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NORTHAMPTONSHIRE COUNTY COUNCIL



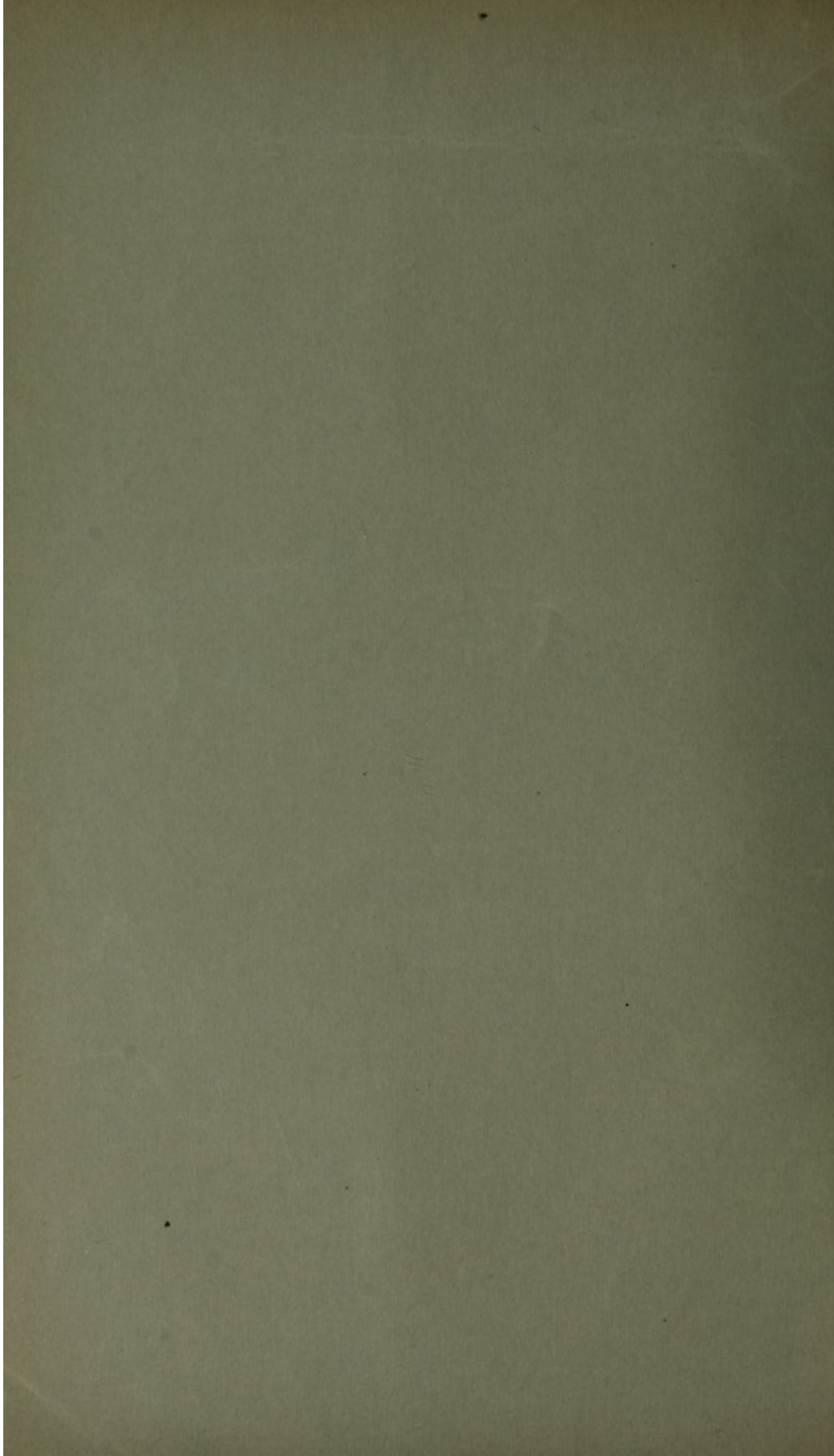
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OXFORD

Annual Report

OF THE

MEDICAL OFFICER
OF HEALTH

FOR THE YEAR
1945



NORTHAMPTONSHIRE COUNTY COUNCIL



Annual Report

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MEDICAL OFFICER
OF HEALTH

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1945

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CONTENTS.

	<i>Pages</i>		<i>Pages</i>
Adulteration, etc.	45	Mental Deficiency	23, 34, 35
Ambulance Facilities	9	Methylene Blue Reduction Test	7
Antenatal Services	15, 19	Midwifery and Maternity Services	9
Area	5, 6	Midwives	10
Births	5, 6, 21, 63, 64	Milk—Accredited Producers Scheme	7
Boarded-out Children	22	Milk—Examination of	7
Cancer	50, 51	Milk—Graded	7
Census, 1931	5	Milk in Schools	48
Cerebro-Spinal Fever	67, 68	Milk—Biological examination	8
Child Life Protection	22	Milk—Tuberculous	45
Clinics and Treatment Centres 19, 20, 21, 22, 23, 25		Milk and Dairies Acts and Orders	44, 45
Deafness and Deaf-Mutism, Prevention of ...	23	Milk (Special Designations) Orders, 1936 and 1938	44
Deaths	3, 5, 63, 64, 65, 66, 69, 70	Nursing in the Home	10
Dental Treatment	23	Obstetric Facilities	23
Diarrhoea	5, 50, 63, 64, 66	Ophthalmia Neonatorum	10
Diphtheria	50	Orthopaedic Treatment	23
Diphtheria Immunisation	3, 51	Pneumonia	50
Dispensary Work—Tuberculosis	53	Polio-Encephalitis	67, 68
Drainage and Sewerage	37	Polio-myelitis	67, 68
Dysentery	67, 68	Populations	5, 6, 63, 64, 70
Enteric Fever	67	Post-Natal Clinic	20
Erysipelas	50	Prefatory Letter	3
Food—Inspection and Supervision of ...	44	Premature Infants	31-33
Food and Drugs Act, 1938	45	Public Health Officers of the Authority ...	1
Government Evacuation Scheme	28	Puerperal Pyrexia	10
Health Services, General Provision of ...	7	Residential Nurseries	30
Health Visiting	22	Rural Water Supplies and Sewerage Act, 1944, Section 2	36, 37
Home Helps	23	Rushden House Sanatorium	59
Hospital Accommodation	28, 49	Sanitary Circumstances	36
Hostels (for Difficult Evacuee Children) ...	30	Scarlet Fever	49
Housing	38-43	Short-Stay Nursery	30
Illegitimate Children—Care of	26, 27	Smallpox	49
Infant Mortality	3, 5, 6, 70	Statistics and Social Conditions	5, 63-73
Infant Welfare Centres	22, 25	Treatment Allowances—Ministry of Health Memo 266/T	58
Infectious and Other Diseases, Prevalence of and Control over	49	Tuberculosis	51
Laboratory Facilities	7	Typhoid Fever	67, 68
Malaria	67, 68	Unmarried Mothers, Institutional Provision for	23
Mass Radiography	54-58	Vaccination	49
Maternal Mortality	5, 6, 10	Venereal Diseases	60
Maternity Accommodation—Long Term Policy	11-19	Veterinary Inspection of Dairy Cows	44
Maternity and Child Welfare	9	Vision, Defective	23
Maternity Beds in Institutions	11	War-time Nurseries	31
Maternity Homes, Emergency	28	Water Supply	36
Maternity and Nursing Homes	10	Whooping Cough	50
Measles	50		
Meat and other Foods	45		

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

(a) Whole-time Officers of the County Council.

County Medical Officer of Health—

C. M. SMITH, O.B.E., M.A., M.D., Ch.B., D.P.H.

Deputy—

D. A. McCracken, M.D., Ch.B., D.P.H.

Assistants—

Mary G. H. Dickson, M.R.C.S., L.R.C.P., D.P.H. (*Medical Supervisor of Midwives*).

*D. J. Jones, B.Sc., M.B., B.Ch., D.P.H.

J. T. Murphy, M.B., B.Ch., B.A.O., D.P.H.

C. T. Darwent, L.R.C.P., L.R.C.S. Edin., L.R.F.P.S., D.P.H. (*Temporary*).

E. Spiegel, M.D. (*Temporary*).

M. Hirsch, M.D. (*Temporary*).

Clinical Tuberculosis Officer—

G. B. Lord, M.D., Ch.B.

Assistant Tuberculosis Officers—

C. F. Campbell, M.B., B.Ch., B.A.O., D.P.H.

M. C. Brough, M.B., B.Ch., B.A.O.

Nora O'Flynn, M.B., B.Ch., B.A.O.N.U.I., D.P.H.

Rushden House Sanatorium : Resident Medical Superintendent—

Dr. G. B. Lord.

Mass Radiography Unit : Medical Director—

Dr. M. C. Brough.

School Medical Officers—

Dr. C. M. Smith.

Dr. D. A. McCracken (*Deputy*).

J. Perry Walker, M.B., Ch.B. (*Senior Assistant*).

Dr. M. G. H. Dickson.

*Dr. D. J. Jones.

Dr. J. T. Murphy.

Dr. C. T. Darwent (*Temporary*).

School Oculist—

Dr. J. Perry Walker.

Dental Surgeons (School)—

*B. H. Fillingham, L.D.S.

*W. McKay, L.D.S.

*R. D. R. Hopkinson, L.D.S.

*N. M. Poulter, L.D.S.

Dr. M. Sebba, D.M.D. (*Temporary*).

D. K. Gaskill, L.D.S. (*Temporary*).

C. M. Perry, L.D.S. (*Temporary*).

A. W. Appleton, L.D.S. (*Temporary*).

Food and Drugs Acts : Chief Inspector—

A. E. Waller.

Superintendent Health Visitor—

Miss E. Robinson.

County Health Visitors—

Miss S. J. Devers.

Miss D. B. Prewett.

Miss R. H. Crompton.

Miss M. A. Clark.

Miss M. E. H. Meadley.

Miss G. B. Millgate.

Miss K. P. Green.

Miss S. H. Buchanan.

County Health Visitors—cont.

