6%, from cerebrovascular disease from 1.48 to 1.67, that is by 12.8%, and from all cardiac disease from 3.46 to 3.83, that is by 10.7%. As already stated, improved health is not connected with improved treatment services, but with improved environmental and health education services, a healthy environment for mind and body, natural diet, moderation in eating and drinking, avoidance of tobacco, and regular exercise.

Section BGeneral Provision of Health Services for the AreaNational Health Service Act 1946Part IIHospital and Specialist Services

Section 3 Hospital and Specialist Services

These services are the responsibility of the Herefordshire Hospital Management Committee, Eign Street, Hereford. Telephone Hereford 2012

Part IIILocal Health Authority Services

- Section 21 Health Centres
 Section 22 Care of Mothers and Young Children
 Section 23 Midwifery
 Section 24 Health Visiting
 Section 25 Home Nursing
 Section 26 Vaccination and Immunisation
 Section 27 Ambulance Services
 Section 28 Prevention of Illness, Care and After Care

These services are the responsibility of the Herefordshire County Health Department, Bridge Street, Hereford. Telephone Hereford 4284

Part IVGeneral Medical and Dental, Pharmaceutical, and
Supplementary Ophthalmic Services

- Section 33 General Medical Services
 Section 38 Pharmaceutical Services
 Section 40 General Dental Services
 Section 41 Supplementary Ophthalmic Services

These services are the responsibility of the Herefordshire Executive Council, St. James Road, Hereford. Telephone Hereford 5606

Laboratory Services

Public Health Laboratory Services

These services are the responsibility of the Public Health Laboratory, County Hospital, Hereford. Telephone Hereford 4696

Specimens from South Herefordshire were reported during the year as follows:-

Water	587
Milk	70
Faeces	59
Ice Cream	27
	<hr/>
	743

Section C

Infectious and Other Notifiable DiseasesDore R.D.Infectious Diseases

	<u>Measles</u> <u>(excluding</u> <u>rubella)</u>		<u>Scarlet Fever</u>	
	M	F	M	F
Under Under 1 Year	2	-	-	-
1-	-	1	-	-
2-	-	-	-	-
3-	-	-	-	-
4-	2	1	-	1
5-	9	6	-	1
10-	1	-	-	-
15-	-	1	-	-
25 and over	-	-	-	-
Age unknown	-	-	-	-
Total	14	9	-	2

Infectious and Other Notifiable DiseasesSouth Herefordshire
Infectious Diseases

	Measles (excluding rubella)		Scarlet Fever		<u>Dysentery</u>	
	M	F	M	F	M	F
Under 1 year	2	-	-	-	-	-
1-	-	2	-	-	-	1
2-	-	-	-	-	-	1
3-	1	-	-	-	1	-
4-	2	1	-	1	1	-
5-	10	6	-	2	-	-
10-	2	-	-	-	1	1
15-	-	1	-	-	-	1
25 and over	-	-	-	-	3	1
Age unknown	-	-	-	-	-	-
Total	17	10	-	3	6	5

	Whooping Cough			Infective Jaundice		<u>Tuberculosis</u>			
	M	F		M	F	Respiratory		Other	
	M	F		M	F	M	F	M	F
Under 3 months	-	-	Under 1 year	-	-	-	-	-	-
3-	-	-	1-	-	-	-	-	-	-
6-	-	-	2-	2	-	-	-	-	-
9-	-	-	5-	6	5	-	-	-	-
1- year	-	-	10-	2	5	-	-	-	-
2-	-	-	15-	-	-	-	-	-	-
5-	2	-	20-	-	1	-	-	-	-
10-	-	-	25-	1	3	-	2	-	-
15-	-	-	35-	1	-	-	-	-	-
20-	-	-	45-	-	-	-	-	-	-
25-	-	-	55-	-	-	-	-	1	-
35-	-	-	65-	-	-	3	-	-	-
45-	-	-	75 and over	-	-	-	-	-	-
55-	-	-	Age unknown	-	-	-	-	-	-
65-	-	-	Total	12	14	3	2	1	-
75 and over	-	-							
Age unknown	-	-							
Total	2	-							

