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NORTHAMPTONSHIRE COUNTY COUNCIL



INSTITUTE OF SOCIAL  
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OXFORD

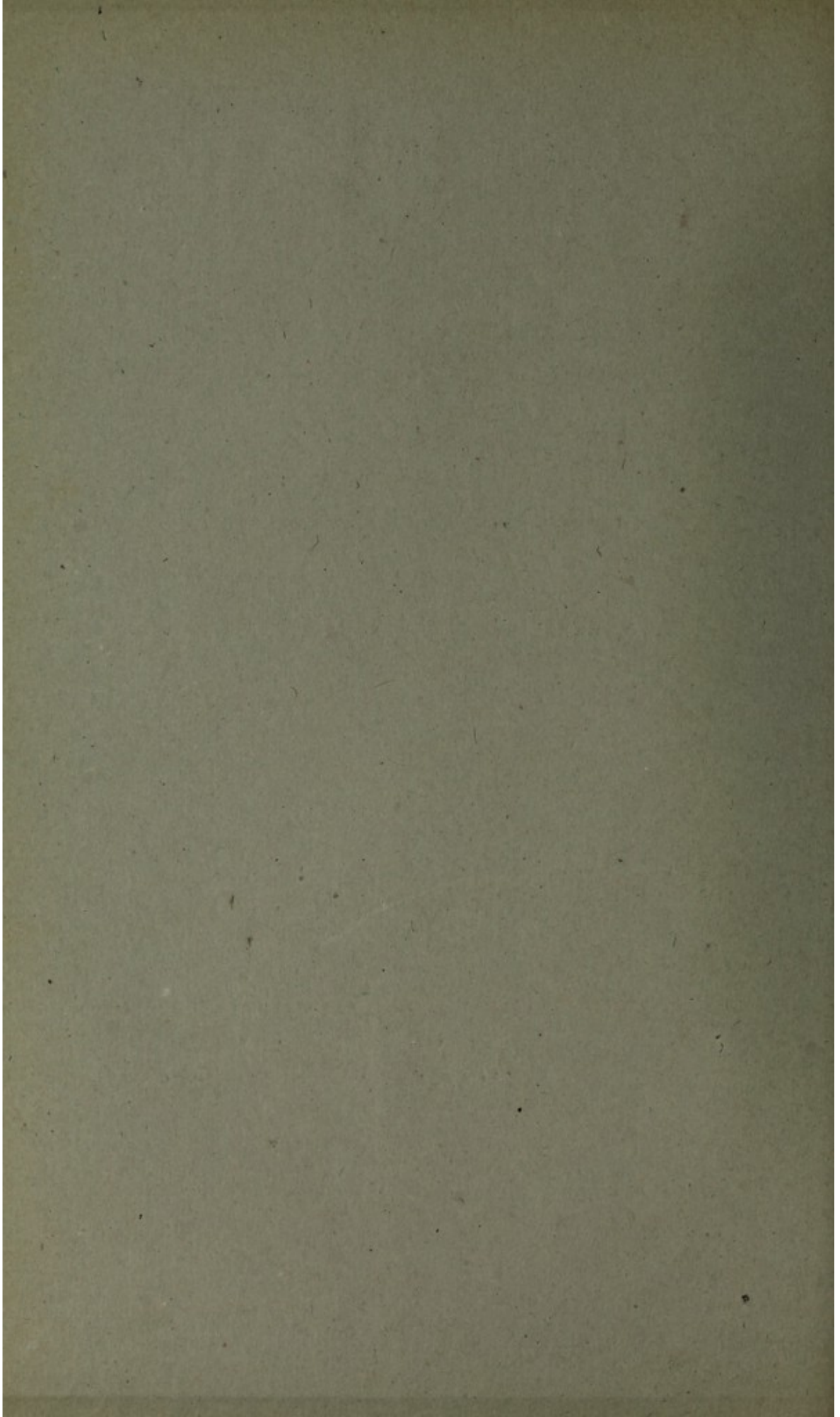
# Annual Report

OF THE

MEDICAL OFFICER  
OF HEALTH

FOR THE YEAR

1943



NORTHAMPTONSHIRE COUNTY COUNCIL



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## NORTHAMPTONSHIRE COUNTY COUNCIL.

COUNTY HEALTH DEPARTMENT,  
GUILDHALL ROAD,  
NORTHAMPTON.

*August, 1944.*

*To the Chairman and members of Northamptonshire County Council.*

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Forty-Seventh Annual Report of the County Medical Officer of Health for 1943.

In my Report for last year, a preference was expressed for a system under which random samples of the population of each age group could be examined for their degree of fitness, both mental and physical, since the results of a survey of this kind would produce reasonably accurate data on the health of a community.

The examination of recruits by the Medical Boards under the National Service Acts will, when the results are available, afford interesting comparisons with the findings in the last war. To measure mental and physical fitness of the community as a whole, we shall, however, require to wait for the setting up of the necessary administrative machinery and agreement on standards which is always a difficult matter. Meantime, however, attention should be given to the surveys being carried out by the field workers of the Wartime Social Survey, which has arranged for random samples of the population to be visited and invited to answer questions about recent illness. This Survey has already given valuable information about the level of sickness rates. For example, it was ascertained that about 24% of the population aged between 16 and 65 suffered from an illness regarded by them as influenza during the last three months of 1943.

In Northamptonshire, as in the rest of the country, the health of the community is measured by the vital statistics and in our efforts to secure more direct assessments of positive health we must neither overlook nor disparage the well tried value of these statistics on which a high degree of reliance can be placed.

The vital statistics for 1943 are certainly gratifying. He might have been regarded as an irresponsible optimist who would have dared to hope for such satisfactory statistics in the fourth year of the war. The birth rate increased again to 17.9 per 1000 of the population, and to find a rate as high for the County, we have to go as far back as 1922. The increase in the birth rate resulted in an augmented pressure on the work of the Health Department; there were increased attendances at the Ante-natal Clinics, a larger number of applications to a restricted pool of maternity accommodation, and more infants to be visited by the Health Visitors, and to be seen at the Infant Welfare Centres.

The Infant Mortality Rate of 40.4 per 1000 live births is equal to the second lowest rate recorded—a similar rate was experienced in 1939—and it was rather too much to hope that the record low rate of 34.5 per 1000 of last year could be repeated. The Infant Mortality Rate is a sensitive index of social conditions. The Registrar-General's analysis of occupational mortality in the years 1930-32 includes a study of infant mortality in relation to the occupation and social class of the father. The rate varied in those years from 33 per 1000 legitimate births in social class I. to 77 in social class V., rising steadily as one passes down the social gradations. For example, there were 31 deaths in the first year of life per 1000 legitimate live births when the

father was a doctor and 81 when the father was a general labourer. To quote from an annotation in "The Lancet" from which the above figures have been taken:— \* "The actual extent to which it is possible to reap further improvement is difficult to determine. The social factors of poverty, overcrowding, malnutrition and generally unsatisfactory environment are of course remediable to a much greater extent than has so far been achieved. Ignorance, apathy, lack of care, neglect of the rules of hygiene can certainly be reduced but never banished. Medical skill and attention can be extended and improved. Some few parts of the world have already reached a rate of 20 or less per 1000 live births. Dublin in 1928 suggested that a rate of 30 was feasible. Titmuss goes so far as to halve this figure and suggests that there are no medical, social or economic reasons why advanced communities should not reach a rate of 15. Whether that be utopian or not is hardly a matter of immediate concern. His study of the social and geographical variations shows how much there is yet to do at a very much higher level. It is a welcome corrective to any who with an eye fixed solely on the improving national rate think that all goes well."

The unnecessary loss of infant life is a challenge to post-war reconstruction. Plans for regular employment at adequate wages, social security including children's allowances, housing, re-organised medical services and education, especially the teaching of mothercraft, will, when put into effective operation, result in a reduction in infant mortality.

The general death rate of 12.29 per 1000 population is satisfactory, the increase from last year on the rate of 11.02, being largely accounted for by deaths due to influenza, which reached epidemic prevalence at the end of the year.

Primary notifications of tuberculosis were 255 compared with 186, 194, 265 and 221 in 1939, 1940, 1941 and 1942 respectively. Deaths from tuberculosis numbered 118 compared with 112, 141, 130 and 120 in the same four years. The tuberculosis mortality rate was 0.5 per 1000 which can be regarded as relatively satisfactory since the lowest rate on record for the County is 0.49 per 1000. Notifications still show an increase as compared with 1939 and this resulted in a heavy pressure of work on the Tuberculosis section. The number of new cases including contacts seen at the Dispensaries was 1,572 while the attendances totalled 5,464. The other outstanding feature of the tuberculosis section was the introduction of allowances under the Government Scheme which is a wartime provision with the avowed object of restoring patients to employment as early as possible. The official allowances are thus restricted to patients who are likely to be restored to working capacity at an early date. The County Council, on the recommendation of the Health Committee, promptly and very generously realised the need for extending the benefits to all patients with pulmonary disease irrespective of their chances of recovery; as one member of the Council put it 'To refuse the allowance is to give a man his death warrant.' Accordingly, as from 1st August when the scheme was instituted, the Department was saved from the invidious task of having to differentiate between patients who were likely to recover and those who were not. The cost of the allowances to the County in 1943 was £2,400, and in a complete year the present estimated cost is £7,000, which is undoubtedly well spent money, since the powers of resistance of home contacts to the infection are strengthened by the augmentation of the family income and further the allowances will prevent the return to work of patients with chronic disease, who are still infective and a potential source of danger to their fellow workers. The Voluntary Tuberculosis Care Committees, all of whom have taken a keen interest in the scheme, found that there was still abundant important work for them to do and their public spirited efforts have been successfully maintained.

The year saw the establishment of a Joint Committee of the County Council and County Borough Council to deal with the operation of the Mass Radiography Unit, and terms between the two Authorities were agreed upon.

As regards infectious diseases, the close of the year was marked by an epidemic of influenza, to which reference has already been made, and further details of which will be found in the

report. Otherwise, the year was a healthy one. There was only one death from measles, four from whooping cough, one from scarlet fever and one from enteric fever.

Further progress was made with the immunisation of children against diphtheria, and altogether 7433 children were protected. Diphtheria notifications numbered 61, of which 5 were fatal, and of these, none had according to our records been immunised.

Attendances at the Venereal Diseases Clinics numbered 4408 compared with 3310 last year. The attendances at the Kettering Clinic were almost doubled.

On the instructions of the Health Committee, a special report was presented on Rural Housing based on returns submitted by the Rural District Councils. The County Council has always taken its duties under the Housing Acts conscientiously and has always had 'constant regard to the housing conditions of the working classes in Rural Districts.' Against the 'D' Day of Peace, the most urgent necessity is the provision of adequate housing for the men and women returning from the Forces.

The Sub-Committee of the County Council formed to consider the terms of the Northampton Bill for the building of a reservoir at Pitsford, arranged for a general survey of the water resources of the County to be carried out by Mr. H. J. F. Gourley, the consultant water engineer, retained to advise the Council. Mr. Gourley's report which was issued in November, 1943, will be of great value in solving the urgent problems related to the provision of ample water supplies throughout the County. While I can lay no claim to expert knowledge, I share the opinion of my predecessor that the only satisfactory solution of water supplies for the County lies in the preparation of a comprehensive scheme on a national basis, under which water for the East Midlands will be derived from Wales. The daily consumption of water will rise as standards of housing and personal hygiene improve. The needs of dairy farming will also increase as better standards of milk production become more general. The experiences of the present year reveal only too clearly that adequate water supplies cannot be obtained locally without facilities for storage to cover very long periods of low rainfall. A more satisfactory solution, in my opinion, would be to bring water from the Welsh hills.

The occasion has been taken to present in Table No. VI. the statistics for the County since 1897 in respect of Birth Rate, Infant Mortality rate and Death rate.

The year was a heavy one with many increased duties devolving upon the Department, many of them the result of the Evacuation Scheme. I desire to acknowledge with grateful thanks the support and encouragement I have had from the Chairman and members of the Health Committee, and the excellent work that has been done by all members of the staff.

I have the honour to be,

Your obedient Servant,

CHARLES MILLIKEN SMITH.  
*County Medical Officer of Health.*

\* ref: "The Lancet," October 23rd, 1943, page 514.



## SECTION A.

## Statistics and Social Conditions.

## 1(a). GENERAL STATISTICS FOR THE YEAR.

Area of the Administrative County .....	*578,947 acres
Population (Census 1921) .....	211,509
(Census 1931) .....	217,133
(Estimated resident population, middle of 1943).....	235,000
Number of inhabited houses (Census 1921) .....	50,538
(Census 1931) .....	57,047
Number of families or separate occupiers (Census 1921) .....	52,286
(Census 1931) .....	58,964
Rateable Value (April 1st, 1943) .....	£1,258,672
Actual produce of a penny rate 1942-1943 (whole area) .....	£5,039

\* Subsequent to the extension of the boundaries of the County Borough of Northampton, on April 1st, 1932.

## 1(b). VITAL STATISTICS.

	TOTAL	MALE	FEMALE	BIRTH-RATE per 1,000 of the estimated population.
Live births (Legitimate) .....	3,922	2,028	1,894	} <b>17.91</b>
" " (Illegitimate) .....	288	154	134	
				Rate per 1,000 Total (Live and Still) Births.
Still-births .....	118	58	60	<b>27.26</b>
				DEATH-RATE per 1,000 of the estimated population.
Deaths .....	2,890	1,438	1,452	<b>12.29†</b>
				Rate per 1,000 Total (Live and Still) Births.
Deaths from puerperal causes :—				
Puerperal and post abortion sepsis .....			1	0.23
Other Puerperal causes .....			3	0.69
Total .....			4	<b>0.92</b>
Death-rate of infants under one year of age :—				
All infants per 1,000 live births .....				<b>40.38</b>
Legitimate infants per 1,000 legitimate live births.....				39.01
Illegitimate infants per 1,000 illegitimate live births .....				59.02
Deaths from				
(a) Cancer (all ages) .....				435
(b) Measles (all ages) .....				1
(c) Whooping Cough (all ages) .....				4
(d) Diarrhoea (under 2 years of age) .....				3

The birth rate of 17.9 is higher by 1.3 per 1,000 of the population as compared with the previous year, and is also higher by 1.4 than the rate for England and Wales (16.5), whilst the death rate (12.29) is higher by 1.27 per 1,000 of the population as compared with the previous year, and is also higher by .19 than the rate for England and Wales. The birth rate exceeded the death rate by 5.62 per 1,000 of the population.