Miss L. H. Waugh.	Miss E. Myerscough.
Mrs. M. Wilson (<i>Part-time</i>).	Mrs. A. H. Crawshaw (<i>Temporary</i>).
Miss M. A. Hunting (<i>Temporary</i>).	Miss D. V. Franklin.
Mrs. F. M. Purcell (<i>Temporary</i>).	Miss S. Miller.
Miss M. A. Hunter.	Miss M. J. Hunter.
Miss E. V. Shaw.	

Matron of Rushden House (Tuberculosis) Sanatorium—

Miss H. Williams.

Mental Welfare Officer—

Mrs. K. M. Ward.

Tuberculosis Welfare Officer—

Miss C. A. Marsden.

Social Welfare Worker—

Miss M. Pugh.

County Sanitary Officer—

R. E. T. Chinnery, Cert.S.I.B.

*Assistant County Sanitary Inspector—*S. Harris, Cert.S.I.B. (*Leave of absence*).*Milk Inspectors—*

Mrs. F. E. Chaplin, N.D.D.

Mrs. J. Corden, B.Sc.

Mass Radiography Unit—

<i>Radiographer in charge—</i>	J. Birley.
<i>Assistant Radiographer—</i>	(<i>Vacant</i>).
<i>Organising Secretary—</i>	Miss E. M. Van Zeller.
<i>Dark Room Technician—</i>	A. Pratt.
<i>Clerical—</i>	Miss D. R. Ashby.
	Miss A. Belville.
	Miss J. Williams.
	Mrs. K. Jacobsen (<i>Part-time</i>).
	Mrs. W. Hamer (<i>Part-time</i>).

Clerical Staff—

S. E. Bierton (<i>Chief Clerk</i>).	P. J. Chamberlain.
*R. J. Bruce.	*E. Prior.
*P. H. J. Wilkinson.	*S. A. Crouch.
*A. J. Newitt.	Mrs. F. Wahl (<i>Temporary</i>).
Mrs. B. Folwell (<i>Temporary</i>).	Miss C. Winspear (<i>Temporary</i>).
Miss D. Curtis (<i>Temporary</i>).	Mrs. I. Philpott (<i>Temporary</i>).
Mrs. M. J. Dexter (<i>Temporary</i>).	Mrs. E. Haynes (<i>Temporary</i>).
Miss C. Griffiths (<i>Temporary</i>).	Miss S. Hurst (<i>Temporary</i>).
A. Cheal (<i>Temporary</i>).	Miss J. Coe (<i>Temporary</i>).
Miss B. Wills (<i>Temporary</i>).	

(b) Part-time Officers of the Authority and others discharging duties for the Authority.*Consulting Obstetrician—*

R. Watson, F.R.C.S.(Edin.), F.R.C.O.G., The Avenue, Cliftonville, Northampton (Tel. 3103).

Non-Medical Supervisor of Midwives—

Miss W. M. Williams, County Superintendent and Secretary, Northamptonshire Nursing Association, Guildhall Road, Northampton. (Telephone 850).

*In H.M. Forces.

NORTHAMPTONSHIRE COUNTY COUNCIL.

17th August, 1946.

To the Chairman and members of the Northamptonshire County Council.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Forty-Ninth Annual Report of the County Medical Officer of Health for 1945.

During the year which witnessed the end of the War, the health of the County was satisfactory as far as can be estimated by vital statistics. The Birth Rate—19 per 1,000 of the population—was almost as great as the rate reported last year, which was the highest recorded since 1920. The Infant Mortality Rate was 39 per 1,000 live births, which is the third lowest rate on record. Only three maternal deaths were registered, equivalent to a Maternal Mortality Rate of 0.67 per 1,000 live and still births, which is the lowest rate so far experienced. The general death rate was 12.34 per 1,000 population, which can be regarded as satisfactory. The death rate for the County has varied between 11 and 13 per 1,000 for the last twenty-five years.

Primary notifications of Tuberculosis were again above pre-war levels. The number notified was 257 compared with 186, 194, 263, 221, 255 and 267 in the six years 1939-44. Deaths from Tuberculosis numbered 133, equivalent to a rate of 0.58 per 1,000, which is above the rate for 1939. The rise in Tuberculosis mortality during the War was not great, but the continued decline has been interrupted and ground has been lost. The outstanding feature of the year's work in the Tuberculosis Department was the introduction of Mass Miniature Radiography, by which 22,688 persons were examined. The method of Mass Radiography as a means of detecting Tuberculosis in the early stages has come to stay.

As far as infectious diseases are concerned, a notable feature was the high incidence of measles, of which 3,824 cases were notified. The infection, however, was on the whole of a mild type because only three deaths occurred. The number of cases of diphtheria fell to 28, and there was only one death. This gratifying result can be repeated only if it becomes the established routine in future years for every child to be protected at the age of between nine and twelve months. The campaign of Diphtheria Immunisation must be waged incessantly.

Much thought was given to long term plans for accommodation for maternity cases, and in November the County Council adopted important proposals of the County Health Committee, under which three comparatively large Maternity Homes will be secured—at Northampton in the General Hospital (in co-operation with Northampton County Borough), at Kettering and at Wellingborough. The present level of demand for admission to Maternity Homes is likely to remain as mothers increasingly realize the safety, benefits and convenience available in a well run Maternity Home.

Another feature worthy of note was the introduction of measures aimed at reducing the loss of premature infants. All reasonable steps that could be taken under existing conditions were adopted to carry out the recommendations of the Ministry of Health on this subject.

In the field of environmental medicine the year under review was a busy one. The Joint County Committee on Rural Housing adopted a report of a Technical Sub-Committee on standards for new houses. If all the new houses conform to the standards, the benefit in health

to the rural community will be inestimable, and the drift from the country-side should be controlled. Northamptonshire is rich in domestic rural architecture, and the Rural District Councils are taking up the challenge of providing new cottages of such excellence in design, that in years to come our successors will admire the architecture of the post-war period. The aim of the Rural District Councils will be to prove that the age of good building is not over.

The Rural District Councils submitted a large number of important schemes for water supply and sewage disposal to the County Council for their consideration. Details are given in the Report, but credit is due to the Rural Councils for the preparation of many schemes that must have entailed an enormous amount of labour on the part of their Committees and technical officers.

No further progress was made in the solution on long term lines of the water supply problem of the Rural Districts in the vicinity of Northampton Borough, despite much careful thought and hard work on the part of those concerned.

In conclusion, I beg to quote the following extract from the Foreword to the Annual Report of the Ministry of Health for the year ending March, 1945 :—

“ These statistics, good as they are for the fifth year of a bitter war, are not good enough. They can and must be made much better. Moreover, our statistics record only deaths and the infectious and more serious diseases. They do not include the vast amount of ill-health which limits and handicaps the daily lives of the workers. Last year, out of every 1,000 civilians, only four were reported as suffering from a notifiable disease ; yet from special inquiries made by my Department, we know that during an average quarter of that year, six out of every ten civilians of working age suffered from an illness (not necessarily keeping them away from work) or complained of a minor ailment of some kind. This situation may be no worse—it may even be better—than before the war ; but it shows how much is still to be done.

The improvement in the vital statistics in the last four years, in spite of all the hardships and shortages borne by the people, is important mainly for this reason—it proves that we ought to be able to progress much more quickly in peace time. It must not be allowed to blind us to the fact that Britain is a long way from being a really healthy nation ; and that lives, especially young lives, are still being lost which could be saved.”

I would again tender grateful thanks to the Chairman and members of the Health Committee for their support, and to members of the staff for the good work they have done.

I have the honour to be,

Your obedient Servant,

CHARLES MILLIKEN SMITH,
County Medical Officer of Health.

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 1945).....	228,640
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, 1945)	£1,286,800
Actual product of a penny rate 1944-1945 (whole area)	£5,155

* 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)	3,866	2,007	1,859	} 18.98
.. .. (Illegitimate)	474	240	234	
				Rate per 1,000 Total (Live and Still) Births.
Still-births	103	52	51	23.18
				DEATH-RATE per 1,000 of the estimated population.
Deaths	2,822	1,461	1,361	12.34†
				Rate per 1,000 Total (Live and Still) Births.
Deaths from puerperal causes :—			Deaths.	
Puerperal and post abortion sepsis			2	0.45
Other Puerperal causes			1	0.22
Total			3	0.67
Death-rate of infants under one year of age :—				
All infants per 1,000 live births				39.17
Legitimate infants per 1,000 legitimate live births.....				37.50
Illegitimate infants per 1,000 illegitimate live births				52.74
Deaths from				
(a) Cancer (all ages)				443
(b) Measles (all ages)				3
(c) Whooping Cough (all ages)				1
(d) Diarrhoea (under 2 years of age)				10

The birth-rate of 18.98 is lower by 1.09 per 1,000 of the population as compared with the previous year, but is higher by 2.8 than the rate for England and Wales (16.1), whilst the death-rate (12.34) is lower by 0.31 per 1,000 of the population as compared with the previous year, but higher by 0.94 than the rate for England and Wales. The birth-rate exceeded the death-rate by 6.64 per 1,000 of the population.

The seven chief causes of death accounted for 71.8 per cent. of the total deaths, and are led by heart disease (29.4), cancer (15.7), intracranial vascular lesions (12.2), bronchitis (4.0), pneumonia (3.9), tuberculosis of respiratory system (3.9) and nephritis (2.6).

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

The maternal mortality rates per 1,000 live and still births during the last ten years have been as follows :

	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945
Administrative County ... (Number of Deaths)	2.84 (9)	2.17 (7)	2.41 (8)	1.13 (4)	3.02 (11)	1.79 (7)	1.66 (7)	0.92 (4)	1.67 (8)	0.67 (3)
England and Wales	3.65	3.13	2.97	2.82	2.16	2.23	2.01	*2.29	*1.93	*1.79

* Including abortion.

The infant mortality rate per 1,000 births (39) is higher by one than the rate for 1944, and seven below the rate for England and Wales. The illegitimate infant mortality rate is lower by nine than the rate for 1944. The infant mortality rates per 1,000 births during the last ten years have been as follows :

	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945
Administrative County	47.9	43.8	41.1	40.4	48.3	48.1	34.5	40.4	38.0	39.1
England and Wales	59	58	53	50	55	59	49	49	46	46

† Recorded Death Rate. It is not possible to give the standardised death rate for the year 1945. The Registrar-General, in his Memorandum with regard to statistics for the year 1945, 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 1945 as used for death rates."