Cases of fatal tuberculosis not notified before death = 1 male

Food Poisoning

	M	F
Under 5 years	-	-
5-	-	1
15-	1	2
45-	-	-
65 and over	-	-
Age unknown	-	-
Total	1	3

Dore R.D.Tuberculosis

	<u>Notifications</u>						<u>Total</u>	<u>Deaths</u>						<u>Total</u>
	<u>Pulmonary</u>			<u>Non-Pulmonary</u>				<u>Pulmonary</u>			<u>Non-Pulmonary</u>			
	<u>Male</u>	<u>Fe-</u>	<u>Total</u>	<u>Male</u>	<u>Fe-</u>	<u>Total</u>		<u>Male</u>	<u>Fe-</u>	<u>Total</u>	<u>Male</u>	<u>Fe-</u>	<u>Total</u>	
<u>male</u>			<u>male</u>			<u>male</u>			<u>male</u>					
1950	4	1	5	2	1	3	8	1		1			1	
1951	3	3	6	1		1	7	2	1	3		1	1	4
1952	2	4	6	2		2	8	2		2				2
1953	3		3				3	3	2	5				5
1954	5	1	6				6	1		1				1
1955	1	3	4		1	1	5							
1956		1	1		1	1	2							
1957	3	1	4	1		1	5							
1958	1	2	3	1		1	4	1	1	2				2
1959														
1960					1	1	1							
1961	2		2				2							
1962		2	2				2		1	1				1
1963	1	1	2				2							
1964														
1965								1		1				1
1966														
1967	2		2				2							
1968	2		2				2							
1969	2	1	3				3							
1970														
1971														
1972								1		1				1

This table may be summarised as follows:

Average Annual Numbers

	<u>Notifications</u>						<u>Total</u>	<u>Deaths</u>						<u>Total</u>
	<u>Pulmonary</u>			<u>Non-Pulmonary</u>				<u>Pulmonary</u>			<u>Non-Pulmonary</u>			
	<u>Male</u>	<u>Fe-</u>	<u>Total</u>	<u>Male</u>	<u>Fe-</u>	<u>Total</u>		<u>Male</u>	<u>Fe-</u>	<u>Total</u>	<u>Male</u>	<u>Fe-</u>	<u>Total</u>	
<u>male</u>			<u>male</u>			<u>male</u>			<u>male</u>					
50-59	2.2	1.6	3.8	0.7	0.3	1.0	4.8	1.0	0.4	1.4		0.1	0.1	1.5
60-69	0.9	0.4	1.3		0.1	0.1	1.4	0.1	0.1	0.2				0.2
50-69	1.6	1.0	2.6	0.4	0.2	0.6	3.1	0.6	0.3	0.8		0.1	0.1	0.9
1970														
1971														
1972								1		1				1

The following comments may be made on this Summary table.

All numbers were lower in 1960-69 than in 1950-59 except Male Non-Pulmonary deaths.

Although there were fewer Female Pulmonary notifications than Male Pulmonary notifications in 1950-59 the proportionate fall in Pulmonary notifications in 1960-69 as compared with 1950-59 was still greater in Females than in Males.

So far as any conclusions may be drawn from such small numbers the following conclusions may be drawn.

Tuberculosis is on the decline.

Pulmonary Tuberculosis, but not Non-Pulmonary Tuberculosis, is essentially and increasingly a disease of Males. It is also essentially a disease of middle-aged Males. Medical opinion is that this is due to the breakdown of a childhood infection caused by smoking.