The seven chief causes of death accounted for 69.0 per cent. of the total deaths, and are led by heart disease (26.4), cancer (15.0), intracranial vascular lesions (12.2), bronchitis (4.4), pneumonia (4.3), tuberculosis of respiratory system (3.5), and nephritis (3.2).

The number of deaths associated with childbirth amounted to four as against seven in the previous year.

The Maternal Mortality Rates per 1,000 live and still births during the last five years have been as follows :

	1939	1940	1941	1942	1943
Administrative County (Number of Deaths)	1.13 (4)	3.02 (11)	1.79 (7)	1.66 (7)	0.92 (4)
England and Wales	2.82	2.16	2.23	2.01	*2.29

\* Including abortion.

The infant mortality rate per 1,000 births (40) is higher than the rate for the year 1942, but is 9 below that for England and Wales. The illegitimate infant mortality rate is 9 lower than the rate for 1942. The infant mortality rates per 1,000 births during the last ten years have been as follows :

Infant Mortality Rate:	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943
Administrative County	57.2	50.6	47.9	43.8	41.1	40.4	48.3	48.1	34.5	40.4
England and Wales	59	57	59	58	53	50	55	59	49	49

† *Recorded Death Rate.* It is not possible to give the standardised death rate for the year 1943. The Registrar-General, in his Memorandum with regard to statistics for the year 1943, states: "The variety and magnitude of local population movements and the uneven incidence of civilian war deaths have together, combined to frustrate the attempt to secure comparability between local death rates by the use of Areal Comparability Factors and the preparation and issue of such factors are being suspended under present conditions."

## 2. AREA AND POPULATION.

There has been no change in the area of the Administrative County.

In his memorandum with regard to statistics, the Registrar General states that "populations . . . are given for calculation of Death Rates or the incidence of notifiable diseases amongst civilians. Estimates of the numbers and distribution of the non-civilian population are not available and the birth rate can only be based on the civilian population of 1943 as used for death rates."

On this basis the civilian population of 1943 for the Administrative County is estimated by the Registrar General to be 235,000.

## SECTION B.

## General Provision of Health Services.

## 1. LABORATORY FACILITIES.

The following is a summary of the work done in the County Laboratory during 1943.

No. of milk samples examined (Methylene Blue Test) .....	5,484
No. of milk samples examined (Coliform Test) .....	126
No. of milk samples examined (Plate Count) .....	44
No. of milk samples examined (Phosphatase Test) .....	192
Total number of tests .....	5,846

The totals for years 1933-42 were 459, 760, 1,491, 1,533, 2,429, 3,100, 4,074, 5,694, 5802 and 5,593 respectively.

## MILK.

The 5,846 tests may be classified as follows :

Designated milk (Methylene Blue and Coliform Tests) .....	4,262
Non-designated milk (Methylene Blue and Coliform Tests) .....	1,339
School milk (Methylene Blue and Phosphatase Tests) .....	35
Pasteurised milk (Plate Count and Phosphatase Tests).....	210

The following table shows the results of raw milk samples (except school milk samples) examined by the Methylene Blue Reduction Test and Coliform Test :—(Note : Satisfactory—Passed the combined tests.)

Month	SAMPLES OF DESIGNATED MILK—		SAMPLES OF NON-DESIGNATED MILK		
	Number examined	Percentage Satisfactory	Number examined	Percentage Satisfactory	Total Samples
January	357	90	76	66	433
February	351	89	91	77	442
March	345	90	149	72	494
April	396	75	74	55	470
May	370	72	108	69	478
June	304	60	163	44	467
July	355	51	105	43	460
August	360	51	103	30	463
September	346	65	154	51	500
October	313	81	104	66	417
November	370	87	97	72	467
December	275	93	109	80	384
TOTAL	4142	75	1333	60	5475

It will be noted from the above table that, of the 4,142 samples of Designated milk, 75% complied with the requirements of the Orders. In the case of non-designated samples examined

60% were satisfactory. There is no statutory test for cleanliness of non-designated milk and in its absence the standards described in my 1938 report are still in force in this County.

#### **School Milks.**

There were 35 samples of milk collected from schools of which 26 were pasteurised. Of the 9 raw milk samples, 7 passed the Methylene Blue Test : of the pasteurised milk samples, all were submitted to the Phosphatase Test, of which 21 were satisfactory.

#### **Pasteurised Milk.**

A total of 210 samples of pasteurised milk were submitted by District Councils, 44 being examined by the plate count method, of which 5 were unsatisfactory, and 166 were examined by the phosphatase test, of which 22 failed to pass the test, *i.e.*, were inefficiently pasteurised.

#### **Water.**

The bacteriological examination of all water samples has been carried out at the Emergency Public Health Laboratory, Northampton General Hospital.

#### **Biological examination for the presence of Tubercle Bacilli.**

During the year, 90 samples of Designated raw milk, 7 from tuberculin tested and 83 from accredited farms, were submitted to the Emergency Public Health Laboratory, to be examined biologically for the presence of Tubercle Bacilli. Of these samples, three, from accredited herds, gave positive results. These 3 cases were dealt with by the Ministry of Agriculture and Fisheries Veterinary Inspector under the Tuberculosis Order.

**2. AMBULANCE FACILITIES.** These were described in the 1938 report.

### **3. MATERNITY AND CHILD WELFARE.**

This section of the report, in so far as it deals with Midwives and Maternity and Nursing Homes, refers to the whole Administrative County. In respect of other Maternity and Child Welfare Services since the Borough of Kettering is a separate Maternity and Child Welfare Authority, details of its Welfare work will be found in the Report of the Medical Officer of the Borough.

#### **(i) MIDWIFERY AND MATERNITY SERVICES.**

##### *Midwifery Services.*

The number of cases attended by midwives employed by District Nursing Associations in pursuance of Section 1 of the Midwives Act, 1936, was as follows :

	<b>1942</b>	<b>1943</b>
Cases attended as midwives .....	1260	1094
Cases attended as maternity nurses .....	1209	1330
	<hr/>	<hr/>
	2469	2424
	<hr/>	<hr/>

The number of midwives in independent practice at the end of the year was 26.

The County Nursing Association employed 45 nurses for emergency duty and to relieve temporarily during holidays, sickness, etc.

#### **(ii) NURSING IN THE HOME.**

Under an agreement between the County Council and the County Nursing Association for the provision of special nurses in certain cases of infectious disease, 10 cases of puerperal pyrexia,

25 of whooping cough, 7 of ophthalmia neonatorum, 12 of measles, and 39 cases of infantile diarrhoea were nursed in the home. Nursing care was also given in a number of other cases not strictly provided for in the agreement, including 138 cases of pneumonia and 395 of 'influenza.' These figures do not include evacuees.

(iii) MIDWIVES.

The Supervisor of Midwives (who is also County Superintendent and Secretary of the Northamptonshire Nursing Association) and her staff, made 271 routine visits and 223 special investigations.

The number of midwives practising in the area at any time during the year was 190; on December 31st, 123 remained in practice. Of the latter, 5 were employed at the County Maternity Home, Kettering, 70 by the Northamptonshire Nursing Association, 6 at Kettering and District General Hospital, 1 at Brackley Cottage Hospital, 15 in emergency maternity homes, 3 in private nursing homes and 23 in private practice.

*Medical Aid to Midwives.* During the financial year, the midwives notified that they had called in medical aid in 576 cases and 309 claims for payment of fees were dealt with from medical practitioners whose assistance had been sought, as against 569 notifications and 348 claims in the previous year; the above figures include evacuees.

(iv) MATERNITY AND NURSING HOMES.

The number of homes on the register during the year was 4, and 14 visits of inspection were paid by the Assistant Medical Officer.

The registered homes in the County at the time of reporting, were (unless otherwise stated) :

1. " Woodfield Nursing Home," 36, Wellingborough Road, Finedon.
2. " Burnside Nursing Home," Brackley.
3. " Newlyn Nursing Home," 90, Rockingham Road, Kettering (Maternity only).

(v) MATERNAL MORTALITY (excluding Kettering Borough).

The Registrar-General reported 4 maternal deaths, of which 1 was from sepsis.

The death rate per thousand live and still births was 1.09. The rate for England and Wales was 2.29 per thousand live and still births.

*Puerperal Pyrexia.* Thirty-four notifications were received (excluding Kettering Borough). Seven of the notified cases were treated in hospital; there was one death among the notified cases.

(vi) OPHTHALMIA NEONATORUM.

Twelve cases were notified (excluding Kettering Borough) all of which recovered without impairment of vision, 2 cases were treated in hospital. All cases were visited by the Assistant Medical Officers.

(vii) MATERNITY HOSPITALS.

The cases admitted under the arrangements of the Public Health Committee were :

County Maternity Home, Kettering .....	94
Kettering and District General Hospital .....	32
Stamford, Rutland and General Infirmary .....	5

Market Harborough and District Hospital .....	1
Soke of Peterborough Maternity Home .....	1
The Barratt Maternity Home, Northampton General Hospital	168
Hospital of St. Cross, Rugby .....	1
Emergency Maternity Homes .....	300

The total number of cases admitted to hospital under the County arrangements was 602, compared with 546 in 1942 and 408 in 1941.

(viii) ANTE-NATAL CLINICS.

At the end of the year there were 13 ante-natal clinics ; 4 additional ante-natal clinics were provided for evacuee mothers.

Ante-Natal Clinics were held weekly at Northampton, Wellingborough, Rushden and Corby, fortnightly at Daventry and monthly at Brixworth, Byfield, Kettering, Middleton Cheney, Rothwell, Thrapston, Towcester and Oundle. A new clinic was opened at Rothwell. Clinics for evacuee mothers for St. John's Emergency Maternity Home continued to be held at Guildhall Road on Mondays and Thursdays, at Norton Hall for Bragborough Emergency Maternity Home on Tuesdays, and at Watford Court and East Haddon Manor for East Haddon Emergency Maternity Home on Mondays.

The following statistics relate to ante-natal clinics under the control of the County Council. (Figures in respect of evacuee women are included).

ANTE-NATAL CLINICS.

	1942	1943
No. attending for first time .....	2,912	2,745
Total ante-natal attendances .....	7,856	9,596
No. sent to hospital :		
For consultation .....	114	92
„ confinement (abnormality) .....	212	160
„ confinement (lack of accommodation) .....	1,655	1,455
„ ante-natal treatment .....	29	149
„ ante-natal treatment and confinement .....	141	218
„ ante-natal treatment and miscarriage .....	5	2
No. treated on district (confinement) .....	622	622
No. treated on district (miscarriage) .....	9	14
No. referred to own doctor .....	22	23

The total number of women, including evacuees, attending all ante-natal clinics was 3,205 or 73.8 per cent of the total notified births.

CASES TERMINATED.

	1942	1943
Alive Full Time .....	2,404	2,339
Premature .....	51	57
Stillborn, Full Time .....	42	28
Premature .....	12	6
Abortion or miscarriage .....	14	19
Left district .....	132	115
Not Pregnant .....	10	21
Not terminated .....	412	495
Twin birth .....	29	24
Triplets .....	2	—
Maternal deaths .....	1	3

Consultative Ante-Natal Clinics are held bi-weekly at Northampton General Hospital and weekly at Kettering and District General Hospital by Mr. R. Watson, the Council's Consultant Obstetrician.

Details of cases seen at these Clinics are as follows :—		<i>Northampton General Hospital.</i>	<i>Kettering and District General Hospital.</i>
(a) No. of sessions .....		100	44
(b) No. of expectant mothers referred to Consultant Obstetrician by medical practitioners and examined by him in a consultative capacity at the Clinic .....		217*	93
(c) No. of patients recommended for admission on account of abnormalities and supervised at the Ante-Natal Clinic (exclusive of cases entered under (b)).....		114	<i>Nil.</i>
(d) No. of cases recommended for admission on account of unsatisfactory home conditions and supervised at the Clinic		55	<i>Nil.</i>
(e) Total No. of expectant mothers who attended at the Clinic during the year .....		380	155
(f) Total attendances of all cases at the Clinic .....		1,073	369

\* (includes 26 Evacuators).

**INFANT WELFARE CENTRES.**

NAME OF CENTRE.	AVERAGE NO. OF INFANTS ATTENDING PER SESSION.	AVERAGE NO. OF CONSULTATIONS PER DOCTOR'S ATTENDANCE	ATTENDANCES BY DOCTOR.	SESSIONS.
Brackley .....	31	12	10	11
Brixworth .....	34	15	12	11
Burton Latimer .....	39	23	11	22
Byfield .....	28	28	11	11
Cold Ashby .....	23	14	11	11
Corby .....	35	16	47	50
Cottingham .....	13	18	6	9
Daventry .....	15	30	9	23
Desborough .....	31	25	11	22
Duston .....	19	18	22	22
Earls Barton .....	15	14	9	21
Finedon .....	11	11	20	22
Hackleton .....	32	22	11	11
Higham Ferrers .....	38	27	11	21
Irchester .....	24	14	12	22
Irthlingborough .....	28	19	12	22
King's Cliffe .....	12	11	10	11
Long Buckby .....	20	16	11	11
Moulton .....	39	14	11	11
Oundle .....	22	17	10	11
Potterspury .....	20	15	11	11
Raunds .....	29	19	11	11
Rothwell .....	34	31	10	23
Rushden .....	83	33	46	46
Towcester .....	18	16	11	11
Wellingborough .....	41	32	45	45
Wilbarston.....	10	8	10	10
Wollaston .....	21	11	12	22
Woodford .....	16	13	9	11



## (ix) NOTIFICATION OF BIRTHS.

The numbers of births notified in the area under Section 203 of the Public Health Act, 1936, were as follows :

Live births, 4261 ; Still births, 84 ; Total 4,345.