On this basis the civilian population of 1945 for the Administrative County is estimated by the Registrar-General to be 228,640.

SECTION B.

General Provision of Health Services.

1. LABORATORY FACILITIES.

The following is a summary of the work done in the County Laboratory during 1945.

No. of milk samples examined (Methylene Blue Test)	5,492
No. of milk samples examined (Coliform Test)	263
No. of milk samples examined (Plate Count)	38
No. of milk samples examined (Phosphatase Test)	226
Total number of tests	6,019

The totals for years 1933-44 were 459, 760, 1,491, 1,533, 2,429, 3,100, 4,074, 5,694, 5,802, 5,593, 5,846 and 5,521 respectively.

MILK.

The 6,019 tests may be classified as follows :

Designated milk (Methylene Blue and Coliform Tests)	4,317
Non-designated milk (Methylene Blue and Coliform Tests and Plate Count)	1,344
Pasteurised and Heat-Treated milk (Methylene Blue and Phosphatase Tests and Plate Count)	358

The following table shows the results of raw milk samples examined by the Methylene Blue Reduction Test and Coliform Test : it will be noted that the number of tests performed exceeds the number of samples of milk taken and this is due to the fact that on certain samples, two tests (Methylene Blue and Coliform) were carried out. (Note : Satisfactory—Passed the combined tests) :

SAMPLES OF DESIGNATED MILK—			SAMPLES OF NON-DESIGNATED MILK—		
Month	Number examined	Percentage Satisfactory	Number examined	Percentage Satisfactory	Total Samples
January	210	87	76	81	286
February	190	89	108	77	298
March	364	82	115	80	479
April	427	72	103	67	530
May	375	75	117	79	492
June	333	63	149	51	482
July	490	53	101	45	591
August	315	53	86	41	401
September	346	63	120	60	466
October	431	79	139	67	570
November	275	89	116	82	391
December	321	91	86	93	407
TOTAL	4077	73	1316	69	5393

It will be noted from the above table that, of the 4077 samples of Designated milk, 73% complied with the requirements of the Orders. In the case of non-designated samples examined 69% 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 no samples specially collected from schools for examination at the laboratory.

Pasteurised and Heat Treated Milk.

As from 1st March, 1945, samples of Pasteurised and Heat Treated Milk have been taken in accordance with Defence Regulation 55G, under which the Ministry of Food pay a bonus of $\frac{1}{4}$ d. per gallon for approved Pasteurised and Heat Treatment Plants not necessarily licensed under the Milk (Special Designations) Orders. Under this Regulation, the Methylene Blue Test and Phosphatase Test are the statutory tests, but the Plate Count Test still remains the statutory test for Pasteurised milk under the Milk (Special Designations) Orders.

	Passed	Failed	Total	% Passed
Plate Count ...	31	2	33	94
Methylene Blue Test	95	4	99	96
Phosphatase Test	212	14	226	94

Of the samples shown in the above table, 211 were taken under Regulation 55G of which 140 were from Pasteurised Plants licensed under the Milk (Special Designations) Orders and 71 from other plants.

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, seven from Tuberculin Tested and 83 from Accredited farms, were submitted to the Emergency Public Health Laboratory, for biological examination for the presence of Tubercle Bacilli. Of these samples, one from an Accredited herd gave a positive result. This case was dealt with by the Ministry of Agriculture and Fisheries Veterinary Inspector under the Tuberculosis Order.

2. AMBULANCE FACILITIES.

The ambulance facilities available in the several County districts are as follows :

AMBULANCES	CARS	LOCATION	OWNED BY	DISTRICT SERVED
1	—	Brackley	St. John	Brackley Borough and Syresham, Helmdon, Weston, Lois Weedon, Greatworth, Farthinghoe, Croughton, Whitfield.
1	—	Daventry	St. John	Daventry Borough and Daventry Rural.
1	—	Higham Ferrers	Ambulance Committee	Higham Ferrers.
2	—	Kettering Boro'	Ambulance Committee	Kettering Borough and district served by Kettering General Hospital.
1	—	Burton Latimer	Ambulance Committee	Burton Latimer, Barton Seagrave, Isham.
1	2	Corby	Ambulance Committee	Corby, Stanion, Brigstock, Middleton, Cottingham, Carlton, Rockingham, Caldecote, etc.
1	—	Desborough	B.R.C.S. loaned to St. John	Desborough, Rothwell, Braybrooke, Stoke Albany, Wilbarston, Rushton, Loddington, Orton, Pipewell, Harrington.
1	—	Irthlingborough	St. John	Irthlingborough, Gt. and Lt. Addington.
1	—	Oundle	St. John	Oundle U.D. and all villages in the old Oundle Rural District plus the border villages in Hunts.
1	—	Raunds	Ambulance Committee	Raunds U.D.
2	—	Rushden	Ambulance Committee	Rushden U.D., Newton, Wymington, Podington, Hinwick.
2	—	Wellingborough	St. John	Wellingborough Urban and Rural Districts.
1	—	Finedon	St. John	Finedon, Gt. and Lt. Harrowden, Orlingbury, Hardwick.
1	1	Weldon	Ambulance Committee	Weldon, Oakley, Stanion, Brigstock, Deene, Deene-thorpe, Bulwick, Blatherwycke, Laxton, Harringworth, Gretton, Rockingham, Cottingham, Middleton, Wilbarston, Stoke Albany.
1	—	Towcester	St. John	Towcester and roughly all villages within a six miles' radius.
1	—	Roade	St. John	Wolverton, Bucks, and neighbouring villages.
1	—	Islip	St. John	Thrapston, Islip, Woodford, Twywell, Lowick, Titchmarsh, Denford, Aldwinkle.
5	—	Northampton	St. John	Northampton C.B. and undefined area of Brixworth and Northampton Rural District.

3. MATERNITY AND CHILD WELFARE.

The care given to mothers and children is the foundation of the future life and strength of the nation.*

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, the report covers the Administrative County less the Borough of Kettering, which is a separate Maternity and Child Welfare Authority.

(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 :

	1944	1945
Cases attended as midwives	1165	1052
Cases attended as maternity nurses	1505	1204
	—	—
	2670	2256
	—	—

* Report of Ministry of Health for year ended, March, 1945.

The number of midwives in independent practice at the end of the year was 22.

The County Nursing Association employed 19 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, 14 cases of puerperal pyrexia, 14 of whooping cough, 3 of ophthalmia neonatorum, 55 of measles, and 41 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 89 cases of pneumonia and 104 of influenza. These figures do not include evacuees.

(iii) MIDWIVES.

The Non-Medical Supervisor of Midwives (who is also County Superintendent and Secretary of the Northamptonshire Nursing Association) and her staff, made 257 routine visits and 214 special investigations.

The number of midwives practising in the area at any time during the year was 158; on December 31st, 115 remained in practice. Of the latter, 4 were employed at the County Maternity Home, Kettering, 70 by the Northamptonshire Nursing Association, 4 at Kettering and District General Hospital, 1 at Brackley Cottage Hospital, 14 at St. John's Emergency Maternity Home, 3 in private nursing homes and 19 in private practice.

Medical Aid to Midwives. During the year, the midwives notified that they had called in medical aid in 553 cases and 309 claims for payment of fees were dealt with from medical practitioners whose assistance had been sought, as against 547 notifications and 400 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 three, and eight visits of inspection were paid by the Assistant Medical Officer.

The registered homes in the County at the time of reporting, were:

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

(v) MATERNAL MORTALITY (excluding Kettering Borough).

The Registrar-General reported three maternal deaths, of which two were from sepsis.

The death rate per thousand live and still births was 0.79. The rate for England and Wales was 1.79 per thousand live and still births.

Puerperal Pyrexia. Twenty-four notifications were received (excluding Kettering Borough). Four of the notified cases were treated in hospital; (there were no deaths among the notified cases).

(vi) OPHTHALMIA NEONATORUM.

Six cases were notified (excluding Kettering Borough) all of which recovered without impairment of vision; three cases were treated in hospital. Four cases were visited by the Assistant Medical Officers.

(vii) MATERNITY HOSPITALS.

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

Emergency Maternity Homes	343
London Road Hospital, Kettering	235
The Barratt Maternity Home, Northampton General Hospital	156
Kettering and District General Hospital	21
Hospital of St. Cross, Rugby	6
Warwick Road Hospital, Banbury	4
Rugby County Maternity Home	1
Stamford, Rutland and General Infirmary	1

The total number of cases admitted to hospital under the County arrangements was 767, compared with 705 in 1944, 602 in 1943 and 546 in 1942. The percentage of live and still births that occurred in hospitals under the County arrangements was 20.4.

MATERNITY ACCOMMODATION—LONG TERM POLICY.

The following report on the provision of maternity accommodation was presented to the Maternity and Child Welfare Sub-Committee in September, 1945, and was adopted by the County Council in November, 1945, as the long-term policy for the provision of maternity accommodation.

1. **Previous Report on Maternity Accommodation.** A review of the position as it then existed was submitted to the Public Health Committee at a special meeting held on 22nd May, 1944. In the report, it was advised that for purposes of providing accommodation for maternity cases, the County should be considered as consisting of three areas, centred on Kettering, Wellingborough and Northampton, and the needs of each of these areas were reviewed. The recommendations in the report were that the Committee should give favourable consideration to (a) joining with Northampton Corporation in an equal share in a 25 bed Unit to be erected at the Barratt Maternity Home and (b) that the needs at Wellingborough should also be met and that to this end consultations should be held with the Public Assistance Committee regarding the lease of a site at the Park Hospital, Wellingborough, while at the same time enquiries should be made about the possibility of the necessary licences for material and labour being granted by the Ministry of Health.