South Herefordshire

Tuberculosis

Year	Notifications						Deaths							
	Pulmonary			Non-Pulmonary			Total	Pulmonary			Non-Pulmonary			Total
	Male	Fe-	Total	Male	Fe-	Total		Male	Fe-	Total	Male	Fe-	Total	
		male			male			male		male				
1950	23	6	29	7	2	9	38	9	3	12	1		1	13
1951	26	20	46	4	5	9	55	4	3	7		2	2	9
1952	11	17	28	5	3	8	36	8		8	1		1	9
1953	12	8	20		1	1	21	8	3	11				11
1954	13	13	26	3	4	7	33	3	1	4				4
1955	10	8	18	1	2	3	21	1	2	3				3
1956	16	6	22	2	3	5	27	4	1	5		1	1	6
1957	17	5	22	3		3	25	3		3				3
1958	9	9	18	2	2	4	22	3	3	6	1		1	7
1959	8	3	11				11	3	1	4				4
1960	2	3	5		3	3	8							
1961	7	4	11		3	3	14	2	1	3				3
1962	2	5	7	1		1	8	2	1	3				3
1963	5	2	7				7	2		2				2
1964	5		5	2	1	3	8	4		4				4
1965	7	3	10		2	2	12	2		2	1	1	2	4
1966	2	2	4		1	1	5							
1967	5	4	9	1	1	2	11	1	1	2				2
1968	6		6	1		1	7	2		2				2
1969	3	2	5				5		1	1				1
1970	1	1	2				2		2	2				2
1971	2		2				2							
1972	3	2	5	1		1	6	3		3		1	1	4

This table may be summarised as follows:

Average Annual Numbers

Year	Notifications						Deaths							
	Pulmonary			Non-Pulmonary			Total	Pulmonary			Non-Pulmonary			Total
	Male	Fe-	Total	Male	Fe-	Total		Male	Fe-	Total	Male	Fe-	Total	
		male			male			male		male				
50-59	14.5	9.5	24.0	2.7	2.2	4.9	28.9	4.6	1.7	6.3	0.3	0.3	0.6	6.9
60-69	4.4	2.5	6.9	0.5	1.1	1.6	8.5	1.5	0.4	1.9	0.1	0.1	0.2	2.1
50-69	9.5	6.0	15.5	1.6	1.7	3.3	18.7	3.1	1.1	4.1	0.2	0.2	0.4	4.5
1970	1	1	2				2	2	2					2
1971	2		2				2							
1972	3	2	5	1		1	6	3		3		1	1	4

The following comments may be made on the Summary table.

All numbers were lower in 1960-69 than in 1950-59.

All numbers for Males were higher than the corresponding numbers for Females except Male Non-Pulmonary notifications in 1960-69 and Male Non-Pulmonary deaths in 1950-59 and 1960-69.

Although there were fewer Female Pulmonary notifications than Male Pulmonary notifications and fewer Female Pulmonary deaths than Male Pulmonary deaths in 1950-59 the proportionate fall in Pulmonary notifications and Pulmonary deaths in 1960-69 as compared with 1950-59 was still greater in Females than in Males.

So far as any conclusion may be drawn from such small numbers the following conclusions may be drawn.

Tuberculosis is on the decline.

Pulmonary Tuberculosis but not Non-Pulmonary Tuberculosis is essentially and increasingly a disease of Males. It is also essentially a disease of middle-aged Males. Medical opinion is that this is due to the breakdown of a childhood infection caused by smoking.

Section D Sanitary Circumstances of the Area

Water Supply

The water supply of the area has been generally satisfactory in quality and quantity with the exception of the high level local supply at Clifford which has again given cause for concern. Several samples of water from this supply have proved to be of very poor quality on bacteriological examination. The Public Health Department has maintained contact with the Herefordshire Water Board on the matter and it is hoped that the new supply which the Board is bringing in will be in use early in the new year.

Where unsatisfactory bacteriological results have been obtained on the samples taken in the District, these have been investigated and action taken on the findings. This has usually entailed a visit to the property to check the conditions, a check on the chlorination at the sources, and flushing out of dead end mains followed by resampling.