Notified by midwives .....	4,052
Notified by doctors and parents .....	293

(the above figures include births of non-residents in maternity homes, etc.)

## (x) INFANT WELFARE CENTRES.

At the end of the year there were 29 Infant Welfare Centres in the County. The Table on page 13 shows details of the activities carried out at each Infant Welfare Centre in the County.

The number of children under one year who attended Infant Welfare Centres for the first time was 1,235, representing 34.7 per cent. of the total registered live births.

The total number of attendances at all Infant Welfare Centres by children under one year of age was 10,214, and by children between the ages of one and five years, 7115 showing an increase of 473 attendances on the figures of the previous year.

## (xi) HEALTH VISITING.

At the end of the year the staff consisted of 22 Health Visitors and one Superintendent. One additional Health Visitor was loaned from an evacuation area.

## HEALTH VISITORS' VISITS.

1. Ante-Natal .....	123
2. Infants .....	28,108
3. Children 1-5 years .....	31,612
4. Infant Deaths .....	9
5. Infant Life Protection .....	347
6. Boarded Out (P.A.C.) .....	179
7. Tuberculosis cases .....	2,912
8. Mental Defectives .....	440
9. Special Visits .....	672
10. Social Visits .....	485
	64,887

In addition, the Health Visitors made 688 attendances at the Infant Welfare Centres and gave 26 lectures to the mothers.

A total of 3,453 first visits were made by Health Visitors to children under one year of age, representing 81.0 per cent. of the total notified live births. The first visits are shown as a percentage of total notified live births because it is more accurate than taking registered births, since Northamptonshire is a reception area.

## (xii) CHILD LIFE PROTECTION.

The Health Visitors continued visitation under the provisions of Sections 206 and 220 of the Public Health Act, 1936. Periodical reports have been received upon cases under their

supervision. At the end of 1943, 80 foster mothers and 99 children were on the register. During the year, 13 children were removed from the County, 15 were returned to the care of parents or relatives, 4 were legally adopted, 3 were transferred to the care of another foster mother in the County, and in 17 cases supervision was discontinued on the child reaching the age of nine years. 347 visits were paid by the Health Visitors. All reports are reviewed by the medical staff, and prompt measures are taken to investigate any case in which an adverse report is received.

(xiii) ORTHOPAEDICS.

The Clinics organised by the Manfield Orthopaedic Hospital continued their valuable work and cases were referred from time to time by the Medical Officers attending the Infant Welfare Centres. 20 children under five years of age were admitted as County Council patients to Manfield Hospital. 137 children suffering from orthopaedic defects were referred to the clinics for treatment.

(xiv) MENTAL DEFICIENCY.

The Health Visitors pay routine domiciliary visits to mental defectives who are living in good homes and whose conduct is satisfactory. Other defectives who require special supervision are visited by the Mental Welfare Officer.

(xv) UNMARRIED MOTHERS.

Nineteen unmarried mothers were admitted to special homes in 1943.

(xvi) PREVENTION OF DEAFNESS AND DEAF-MUTISM.

Eleven cases have been referred to hospitals for operation.

(xvii) DENTAL TREATMENT AND DEFECTIVE VISION.

347<sup>‡</sup> expectant and nursing mothers and 151 children under five years of age who required dental treatment, and 62 children under five who required examination for defective vision, were referred to the Staff of the School Medical Department. Assistance towards the cost of dentures was given to 48 mothers.

<sup>‡</sup> 152 of these did not attend for treatment.

(xviii) CONSULTANT OBSTETRIC FACILITIES.

The County Council has arrangements with Mr. R. Watson, F.R.C.S. (Ed.), F.R.C.O.G., (Consultant Obstetrician), and his services are available to medical practitioners in cases of abnormality of pregnancy and in puerperal cases. No cases were officially treated under the arrangements for the Emergency Unit.

(xix) CONTRACEPTION CLINIC.

Twenty-nine County cases were seen at the Northampton Women's Welfare Association Clinic.

(xx) HOME HELPS.

Three cases received assistance under this scheme.

## PROMOTION OF CLEANLINESS AND GOOD HABITS.

The shockingly low standards of personal hygiene and depraved habits of a few of the evacuees sent to reception areas in 1939 and 1940 attracted much public notice and a trenchant account was contained in a special survey published in 1943 under the title of 'Our Towns—A Close-Up.'

Compared with the country as a whole, Northamptonshire is certainly not remarkable for dirt and vermin. Routine inspections carried out in schools by Health Visitors show an incidence of about 4% of children infested with head nits or vermin. The Health Visitors are unanimous that, apart from accidental infestations of clean children and occasional lapses due to such causes as illness of the mother and temporary lack of attention, the children found unclean at the surveys are consistently the same children reported at previous inspections, and they are frequently members of the same family whose low standards of hygiene are generally well recognised throughout the village.

The Minister of Health referred to a Sub-committee of his Advisory Committee on the Welfare of Mothers and Young Children, the question of what action might be taken by Welfare Authorities within the scope of their present powers. Following the submission of reports from the Sub-Committee, the Minister issued a circular in July, 1943, to Welfare Authorities, which stated as follows :

1. The primary responsibility for the cleanliness of the children rests with the mothers and the problem is in fact, a home and family one. This being so, the education of the mothers, present and future, is felt to be of the first importance, and the Minister trusts that Health Visitors, Midwives and all those whose duty and privilege it is to help and advise expectant mothers, will lose no opportunity of impressing upon them the importance of cleanliness and freedom from vermin.
2. As regards children under five, the suggestion is offered that Health Visitors should include the examination of the children's heads as part of their work both in the homes and in the clinics.
3. In many areas economy of effort is secured by visitors concentrating on those homes recognised to be in most need of help, and the suggestion is made that this practice should be generally adopted. The Minister appreciates that an essential preliminary to good results is to establish such relations with the households that the help and co-operation of the mothers in this work will be readily secured, and also that to press for such an examination without first securing this co-operation may prejudice the whole object of the suggestion.
4. The increased attention now paid to hair dressing has not had the good effect that might have been expected, and, indeed, when the expense of a professional treatment means that intervals between visits to the hairdresser are long, the effect has been bad. The first and best line of defence must always be cleanliness and nothing can take the place of regular weekly washing and daily brushing and combing of the hair. The Health Visitor may be able to make clear to adolescent girls in the family (either directly or through the mothers) that this not only produces cleanliness but gives a better appearance to the hair than any elaborate hair dressing which makes regular brushing impracticable.
5. The use of Lethane Hair Oil (384—"Special") which is considered the best insecticide is recommended for severe cases of infestation.
6. On the more general question of cleanliness and good habits, the chief suggestions are that the Health Visitors should give more of their attention to the children between two and five and should concentrate largely, in their visiting on the homes which they know to be the

least satisfactory in these respects. In certain cases the most satisfactory results may be secured by paying occasional visits early or late or about teatime so that help may be given to the mothers in establishing the right hygienic routine in washing, in the care of the hair and teeth, the use of the lavatory, the taking of a proper morning meal, etc. As will be generally appreciated, the first necessity is to secure such relations with the mother that the visits will be acceptable.

7. In the final paragraph the request is made that the Medical Officer of Health should, in his next Annual Report, include a special reference to the steps taken in pursuance of the circular.

As a member of the Sub-Committee which advised the Minister on the subject, I took special efforts to endeavour to put the suggestions into practice. First of all, at a special meeting with the Health Visitors the terms of the circular, abstracts from which had been previously circulated, were examined and a frank discussion ensued. From the outset the Health Visitors, while they were clearly prepared to do everything possible, were definitely against early morning and late visiting. After the meeting I wrote to the Health Visitors in the following terms :

The difficulties of adopting the suggestion that in certain cases the most satisfactory results may be secured by paying occasional visits early or late about teatime so that help may be given to the mothers in establishing the right hygienic routine in washing, in the care of the hair and teeth, the use of the lavatory, the taking of a proper morning meal, etc., are thoroughly appreciated. As was stated at the staff meeting by one member, there are many families in which it is not advice but a home help service that is needed—these being families with relatively large numbers of young children, often in homes without adequate accommodation or facilities, or sometimes with a father who is neither thrifty nor helpful in the home. It is not to be wondered at that with repeated pregnancies and in the face of adverse circumstances, the mother is gradually forced as the result of years of mental and physical exhaustion to abandon her standards of domestic hygiene and to sink gradually to a lower level. The obvious fact is also not overlooked that many mothers are now working with the result that there is insufficient time to devote to the cleanliness and welfare of the children. Again, the problem of the family whose insanitary conditions can be explained by the low mentality of the mother, is specially difficult and almost insoluble.

In spite of the above difficulties, I stated that I was not satisfied that there were not some families where the welfare of the children could not be improved by friendly and tactful guidance of the mother. Further, such guidance in some instances could be given only after elucidating the faults in the 'hygienic routine' at an early morning visit, and naturally it was for the Health Visitor to establish such relations with the mother that an early visit would be appreciated. The Health Visitor by virtue of her training, I contended, was able to make suggestions for improvements without giving the mother the slightest impression of criticism and, in fact, without openly making suggestions to the mother. The fact that the father would in some instances still be at home at an early morning visit would admittedly make greater demands on the Health Visitor's tact and discretion.

The Health Visitors were asked to submit lists of problem families in their areas together with results of their enquiries as to whether early morning visits would be welcomed.

The result of my letter was a joint memorandum from the Health Visitors who had met and given further careful consideration to the subject. The memorandum included the following statement :

" It is felt that such visits would arouse resentment, and interfere with the good relations between mothers and Health Visitors ; firstly, because the family would be shamed in front of their neighbours, and worse still, the mother would be shamed in front of her children and husband.

Secondly the mother would not be in a receptive mood at these busy times of day, and would probably feel irritated at what she would look on as interference.

Thirdly the Health Visitor would feel very conscious of the fact that she has no right of entry into the homes, and might only visit at the mother's wish; also Health Visitors are not trained or experienced in working under the difficult conditions these mothers have to contend with, and would probably show their inexperience which would be disconcerting.

It was the view of the Meeting that the mothers under consideration, know quite as well as the Health Visitors that their children and homes should be clean, and most of them know how to do it, but do not do so for several reasons. The reasons for such uncleanliness put forward by the meeting are that in most cases these families are big, and the mothers are tired, and often suffer from gynaecological trouble; they are usually poor, and frequently live in poor houses, overcrowded, without proper equipment for normal cleanliness; in some cases the mothers of these families are slightly mentally defective and are incapable of reaching normal standards of hygiene. These mothers are visited in the normal way and are helped and advised by Health Visitors without being made to feel that they are having special attention, and there is a small measure of success from these visits, which it is felt would be lost by special visits at unusual times.

The Health Visitors agreed that there might be less problem families in the future if housing were improved, and if Mothercraft and Housewifery were taught to school girls on a much bigger scale."

The memorandum concluded with an assurance that the Health Visitors desired to do all in their power to improve the health and cleanliness of families in the County and were doing so to the best of their ability.

After having given the suggestions about early and late visiting serious thought, I am satisfied that due weight must be attached to the points submitted by the Health Visitors who after all are the persons best qualified to judge. Certainly there can be no question of instructing the Health Visitor to carry out visits of this nature against her own better judgment.

The number of problem families reported by the Health Visitors as the result of a special inquiry was 110 of which 47 were in Boroughs and Urban Districts, and 63 in Rural Districts. In all cases it was found that as expected an early or late visit would not be welcome.

As stated earlier the task of dealing with poor standards of personal and domestic hygiene resolves itself in my opinion into measures for the effective care and management of the so-called problem families. The solution of these families lies in better education, and improved housing and social services, but I fear that a hard core will always remain that will present an almost insoluble difficulty, namely, where the main cause arises from subnormal mental capacity of the mother.

Undoubtedly, while the Health Visitors by dint of their regular visits are doing much to prevent the problem families becoming worse, and what is more important are saving borderline families from sinking into this category, I think that families of the type in question can probably be more adequately assisted by Women Housing Managers trained under the Octavia Hill System. The type of families under review requires much closer supervision than the Health Visitor can usually afford and the Woman Housing Manager can at any rate, in respect of Council houses, be given right of entry.

The Ministry's circular has served a useful purpose despite the fact that some of the suggestions have not been found practicable. It resulted in focussing the attention of the Health Visitors on the subject and has produced a list, a veritable black list, of the 'problem' families known to them.

GOVERNMENT EVACUATION SCHEME  
ANTE-NATAL HOSTELS.

The number of beds and of patients admitted to the three Ante-Natal Hostels were as follows:

	<i>Norton Hall</i>	<i>Watford Court</i>	<i>East Haddon Manor</i>
No. of beds .....	40	20	22
No. of patients admitted.....	280	164	244

EMERGENCY MATERNITY HOMES.

The following is a summary of the work carried out at the maternity homes up to the end of December, 1943 :

	<i>Bragborough Emergency Maternity Home</i>	<i>East Haddon Emergency Maternity Home</i>	<i>St. John's Emergency Maternity Home</i>	<i>Total</i>
No. of beds .....	26	30	62	118
No. of patients admitted.....	365	350	952	1667
Live babies born—				
Male .....	183	173	460	816
Female .....	178	174	470	822
Total live babies born	361	347	930	1638
Stillbirths .....	6	7	18	31
Miscarriages .....	—	—	—	—
Maternal deaths .....	—	—	2	2
Infant deaths .....	1	1	13	15

RESIDENTIAL NURSERY PARTIES.

At the end of the year the following residential nursery parties for evacuee children under five years of age were supervised by medical members of the staff; the accommodation for children at each nursery is shown in brackets—

Fermyn Woods Hall .....	(38)	(W.V.S.)
Eydon Hall .....	(24)	(Somerstown Nursery School.) (L.C.C.)
Hill House, Wansford .....	(24)	(Waifs and Strays Society).
Flore House .....	(20)	(Waifs and Strays Society).
Duncote Hall .....	(40)	
St. Paul's Nursery, Thornby Hall	(22)	
Foxhills, West Haddon .....	(30)	(The Save the Children Fund).
Eastfields Nursery, Rushden .....	(36)	(London County Council).
Hothorpe Hall .....	(35)	(London County Council).