2. **Action taken by Committee since previous report.**

Northampton Area. The Committee has now arranged to share with the Northampton Corporation in the erection of a Unit at the Barratt Maternity Home which will provide 24 lying-in beds and 6 observation beds. The present state of progress is that tenders will shortly be invited. To cover the gap between the discontinuance of St. John's Emergency Maternity Home under the Evacuation Scheme, and the completion of the new Unit at the Barratt Maternity Home, the Committee has had negotiations with representatives of the Maternity and Child Welfare Committee of the Northampton Corporation and correspondence with the Trustees of St. John's Hospital with a view to having the temporary use of St. John's for local women. No information has as yet been received from the Ministry of Health as to when St. John's will be given up under the Evacuation Scheme. The County Council, however, at their meeting last July, gave the necessary authority for proceeding with the arrangements. The Northampton Corporation has now decided not to participate in the scheme, but there is little doubt that all the available accommodation can be taken up by county mothers. At present also, the negotiations with the Trustees have not been completed.

3. *Kettering Area.* In the last year, two Conferences have been held at the Kettering and District General Hospital attended by representatives of the County Health Committee, of the Kettering Maternity and Child Welfare Committee and of the Hospital Board, with the object of finding a solution to the problem of increasing the accommodation in the Kettering Area.

The primary reason for the holding of the Conferences has been the difficulty of staffing the existing seven bed maternity ward in the Kettering and District General Hospital. The ward was again closed for a short period recently—from 8th to 29th August, 1945. The result of the Conferences was that plans were prepared by the Hospital Architects to erect a Unit of 30 beds by radically adapting and building out from the existing maternity ward. The provisional estimated cost is £16,000, but if the walls are constructed of sufficient strength to bear an upper floor at a later stage, the cost will be about £17,400. To this figure, there will have to be added the cost of equipment and Architects' fees, and also the cost of increasing the engineering services—central heating and domestic hot water supplies.

4. *Wellingborough Area.* Regarding the provision of accommodation to serve the Wellingborough Area, the Public Health Committee approved the proposals in the report. Subsequently, the Public Assistance Committee agreed in principle to the letting to the Public Health Committee of part of the site of the Park Hospital, Wellingborough, for the erection of a maternity ward to be administered by the Public Health Committee. When the Ministry of Health was asked about the possibilities of licences for materials and labour, a reply was received that the Department desired to have approximate estimates of costs and to know whether the County Council would require to apply for a loan sanction. At their meeting on 13th June, 1944, the Public Health Committee, having decided to proceed with the erection of the Unit at the Barratt Maternity Home, resolved to hold in abeyance proposals about accommodation at Wellingborough. On 14th May, 1945, representatives of the Public Health Committee received a deputation from Wellingborough Urban District Council, which stressed the need for the provision of accommodation in Wellingborough, and it was decided that a report comprising long term plans to meet the needs of the County should be presented by the County Medical Officer of Health.

5. **Number of beds at present available.** In the following sections of this report, the needs of Kettering Borough are included as it is extremely likely that the Kettering Corporation will desire to have an opportunity of co-operating with the County Council in any schemes for the provision of maternity accommodation in the Kettering Area.

6. The number of maternity beds at present available for mothers from the County is as follows :

Barratt Maternity Home—	
Beds paid for, average.....	8
Non-authorised and private, estimated average	6
London Road Hospital, Kettering—	
County Maternity Home	10
Infirmery Block (not fully staffed and only in temporary use for maternity cases)	16
Kettering and District General Hospital—	
(four allocated for Kettering Corporation, one for County Council and two for medical staff)	7
	47
Nursing Homes—	
Woodfield, Finedon	7
Newlyn, Kettering	4
	11
TOTAL	58

7. During the War, the County Council has fortunately been able to secure the admission of substantial numbers of mothers from the County to the Emergency Maternity Homes. The Homes at Bragborough Hall and East Haddon were closed in May and June, 1945. Although St. John's Hospital is still being continued under the Evacuation Scheme, it cannot obviously be included as accommodation normally available. The fact must be recognised that the County is not well served by maternity homes. As shown above, the total number of beds, including accommodation for private patients, is 58, which on the basis of each bed accommodating 20 patients per annum, represents accommodation for about 28% of the average births (including stillbirths) in the County during the last five years—4,172. If the beds for private cases are excluded, there are left at the most about 42 beds, which number is capable of receiving 20% of the births.

8. **Extent of accommodation to be provided.** During the war, the number of births has risen steadily. The numbers for 1940-1944 are 3,638, 3,907, 4,192, 4,328 and 4,798 (stillbirths are included). The first question to be considered is whether the birth rate is likely to increase still further, because it will be remembered that, after the last war, a rise in the birth rate was experienced. Probably a further increase in the birth rate will occur, although the national figures for the first quarter of 1945 have shown a slight decline. For our present purposes, it is suggested that the average number of births in the last five years, including stillbirths, should be taken as a datum line on which to base future requirements. The next question to be settled and it is a most important one, is for what proportion of births should institutional accommodation be provided? The Royal College of Obstetricians and Gynaecologists in a report on a National Maternity Service, dated May, 1944, recommended that lying-in beds should be available for 70% of the births and that, in addition, antenatal beds equal to one third of lying-in beds should be provided. The average number of births (including stillbirths) in the County in the last five years, 1940-1944, is 4,172. Each maternity bed can be regarded as accommodating 20 maternity cases per annum. To provide for 70% of the births, 146 beds are required, and if an additional one third of the beds are added for antenatal cases, the total beds needed becomes 195. It is thought that the Committee would be on safe lines in deciding to provide for 50% of the births in institutions. To provide for 50% of the births, 105 beds are required and if an additional one third of the beds are added for antenatal cases, the total beds needed becomes 140. It is very advisable that any new maternity wards that are erected should be built in such a way that they can be easily extended at a later stage if this is found necessary.

9. **Distribution of Maternity Homes.** An equally important point to be determined is—where are the additional beds to be placed? There are two main courses that can be adopted: (a) The accommodation can be planned in three main units, *i.e.*, at Kettering, Northampton and Wellingborough, or (b) in addition to the main units there could be provided a number of smaller homes distributed at say, Rushden, Corby, Oundle, Daventry and Brackley. As has been reported to the Public Health Committee, small maternity homes are uneconomical in staffing, and they present greater difficulties in attracting and retaining efficient staff, which in view of the prevailing shortage of midwives is a factor to which consideration should be given.

On the other hand, it must be conceded that mothers in such parts of the County as Daventry and Brackley will have long distances to travel if no facilities are provided in these localities, but this would appear to be inevitable. Even in large towns, women in labour have to travel some distance and in Country areas, the distances are bound to be greater. The wiser course would be to adhere to the principle already approved by the Public Health Committee, which is that three main maternity units, *viz.* at Kettering, Northampton and Wellingborough, should be provided. Such a decision does not exclude the possibility, at a later stage, of reviewing the need for and practicability of constructing smaller homes at say, Rushden, Corby, Oundle, Daventry and Brackley.

10. **Planning of Maternity Homes.** The following quotation is taken from the Final Report (1938) of the Departmental Committee on the Cost of Hospitals and other Public Buildings :—

" Maternity accommodation may be planned either as a separate Hospital or Home, or as a Department of a General Hospital. The Departmental Committee on Maternal Mortality and Morbidity recommended that the latter arrangement should be followed when practicable ' in the interests of economy, as well as to facilitate specialist treatment of non-obstetric conditions associated with pregnancy and childbirth,' and a similar opinion is expressed in the Report on an Investigation into Maternal Mortality issued by the Ministry of Health in 1937. There are, indeed, obvious advantages ; for instance, economy in administration, facilities for medical or surgical consultation and treatment, and easy access to Special Departments for diagnosis and investigation such as the X-ray Department and the laboratory service. The modern tendency is thus to regard a Maternity Department as an integral part of a General Hospital, whether voluntary or municipal. Where the Maternity Department is built as part of a General Hospital it should be planned as a separate block. If this is not practicable it should form a separate unit entirely distinct from the general medical and surgical wards and should have its own entrance."

11. " In planning a Maternity Department, it should be borne in mind that the normal maternity patient is not a sick woman. She has undergone a good deal of physical discomfort and disability for some months, and she has to pass through an exhausting and painful experience at parturition, but once that is over she rapidly recovers her strength. The atmosphere of a maternity ward should therefore be one of health rather than illness, but the danger to the lying-in woman of septic infection, and the ease with which such infection may be introduced into the wards or conveyed from one patient to another, make it essential to adopt special precautions in order to reduce the risk of infection to a minimum. The most important precautions lie in the realm of administration and treatment rather than that of planning and construction, but planning can contribute materially to safety. Its aim should be to provide the conditions that facilitate good administration and treatment and tend to restrict the effects of infection, should this unfortunately occur."

12. " Provision must be made for the nursing and treatment of the abnormal or complicated case, for dealing with the apparently straightforward confinement which suddenly exhibits a dangerous abnormality, and for the immediate and easy separation of any patient who is suspected of being a danger to others."

13. " The special requirements of a Maternity Department, some of which have been mentioned, complicate planning and raise the cost as compared with that of General Hospital accommodation. It would doubtless be generally agreed that anything within reason that can be done to make child-bearing safer ought to be done, and our recommendations follow that principle, though avoiding extravagance or unnecessary expenditure."

14. **Number of Beds in a Maternity Department.** Further quotations are taken from the Report previously referred to :

" The number of beds in a Maternity Department cannot as a rule depend on theoretical considerations as to the optimum number, but must depend on the number of beds required in a particular Hospital or locality. For reasons of economy in construction and administration and of convenience in classification of patients, very small Maternity Departments are not desirable, and maternity services should, so far as practicable, be so organised that Departments of less than 20 lying-in beds are avoided, though it is recognised that this may not always be possible in country districts."

15. " The Departmental Committee on Maternal Mortality and Morbidity expressed the following view : The size of the maternity unit is a matter of some importance, as its efficiency largely depends on the perfect co-ordination of the different sections—antenatal, natal and postnatal—and largely also on the constant individual supervision by doctors and nurses of long experience. In very large units this essential co-ordination and personal supervision is apt to break down, and mistakes may more readily occur which pave the way to difficult labour and death.