1285 houses (3700 population) are supplied from public water mains direct to the houses as follows:

Abbeydore	44	Madley	178
Clifford	112	Newton	4
Cusop	91	Orcop	23
Dorstone	41	Peterchurch	116
Ewyas Harold	150	Rowlstone	13
Kenderchurch	14	St. Devereux	9
Kentchurch	38	Thrupton	6
Kilpeck	31	Turnastone	2
Kingstone	258	Vowchurch	43
Llanveyneoe	1	Walterstone	14
Longtown	88	Wormbridge	9
		Total	1285

The fluoride content of the water supply is less than 0.1 part per million.

Sewerage and Sewage Disposal

Longtown

A preliminary report on a sewerage and sewage disposal scheme for Longtown was presented to the Council by the Consulting Engineers on 31st January 1962. Three alternative schemes for sewerage for Longtown, Upper, Middle, and Lower Ponthendre, and Clodock, Longtown and Upper, Middle, and Lower Ponthendre, and Longtown only with a different site for the sewage disposal works for each scheme, were put forward in the report. The Council decided on the 12th April 1962 to proceed with the scheme for sewerage of Longtown, Upper, Middle, and Lower Ponthendre, and Clodock.

However the owner of the land on which it was proposed to site the sewage disposal works was not prepared to sell this to the Council, and suggested three other sites on his land which were less useful to him. These sites were investigated by the Consulting Engineers and found to be unsatisfactory and they recommended in their report dated 2nd April 1963 that the Council should proceed with the scheme for sewerage of Longtown and Upper, Middle, and Lower Ponthendre, with the site for the sewage disposal works on land not belonging to the owner of the four alternative sites for the sewage disposal works for the scheme for sewerage of Longtown, Upper, Middle, and Lower Ponthendre, and Clodock.

Nevertheless the Council on 9th May 1963 reaffirmed their decision to proceed with the scheme for sewerage of Longtown, Upper, Middle, and Lower Ponthendre, and Clodock, with the site for the sewage disposal works on land which the owner was not prepared to sell to the Council. The District Valuer was asked to negotiate for the purchase of the site with the owner, but was unsuccessful, and the Council on July 9th 1964 made a Compulsory Purchase Order for the site. A Public Inquiry into the matter/

matter of the purchase of the site was held by an Inspector of the Ministry of Housing and Local Government on 15th December 1965. At the Inquiry the owner of the site again put forward the three other sites which the Consulting Engineers had already dismissed and the Inspector refused to confirm the Compulsory Purchase Order and recommended that the Council negotiate with the owner for the purchase of one or other of two of these sites.

Notwithstanding that the owner had himself put these sites forward and that the Inspector had recommended that the Council negotiate with him for the purchase of one of them, permission to enter on the land to survey them was refused by the owner and a Formal Notice had to be served on him in order to obtain entry. The survey was finally carried out on 3rd April 1967 and the Consulting Engineers recommended one of these sites in their report dated 20th April 1967. This recommendation was accepted by the Council on 1st June 1967.

However protracted negotiations with the owner eventually brought to light that he was willing to sell the land only if a property belonging to him, which it would be extremely difficult to sewer, was included in the scheme. At this point the Council understandably lost heart, and the matter fell into abeyance until a series of complaints of nuisance led to the Acting Medical Officer of Health submitting a report to the Council on 16th August 1968, in which he made the same recommendation as that made by the Consulting Engineers in their report dated 2nd April 1963, that the Council should proceed with the scheme for sewerage of Longtown and Upper, Middle, and Lower Ponthendre, with the site for the sewage disposal works on land not belonging to the owner of the four alternative sites for the sewage disposal works for the scheme of sewerage of Longtown, Upper, Middle, and Lower Ponthendre, and Clodock. This recommendation was accepted by the Council on 5th September 1968.

The Consulting Engineers in their report dated 5th December 1968 on this scheme put forward a fourth scheme for sewerage of Longtown and Upper Ponthendre only, with a further site for the sewage disposal works, and an alternative site for the sewage disposal works for the third scheme serving Longtown only. The Council decided on 27th January 1969 to proceed with the scheme for sewerage of Longtown only, and on 27th May 1969 the Clerk was authorised to write to the owners of the land required for the sewage disposal works. On the 30th June the Clerk reported that the owners of this land had replied that they were not prepared to sell the land, and on the 28th July 1969 the Council decided to have other sites investigated.