HOSTELS FOR DIFFICULT CHILDREN.

The seven hostels with a total accommodation of 140 children have been in continuous use for children who are considered, after investigation, to be unsuitable for billeting in an ordinary household.

Suitable types of maladjusted children are treated at a temporary Child Guidance Clinic.

The number of children admitted to the hostels was 120, compared with 213 in 1942.

## WAR-TIME NURSERIES.

Four War-time Nursery Centres were opened in the County in 1942. The sites selected for the erection of the Centres were as follows :

Pen Green Nursery Centre .....	Pen Green Lane, Corby.
Peverel Nursery Centre .....	Wharf Road, Higham Ferrers.
Highfield Nursery Centre .....	Tennyson Road, Rushden.
Mackintosh Nursery Centre .....	Croyland Road, Wellingborough.

The Nursery Centres are erected on land owned by the Education Committee and forming part of school grounds, except at Higham Ferrers where the land, which also adjoins the Council School, was loaned by the Borough Council.

The Centre at Corby is a wooden construction and the remaining Centres are built of pre-fabricated material. All Materials for the erection of the Centres, and the necessary equipment, were provided by the Ministry of Health, who were also responsible for the cost of erection of the buildings.

In addition to the equipment supplied by the Ministry, gifts of staff furniture and woollen blankets were received from the Women's Voluntary Services, educational equipment has been provided by the American Red Cross (through the Women's Voluntary Services), and toys have been supplied by the London Fire Services.

The Centres were opened on the following dates :

Corby .....	29th June, 1942.
Rushden.....	21st July, 1942.
Higham Ferrers .....	17th August, 1942.
Wellingborough .....	28th September, 1942.

40 places are provided at each of the Centres at Corby, Rushden and Wellingborough, and 20 places at Higham Ferrers. At Corby and Higham Ferrers the places quickly filled, but at Rushden and Wellingborough there did not appear to be the same demand. The Centres are, in each case, open from 7 a.m. to 7 p.m. Mondays to Fridays inclusive, and the charge to parents is 5/6 per week. The health of the children has generally showed improvement following admission to the Centres, and on the whole has been good.

At Corby, Wellingborough and Rushden respectively a State Registered Nurse was appointed as Matron, and at Higham Ferrers a Warden, who is a Certificated Nursery Nurse, is in charge. Considerable difficulty has been experienced in staffing the nurseries with adequate trained personnel, and thanks are due to those in charge for carrying on efficiently in spite of a serious shortage of staff on occasions.

In 1943, the demand for places increased at Rushden, where the total accommodation was taken up. At Wellingborough a greater number of applications was also received but all the vacancies were not filled.

All four Nurseries are making useful contributions to the war effort by providing accommodation in which mothers engaged in work of national importance can confidently entrust their children, knowing that they will be happy and well cared for, and that they will enjoy the busy activities of the nursery routine with fun and games, and its special attention to the teaching of hygiene, sense training and education in social habits.

#### 4. MENTAL DEFICIENCY.

The number of ascertained cases on the Register at the end of the year was 753.

In Certified Institutions :	Males	Females	Total
Stoke Park Colony .....	11	5	16
Royal Earlswood Institution .....	2	1	3
Bromham House Colony .....	32	44	76
St. Francis' School, Buntingford .....	3	—	3
Whittington Hall, Chesterfield .....	—	4	4
Brentry Colony .....	1	—	1
Kettering, London Road Hospital ...	7	8	15
Wellingborough, Park Hospital .....	7	7	14
State Institutions .....	6	8	14
<hr/>			
On Licence from Institutions .....	9	7	16
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Cases under Guardianship .....	3	2	5
On Licence from Guardianship .....	—	1	1
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Total ...	81	87	168
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No. of Cases under Statutory Supervision .....			119
No. of Cases under Voluntary Supervision .....			302
Cases otherwise "ascertained" .....			164
			—585
			<hr/>
			753
			<hr/>

Ascertainment Rate—2.77 per 1000.

#### Ascertainment.

Fifty-one new cases have been ascertained. Nine cases have been referred to the Committee for the Care of the Mentally Defective by the County Education Committee and four by the Kettering Education Committee. Thirty-eight have been ascertained through the Public Health and Public Assistance Services. The number of Orders made under the Mental Deficiency Acts during the year was nineteen. One case was transferred from London Road Hospital, Kettering to Whittington Hall, Chesterfield. Three cases have been transferred from Certified Institutions to County Mental Hospitals. Orders for detention relating to two defectives lapsed by "operation of law" during 1943.

#### Guardianship.

Four defectives are in the care of guardians supervised by the Brighton Guardianship Society. From the monthly reports received from the Society it would appear that these patients are happy and well cared for. One defective is under Guardianship in the County and receives regular visits from the Mental Welfare Officer and one of the Council's Assistant Medical Officers. One defective under Statutory Guardianship evacuated to this County from London, is also visited periodically by the Mental Welfare Officer and an Assistant Medical Officer.

#### Licence.

Seventeen patients are at present on Licence from Institutions. One female patient is on licence from Guardianship and supervised by the Brighton Guardianship Society. Eight other female patients are on licence in the County—five are in domestic service, one is working in a factory and one is receiving sanatorium treatment.



Of the eight male patients on licence two are working on farms, one in a factory, one at a dairy, one is a painter's labourer, two do odd jobs at home, and one is unable to do any work. All patients on licence in the County are visited regularly by the Mental Welfare Officer.

**Medical Examinations.**

Forty-three special medical examinations were carried out by Assistant Medical Officers.

**Domiciliary Supervision.**

Routine visits by the County Health Visitors have been made to the defectives under Statutory and Voluntary supervision in their homes. Visits and interviews to the number of 760 have been paid by the Mental Welfare Officer to the homes of defectives under supervision, guardianship or on licence, or where close supervision was considered desirable and special advice or assistance needed.

**General.**

The Mental Welfare Officer has acted as escort in the conveyance of eight of the patients certified under the Mental Deficiency Acts,—Information for Petitions and all other documents has been collected and prepared by the Mental Welfare Officer who has also acted as escort to patients going on licence from institutions and others returning to institutions from licence.

Fifty-one Special Reports on home circumstances for the information of the Board of Control or Visitors to Institutions or other Authorities, have been supplied by the Mental Welfare Officer.

## SECTION C.

## Sanitary Circumstances of the Area.

## 1. WATER SUPPLY.

The Northampton Corporation Act, 1943, which received the Royal Assent on 6th August, 1943, makes provision for the construction of a reservoir, capable of storing some 2,800 million gallons, in the Brixworth Rural District. The Act provides that any of the Local Authorities in the County will, subject to certain conditions be entitled to serve on the Corporation, notice in writing requiring the Corporation to reserve for their use a specified quantity of Water. The intimation must be sent within three months of the publication of the Notice that the Corporation intend to commence construction.

Under the Northampton Corporation Waterworks Act, 1844, and subsequent local Acts, the statutory area of supply includes a number of parishes in the rural districts of Brixworth, Daventry, Towcester, and Wellingborough. Under the provisions of the Act of 1943, the Corporation are not permitted to exercise the powers conferred on them by Section 117, of the Public Health Act, 1936, in any parish in the statutory area of supply in which the Corporation are not supplying water at the time of the passing of the Act. When the Minister of Health has approved a water scheme in any parish or parishes within the limits of supply, and the rural council have notified the Corporation to that effect, the powers of the Corporation shall cease to apply unless otherwise agreed. This provision does not apply in the parishes of Boughton, Chapel Brampton, Church Brampton and Overstone, in the rural district of Brixworth; in the parishes of Billing, Duston, Great Houghton, Hardingstone, Little Houghton, Upton, Weston Favell and Wootton in the Rural District of Northampton, and also in the parish of Sywell in the Rural District of Wellingborough.

Provision is also made in the Act whereby the Corporation shall maintain draw-off taps at the proposed works, from which taps the Medical Officer of Health for the County Council shall be entitled to take samples of water for examination.

Following the negotiations which took place between the Corporation and an *ad hoc* Committee of the County Council, a general survey of the water resources within the administrative County was made by Mr. Harold J. F. Gourley, and a printed report was submitted to the Public Health, Housing, Maternity and Child Welfare Committee on 1st December, 1943.

The County Council agreed to grant assistance under Section 307 (1) of the Public Health Act, 1936, towards the cost of the following scheme :

<i>Towcester Rural District :</i>	<i>Estimated cost of scheme.</i>
Parishes of Silverstone and Whittlebury	£10,540. 0. 0
	(revised cost in lieu of £8,675. 0. 0 previously approved.)

## 2. DRAINAGE AND SEWERAGE.

No applications for grants were received.

## SECTION D.

## Housing.

Much attention has been paid to the question of Rural Housing in the Rural Districts in relation to Section 88 of the Housing Act, 1936, and a special report was presented to the Council in December following its consideration by the Public Health Committee.

The Report dealt with the question of the number of unfit houses and contrasted this with the pre-war progress and the post-war programme of the Rural Districts so far as the first year programme is concerned.

The following is an extract of the most important topics, whilst a copy of the statistical details associated with this Report is given in Table No. III. page 45.

**POST-WAR RURAL HOUSING PROBLEMS IN NORTHAMPTONSHIRE.**

“ ESTIMATE OF NUMBER OF UNFIT HOUSES.

In the absence of a complete and up-to-date housing survey, the ascertainment of the magnitude of the post-war rural housing problem can only be surmised at the present juncture, but the assumption may reasonably be made that some 20-25% of houses suitable for occupation by the working classes will fall to be dealt with under the Housing Act. The Government will possibly at an early date issue definite instructions to Housing Authorities for a complete re-survey to be carried out. As will be noted from Table No. III., page 45, there were 32,094 houses in the Rural Districts, according to the 1931 Census. My predecessor, Dr. J. M. Mackintosh, in his Rural Housing Survey, 1935-6, came to the conclusion that 5,183 houses required to be condemned or radically reconstructed. Prior to this survey, the District Councils had given a return showing that 406 had been closed or condemned. Attention is drawn to the number of houses estimated by the District Councils to be unfit (See Column 11 of Table). This number is 2,285 as compared with 5,183 in 1935-6. (See Column 5). The obvious comment on this wide discrepancy is a difference in standards of unfitness. The Annual Reports of the County Medical Officer of Health since the 1935-6 Survey show 843 houses to have been closed or demolished which, on the basis of Dr. Mackintosh's report leaves 4,340 unfit houses to be dealt with, but to this figure, there must, of course, be added a large number of houses that have deteriorated to the uninhabitable category during the eight years since the survey was made. Regrettable as at first sight it may appear, the fact will have to be faced that while it is our constant aim to secure the demolition or reconstruction of any unfit house as soon as possible, the housing shortage at present acute will be even greater at the end of the war, and the continued occupation of unfit houses will require in some cases at least to be tolerated until sufficient new accommodation both to provide for general needs and to replace condemned houses has been provided.

PRE-WAR HOUSING PROGRESS.

From Column 6 it will be seen that 1,664 houses were erected for general needs, and 1,945 to replace unfit property. The total number of new houses constructed by the Rural District Councils amounts to 3,657. The number of houses erected to replace unfit houses will be seen from Column 7 to show a considerable variation as between one Rural District Council and another. Towcester Rural District Council leads the way with 472 houses followed by Northampton Rural District Council with 398. At the other end of the scale, it will be observed that Kettering Rural District Council erected only 37 houses to replace unfit property and Wellingborough Rural District Council only 75 houses. The returns in Column 9 give a reasonable indication of the efficiency with which Rural District Councils have carried out their duties under the Housing Acts, and it is significant to notice Northampton Rural District Council

heads the list with 744 houses, followed by Towcester with 647 houses, while Kettering Rural District Council and Wellingborough Rural District Council provide only 273 and 289 houses respectively.

#### POST-WAR HOUSING PROGRAMME.

As the Minister of Health has already declared, it is the Government's policy to build four million houses in the post-war era at twice the rate of those built after the last war, and it should be practical for a Local Authority to formulate a complete housing programme spread over the decade following peace. From Column 15 of the Table, it will be noted that the first year's housing programme of all the Rural District Councils amounts to 582 houses; if this is regarded as meeting one tenth of the housing needs, there appears reasonable grounds for assuming that some 5,000 houses will be required during the ten years following peace. A bold and progressive policy is called for, and if the Authorities carry out their housing schemes with the proper objective, there should not be a Council which cannot solve its major housing problem within a decade. Thus, Authorities who have in their possession suitable sites, and have a 'cut and dried' housing scheme will undoubtedly receive early approval from the appropriate Ministry to commence housing operations as soon as conditions permit.

#### UTILISATION OF AGRICULTURAL LAND FOR HOUSING.

Local Authorities have been instructed by the Ministry of Health that all sites selected for post-war housing must in the first instance be referred to the War Agricultural Executive Committee, who in turn would confer with the Rural Land Utilisation Officer, of the Ministry of Agriculture and Fisheries, so that the Local Authority might be informed of any objections or observations which may be made from the agricultural view-point. There is no doubt that a case for agriculture could be made out for most of the land adjoining the villages. Bearing in mind, however, that the Scott Report recommended *inter alia* 'The improvement of rural housing is an essential pre-requisite of a contented country-side,' it is clear that while the use of land is of paramount importance for agriculture, the housing of the agricultural population must take equal place, as each is dependent on the other. A compromise between the conflicting claims of agriculture and housing must be reached, and this can be accomplished only by the close co-operation of the departments concerned.

#### FINANCE.

The Minister of Health stated at a conference held in October, 1943, that housing subsidies will be reviewed in October, 1944, and the question of Public Works Loan Board loans carrying high rates of interest will also be considered at the appropriate time. As radical reduction in building costs cannot be anticipated in the immediate post-war era, there are reasonable grounds for supporting the claim that existing grants should be increased, not only from the Exchequer but also by the County Council. At the moment, the Council are authorised to make an annual payment of £1 per house for 40 years in respect of each new house provided by a Rural District Council, to replace displaced tenants or to relieve overcrowding among the agricultural population.