The Committee, therefore, advocate, as likely to give the optimum of safety, Hospitals providing from 50 to 60 maternity and five to ten antenatal beds with an associated district of not more than 800 to 1,000 cases per annum. Similar advantages may, of course, be secured in larger Institutions if they are organised in separate units with their own medical and nursing superintendents."

16. "It does not seem to be practicable to limit Maternity Hospitals or Departments to a maximum of 60 to 70 beds, nor do we consider that there is any objection to a greater number, provided that suitable administrative arrangements are made. This conclusion seems to be in accordance with the last sentence of the passage quoted above."

17. "The conclusions which follow are intended to apply to a Maternity Department containing about 60 lying-in beds and forming part of a General Hospital, but are capable of modification to make them applicable to Departments greater or less in size or to separate Maternity Hospitals."

18. **Size of Ward Unit and Wards.** "In our Report of the Acute General Hospital, we adopted 30 beds as the standard ward unit, *i.e.*, a self-contained nursing unit under the charge of one sister. This number should be the maximum for a lying-in ward unit, and while a smaller number might be convenient it should be borne in mind that smaller units lead to a multiplication of ancillary rooms and consequently to a higher cost. Thirty beds should not be too many for one sister, provided she has sufficient trained staff for the proper supervision of the work in the wards and the nurseries and is not responsible for other duties such as those in the Labour Section or the Antenatal Clinic. A Maternity Department of the size under discussion would, therefore, contain two lying-in ward units not exceeding 30 beds each, together with certain other Sections to be described later.

The total in-patient accommodation would be as follows :

Ordinary lying-in beds	...	...	60
Separation accommodation—			
" Potentially septic "	...	2 to 4,	or more according to the nature and practice of the Hospital.
Observation	...	...	4
Antenatal beds	...	...	10
			76 to 78, or more."

19. The King Edward Hospital Fund for London in a Report (March, 1945) on Nursing Staff—Considerations on Standards of Staffing, have stated that normally, ward units should be of not more than 25 beds and the ideal may be less than this number. This Report, however, is dealing with Acute General Hospitals and not with Maternity Homes. So far as can be ascertained at present, it may be concluded that the ideal ward unit that can be efficiently supervised by one sister is probably about 25 beds.

20. **Antenatal Services.** Although this memorandum is primarily concerned with provision for maternity cases, considerations affecting the future of the antenatal services have a bearing on the subject. At the present time, the antenatal clinics are normally staffed by Assistant County Medical Officers, who do not attend the patients during the confinement: such arrangements cannot be regarded as satisfactory. At the same time, the present antenatal services were started because women in many instances had no antenatal supervision at all, and they have certainly proved their value.

21. In a post-war scheme, the ideal arrangement would be that doctors who are resident in Maternity Homes and who are, therefore, likely to attend the patients at the confinement, are responsible for conducting the antenatal clinics in the area served by the Homes. Some of

the mothers would, of course, not be recommended for admission, and in these cases, the patient's own doctor, who might have to be summoned if an unforeseen emergency arose, could be given an opportunity of carrying out the antenatal work. The subject is mentioned here because in any negotiations with Voluntary Hospitals, it will have to be borne in mind that the Committee may desire to make arrangements for the Resident Medical Officers to take part in the antenatal work of the area served.

22. Recommendations.

Northampton Area. The Northampton area includes Brackley Borough and Rural District, Daventry Borough and Rural District, Brixworth, Northampton and Towcester Rural Districts. The average number of births in the last five years in this area is 1,347, and the number of beds required to provide for 50% of the births is 34; if one third is added for antenatal beds, the total becomes 45. As stated in paragraph 2, the Committee has decided to share with the Northampton Corporation in a Unit consisting of 24 lying-in beds and six observation beds at the Barratt Maternity Home, which will afford 12 lying-in beds and three observation beds for county mothers. This provision clearly falls far short of the "50% standard", but the proposed unit has been designed to contain the maximum accommodation for which approval could be obtained from the Ministry of Health during the war. The Northampton area differs from the other areas in the County in respect of the fact that it contains the Barratt Maternity Home, which is the headquarters of the Council's Consultant Obstetrician, and is an approved teaching school for midwives. Associated with the Barratt Maternity Home, there is also a modern, well-equipped gynaecological block. Further, the Barratt Maternity Home is a constituent part of the Northampton General Hospital, by far the largest General Hospital in this part of the country, with a specialist service, including medicine, surgery, ear, nose and throat, eye, radiology, radiotherapy, pathology, bacteriology, and physiotherapy. The Barratt Maternity Home must be regarded as the key hospital for the county, and must continue to receive all the major difficult maternity cases, which at present can be regarded as requiring at least eight beds for county cases. It is clear therefore that the steps already taken by the Committee, although the utmost that could be done under existing circumstances, will not provide an adequate solution for future years. When the building situation becomes easier, further consultations will require to be held with the Northampton Corporation and the Northampton General Hospital, in order that under a long-term plan, even more adequate provision can be made for all the major abnormal and emergency cases from the whole County, and for the normal cases that can conveniently be received at the Barratt Maternity Home, together with the needs of the Northampton Corporation.

Wellingborough Area. The Wellingborough area is taken as including Higham Ferrers Borough, Wellingborough, Raunds, Irthlingborough and Rushden Urban Districts, Wellingborough Rural District, and in addition half of Oundle Urban and Oundle and Thrapston Rural Districts. The average number of births in the last five years, 1940-1944, in this area, including half the births in Oundle Urban and Oundle and Thrapston Rural Districts is 1,294, say 1,300. To provide for 50% of the births, 32.5 beds are required, and if an additional one third is erected for antenatal beds, the total becomes 44. A Home with 44 beds is possibly not an ideal size and one of 50 beds is to be preferred as it will contain two ward units each of 25 beds, which is the number of beds that can be efficiently supervised by one sister, and is also economical for planning. If, however, the Committee think that the prospects of obtaining the Ministry's approval for a 50 bed unit are remote, they might consider proceeding with a scheme for a 25 or 30 bed unit, designed to be extended later when building prospects are more favourable. Figures for pre-war costs have been examined and an increase of 90% has been allowed for, as it is considered that if building construction is undertaken at the present time, an increase of not less than this amount must be faced. Any estimates, however, submitted at the present time can be regarded only as tentative until such time as sites are definitely selected and plans prepared. The County Architect and I are of the opinion that the estimated costs would be not less than the following figures:

25 Bed Home	...	...	...	...	£30,000
Staff Quarters for 24	...	...	...	...	13,220
(15 midwifery and other : 9 domestic)					
					£43,220
<hr/>					
30 Bed Home	...	...	...	...	£35,000
Staff quarters for 29	...	...	...	...	16,000
(18 midwifery and other : 11 domestic)					
					£51,000
<hr/>					
50 Bed Home	...	...	...	...	£55,000
Staff quarters for 43	...	...	...	...	23,650
(27 midwifery and other : 16 domestic)					
					£78,650
<hr/>					

24. The above figures do not include equipment and furnishings. Comparison will immediately be made between the above figures and the estimated costs of the proposed extensions at the Barratt Maternity Home. The last figure reported to the County Council for the provision of the 24 Bed Unit with six observation beds is £16,000, including architects' fees, plus £2,000 for equipment and furnishings, but the following points should be borne in mind. Firstly, the new Unit is being added to an existing maternity home; secondly, it is of semi-permanent construction; thirdly, it does not contain a labour ward suite; fourthly, it does not include quarters for staff; and fifthly, accurate estimates cannot be available until tenders have been received. Similar observations apply in any comparison between the above estimates for maternity units at Wellingborough, and the estimated cost mentioned in paragraph 3 of £17,400 for a 30 bed unit at the Kettering and District General Hospital.

25. The staff requirements shown above may appear excessive, but it should be mentioned that the Report of the King Edward Hospital Fund for London previously referred to, states that staff should be provided for ward duties only in Acute General Hospitals on the basis of about 70 per 100 beds. For Maternity Homes, the Ministry of Labour and National Service in a Memorandum dated July, 1944, permitted staffing in the proportion of one midwife for every four lying-in beds with an additional untrained person for four beds, *i.e.*, total staff in the proportion of one to every two beds was allowed. The experience gained during the war has shown that for good administration, staff should be a little in excess of one to two beds. One of the present difficulties in obtaining recruits to nursing is that the profession has the reputation of being hard and strenuous, and this is due to the fact that hospitals in general under-estimate their staff requirements. The domestic staff includes, cooks, kitchen maids, ward maids, housemaids, etc., and although the numbers may again appear excessive, it has to be remembered that if a 48-hour week is to be worked, a revision of pre-war standards of staffing is required.

26. The question the Committee has to decide is whether to proceed with a complete Unit of 50 beds or in view of the prevailing restrictions on labour and material, to deal with the scheme in two stages, and apply in the first instance for a Unit of 25 or 30 beds. It might be expedient to adopt the latter course, and if this is done, a Unit of 30 rather than 25 beds is to be preferred. Once the Committee has decided on the size of the Unit, plans should be prepared, the necessary agreement regarding the site reached with the Public Assistance Committee, in order that suitable recommendations can be submitted to the Finance Committee and to the County Council. As soon as the required sanction of the County Council has been obtained, firm proposals which should be strenuously supported, should be submitted to the Ministry of Health. If the Ministry refuse to allow any building at the present time, the Committee will require to fall back on the alternative of finding and adapting a suitably sized large house. This course, however, should be adopted only as a last resort.