The Consulting Engineers put forward a further site for the sewage disposal works, this being the sixth site for the sewage disposal works put forward by the Consulting Engineers, and to which the three unsatisfactory sites put forward by the owner of one of these may be added. The owner of the sixth site expressed his willingness to sell it to the Council, planning permission for its use for a sewage disposal works was obtained from the County Planning Authority, and the matter of negotiations for the purchase of the site was put in the hands of the District Valuer on 24th October 1969. On 28th June 1971 the Council were informed that the District Valuer had agreed a price with the owner, on 27th September 1971 that the Consultant Engineers had submitted a revised estimate of the cost, and on the 30th December 1971 that the scheme had been placed in Category A of locally determined projects under the new loan sanction procedure for the 1972-73 loan allocation.

During 1972 the Consulting Engineers were engaged in sinking site investigation bore holes to enable them to finalise their working drawings, and the further delay caused by this, occurring at a time when land costs were spiralling upwards at a rate of inflation very much higher than that of the cost of living, which was itself spiralling upwards at a rate of inflation very much higher than it had ever done before, led to the owner re-opening the matter of the selling price of the land with the District Valuer, and further protracted negotiations took place which only came to a conclusion for the second time at the very end of the year.

There on the 31st December 1972 this matter of eleven years, four Consulting Engineers' Reports, four schemes, and nine sites for the sewage disposal works rested. The whole story is as sorry a tale as it is possible to imagine. Responsibility is shared between the owner of the land who refused in 1962 to sell it to the Council for the Sewage Disposal works, the Council who refused in 1963 to accept the advice of the Consulting Engineers that in view of the attitude of the owner they should discard the scheme for sewerage of Longtown, Upper, Middle, and Lower Ponthendre, and/
and/

and Clodock, and go ahead with a scheme for sewerage of Longtown and Upper, Middle and Lower Ponthendre only (they are now having to go ahead with a scheme for sewerage of Longtown alone) and the Inspector of the Ministry of Housing and Local Government who refused in 1965 to give the Council a Compulsory Purchase Order.

Meanwhile the nuisance in Longtown continues. The village lies on an outcrop of Old Red Sandstone, which is dense and hard, and the land therefore is unsuitable for septic tanks. There are frequent complaints of nuisance from effluents from septic tanks and foul water from sink wastes flowing into the roadside ditches and even along the road, and this is aggravated by the fact that there is a public water supply which increases greatly the volume of effluents and sink wastes.

Emigration from the District is at a disastrous rate. During the period 1950-72 births exceeded deaths by 1091, but the population fell from 8589 to 7270, so net emigration was 2408. The Black Mountain Foothills are the most beautiful part of Herefordshire, with country of the same quality as that in the Brecon Beacons National Park. Provision of essential services could lead to a dramatic change from the setting up of recreational and retirement facilities based on Longtown.

Clifford

During the year the sewerage of the area of Clifford village situated adjacent to the River Wye, was again considered, and it was decided to ask Hay Urban District Council, whose sewage disposal works are situated in Cusop Parish, if they would agree to a pumping main being constructed between Clifford and the Hay Sewage disposal works to discharge into the works, on a similar basis to that adopted in Cusop Parish.

Wyas Harold and Pontrilas

This sewerage and sewage disposal scheme has been in operation since 1969 and has worked satisfactorily in the past. However, at the end of the year the sewage disposal works was considered by the Consulting Engineers to be working at or near planned capacity.

Kilpeck

At the end of the year there were high expectations that the scheme for sewerage of this nuclear village would be given the necessary priority to proceed in the financial year 1973-74.

Kingstone and Madley

Despite the comments made in last year's annual Report, the anticipated major modernisation of these works, the proposed 6 inch additional pumping main between these villages, and the proposed additional length of sewer in Kingstone village, have not materialised.