#### RECOMMENDATION TO APPOINT COUNTY SANITARY INSPECTOR.

In view of the extensive and continuous activity that will be devoted to Rural Housing after the war, I beg to make reference to the obligation under the Housing Act, 1936, Section 88, that the County Council is required to have constant regard to the housing needs in Rural Districts. To assist the County Council in carrying out their duties there is a very strong case for the appointment of a special officer to advise officers of the Rural District Councils and standardise the dividing line between fit and unfit houses. The appointment of a County Sanitary Inspector is one which I recommend as it would enable me to advise the Committee more effectively on the many problems that will arise in connection with the post-war housing programme."

## SECTION E.

## Inspection and Supervision of Food.

## 1. MILK SUPPLY.

## MILK (SPECIAL DESIGNATIONS) ORDERS, 1936 and 1938.

The County Council granted 23 Tuberculin Tested licences and 14 Accredited licences; in the same period, one Tuberculin Tested and 29 Accredited milk producers relinquished their licences or removed. At the end of the year there were 57 Tuberculin Tested and 307 Accredited licences in force in the County, an increase over the previous year in the case of Tuberculin Tested licences due to the encouragement by the Ministry of Agriculture and Fisheries of more Tuberculin Tested herds throughout the country by giving an increased milk bonus. The decrease in Accredited licences was due mainly to the re-issuing of Tuberculin Tested licences. Two licences to bottle Tuberculin Tested milk were granted and one to bottle Tuberculin Tested milk was cancelled so at the end of the year there were 13 producers licensed to bottle Tuberculin Tested milk. The 12 Accredited bottling licences remained in force.

Of the 57 Tuberculin Tested herds in the County, 27 were, at the end of the year, entered in the Register of Attested Herds of the Ministry of Agriculture and Fisheries.

There were 4,142 samples of Tuberculin Tested and Accredited milk collected and examined during the year, an increase of 3.5% over the previous year, of which 3,114 (or 75%) were satisfactory; in calculating this percentage, all unsatisfactory samples are taken into account, including repeat samples from farms at which the methods of production are not up to standard. Of these 4,142 samples of milk, 2,298 (or 55%) were taken at depots, and 1,844 (or 45%) from farms at milking times.

It was necessary to submit to the Special Quorum appointed by the Public Health, etc., Committee, reports concerning 5 Accredited milk producers whose methods of milk production were so unsatisfactory that their licences could not be recommended at the beginning of 1943. Only one of these producers made an application, and after refusal, appealed to the Minister of Health. The appeal, however, was unsuccessful and the licence not renewed. Later in the year, two more reports of Accredited producers with unsatisfactory methods were submitted to the Special Quorum. One licence was suspended without qualification, the other was suspended until the end of the year, provided the licensee could submit three satisfactory milk samples. The licence was re-granted.

## NON-DESIGNATED MILK SUPPLIES.

Under the Milk and Dairies Order, 1926, 1,333 samples were taken by the District Sanitary Inspectors for bacterial examination by the Methylene Blue and Coliform Tests at the County Laboratory; these gave the following results:

Good keeping quality .....	800 (60%)
Moderate keeping quality .....	258 (19%)
Bad keeping quality .....	275 (21%)

## MILK AND DAIRIES ACTS AND ORDERS.

The following table gives a list of inspections carried out by the Veterinary Inspectors of the Ministry of Agriculture and Fisheries, and shows the number of cows destroyed on account of tuberculous infection:

## INSPECTION OF DAIRY COWS

(a) Clinical Inspection :	No. of Herd Inspections.	No. of cattle examined.	No. of cattle dealt with under the Tuberculosis Order.
" Tuberculin Tested " and " Certified "			
Herds .....	81	5827	—
Accredited or Standard Herds .....	1116	24197	22
Non-designated Herds .....	1988	28296	46

(b) Tuberculin Testing of " Tuberculin Tested " and " Certified " Herds :  
(other than Attested Herds)

No. of cattle tested .....	5166
No. of Reactors found .....	71

## (c) Tracing sources of tuberculous milk :

No. of investigations outstanding from previous quarters .....	—
No. of initial reports from Medical Officers of Health.....	4
No. of herds involved .....	4
No. of cases of tuberculosis of the udder found .....	2
No. of investigations not yet completed...	2

## TUBERCULOSIS (ATTESTED HERDS) SCHEMES.

No. of Attested Herds .....	27
No. of Supervised Herds .....	1

**2. MEAT AND OTHER FOODS.**

No action was taken under the Public Health (Condensed Milk) Regulations, 1923-1927, the Public Health (Preservatives in Food) Regulations, 1925-1927 or the Public Health (Dried Milk) Regulations.

**3. ADULTERATION, etc.**

## FOOD AND DRUGS ACT, 1938.

The County Public Analyst (Dr. E. Voelcker) has reported as follows :

During the year ended December 31st, 1943, 560 samples have been submitted under the above Act, and of this number 39, or approximately 7 per cent, were returned as being either adulterated or under standard.

The list of samples is as follows :		Brought forward	540
Milk .....	459	Lemon emulsified flavour ...	1
Butter .....	19	Salad dressing mix .....	1
Margarine .....	10	Vironita .....	1
Lard .....	17	Omelet mixture .....	1
Jam .....	3	Sweetened chocolate spread	1
Sponge pudding mixture	1	Parsley and Lemon (with	
Non-alcoholic wines .....	5	Thyme) forcemeat .....	1
Cake mixture.....	5	Gelatine .....	9
Redoxon .....	1	Blended Vinegar .....	1
Ginger .....	1	Bun flour .....	1
Malt extract tablets .....	2	Lemon curd .....	1
Sweetened malted chocolate		Concentrated Lime fruit	
food .....	2	flavour cordial .....	1
Sultana chutney .....	1	Glycerin, Honey and Lemon	
Sausages and Sausage meat	13	Cough cure .....	1
Maple flavoured mould .....	1		
			560
	540		

MILKS. 459 samples in all have been submitted during the year and of this number 8 were taken as "appeal to cow". Of the 451 samples taken in ordinary course 33, or 7.3 per cent., were either adulterated or came below the standards of the Sale of Milk Regulations, 1939. The figure for adulteration shows a slight improvement on that for 1942 which was 36, or a percentage figure of 8.4.

Adulterated milks or those below standard were as follows :

Quarter	Added Water	Deficiency in Fat	Deficiency in S.N.F. but not due to added water.	Total number of Milks Unsatisfactory.
March	1	4	—	5
June	—	2	—	2
September	1	7	16	24
December	2	—	—	2
<i>Total</i>	4	13	16	33

Apart from the unsatisfactory milks, there were only six samples about which objection was taken. These were as follows : Gelatin, Concentrated Lime Fruit Flavour Cordial, Pork Sausages and three non-alcoholic wines.

The sample of Gelatin contained 4 parts per million of arsenic, an amount which is nearly three times the maximum recommended by the Royal Commission on Arsenical Poisoning set up in 1903. Manufacturers of edible gelatin are in somewhat of a difficulty in preparing good arsenic-free gelatin. In pre-war times large amounts of osseine, the glue forming ingredients of bones, was imported mainly from France and it was from this that edible gelatin was prepared. Since this source became unavailable manufacturers have had to prepare their gelatin from the clippings of imported hides and skins. These hides are impregnated with arsenic in order to preserve them from the ravages of the hide beetle during transit. Manufacturers, however, are fully aware that these hides have been so treated and in my opinion it is all the more reason why additional care should be paid to see that what the public buys and consumes does not contain an excessive amount of arsenic. The amount of arsenic ingested by the consumption of a jelly made from an arsenical contaminated gelatin would not do much harm provided the contamination was not gross, but it must be realised that arsenic is a cumulative poison and there are many other sources of arsenic which all contribute to the daily intake, and this is why manu-

facturers should use the utmost care to keep all their products well within the recognised limit of 1.4 parts per million, especially when they are aware that the original raw material has a high arsenic content.

The sample of Pork Sausages contained sulphur dioxide preservative which had not been declared. Up to 450 parts per million of this preservative may be used for preserving sausages or sausage meat but its presence must be declared. The sausages themselves were satisfactory.

The three samples of Non-Alcoholic Wines were described as Raspberry Fruit Wine, Black-currant Flavour Fruit Wine and Non-alcoholic Ginger Wine, and on examination these concoctions were found to consist mainly of water, suitably flavoured and coloured, but containing only a very small amount of sugar. The respective amounts of sugar were 2.38, 5.35 and 0.87 per cent. Non-alcoholic wines are distinguished from alcoholic wines by their having not been fermented and by the presence of considerable amounts of sugar. The sugar is added not for the production of alcohol as in the case of alcoholic beverages, but to form the body of the beverage and is usually present to the extent of about 20 per cent. It will be seen that these three samples were very poor articles and it is satisfactory to note that with the coming into force of the Soft Drinks Order, 1943, such beverages as these may no longer be produced. The Soft Drinks Order, 1943, defines concentrated and unconcentrated drinks and also lays down standards to which the drinks must adhere. This Order has without doubt put an end to the manufacture of beverages which were not more than coloured and flavoured water, sweetened not by sugar but by saccharin. The water content in some samples examined by me exceeded 99 per cent. and it is gratifying to realise that these beverages, sold at the same price as those containing fruit juice and sweetened with sugar, can no longer be obtained.

The sample described as Concentrated Lime Fruit Flavour Cordial was not a cordial at all but a concentrated solution of citric acid flavoured with lime oil and coloured yellow with tartrazine. It was not sweetened. Considering the Soft Drinks Order came into force on 27th June, 1943, it is a little difficult to understand how such a liquid was allowed to be delivered and subsequently sold by the retailer under this description in the latter part of the year.

From the 1st January, 1944, Section 6 of the Food and Drugs Act, 1938, was suspended during the continuance of these Regulations in so far as the sale of food is concerned. It remains in force, however, for drugs. The section applies to the giving of false or misleading labels and to the publication of false and misleading advertisements in connection with the sale of food, and its place has now been taken by the Defence (Sale of Food) Regulations, 1943, made by the Minister of Food. The Regulations are wider in scope than the original section 6, for they cover the display of false labels on food *exposed* for sale and are not restricted to the giving of labels on food actually sold. They further cover the inclusion of misleading statements as to the nutritional or dietary value of any food or to its vitamin content. In this connection an accurate statement of the composition of the food will be of no avail to a defendant if the label contains a false or misleading description.

(Signed) ERIC VOELCKER.  
Public Analyst for Northamptonshire.

The Chief Inspector of Food and Drugs (Mr. A. E. Waller) reports :

Proceedings were instituted during the year with the following results :

MILK.	Fine			Costs		
	£	s.	d.	£	s.	d.
23.0 per cent. added water .....	2	0	0	1	1	0
15.0 per cent. added water .....	5	0	0	1	16	6
12.2 per cent. added water .....	3	3	0	1	1	0
Wilful obstruction of Inspector .....	11	19	3	8	0	9
Total	£22	2	3	£11	19	3



In the proceedings shewn above in respect of wilful obstruction it was proved that the milk actually sold from the vessel from which the Inspector was precluded from obtaining a sample contained 44 per cent. of added water. The vendor had previously been convicted for selling adulterated milk.

A comparative table is given shewing the number of samples taken, the number reported against and the results of prosecutions for the last four years.

<i>Year.</i>	<i>Samples submitted for analysis.</i>	<i>Samples reported against</i>		<i>Amount of fines and costs in prosecutions.</i>
		<i>Number.</i>	<i>Percentage.</i>	
1940	561	65	11.6	£107 9 6
1941	565	81	14.3	£296 16 3
1942	577	42	7.3	£98 8 0
1943	560	39	7.0	£34 1 6

#### MILK IN SCHOOLS.

The results of the informal testing of 97 samples of milk supplied to schools within the County were again very satisfactory. In very few cases was it necessary to have formal samples under the Food and Drugs Act taken. A formal sample was taken in one case of suspected added water and a 15% addition of water was disclosed. Formal samples were taken from another school where complaints were made of a powdery deposit which suggested possible reconstitution of milk powder. The milk, however, was found to be genuine. The average fat and solids-not-fat figures for school milk have also been very satisfactory, being 3.55 per cent. and 9.07 per cent. respectively.

#### TUBERCULOUS MILK—VETERINARY INVESTIGATION.

One case was reported by the Medical Officer of Health for the County Borough of Northampton, and related to a sample of untreated milk taken in the Borough from a supply produced in Brixworth Rural District. A veterinary inspection showed that one cow in the milch herd was suffering from clinical tuberculosis. The cow was sent and sold at the market for the purposes of slaughter.

## SECTION F.

## Prevalence of, and Control over, Infectious and other Diseases.

## 1. ISOLATION HOSPITAL ACCOMMODATION.

Under the Scheme for the provision of adequate hospital accommodation, the County is divided into three areas, viz., Western, Kettering and Eastern. The Joint Hospitals are situated at Staverton, Kettering and Wellingborough respectively and are in each instance administered by Joint Hospital Boards.

## 2. INFECTIOUS DISEASES AND VACCINATION.

**Smallpox.** No case was notified.

**Vaccination.** The statistics of vaccination for 1942 (the latest year available) show an increase in the number of successful vaccinations in the Administrative County, the percentage of successful vaccinations to registered births being 23.0 as compared with 18.1 for the year 1941. The highest percentages of vaccinations were in the Guardians Areas of Brixworth (28.8) and Daventry (26.2) and the lowest in the Guardians Area of Wellingborough (11.7).

**Scarlet Fever.** 458 cases were notified as against 489 in 1942. There were 274 cases notified in the Urban as compared with 184 in the Rural Districts. With the exception of Brackley Borough, cases were notified in each of the Urban Districts. There were 24 cases notified in Raunds whilst there were 21 cases in the Borough of Higham Ferrers and 115 cases in the Borough of Kettering. In the Rural Areas no district escaped. The maximum number of cases took place in Brixworth where 34 cases were notified but in no other instances was the number less than 12. The infection was generally of a mild type but one female succumbed to the infection in Brixworth Rural District.