27. *Kettering Area.* The need for increased provision to serve the Kettering area is almost, but not quite, as urgent as at Wellingborough. The Kettering area is taken as including Kettering Borough, Burton Latimer, Corby, Desborough and Rothwell Urban Districts and

Kettering Rural District, together with half of Oundle Urban and Oundle and Thrapston Rural Districts. The average number of births, including stillbirths, in the last five years, 1940-1944, in the above districts is 1,530. (Kettering 629, surrounding county area 901). To provide for 50% of the births, 38 beds are needed, and adding one third for antenatal beds, the total number of beds required becomes 50. As stated in paragraph 3, plans have been prepared by the Architect of the Kettering and District General Hospital for a 30 bed Unit. This, together with the 10 beds in the County Maternity Home at the London Road Hospital, Kettering, will give 40 beds, which will go most of the way to meet the "50% standard". The Unit at the Kettering and District General Hospital can always be extended by building another flat on top so that future requirements are safeguarded. As regards the allocation of the 30 beds in the proposed Unit, the Hospital Board desire six beds to be reserved for the use of the medical staff, *i.e.*, for private patients. The Board contend that the demand for accommodation for private patients has kept pace with the demands of Local Authorities, and that it is, therefore, reasonable to increase the private beds from two, the present number, to six. This is a subject which the Committee, in conjunction with the Kettering Corporation, will require to consider. A suggested solution is that the Hospital Board should be asked to pay for one-fifth of the total cost, *i.e.*, for six beds out of the 30, and should have refunded to them a sum agreed to by the County Architect and the Hospital Architect as representing the value of the existing seven bed ward, which is being incorporated in the proposed block. Should agreement be reached on this matter, the remaining 24 beds can be allocated between the Committee and the Kettering Corporation, in the proportion of the population to be served. The total population (Registrar General's 1943 Returns) in Kettering Borough, Burton Latimer, Corby, Desborough, Rothwell Urban Districts, and Kettering Rural District, plus half the population in Oundle Urban and Oundle and Thrapston Rural Districts, is approximately 80,000. The population of Kettering Borough is 35,000, so that the beds should be allocated into 45/80ths to the Committee and 35/80ths to Kettering Borough, *i.e.*, 9/16ths and 7/16ths respectively, say 14 beds to the Committee and 10 to Kettering Borough. The provisional estimated cost of the Unit is £17,400 but equipment, architects' fees and other items are to be added. Further, definite estimates cannot be furnished until tenders have been received. The cost will certainly be not less than £20,000. The share to be borne by the County Council will be 14/30ths—£9,333, say £9,400, plus a share of the sum to be settled as representing compensation for the existing seven bed ward, which is being replaced, provided, of course, that this method of dealing with the private beds is adopted. The Committee should appoint representatives to meet representatives of the Kettering Corporation and of the Hospital Board with a view to a definite scheme being prepared as soon as possible, in order that firm proposals can in due course be submitted to the Ministry of Health.

28. **Finance. Capital Expenditure.** As has been emphasised, definite figures cannot at this stage be submitted, but the Committee will expect some guidance as to the limits of the expenditure involved in the adoption of the three schemes contained in this Report.

1. Northampton—extension to Barratt Maternity Home, half share of £18,000	...	...	£9,000
2. Wellingborough—(a) 25 Bed Unit with staff quarters			£43,220
or —(b) 30 Bed Unit with staff quarters			£51,000
or —(c) 50 Bed Unit with staff quarters			£78,650
3. Kettering—County share, 14/30ths of £20,000	...	...	£9,400

Dependent on which scheme is adopted for Wellingborough, the total capital expenditure will be of the order of £61,620, or £69,400 or £97,050.

29. **Annual Maintenance Costs.** Excluding loan charges, the actual maintenance costs per patient per week, will be at least 12/6d. per day, which is the rate charged at present by Northampton General Hospital. I am doubtful, however, if the Committee will find that they can provide or have provided for them in the post-war period, maternity beds at the rate of 12/6d. per day. The County Treasurer has recently advised the Committee that the cost for administering St. John's Hospital will be £1/1/0 per day. Admittedly, the cost of running St. John's

Hospital will be relatively high because only 24 lying-in beds and six antenatal beds will be provided as the rest of the accommodation must house the staff. I have discussed the matter with the County Treasurer and we have agreed that in the post-war period, the cost, excluding loan charges, is likely to fall approximately midway between £1/1/0 a day and 12/6d. a day. Allowing for patients' contributions, we are of opinion that, excluding loan charges, the net cost will be in the region of £200 per annum per bed.

30. New beds to be provided and to be available to the Committee will be : Northampton General Hospital, 12 ; Wellingborough, 25, 30 or 50 ; Kettering 14 ; a total of 51, 56 or 76. If the post-war net costs, excluding loan charges, work out at about £200 per bed per annum, total annual expenditure, excluding loan charges, will be of the order of either £10,200, £11,200 or £15,200, depending on the number of beds to be provided at Wellingborough.

31. **Conclusion.** The Report on a National Maternity Service by the Royal College of Obstetricians and Gynaecologists concludes with the following statement, which I think is appropriate to this memorandum :

" We have no doubt that the wider application of knowledge, more and better personnel and institutions, and more efficient planning would greatly lessen the wastage of maternal and infant life and health, and would increase the health, happiness and vitality of the Nation "

(viii) ANTENATAL CLINICS.

At the end of the year there were 13 antenatal clinics ; (one additional antenatal clinic was provided for evacuee mothers).

Antenatal Clinics were held weekly at Northampton, Wellingborough, Rushden and Corby, fortnightly at Daventry and Kettering, and monthly at Brixworth, Middleton Cheney, Rothwell, Thrapston, Towcester, Oundle and Woodford Halse.* 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 clinics at Watford Court, Norton Hall and East Haddon Manor were closed in January, May and June, 1945, respectively.

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

ANTENATAL CLINICS.

	1944	1945
No. attending for first time	3,117	2,079
Total antenatal attendances	11,018	7,474
No. sent to hospital :		
For consultation	124	97
„ confinement (abnormality)	166	147
„ confinement (lack of accommodation)	1,914	1,267
„ antenatal treatment	92	16
„ antenatal treatment and confinement	233	163
„ antenatal treatment and miscarriage.....	7	1
No. treated on district (confinement)	652	491
No. treated on district (miscarriage)	9	9
No. referred to own doctor	20	22

The total number of women, including evacuees, attending all antenatal clinics was 2,560 or 75.6 per cent of the total notified births.

* This clinic was transferred from Byfield in April, 1945.

CASES TERMINATED.

	1944	1945
Alive Full Time	2,676	1,836
Premature (under 5½ lbs.).....	64	60
Stillborn, Full Time	33	30
Premature	19	10
Abortion or miscarriage	14	10
Left district	235	123
Not Pregnant	17	13
Not terminated	474	435
Twin birth	29	21
Triplets	—	—
Maternal deaths	3	1

Consultative Antenatal Clinics are held at Northampton General Hospital and 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	50
(b) No. of expectant mothers referred to Consultant Obstetrician by medical practitioners and examined by him in a consultative capacity at the Clinic	184	112
(c) No. of patients recommended for admission on account of abnormalities and supervised at the Antenatal Clinic (exclusive of cases entered under (b))	164	28
(d) No. of cases recommended for admission on account of unsatisfactory home conditions and supervised at the clinic	51	—
(e) Total No. of expectant mothers who attended at the Clinic during the year	394	184
(f) Total attendances of all cases at the Clinic	1,559	284

A postnatal Clinic was held at Wellingborough on the third Thursday of the month at 2-3.30 p.m. There were 84 attendances ; other postnatal attendances were made at the Antenatal Clinics, the total attendances, including Wellingborough, being 445.

BLOOD TESTS.

As a preventive to congenital syphilis, a scheme was commenced in 1945 for the routine blood testing of women attending Antenatal Clinics. Of 305 specimens examined, 7 were found to show abnormalities, and these cases were referred for advice and treatment to the appropriate clinics.

ANTENATAL CLINICS, 1945.

Clinic	No. of Sessions		Attendances				Average Attendance	
	A.N.	P.N.	Primary	Subsequent	Post-Natal	Total	per case	per session
Wellingborough	47	10	226	809	84	1119	5.0	P.N. 8.4 A.N. 22
Northampton	47	—	203	551	84	838	4.1	17.8
Rushden ...	44	—	186	594	51	831	3.2	18.9
Corby ...	47	—	171	509	34	714	4.1	15.3
Daventry ...	24	—	101	269	51	421	4.2	17.5
Thrapston ...	12	—	49	101	6	156	2.4	13
Woodford Halse	10	—	31	63	25	119	3.8	12
Middleton Cheney	12	—	43	68	11	122	2.8	12
Towcester ...	12	—	52	86	24	162	3.1	13.6
Brixworth ...	12	—	38	59	12	109	2.9	9.1
Kettering ...	21	—	98	234	21	353	3.5	16.8
Rothwell ...	12	—	48	91	23	162	3.3	13.6
Oundle ...	11	—	50	83	11	144	2.2	14
East Haddon Manor ...	27	—	112	314	8	434	3.8	16
Watford Court	3	—	12	33	—	45	—	15
Norton Hall ...	20	—	69	199	—	268	3.9	13
Northampton (for evacuee women)	99	—	590	1332	—	1922	3.2	19.4
TOTAL ...	460	10	2079	5395	445	7919	—	—

(ix) NOTIFICATION OF BIRTHS.

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

Live births, 3318 ; Still-births, 66 ; Total 3384.

Notified by Midwives 3,227

Notified by doctors and parents 157

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

(x) INFANT WELFARE CENTRES.

At the end of the year there were 28 Infant Welfare Centres in the County. The Table on page 25 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 1,371 representing 37.4 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 11,059, and by children between the ages of one and five years, 6,764, showing a decrease of 2,038 attendances on the figures of the previous year.

(xi) HEALTH VISITING.

At the end of the year the staff consisted of 19 Health Visitors and one Superintendent.

HEALTH VISITORS' VISITS.

1. Antenatal	129
2. Infants	25,225
3. Children 1-5 years	27,140
4. Infant Life Protection	674
5. Boarded Out (P.A.C.)	154
6. Tuberculosis Cases	2,861
7. Mental Defectives	310
8. Special Visits	450
9. Social Visits	485
	57,428
	57,428

In addition, the Health Visitors made 678 attendances at the Infant Welfare Centres and gave 30 lectures to the mothers.

A total of 3,393 first visits were made by Health Visitors to children under one year of age, representing 92.5 per cent of the total registered live births.

(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 1945, 66 individual foster mothers and 77 children were on the register. During the year, 6 children were removed from the County, 9 were returned to the care of parents or relatives, 6 were legally adopted, 12 were removed to institutions, 1 died, and in 12 cases supervision was discontinued on the child reaching the age of nine years. 674 visits were paid by the Health Visitors. All reports are reviewed by the Superintendent Health Visitor, and prompt measures are taken to investigate any case in which an adverse report is received.