Peterchurch Phase 2

Despite the comments made in last year's annual Report, the commencement of this scheme had not taken place at the end of the year. However it is now hoped, because of the proposed comparatively large scale private housing development which is due to commence in early 1973 and the existing need for the sewerage of the village of Dorstone, that a commencement date will be known early in 1973.

Rivers and Streams

Sampling of water from rivers and streams is carried out by the Wye River Authority. The Authority also samples from time to time sewage effluent discharging into streams.

Closet Accommodation

44 Improvement Grants, comprising 27 Standard Grants and 17 Discretionary Grants, were made during the year, and in most cases the work included conversion from pail closets or privies to water closets. A few water closets were constructed otherwise than with the aid of such grants.

It is estimated that 80% of properties now have a water carriage drainage system. Of these 30% are on main sewers and 70% have septic tank drainage.

Public Cleansing

The private contract for refuse collecting was not renewed at the end of the year.

The Council had decided to purchase a new refuse vehicle but owing to the waiting period for delivery of this it was necessary to obtain a second hand vehicle as a stop-gap measure. The services of a driver/loader and a loader were obtained.

The service has worked very well indeed, the main villages receiving a weekly collection and the remainder of the District a fortnightly collection.

The new vehicle was delivered in May and apart from some minor teething troubles has proved to be very efficient indeed.

The Council has one refuse tip at King Street, Ewyas Harold. Refuse is disposed of by indiscriminate tipping, the tip being levelled by a contractor every six weeks.

The Council does not provide a service for the emptying of private cesspools but does have a contract for the desludging of its own small treatment plants.

Public Health Inspection of the Area

The tabular statement furnished by the Public Health Inspector under Article 25(20) of the Public Health Officers' Regulations 1959.

Bakehouses	39	Housing Survey	338
Butchers	36	Infectious Disease	24
Caravan Sites	25	Licensed Premises	42
Cars on Common Land	3	Offices, Shops and Railway Premises	87
Complaints	73	Petroleum Stores	30
Council Houses	106	Refuse Collection	64
Dog Kennels	2	Refuse Disposal	34
Drainage into Ditches and Water Courses	23	Rodent Control	17
Drain Tests	83	Sewage Disposal	312
Factories	9	Smoke Nuisance	7
Food Hygiene Regulations	296	Water Supplies and Sampling	61
		Total	1711

Offices and Shops

There are 19 premises in the District which are registered under the provisions of the Offices, Shops and Railway Premises Act 1963.

No new premises were registered during the year.

Each of the 19 premises registered under the Act received a general inspection during the year and in all 87 visits were made to premises under the provisions of the Act.

It was not found necessary to resort to statutory action in any case but verbal advice was given where necessary.

No notifiable accidents were reported during the year.

Camping Sites

10 Sites in the area were used for camping purposes during the year. No licences were issued by the Local Authority under Section 269 of the Public Health Act 1936.

The estimated maximum number of campers resident in the area at any one time during the summer season was 235.

Smoke Abatement

No serious smoke nuisance occurred during the year.

The occasional complaints which usually related to matters such as garden fires were satisfactorily dealt with on an informal basis.

Public Swimming Baths

There are no public swimming baths in the District, but the following six schools are provided with swimming pools:

- Clifford Primary School
- Ewyas Harold Primary School
- Kingstone Comprehensive School
- Longtown Primary School
- Peterchurch Primary School
- Peterchurch Secondary Modern School

The pH value and chlorine content of the bathing water is monitored from time to time and in addition samples of the water are submitted to the Public Health Laboratory for bacteriological examination.

In the interests of safety it is advisable that children be taught to swim and it is pleasing to note the amount of interest that the school staff show in the pools which afford the children a great deal of pleasure.