**Diphtheria.** Of 61 cases of diphtheria notified, 39 occurred in the Urban Districts. The maximum number of cases which occurred in any district took place in Wellingborough Urban District where an outbreak accounted for 16 of the 29 in the district. The remaining ten cases were notified in Kettering Borough (6), Higham Ferrers Borough (1), Desborough Urban District (1), Rothwell Urban District (1), and Corby Urban District (1). In the case of the Rural Districts a total of 22 cases were notified and with the exception of Daventry and Oundle and Thrapston Rural Districts, no district escaped having less than 2 cases.

## WELLINGBOROUGH URBAN DISTRICT.

During the first six months of the year an outbreak of diphtheria of severe clinical type due to *C. Diphtheriae Gravis* took place amongst school-children in Finedon. From a total of 16 cases, 13 had not been protected against diphtheria by immunisation and in those cases the clinical type of infection was judged to be either of severe or moderate character. Three children who had been immunised were notified as diphtheria and the clinical type of the disease was regarded as severe (1), moderate (1), whilst the third case was notified on the basis of bacteriological examination only. No deaths were assigned to diphtheria amongst the immunised but one male, aged 6 years, who died, had not been immunised. The scholars in the two Junior Schools which were involved in the outbreak were not all protected against diphtheria. 416 swabs were taken from 214 children and it was found that 12 children were harbouring the causal organism, in either their nose or throat. These children were excluded from school for a period of some seven to ten days and during this interval children who had not been immunised previously were given 0.2 c.c. of Alum Precipitated Toxoid together with

4,000 units of Anti-Diphtheritic Serum. This combined active and passive immunisation resulted in the total population at risk being protected against infection by diphtheria. This procedure brought the outbreak to a close within ten days of the commencement of the investigation which was undertaken at the request of the Medical Officer of Health of Wellingborough.

**Enteric Fever.** One case of typhoid was notified in each of three districts. One male between the age of five and fifteen died in Kettering Rural District.

**Erysipelas.** 61 cases were notified as against 58 cases in the year 1942. 14 cases occurred in Wellingborough Urban District and 9 in Kettering Borough.

**Measles.** 3,428 cases were notified as against 306 cases in 1942. One female under one year died in Towcester Rural District and no district escaped infection during the year.

**Whooping Cough.** 471 cases were notified as against 389 cases in 1942. Daventry Borough, Desborough and Oundle Urban Districts were the only areas where cases were not notified. There were 4 deaths (2 males and 2 females) as against 3 in 1942.

**Diarrhoea (under two years of age).** There were 3 deaths assigned to this cause as compared with 4 in 1942.

**Puerperal Pyrexia : Ophthalmia Neonatorum.** These diseases are dealt with under "Maternity and Child Welfare" in Section B. of this report.

**Influenza.** In common with the country, this disease became prevalent throughout the County in early December, and continued to the end of the year. The disease was widespread and appeared to have a predilection for persons in the third and fourth decades, as contrasted with the 1918-1919 pandemic when the maximum morbidity fell in the lower age groups. Whilst the complete extent of this disease can be only surmised since the primary infection is not notifiable, from seriological investigation which Dr. L. Hoyle of the Emergency Public Health Laboratory had been carrying out in the pre-epidemic phase and also at the epidemic and post-epidemic periods, it appears likely that no less than 27% of the population were infected in some degree. This estimate of morbidity coincides with that ascertained by the British Institute of Public Opinion. Dr. Hoyle further concluded that the infection was due to Influenza Virus A. 96 deaths were ascribed to influenza during the year and it is noteworthy that no less than 72 persons were 65 years of age or over.

**Pneumonia (Acute Primary and Acute Influenzal).** A total of 233 cases were notified as against 185 in the year 1942. The large increase in the number of cases notified was undoubtedly due to the prevalence of influenza throughout the County in December. The Borough of Daventry and Urban Districts of Desborough and Rothwell were the only districts without infection. The deaths from *all forms* of Pneumonia amounted to 124 as against 114 in the year 1942.

**School Closures.** No action was considered necessary under Article 57 of the Elementary Education Provisional Code, 1922.

**Home Nursing of Infectious Cases.** In addition to cases of Puerperal Pyrexia, Ophthalmia Neonatorum, Tuberculosis, and Government Evacuation Scheme cases, the following cases were nursed in their homes: 'Influenza' 395, Pneumonia, 138, Measles, 12, Whooping Cough, 25, Infantile Diarrhoea, 39, Chicken Pox, 26.

### 3. CANCER.

The facilities for treatment in the County were fully described in the Annual Report for the year, 1936.

The total deaths in the Administrative County from cancer amounted to 435 (214 males and 221 females) as compared with 414 in the year 1942. The Urban Districts had 210 deaths, and the Rural Districts, 225. The death rate for the County during 1943 was 1.8 per 1,000 of the population, as against 1.69 for the year, 1942.

#### 4. DIPHTHERIA IMMUNISATION.

##### IMMUNISATION STATISTICS FOR POPULATION UNDER 15 YEARS.

	<i>Under Five</i>	<i>Five to Fifteen</i>
No. immunised during 1943 .....	4,266	3,167
Estimated percentage immunised .....	56%	83%
Notified cases of Diphtheria—		
amongst (1) Immunised .....	—	10
(2) Non-immunised .....	7	22
Deaths assigned to Diphtheria—		
amongst (1) Immunised .....	—	—
(2) Non-immunised .....	1	3

It will be noted from the above table that amongst the ten children who were immunised there were no deaths whereas of the 29 not immunised there were 4 deaths. The equivalent of 137.9 per 1,000 cases. Except in Kettering Borough, almost all the immunisations were carried out at schools and Welfare Centres by the County medical staff.

#### 5. TUBERCULOSIS.

The following figures compiled from the Returns of the District Medical Officers of Health show the position of the County as regards existing cases of Tuberculosis at the end of the year 1943.

<i>Pulmonary.</i>			<i>Non-Pulmonary.</i>			<i>Total Cases.</i>
<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	
647	545	1,192	252	222	474	1,666

Particulars of new cases of Tuberculosis and of all deaths from the disease in the area are shown below :

AGE PERIODS.	NEW CASES.				DEATHS.			
	PULMONARY.		NON-PULMONARY.		PULMONARY.		NON-PULMONARY.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— ... ..	—	—	—	—	—	—	—	1
1— ... ..	—	—	5	4	—	—	1	1
5— ... ..	1	1	6	6	1	—	—	3
10— ... ..	2	3	3	4				
15— ... ..	14	21	2	3				
20— ... ..	9	32	1	4	31	39	3	6
25— ... ..	34	29	3	7				
35— ... ..	24	12	1	3				
45— ... ..	12	3	2	4	18	10	2	—
55— ... ..	16	3	1	1				
65— ... ..	3	2	1	—				
TOTALS ...	115	106	25	36	52	49	6	11

Twenty-seven new cases were not notified in this Administrative County and these were transfers from other areas.

The total primary notifications of Tuberculosis among civilians amounted to 255—156 in the Urban Districts and 99 in the Rural Districts. Of this number, 196 were suffering from respiratory forms of the disease and 59 from other forms of Tuberculosis. There were 34 more primary notifications during 1943 than for the year 1942. Table III in the Statistical Section shows the number of cases notified in each District.

There was no evidence of excessive incidence of tuberculosis in any particular occupation in the County. Persons engaged in the Boot and Shoe industry, however, accounted for 16 per cent. of the notifications.

**MORTALITY.** Respiratory—101 deaths (52 males and 49 females) occurred, 65 of which were in the Urban Districts and 36 in the Rural Districts.

Other Forms—17 deaths occurred from other forms of the disease (6 males and 11 females) 12 in the Urban Districts and 5 in the Rural Districts.

There were thus 118 deaths from all forms of tuberculosis as compared with 120 in 1942. The mortality rate was 0.50 per 1,000 of the population as against 0.49 in the previous year. The rate for the Combined Urban Districts was 0.63 and for the Combined Rural Districts, 0.36.

#### TREATMENT OF TUBERCULOSIS.

Return relating to the work of the Dispensaries during the year ending 31st December, 1943.

DIAGNOSIS.	Pulmonary				Non-Pulmonary				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. (1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the year ... ..	423	307	24	22	54	54	67	60	477	361	91	82	1,011
(2) Transfers from other Authorities during the year ... ..	10	14	—	—	1	1	—	—	11	15	—	—	26
(3) Lost sight of cases returned during the year ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B. Number of New Cases diagnosed as tuberculous during the year ...													
(1) Class T.B. minus ... ..	38	39	3	3	—	—	—	—	102	101	19	14	236
(2) Class T.B. plus ... ..	55	45	1	—	—	—	—						
(3) Non-pulmonary ... ..	—	—	—	—	9	17	15	11					
C. Number of cases included in A. and B. written off the Dispensary Register during the year :													
(1) Recovered ... ..	21	18	4	1	2	5	13	15	23	23	17	16	79
(2) Dead (all causes) ... ..	48	42	1	1	1	2	—	—	49	44	1	1	95
(3) Removed to other Areas ... ..	13	11	1	1	—	—	2	1	13	11	3	2	29
(4) For other reasons ... ..	2	6	—	—	—	1	1	—	2	7	1	—	10
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year ...	442	328	22	22	61	64	66	55	503	392	88	77	1,060

**Dispensary Work.** The situation, days and hours of opening of the four County Tuberculosis Dispensaries are as stated in the Report for 1941.

The number of attendances at Dispensaries was 5,464. This number includes 2,131 attendances made by patients who came for treatment by Ultra Violet Radiation. 1,358 new patients, exclusive of contacts, were examined in connection with the Dispensaries for the first time in 1943. Of these, 232 were diagnosed as suffering from tuberculosis before the end of the year; five were considered to be doubtfully tuberculous and remained under observation, and 1,121 were considered to be non-tuberculous. 224 contacts were examined in addition to the 1,358 new patients. Of these, four were regarded as suffering from tuberculosis and 220 were considered to be non-tuberculous.

The number of visits made by the Tuberculosis Officer to patients in their own homes was 217. The total number of consultations, personal and otherwise, between Tuberculosis Officer and medical practitioners was 1,317. Of the 236 new patients (inclusive of the four contacts found to be tuberculous) who were diagnosed as suffering from tuberculosis, 79 per cent. were notified after they had been examined by the Tuberculosis Officer, and only 21 per cent. previous to examination by the Tuberculosis Officer. All these patients, with the exception of the four who were examined as contacts, were seen by the Tuberculosis Officer at the request of their own medical attendant.

The total number of visits paid by the Health Visitors to the homes of tuberculous patients was 2912.

Of the 1,582 persons, including contacts, who were examined for the first time in 1943, 184 were found to be suffering from pulmonary tuberculosis, and 52 from non-pulmonary tuberculosis. The former were placed in the following categories :

Sputum Negative for Tubercle Bacilli .....	83 or 45.11 per cent.
Sputum Positive for Tubercle Bacilli, Group 1 .....	4 or 2.17 per cent.
Sputum Positive for Tubercle Bacilli, Group 2 .....	55 or 29.89 per cent.
Sputum Positive for Tubercle Bacilli, Group 3 .....	42 or 22.83 per cent.

The 52 non-pulmonary cases were classified as follows :

Bones and Joints .....	23 or 44.23 per cent.
Abdominal .....	3 or 5.77 per cent.
Other Organs .....	7 or 13.46 per cent.
Peripheral Glands .....	19 or 36.54 per cent.

44 pulmonary and 35 non-pulmonary cases were transferred from the arrested to the cured class and written off the Register as "Recovered".

**X-rays.** X-ray work continued during the year at the Kettering, Wellingborough, Northampton and Rushden House Sanatorium Health Clinics.

3,184 examinations were made by X-ray screen and film, which was 689 more than the previous year. These facilities added greatly to the accuracy and speed of diagnosis.

**Pathological Specimens.** The following pathological specimens were examined by the Tuberculosis Officer :

Sputum : Negative .....	627
Positive .....	104
	<hr/>
	731
	<hr/>

**Shelters.** The number of open-air shelters occupied by tuberculous patients was 19.

**Treatment.** In addition to routine Sanatorium and Domiciliary treatment, Tuberculin, in the form of Koch's Tubercle Bacilli Emulsion, was supplied to three patients with renal tuberculosis. As regards special treatment, 816 pneumothorax refills were given at the Dispensaries, and the conditions treated by Ultra Violet Radiation (Alpine Sun Lamp and Kromayer Lamp) were as follows: Psoriasis, Impetigo, Eczema, Cervical Adenitis, Delicate children, Bronchitis and Bronchiectasis, Lupus, and Bones and Joints.

Patients had treatment by general Ultra Violet Radiation and some by local radiation in addition. Similar results to those noted in previous reports were achieved.

**Examination of Recruits for Ministry of Labour.** Of 159 recruits examined at the Dispensaries, three men were diagnosed as suffering from active pulmonary tuberculosis, and one of these was found to have tubercle bacilli in his sputum.

#### SANATORIUM REPORT.

The number of beds available for patients with pulmonary tuberculosis was 68—34 for males and 34 for females. Six patients were admitted for clinical investigation, five were discharged as non-tuberculous and one non-tuberculous patient died.

There were 160 admissions of patients, 74 male and 86 female; and 130 were discharged, 63 male and 67 female. Deaths in the Sanatorium numbered 22. The retention of advanced patients is consistent with the policy of isolation. This has been a useful method of preventive treatment. 16 patients suffering from pleurisy with effusion were treated—all with satisfactory results, 109 sputum positive cases were under treatment, stage (1) 7, stage (2) 71, and stage (3) 31, and 28 P.T. negative cases. One case of abdominal tuberculosis was also under treatment at the Sanatorium, but was discharged as "diagnosis not confirmed". Treatment was sufficient in 44 patients to bring the disease to quiescence. The average length of stay was 191.64 days.