In addition to the individual foster mothers shown above, two private schools which were not exempted from visiting were supervised during the year. One of the schools admitted 11 children under 9 years and the other admitted 7 children under 9 years.

The following schools, institutions and homes were exempted during 1945 from visiting under Section 219(3) of the Public Health Act, 1936.

Waifs and Strays Society Home, Hatton Hall, Wellingborough.

Winchester House School, Brackley.

The School, Wellingborough.

Maidwell Hall School, 8, Hatton Street, Wellingborough.

(xiii) ORTHOPÆDICS.

The Clinics organised by the Manfield Orthopædic Hospital continued their valuable work and 108 children under five years of age were referred to the clinics for treatment by the Medical Officers attending Infant Welfare Centres.

There were admitted as County Council patients to Manfield Orthopædic Hospital, eleven children under five years of age. The conditions from which these children were suffering were as follows :

- Club Foot (2)
- Torticollis
- Infantile paralysis for transplantation of tendon
- Congenital dislocation of hip (4)
- Correction of flexion deformity, left knee
- Tibial osteotomy to correct knock knee
- Correction of knock knees

(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.

Nine unmarried mothers were admitted to special homes in 1945.

(xvi) PREVENTION OF DEAFNESS AND DEAF-MUTISM.

Seven cases have been referred to hospitals for operation.

(xvii) DENTAL TREATMENT AND DEFECTIVE VISION.

There were referred to the Staff of the School Medical Department 293* expectant and nursing mothers and 161 children under five years of age who required dental treatment, and 106 children under five who required examination for defective vision. Assistance towards the cost of dentures was given to 25 mothers.

(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.

County cases numbering 64 were seen at the Northampton Women's Welfare Association Clinic.

(xx) HOME HELPS.

(a) *Maternity Cases.*

Three cases received assistance under this scheme. It did not prove possible to obtain Home Helps under an official scheme.

(b) *Domestic Help for Non-Maternity Cases.*

The Minister of Health in December, 1944, issued a circular (No. 179/44) regarding the provision of Domestic Help for non-maternity cases.

The circular stated that the Government were concerned with the position of persons who

* Of these 152 did not attend for treatment.

were sick and infirm and were unable to obtain domestic help. The types of cases in which domestic help might be given were (i) where the housewife fell sick or required an operation ; (ii) where the wife was called away to see her husband in hospital and the children required to be looked after ; (iii) when elderly people were infirm or one of them suddenly fell sick ; and (iv) where several members of a family were ill at the same time, such as in an epidemic of influenza.

The rates of pay were to be not less than the Hetherington scale, and suitable contributions recovered from the household.

The circular added that the Ministry of Labour and National Service would encourage suitable persons to undertake this work.

This matter was reported to the Public Health, etc., Committee in January, 1945, and the Committee decided that in the first instance, an approach should be made to the District Nursing Associations to ascertain whether some local arrangements for the provision of domestic help in such cases could be made through the agency of their members. Information from the local Labour Exchanges showed that no women were available as domestic helps.

While it was realised that under existing conditions there was little chance of domestic helps being recruited through official channels, it was considered that there might be some women throughout the county who, on occasion, would be prepared to render assistance in necessitous cases.

A circular letter was accordingly sent out by the Northamptonshire Nursing Association to all District Nursing Associations (except Kettering Borough) in which the objects of the scheme were set out and asking for it to be discussed.

The results of this appeal were not very successful. The necessity for such a scheme was not unanimously acknowledged and in cases where it was agreed that domestic helps were needed, the possibility of obtaining such help was stated to be remote. In one reply the view was expressed that such a scheme involving the payment of domestic helps would discourage neighbours from giving voluntary assistance as is so often done at present.

The Corby Nursing Association, however, took active steps to deal with the problem and established a pool of Home Helps to assist in both maternity and non-maternity cases. They were able to obtain a number of workers, chiefly in Corby itself, and offered a higher rate of pay than that suggested in the Ministry's circular. Their opinion was that such work being of a casual nature should be paid at a higher rate than permanent employment. The Association assesses the amount to be contributed by the patient according to means, and the remainder is paid out of the Association's funds.

The Corby scheme was commenced in November, 1945, and up to the time of reporting (April, 1946) 14 applications had been received. Seven of the applicants were considered suitable and were assisted. In three cases the home help was paid entirely by the Corby Nursing Association and in the other cases some repayment was made or promised by the patient.

The following are examples of the cases dealt with :

- (i) A woman confined to bed for some weeks, home help provided which cost £8/3/0d. Patient promised to repay some of the cost.
- (ii) Two old age pensioners. Help provided during the day time by the Assistance Board. When both old people were ill the Nursing Association found someone to stay during the night. Friends of the patients repaid £1.
- (iii) A woman recommended one month's rest by her Doctor after eighth confinement. Home help provided for which the Corby Nursing Association paid £10. The husband is in regular employment but gambles away most of his pay. No recovery made from patient as they did not wish " to upset her ".
- (iv) Home help given to wife of tuberculous patient in order to enable her to keep on with a part-time job. The Committee felt that such work enabled her to keep out of debt and also took her away from an atmosphere of sickness.

INFANT WELFARE CENTRES.

NAME OF CENTRE.	AVERAGE NO.	AVERAGE NO. OF		SESSIONS.
	OF INFANTS ATTENDING PER SESSION.	CONSULTATIONS PER DOCTOR'S ATTENDANCE.	ATTENDANCES BY DOCTOR.	
Brackley	34	16	11	11
Brixworth	50	22	11	11
Burton Latimer	38	22	11	20
Byfield	29	26	11	11
Cold Ashby and Welford.....	27	18	9	9
Corby	39	18	46	46
Cottingham (<i>closed, May, 1945</i>) ...	15	13	5	5
Daventry	36	25	21	22
Desborough	36	16	10	20
Duston	27	26	11	11
Earls Barton	20	19	10	21
Finedon	21	18	10	10
Guilsborough* (<i>closed, Sept., 1945</i>)	17	—	—	8
Hackleton	41	24	11	11
Higham Ferrers	38	24	12	22
Irchester	17	10	11	22
Irthlingborough	26	23	11	21
King's Cliffe	9	8	10	10
Long Buckby	24	22	10	10
Moulton	29	13	11	11
Oundle	27	22	11	11
Potterspury	23	20	10	10
Raunds	32	26	11	11
Rothwell	29	27	10	22
Rushden.....	74	29	43	46
Spratton (Evacuees)	17	16	5	5
(<i>Closed, May, 1945</i>)				
Towcester	23	19	12	12
Weedon	16	15	11	11
Wellingborough	50	25	43	44
Wilbarston.....	9	9	5	5
Wollaston	22	16	11	22
Woodford	18	16	9	10

* Voluntary Centre.

CARE OF ILLEGITIMATE CHILDREN.

The Ministry of Health recommendations for the care of Illegitimate Children, Circular 2866, have been implemented as far as war-time conditions allow, and a close working liaison established between the Diocesan Moral Welfare Association and the Health Department.

A high percentage of the sixty cases reported to the County Social Worker during the year, involved difficult social problems, finance, accommodation, prejudice and antagonism, especially in the case of second illegitimates, and married women. Foster-mothers will not accept the necessary responsibility and extra work entailed in caring for babies. They prefer children of school age. Only in one case was it possible for the baby to be boarded-out and then with relatives. In the majority of cases, therefore, it has been found the only alternative is to admit mother and baby to a Public Assistance Institution or persuade them to return, often to very unsatisfactory home conditions (42 cases). Suitable opportunities for domestic employment for a mother with her baby are comparatively few since the modern small house cannot accommodate them. Institutions and Local Authorities too, are dubious of employing a mother with her baby. In addition, a high proportion of the unmarried mothers are factory workers and have neither domestic experience or inclination. A serious problem arises as to how an unmarried mother is to support her child by working, and at the same time care for baby, when there is no baby creche or day nursery in the vicinity and landladies refuse to accommodate them. It is imperative that there should be continuity in the early life of these children.

Eighteen cases of married women with illegitimate children were reported. In one case where the husband was persuaded to resume relationship with his wife, providing the baby was removed, application was made to the Adoption Society. There is regrettably so much delay in these cases that the mother is forced to return home with her baby in order to look after the other children, pending the adoption, with the result that the relationship between husband and wife deteriorates to the detriment of the whole family.

Every effort, as will be seen by the *statistics*, is made to persuade the mother or grand-parents to make a home for the baby, and only in cases where it is impossible or in the best interests of the child, are applications made for adoption (6 cases) or admission to a Children's Home (3 cases).

Total No. of cases referred	...	72
		12 Referred to Moral Welfare Worker.
		60 cases for County Social Worker.

Classification—

	29	1st illegitimate children.
	10	2nd illegitimate children.
	3	3rd illegitimate children.
	18	Illegitimate children of married women.
Total	...	60

Confinement Arrangements—

	27	Babies born in Emergency Maternity Homes.
	5	Babies born in Public Assistance Institutions.
	17	Babies born in London Road Hospital, Kettering.
	3	Babies born in Barratt Maternity Home, Northampton.
	8	Babies born at home.
Total	...	60

Arrangements made for the Babies' Welfare—

42	Remaining with Mother or Grandmother.
3	Admitted to Public Assistance Institutions.
3	Adopted.
1	Taken by Father's relatives.
1	Mother and Baby left area
3	Babies died.
1	Application to Dr. Barnardo's Home.
2	Applications to Waifs and Strays Society.
3	Applications for adoption.
1	Boarded out with relatives.
<hr/>	
Total	... 60
<hr/>	

STATISTICS OF ILLEGITIMACY, 1930-1945.