Section E - Housing

New Houses

Number of houses completed during the year:

- | | | |
|----------------------------|-----|-----|
| (a) by private enterprise | ... | 14 |
| (b) by the Local Authority | ... | Nil |

Number of houses in course of erection at the end of the year

- | | | |
|----------------------------|-----|----|
| (a) by private enterprise | ... | 64 |
| (b) by the Local Authority | ... | 14 |

Housing Act 1957 Part IV Abatement of Overcrowding

- | | | |
|--|-----|-----|
| (a) Number of dwellings overcrowded at the end of the year | ... | Nil |
| (b) Number of ^{new} cases of overcrowding reported during the year | ... | Nil |
| (c) Number of cases of overcrowding relieved during the year | ... | Nil |
| (d) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding | ... | Nil |

It is felt that the present standard of Statutory overcrowding which is laid down in the 6th Schedule of the Housing Act 1957 and which bases the standard on the number of rooms in a dwelling should be amended so as to base this standard on the number of bedrooms in a dwelling.

Section F Inspection and Supervision of Food

The number of Food Premises in the area, by type of business

Bakers	3
Butchers	3
Grocers	29
Licensed Premises	28
Total	<u>63</u>

The number of Food Premises, by type, registered under Section 16 of the Food and Drugs Act 1955, or under Local Acts, and the number of Dairies registered under the Milk and Dairies (General) Regulations 1959

Ice Cream Purveyors 22

The number of inspections of registered Food Premises

Bakers	39
Butchers	36
Grocers	66
Licensed Premises	42
Total	<u>183</u>

It is pleasing to note that the condition of the various premises is generally quite satisfactory.

It was not found necessary to resort to statutory action in any case but verbal advice was given where necessary.

Any new educational activity (e.g. inauguration of clean food guilds or of lectures on food hygiene) and the progress of established educational activity

More time is now being spent on explaining to food handlers the need for adopting certain procedures in the interests of food hygiene.

As would be expected this has the effect of making the food handlers more hygiene conscious and increases the amount of cooperation given to the Public Health Department.

The method of disposal of condemned food

Condemned food is disposed of by incineration wherever possible. Where this is not possible it is disposed of by burial.

Special examination of a stock or of a consignment of food

850 kg of imported new potatoes were condemned out of a consignment of 10,000 kg.

Reference to the Ice Cream (Heat Treatment etc.) Regulations 1959-63

There are no premises which are required to be registered under these Regulations.

Details of Food Premises subject to the Food Hygiene (General) Regulations 1970 grouped in categories of trade carried on in them, and including the following information for each category separately

- (a) the number of premises
- (b) the number of premises fitted to comply with Regulation 18
- (c) the number of premises to which Regulation 21 applies
- (d) the number of premises fitted to comply with Regulation 21

Bakers	3
Butchers	3
Grocers	29
Licensed Premises	28
Total	63

95% of the Premises are fitted to comply with Regulation 18. All the Premises comply with Regulation 21.

Meat

A tabular statement for the inclusion of information about the post mortem inspection of animals in the form provided.

Carcases and Offal inspected and condemned in whole or in part

There is no slaughterhouse in the District.

Factories Act 1961Prescribed Particulars on the Administration
of the Factories Act 1961Part I of the Act

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1,2,3, 4 and 6 are to be enforced by Local Authorities	-	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	10	9	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	-	-	-	-
Total	10	9	-	-

2. Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	to H.M. Inspector (4)	by H.M. Inspector (5)	
Want of cleanliness	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-

Table of Factories Particulars on the Administration of the Factories Act 1961

Part I of the Act

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Provision	Number on Register (1)	Number of		Occupiers Prosecuted (3)
		Inspections (2)	Written Notices (4)	
(i) Factories in which Section 1, 2, 3, 4 and 5 are to be enforced by local authorities	-	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	10	9	-	-
(iii) Other provisions in which Section 7 is enforced by the local authority (excluding factories' premises)	10	9	-	-
Total	20	18	-	-

2. Cases in which DEFECTS were found

Particulars	(1)	Number of cases in which defects were found		(3)	Number of cases in which prosecutions were instituted (5)
		Found remedied (2)	to H.M. Inspector by H.M. Inspector (4)		
Want of cleanliness	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unsanitary temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences	-	-	-	-	-
(a) Insufficient	-	-	-	-	-
(b) Unsanitary or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Statute)	-	-	-	-	-