**Laboratory Work:** 356 sputum tests were made, 182 positive and 174 negative. Of patients with positive sputum on admission, 38 were negative on discharge. The Blood Sedimentation Rate was assessed on admission of each patient, and at monthly intervals during treatment. This examination gives an immediate indication as to the patient's condition, and activity of disease. 803 such examinations were made.

**X-ray Work.** All patients are filmed on admission and subsequently during treatment. 1,813 X-ray examinations were made, consisting of 1,483 screen examinations, and 330 films. All nursing and domestic staff are X-rayed on commencing duties, and at periods during their service according to their reaction to the Mantoux test.

**Treatment.** Consists of absolute rest for patients with the most active type of disease, substituted for those who have lost their toxæmia by hours up, and later by light graded work.

*Artificial Pneumothorax Treatment.* Treatment by artificial pneumothorax was continued. 44 inductions of artificial pneumothorax were made at the Sanatorium, and 6 were abandoned. 802 refills were given. There were 8 pleural washouts and 60 aspirations.

*Adhesion Section.* 14 patients were transferred to Creaton Sanatorium for section of adhesions limiting artificial pneumothorax; two patients were transferred for Thoracoplasties, and two patients for Phrenic Crush.

The Treatment Block at the Sanatorium was again in use for examination of patients, artificial pneumothorax treatment, pleural wash-outs, sedimentation rates, dental work, and X-ray work, and also as an office.

**Dental Department.** The work provided by the Visiting Surgeon was as follows: No. of inspections 91; No. of extractions 54; No. of fillings 52; and No. of scalings 15.

## AFTER-CARE.

**Public Health Care Work.** The issue of Memorandum 266/T by the Ministry of Health was the most important feature during the year in the campaign against tuberculosis. The Memorandum sets out a scheme for the provision of financial allowance for patients (and their dependants) who give up work in order to receive treatment for pulmonary tuberculosis. Dependent members of households are not eligible for allowances.

The Ministry promised reimbursement to the local authority of their expenditure on allowances, but limited the allocation of allowances to those patients who, as a result of treatment, would show prospects of return to health and resumption of normal working capacity.

The scheme as described in Memorandum 266/T was started in this County on the 1st August, 1943. The Public Health Committee agreed to extend the allowances to all non-dependent pulmonary patients irrespective of their prospects of recovery, and to agree to be financially responsible for the allowances of the more seriously ill patients according to the classification of the Tuberculosis Officer.

Until July 31st, 1943, Public Health Care work was continued as in previous years—the sum of £1,200 having been allotted. From August 1st to the end of the financial year, grants to the amount of £1,883 for Government reimbursement cases and £3,436 for cases held to be the responsibility of the Public Health Committee were made.

**Care Work by Public Assistance Committee.** As in previous years, contact has been maintained with the Public Assistance Department.

**Voluntary Care Committees.** Care work by the Voluntary Care Committees has been continued in the same way as in previous years.

## 6. VENEREAL DISEASES.

## NORTHAMPTON GENERAL HOSPITAL.

*Treatment.* The arrangements made with the Northampton General Hospital for the diagnosis and treatment of patients suffering from venereal diseases were continued, the parties to the arrangements being as hitherto, viz., the County Councils of Northampton and Buckingham and the Northampton County Borough Council.

The days and hours of openings of the Out-Patient Clinic at the Northampton General Hospital are :

MALES :	Wednesdays at 2 p.m.
	Fridays at 7 p.m.
FEMALES :	Mondays at 7 p.m.
	Fridays at 12 (noon).

335 new County patients attended the out-patient clinic for treatment as compared with 282 in 1942. The total attendances of all County patients amounted to 2,564 as against 2,115, and the number of patients discharged after completing treatment was 166 as against 112. The number who ceased to attend without completing treatment, or before the final test of cure was 19 as against 25.

The number of persons treated with salvarsan substitutes was 243 as against 238 in 1942.

The number of County in-patients treated at the Northampton General Hospital was 12 (males 6, females 6) as against 11 in the previous year.

Travelling expenses of six persons who attended the Clinics were repaid.



The following table supplies information about new County cases and attendances, etc., during the three years, 1941-1943 :

	1941		1942		1943	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
1. Number dealt with at or in connection with the Out-patient Clinic for the first time .....	204	116	209	73	212	123
2. Total attendances of all persons at the Out-patient Clinic .....	1894	1268	1606	509	1516	1048
3. Number discharged after completion of treatment .....	65	75	67	45	77	89
4. Number who ceased to attend without completing treatment .....	20	20	17	8	9	10

	<i>Syphilis.</i>		<i>Gonorrhoea.</i>	
	Male.	Female.	Male.	Female.
Number of patients on books 1/1/43 .....	56	29	18	9
New cases during 1943 .....	12	17	38	23
Cases transferred .....	66	2	30	2
Cases treated before for same disease .....	2	1	—	—
	136	49	86	34
	==	==	==	==
Number of cases defaulting .....	—	4	9	6
Percentage of defaulters for 1943 .....	—	8.1	10.4	17.6

CONGENITAL SYPHILIS. The number of cases dealt with for the first time was three—2 males and 1 female.

#### KETTERING GENERAL HOSPITAL

A Clinic was held each Thursday for females at 4 p.m., and for males at 6 p.m.

The following table supplies information about new County cases and attendances, etc., during the years 1942 and 1943 :

	1942		1943	
	MALES	FEMALES	MALES	FEMALES
1. Number dealt with at or in connection with the Out-patient Clinic for the first time.....	47	64	86	147
2. Total attendances of all persons at the Out-patient Clinic .....	505	690	608	1236
3. Number discharged after completion of treatment...	47	48	72	128
4. Number who ceased to attend without completing treatment .....	7	1	4	—

	<i>Syphilis.</i>		<i>Gonorrhoea.</i>	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Number of patients on books 1/1/43 .....	10	23	12	3
New cases during 1943 .....	13	12	30	25
Cases treated before for same disease .....	15	1	10	1
	<u>38</u>	<u>36</u>	<u>52</u>	<u>29</u>

CONGENITAL SYPHILIS. The number of cases dealt with for the first time was six—3 males and 3 females.

#### PATHOLOGICAL EXAMINATIONS.

3,522 pathological examinations have been made at the Laboratory of the Northampton General Hospital as against 2,332 in 1942.

NATURE OF TEST.	NUMBER OF TESTS IN RESPECT OF PATIENTS UNDER CARE OF :		
	TREATMENT CENTRES	HOSPITAL AND OTHER INSTITUTIONS	PRIVATE PRACTITIONERS
<b>MICROSCOPICAL—</b>			
For detection of spirochetes	21	7	—
For detection of gonococci	1249	444	101
<b>SERUM TESTS—</b>			
For Wassermann reaction	626	656	217
For gonococcal infection	104	23	21
<b>CEREBRO-SPINAL FLUID TESTS—</b>			
Wassermann reaction	—	29	1
<b>CULTURES—</b>			
For Gonococci	23	—	—
	<u>2023</u>	<u>1159</u>	<u>340</u>

There were 12 Medical Practitioners, inclusive of the three Medical Officers of Treatment Centres scheduled as being qualified to receive free supplies of salvarsan substitutes, and supplies were sent, on request, by the Northampton General Hospital.

In addition to the in-patients at the Northampton General Hospital previously mentioned, one unmarried girl received treatment in Cleveland House, Wolverhampton, and one in a Salvation Army Hostel in London, as County Council patients. They were admitted for treatment of pregnancy and venereal disease.

REGULATION 33 B. This regulation, which was made by the Minister of Health under Defence (General) Regulations, 1939, makes provision under certain specified conditions, for the examination and treatment of contacts. Forty Forms 1 were received, and only four individuals were named twice. These individuals were persuaded to attend the clinics for examination

without having to use legal powers. The institution of Regulation 33B has proved to be of some value in ascertaining sources of infection, but the regulation is only a part answer to a wide moral and medical question on which there is, at present, no unanimity of opinion amongst the medical profession or lay persons.

The incidence of venereal diseases amongst the civilian population in the County for the decennium, 1934-43, is given in Table No. V., page 47. Whilst there has been an increase since the commencement of the war, due regard must be paid to the fact that the additional clinic opened at Kettering General Hospital in 1941, has attracted patients to that clinic who would otherwise have gone to clinics outside the County. On the other hand, since venereal diseases are not notifiable, there falls to be added to the figures quoted, those cases who have been treated privately. There are good reasons for believing that the number of cases of syphilis are relatively few, but since the advent of chemotherapy, gonorrhoea can be treated successfully and without special apparatus by medical practitioners in their own premises. The number of patients treated privately for gonorrhoea is problematic. Some index of the number of persons who have exposed themselves to sexual risks, can be gleaned from the numbers who have been examined at the clinics, and have been found not to be suffering from a venereal disease.

## SECTION G.

### Health Propaganda and Educational Work.

#### **SOCIAL HYGIENE.**

A series of three lectures, at which films were displayed, was given during June at Kettering. The lectures, which dealt with sex education, were given on three successive Sunday afternoons at the Odeon Theatre. The subject matter of the first two lectures consisted of a general description of the biological aspects of sex, whilst the last lecture dealt with social behaviour problems of youth. The lectures, which were arranged in conjunction with the Peterborough Diocesan Moral Welfare Association, attracted a total attendance of 1,830. The lecturers were provided by the Central Council for Health Education. Appropriate literature was distributed at the lectures.

#### **GENERAL HEALTH EDUCATION.**

Eighteen lectures were given by the Medical and Health Visiting staff to Youth Organisations such as the Girls' Training Corps, the Air Training Cadets, and to various Women's Organisations, on subjects of elementary anatomy, physiology, personal hygiene, social implications of sex, local government, venereal diseases, dental hygiene and child welfare.

Educational work was also carried out at the Schools and Welfare Centres by medical officers, health visitors and dentists.

A large quantity of publications issued by the Central Council for Health Education on such subjects as "Scabies," "Impetigo," "From Boyhood to Manhood," "The Approach to Womanhood," "Women in Wartime," "Facts on Sex for Men," "Venereal Diseases," etc., were distributed at the lectures and through other various agencies.



CAUSES OF DEATH IN ADMINISTRATIVE AREAS.—RURAL DISTRICTS.

TABLE I. (b)

CAUSES OF DEATH.	Brackley R.D.		Brixworth R.D.		Daventry R.D.		Kettering R.D.		Northampton R.D.		Oundle and Thrapston R.D.		Towcester R.D.		Wellingborough R.D.		Aggregate of R.D.'s.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
	ALL CAUSES .....	43	56	122	119	97	104	63	72	91	95	115	105	97	96	83	83	711	730	
1 Typhoid and paratyphoid fevers .....	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...		
2 Cerebro-spinal fever .....	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2		
3 Scarlet Fever .....	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1		
4 Whooping Cough .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
5 Diphtheria .....	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	2	1		
6 Tuberculosis of respiratory system .....	3	5	...	3	2	2	1	2	5	3	3	2	1	3	1	2	16	16		
7 Other forms of Tuberculosis .....	...	...	...	...	1	...	...	...	1	1	...	...	1	...	1	1	4	4		
8 Syphilitic Diseases .....	...	...	1	...	1	1	1	...	1	...	...	...	1	...	...	1	5	5		
9 Influenza .....	2	2	4	6	2	3	4	3	5	3	4	1	3	1	3	19	27	27		
10 Measles .....	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1		
11 Acute polio-myelitis & polio-encephalitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
12 Acute Infective Encephalitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
13 Cancer of buc : cav : and œsoph : (M, uterus (F).)	...	...	1	3	1	1	3	...	3	1	1	2	...	5	...	3	9	15		
14 Cancer of stomach and duodenum .....	3	4	7	2	2	1	2	1	5	2	3	6	3	2	3	3	28	21		
15 Cancer of Breast .....	1	...	3	...	...	3	...	3	...	4	...	4	...	1	...	3	...	22		
16 Cancer of all other sites .....	5	2	16	10	7	12	10	4	11	8	9	7	8	5	12	4	78	52		
17 Diabetes .....	...	...	1	2	...	...	...	1	1	1	...	2	...	3	1	...	5	8		
18 Intra-cranial vascular lesions .....	6	8	10	20	8	11	9	15	9	12	11	9	8	9	11	16	72	100		
19 Heart Disease .....	9	10	34	38	26	36	9	17	19	21	30	27	28	32	25	22	180	203		
20 Other diseases of the circulatory system .....	1	...	3	6	3	1	3	2	5	4	3	1	6	2	1	...	25	16		
21 Bronchitis .....	6	4	8	2	7	5	...	...	4	2	4	6	4	9	1	5	34	33		
22 Pneumonia .....	1	2	4	7	2	2	2	4	8	6	7	2	2	7	8	7	34	37		
23 Other respiratory diseases .....	1	3	...	1	1	1	2	1	...	3	2	...	1	...	1	9	8	8		
24 Ulcer of stomach or duodenum .....	1	1	1	...	1	1	1	1	2	1	2	1	...	...	...	5	6	6		
25 Diarrhoea under 2 years .....	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...		
26 Appendicitis .....	...	...	2	1	...	...	...	1	...	...	...	...	1	...	...	3	2	2		
27 Other digestive diseases .....	1	1	...	2	1	2	1	1	1	3	1	1	2	...	3	...	10	10		
28 Nephritis .....	1	3	3	9	8	4	...	4	4	3	4	6	...	4	...	33	20	20		
29 Puerperal and post-abortive sepsis .....	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1		
30 Other maternal causes .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
31 Premature Birth .....	2	2	3	7	1	1	2	...	2	5	1	3	...	...	1	18	12	12		
32 Congenital Malformation, Birth inj : infantile diseases .....	2	1	6	...	1	...	...	2	1	1	...	3	5	...	1	3	16	10		
33 Suicide .....	1	...	1	...	3	...	2	...	2	2	...	1	...	...	...	...	12	2		
34 Road traffic accidents .....	1	1	2	3	1	2	...	...	...	4	1	3	1	2	1	15	7	7		
35 Other violent causes .....	1	1	3	...	3	1	2	...	2	7	1	2	3	...	3	12	18	18		
36 All other causes .....	6	11	11	5	5	9	5	8	10	5	13	18	11	9	7	5	68	70		
Deaths of Infants under 1 year	Total ...		4	4	10	4	9	1	1	4	4	3	7	5	11	3	4	49	28	
	Legitimate		2	4	8	4	9	1	1	4	4	3	6	4	8	3	4	41	27	
	Illegitimate		2	...	2	...	...	...	...	...	1	1	3	...	...	...	8	1		
Live Births—	Total ...		82	82	152	130	140	134	113	91	138	135	162	149	142	112	113	87	1042	920
	Legitimate		75	78	136	120	137	125	109	85	130	127	154	137	125	106	107	82	973	860
	Illegitimate		7	4	16	10	3	9	4	6	8	8	8	12	17	6	6	5	69	60
Stillbirths—	Total ...		2	...	5	3	4	3	1	2	2	5	3	2	4	2	1	4	22	21
	Legitimate		2	...	4	3	4	2	1	2	1	5	3	2	3	2	1	4	19	20
	Illegitimate		...	...	1	...	1	...	...	1	...	...	...	1	...	...	...	3	1	

STATISTICO KABRU JALMA SVITANTSHIMKA NI NYASO TO BSHUA

1. Typhoid and paratyphoid fevers. 2. Cerebro-spinal fever. 3. Scarlet fever. 4. Whooping cough. 5. Diphtheria. 6. Tuberculosis of respiratory system. 7. Other forms of tuberculosis. 8. Syphilitic diseases. 9. Influenza. 10. Measles. 11. Acute polio-myelitis & polio-encephalitis. 12. Acute infective encephalitis. 13. Cancer of buccal cavity and œsophagus. (M, uterus (F)). 14. Cancer of stomach and duodenum. 15. Cancer of breast. 16. Cancer of all other sites. 17. Diabetes. 18. Intra-cranial vascular lesions. 19. Heart disease. 20. Other diseases of the circulatory system. 21. Bronchitis. 22. Pneumonia. 23. Other respiratory diseases. 24. Ulcer of stomach or duodenum. 25. Diarrhoea under 2 years. 26. Appendicitis. 27. Other digestive diseases. 28. Nephritis. 29. Puerperal and post-abortive sepsis. 30. Other maternal causes. 31. Premature birth. 32. Congenital malformation, birth injury: infantile diseases. 33. Suicide. 34. Road traffic accidents. 35. Other violent causes. 36. All other causes.



TABLE II. (continued).  
**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.**

CAUSES OF DEATH.	Sex.	AGGREGATE OF URBAN DISTRICTS						AGGREGATE OF RURAL DISTRICTS							
		All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—
		18	...	...	...	...	2	3	13	25	1	...	...	...	2
17	...	...	...	...	...	3	14	16	...	...	...	1	...	15	
20 Other diseases of the circulatory system.....	M.	36	2	...	...	2	9	23	34	3	...	1	...	5	
	F.	23	1	...	...	...	22	33	...	...	...	...	...	3	
21 Bronchitis.....	M.	24	5	1	...	2	4	12	34	8	...	2	6	5	
	F.	29	4	...	1	...	6	18	37	3	2	...	7	4	
22 Pneumonia .....	M.	11	...	...	...	2	3	6	9	...	...	...	5	4	
	F.	8	...	...	...	1	1	6	8	...	...	2	4	2	
23 Other respiratory diseases .....	M.	4	...	...	...	2	1	1	5	...	...	...	4	1	
	F.	3	...	...	...	...	2	1	6	...	...	...	1	5	
24 Ulcer of stomach or duodenum .....	M.	1	1	...	...	...	...	...	1	1	...	...	...	...	
	F.	1	1	...	...	...	...	...	...	...	...	...	...	...	
25 Diarrhoea under 2 years .....	M.	2	...	...	...	1	1	...	3	...	...	...	2	1	
	F.	4	...	...	...	1	1	...	2	...	...	...	...	1	
26 Appendicitis .....	M.	18	2	...	...	1	7	8	10	...	...	...	1	5	
	F.	16	1	1	...	2	1	11	10	...	...	...	2	7	
27 Other digestive diseases .....	M.	23	...	...	1	3	6	13	33	...	...	...	2	8	
	F.	16	...	...	...	2	7	7	20	...	...	...	...	5	
28 Nephritis .....	M.	...	...	...	...	...	...	...	...	...	...	...	...	...	
	F.	...	...	...	...	...	...	...	...	...	...	...	...	...	
29 Puerperal and post-abortive sepsis....	M.	...	...	...	...	...	...	...	...	...	...	...	...	...	
	F.	...	...	...	...	...	...	...	...	...	...	...	...	...	
30 Other maternal causes .....	M.	...	...	...	...	...	...	...	...	...	...	...	...	...	
	F.	3	...	...	...	3	...	...	...	...	...	...	...	...	
31 Premature Birth .....	M.	10	10	...	...	...	...	...	18	18	...	...	...	...	
	F.	15	15	...	...	...	...	...	12	12	...	...	...	...	
32 Congenital Malformation, Birth inj: infantile diseases .....	M.	22	21	...	...	...	...	...	16	15	...	...	...	1	
	F.	13	13	...	...	...	...	...	10	9	...	...	...	...	
33 Suicide .....	M.	6	...	...	...	2	3	1	12	...	...	...	2	7	
	F.	4	...	...	...	2	1	1	2	...	...	...	...	3	
34 Road traffic accidents .....	M.	10	...	2	3	1	3	1	15	...	1	3	2	7	
	F.	4	...	2	...	1	1	...	7	...	...	5	1	1	
35 Other violent causes .....	M.	31	4	1	...	9	6	11	12	...	2	...	3	4	
	F.	12	2	...	1	4	1	4	18	1	2	2	3	9	
36 All other causes .....	M.	84	5	1	1	8	9	60	68	3	1	1	1	12	
	F.	57	2	6	1	6	13	29	70	1	...	3	2	16	
ALL CAUSES .....	M.	727	50	10	8	78	148	433	711	49	4	8	39	167	
	F.	722	43	13	6	73	141	446	730	28	7	9	59	134	

TABLE III.

TABLE SHOWING RETURNS MADE BY RURAL DISTRICT COUNCILS  
UNDER HOUSING ACT, 1936, S.88.

RURAL DISTRICTS.	Total No. Houses 1931 Census.	C.M.O.H. Survey, 1935-1936.			Pre-War Activities—Houses built by Rural Districts under Housing Acts, 1919-1936.				Approx. No. of unfit houses 1943	War-time Cottages being erected	Post-War Programme.			
		District Council Returns, 1935		Con-demned by C.M.O.H.	Replac-ment of unfit houses	Other needs.	Total for 1919-1940	Total for 1935-1940 †			Houses con-demned but not vacated	No. re-quired for general needs	First year programme	
		No. con-demned	No. closed or demolished											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BRACKLEY ...	2,645	33	—	398	116	230	—	346	226	*	4	14	*	50
BRIXWORTH ...	4,500	84	7	567	179	266	—	445	266	307	14	Nil.	283	48
DAVENTRY ...	4,013	168	186	650	276	307	—	583	307	400	10	Nil.	150	100
KETTERING ...	2,953	10	5	327	236	37	—	273	37	*	10	*	*	89
NORTHAMPTON ...	4,694	111	70	600	298	398	48	744	394	150	4	50	450	60
OUNCLE & THRAPSTON	4,972	54	29	855	170	160	—	330	162	780	16	5	100	50
TOWCESTER ...	4,959	801	100	1,131	175	472	—	647	462	437	6	134	550	100
WELLINGBOROUGH ...	3,358	102	9	655	214	75	—	289	75	211	6	66	171	85
	32,094	1,363	406	5,183	1,664	1,945	48	3,657	1,929	2,285	70	269	1,704	582

\* Not available.

† Column 10 is included in Column 9.



**CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1943.**  
 (52 weeks ended 1st January, 1944)

TABLE IV.

DISEASES.	URBAN DISTRICTS.														RURAL DISTRICTS.								Totals for Administrative County	
	URBAN DISTRICTS.														RURAL DISTRICTS.									
	Brackley (Borough)	Daventry (Borough)	Higham Ferrers (Boro')	Kettering (Borough)	Burton Latimer	Corby	Desborough	Irthingborough	Oundle	Raunds	Rothwell	Rushden	Wellingtonborough	Totals for Combined Urban Districts	Brackley	Brixworth	Daventry	Kettering	Northampton	Oundle and Thrapston	Towcester	Wellingtonborough		Totals for Combined Rural Districts
†Small Pox ...																								
†Scarlet Fever ...																								
†Diphtheria ...																								
†Enteric Fever ...																								
†Erysipelas ...																								
†Puerperal Pyrexia ...																								
†Pneumonia ...																								
†Measles ...																								
†Whooping Cough ...																								
Chicken Pox ...																								
Tuberculosis of the Respiratory System ...																								
Other forms of Tuberculosis																								
Acute Poliomyelitis																								
Encephalitis Lethargica																								
Dysentery (Bacillary)																								
Malaria (believed to have been contracted abroad)																								
Ophthalmia Neonatorum																								
Cerebro-spinal fever																								
Polio-encephalitis																								
<b>Totals</b> ...	59	9	180	918	129	160	100	143	68	57	87	702	643	3255	135	188	177	278	162	196	256	401	1793	5048

† The notifications shown in respect of these diseases are as furnished by the Registrar-General; the remaining notifications shown on the table are compiled from the weekly Returns of the District Medical Officers of Health.

TABLE NO. V.

**NUMBER OF CASES OF SYPHILIS AND GONORRHOEA (RESIDENT IN THE COUNTY) SEEN FOR THE FIRST TIME  
AT THE OUT-PATIENTS CLINICS, 1934-43.**

Year	SYPHILIS DURATION		GONORRHOEA DURATION		TOTALS		Conditions other than Venereal.	Total Number of Attendances at Clinics.
	Less than one year.	More than one year.	Less than one year.	More than one year.	Syphilis.	Gonorrhoea.		
1934	9	23	65	1	32	66	50	2,948
1935	6	15	49	—	21	49	48	2,314
1936	13	19	73	—	32	73	49	2,975
1937	13	35	76	—	48	76	73	3,268
1938	—	29	72	1	29	73	72	3,380
1939	4	37	41	—	41	41	63	2,243
1940	13	37	66	—	50	66	58	2,144
1941*	21	56	152	—	77	152	110	3,258
1942	39	56	121	—	95	121	171	3,310
1943	62	63	141	2	125	143	300	4,408

\* Kettering Clinic opened.

## VITAL STATISTICS FOR 1943 AND PREVIOUS YEARS.

Year.	Estimated Population mid-year.	BIRTHS.		DEATHS			
				Under 1 year.		All Ages.	
		No.	Rate.	No.	Rate.	No.	Rate.
1897	228,955	6761	29.50	906	134.00	3559	15.53
1898	234,902	6647	28.29	888	133.59	3374	14.30
1899	240,484	6632	27.59	870	131.10	3399	14.10
1900	220,678§	5621	25.47	617	109.76	3078	13.90
1901	207,719	5641	27.15	579	102.60	2758	13.27
1902	209,984	5453	25.96	535	98.11	2785	13.26
1903	212,610	5430	25.53	560	103.13	2838	13.34
1904	213,874	5265	24.61	614	116.61	2964	13.85
1905	215,909	5168	23.93	585	113.19	2812	13.02
1906	216,319	4997	23.10	514	102.86	2638	12.19
1907	216,935	4643	21.40	410	80.30	2656	12.24
1908	217,765	4755	21.83	454	95.47	2749	12.62
1909	219,149	4597	20.97	384	83.53	2790	12.73
1910	220,897	4430	20.05	356	80.36	2493	11.28
1911	213,796	4378	20.47	421	96.16	2692	12.59
1912	215,091	4281	19.90	342	79.88	2601	12.00
1913	215,579	4296	19.92	368	85.66	2525	11.71
1914	216,569	4146	19.14	305	73.56	2594	11.97
1915	211,286	4016	18.54	382	95.11	3012	14.25
1916	202,552	3822	17.34	254	66.00	2702	13.33
1917	190,215	3197	15.07	259	81.00	2665	14.01
1918	192,564	3096	14.34	210	67.00	2938	15.25
1919	‡207,508 *216,162	3140	14.52	254	80.00	2873	13.84
1920	‡215,777 *215,968	4913	22.74	293	59.00	2393	11.09
1921	‡212,769	4166	19.57	300	72.00	2514	11.84
1922	‡213,340 *213,840	3875	18.12	227	58.00	2507	11.75
1923	‡214,331 *214,820 ‡216,162	3686	17.15	225	61.00	2475	11.54
1924	‡215,200	3494	16.23	185	52.00	2494	11.58
1925	215,300	3480	16.16	197	56.60	2525	11.72
1926	214,200	3393	15.84	177	52.16	2436	11.37
1927	215,000	3108	14.45	159	51.00	2539	11.80
1928	215,170	3175	14.75	154	48.00	2507	11.65
1929	216,500	3104	14.33	171	55.09	2649	12.23
1930	217,500	2991	13.74	126	42.12	2490	11.44
1931	218,300	2924	13.39	135	46.10	2472	11.32
1932	213,900	2743	12.76	125	45.50	2463	11.45
1933	214,300	2665	12.43	112	42.02	2542	11.85
1934	214,550	2688	12.52	154	57.29	2706	12.61
1935	216,200	2881	13.32	146	50.67	2707	12.52
1936	217,600	3047	14.00	146	47.91	2660	12.22
1937	220,400	3104	14.08	136	43.81	2689	12.20
1938	221,400	3184	14.38	131	41.14	2552	11.52
1939	‡228,300 *222,100	3336	15.02	137	40.41	2758	12.08
1940	241,200	3363	13.94	170	48.39	3153	13.07
1941	259,820	3511	13.51	182	48.08	3103	11.94
1942	243,800	4062	16.66	140	34.46	2687	11.02
1943	235,000	4210	17.91	170	40.38	2898	12.29

§ Extension of Borough of Northampton.

‡ Population for calculation of Death Rate.

\* Population for calculation of Birth Rate.