Year.	No. of Illegitimate Births		Total	No. of Cases in Destitute Diocesan Maternity Home—women confined in P.A.I.s.		Infant Mortality Rate per 1,000	
	Administrative County	Kettering Borough		assisted by Grants	financed in P.A.I.s.	Illegitimate	Legitimate
1930	111	16	127	8	—	70.86	40.85
1931	97	18	115	7	—	113.04	43.43
1932	90	11	101	—	—	79.20	44.28
1933	77	12	89	4	—	101.12	39.98
1934	96	11	107	9	—	84.11	56.17
1935	86	18	104	11	—	57.69	50.41
1936	80	23	103	13	—	58.52	47.55
1937	90	22	112	20	—	98.21	41.77
1938	98	21	119	13	—	92.43	39.15
1939	99	26	125	14	6	47.61	40.13
1940	102	20	122	8	7	89.43	46.90
1941	119	36	155	11	5	51.61	47.93
1942	175	45	220	20	18	66.18	32.53
1943	240	48	288	17	16	59.02	39.01
1944	320	71	391	17	11	61.38	35.87
1945	399	75	474	9	51	52.74	37.50
Average	142	30	172	11	*—	—	—

* Figures for the years prior to 1939 not available.

GOVERNMENT EVACUATION SCHEME.

ANTENATAL HOSTELS.

The number of beds and of patients admitted to the three Antenatal Hostels were as follows :

	<i>Norton Hall</i> (closed 19.5.45)	<i>Watford Court</i> (closed 19.1.45)	<i>East Haddon</i> <i>Manor</i> (closed 23.6.45)
No. of beds	40	20	22
No. of patients admitted.....	91	6	106

EMERGENCY MATERNITY HOMES.

The following is a summary of the work carried out at the maternity homes during 1945 :

	<i>Bragborough*</i> <i>Emergency</i> <i>Maternity</i> <i>Home</i>	<i>East Haddon†</i> <i>Emergency</i> <i>Maternity</i> <i>Home</i>	<i>St. John's</i> <i>Emergency</i> <i>Maternity</i> <i>Home</i>	<i>Total</i>
No. of beds	26	30	65	121
No. of patients confined	99	151	878	1128
Live babies born—				
Male	52	70	445	567
Female	49	79	425	553
Total live babies born ...	101	149	870	1120
Stillbirths	—	2	19	21
Miscarriages	—	—	1	1
Maternal Deaths	—	1	—	1
Infant Deaths	—	2	8	10
No. of cases admitted for Antenatal treatment	—	35	181	216

* Closed, May, 1945.

† Closed, June, 1945

The following tables summarise the work carried out at Emergency Maternity Homes and Antenatal Hostels from the date of opening until they were finally closed (with the exception of St. John's Emergency Maternity Home, which was still being used at the end of 1945) :

EMERGENCY MATERNITY HOMES.

	<i>Bragborough</i>	<i>East Haddon</i>	<i>St. John's</i>	<i>London Road Hospital, Kettering</i>	<i>Park Hospital, Wellingborough</i>	<i>Total</i>
Date opened	29th Oct., 1940	15th Sept., 1940	2nd Sept., 1939	23rd Sept., 1940	25th Oct., 1940	
Date closed	—	—	22nd Dec., 1939	—	Nov., 1940	
Date re-opened	—	—	24th Sept., 1940	—	Sept., 1944	
Date finally closed	May, 1945.	June, 1945	—	5th Mar., 1942	Oct., 1944	
No. of beds	26	30	65	20	60	201
No. of patients admitted	1551	2064	5189	360	138	9302
Live Births	1456	1952	4842	353	137	8740
Stillbirths	21	24	100	10	1	156
Miscarriages	—	—	2	—	—	2
Maternal Deaths	1	1	2	—	—	4
Infant Deaths	11	10	51	3	2	77

ANTENATAL HOSTELS.

	<i>Norton Hall</i>	<i>Watford Court</i>	<i>East Haddon Manor</i>	<i>Total</i>
Date opened	Sept., 1941	Dec., 1941.	March, 1942	—
Date closed	May, 1945.	Jan., 1945.	June, 1945.	—
No. of beds	40	20	22	82
No. of patients admitted	1125	585	782	2492

SHORT-STAY NURSERY.

The Short-Stay Nursery at Thorpелands, Kettering Road, Moulton, for the care of evacuee children under 5 while their mothers were in maternity homes, was continued until November, 1945. The Ministry of Health agreed to the use of this nursery for a number of county children, 43 of whom were admitted.

When Thorpелands was closed in November, 1945, arrangements were made for County children to be admitted to the G. E. S. Residential Nursery at Duncote Hall, the agreement being that up to 10 County children be accommodated at one time. 14 children were admitted during 1945, including 1 transferred from Thorpелands.

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:

Duncote Hall	(38)	
Eastfields Nursery, Rushden	(33)	(London County Council.)
Hothorpe Hall	(35)	(London County Council.)

HOSTELS FOR DIFFICULT CHILDREN.

At the beginning of the year there were seven hostels, with a total accommodation of 140 children, for children who were considered, after investigation, to be unsuitable for billeting in ordinary households. During the year the following hostels were closed:

	<i>Date closed.</i>
The Old House, High Street, Daventry	31st August, 1945.
The Beeches, Higham Road, Rushden	31st December, 1945.
Gt. Houghton Hall	2nd November, 1945.
28, Harrowden Road, Wellingborough	11th July, 1945.

At the end of the year the following hostels were in use:

"Glenroy," Finedon Road, Burton Latimer.
91, Queens Park Parade, Northampton.
The Cottage, Great Brington.

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

The number of children admitted to the hostels was 44 (this figure includes 14 boys admitted to Gt. Brington Hostel from Elm Bank Hostel, Kettering), compared with 77 in 1944.

WARTIME NURSERIES.

Four Wartime Nursery Centres with accommodation for a total of 130 children were continued at Corby, Higham Ferrers, Rushden and Wellingborough.

The average daily attendances are given below :

<i>Month</i>	<i>Corby</i>	<i>Higham Ferrers</i>	<i>Rushden</i>	<i>Wellingborough</i>
January	30	13	26	26
February	27	15	27	22
March	27	17	32	14
April	30	17	28	23
May	38	15	30	18
June	23	13	32	30
July	17	14	33	32
August	27	13	31	25
September	28	12	33	29
October	27	12	34	26
November	31	13	37	31
December	24	11	37	28

(Average attendances are calculated on Monday to Friday attendances.)

Outbreaks of Chicken Pox in February and March and of Measles in April and May at Wellingborough, and of Measles at Corby in June and July, were responsible for reduced attendances during these months.

CARE OF PREMATURE INFANTS.

The Ministry of Health in March, 1944, issued a circular (No. 20/44) in which it was stated that the Minister had requested his Advisory Committee on the Welfare of Mothers and Young Children to look into the question of the care of the premature infant, in view of the important bearing of this matter on the problem of neo-natal mortality. The Committee referred the question to their Medical and Professional Sub-Committee, whose report was adopted by the Advisory Committee, and by the Minister. A number of the recommendations involve questions of staff and accommodation, with which the Minister recognises it will not be possible for Welfare Authorities to deal adequately at the present time, but these recommendations are brought to their notice in order that they may take such action as practicable under present conditions and bear the outstanding points in mind in considering possible future developments of their services.

The following are the recommendations of the Committee :

" (1) The provision of more accurate information is a necessary preliminary to action. The Minister suggests that information as to weight at birth should be obtained when this is 5½ lbs. or less and that space should be provided for this purpose on the notification of birth cards.

(2) When the mother and infant are kept at home the Committee attach importance to :

(a) a separate bedroom for the mother and infant ;

(b) the provision of adequate and suitable equipment in the home. Where required, special equipment for each infant should be lent by the Welfare Authority and should include draught proof cots with detachable linings, warm and suitable clothing, hot water bottles (stone or reliable rubber), electric blanket pads, special feeding bottles, thermometer and mucus catheters ;

(c) a supply of expressed breast milk where this is necessary ;

(d) the services of a paediatrician ;

(e) the giving of particular attention to the babies by midwives or Health Visitors, preferably with special training and experience with premature infants ;

(f) the services of a home help.

Particular attention will no doubt be given to such cases in the provision which the Authority are already making in this way, so far as it is possible, under war-time conditions.

(3) The Committee are of opinion that some selected cases will require institutional care, and special care appropriate to such cases will be needed for those born in maternity hospitals and other units.

They recommend that in such cases :

(a) provision for premature babies should include small wards with or without cubicles and a temperature varying from " high " to " cooling off ", *i.e.*, 75° to 80° F. and 70° to 75° F. respectively. It is important that the humidity of the atmosphere in these wards should be artificially increased and carefully controlled, since premature infants require a relatively humid atmosphere. There should be isolation rooms and accommodation for nursing mothers, milk kitchen, ward kitchen, laundry facilities and adequate sanitary annexes for patients and staff. The walls should be painted and floors made of suitable material which can be treated by dust reducing methods ;

(b) the number of cots required for premature infants should be based on the number of maternity beds for the area and 10 cots might be allocated for every 100 maternity beds. This provision would allow of the reception of premature infants born in the maternity units as well as those admitted from the district and also for certain other weakly infants for whom the type of provision is desirable ;

(c) there is a need for a highly skilled nursing staff on a numerical basis of 1 nurse to 1½ infants. The Minister realises that this ratio is impracticable at the present time. In a premature infant unit of say 20 cots, six of the nurses should be permanent staff who should be state registered general or children's nurses, and have had special training with premature infants. This arrangement would avoid changes of senior staff which are detrimental to the continuity of the care of these infants. The remainder of the nursing staff should consist of nurses trained in children's diseases, pupil midwives and nurses undergoing general training ;

(d) a paediatrician should be attached to all maternity units and his services should also be available in the case of the special units for premature infants.

(e) although it is impossible to provide new and specially designed institutional accommodation at the present time, the matter should be considered with a view to action after the war, but existing institutional facilities might now be reviewed. In some cases it should be possible to improve or adapt existing accommodation for these infants.

(4) Some special form of transport is required for the conveyance of the children taken to hospital and, for this purpose, the Committee recommends the use of an ambulance or car equipped with a supply of oxygen, a heated basket or other carrier, and with a nurse in attendance.

(5) The closest liaison should be maintained between the hospital and the Welfare Authority in order that the appropriate officer should follow up immediately the infant is discharged from hospital to its own home."

This matter was reported to the Public Health, etc., Committee in June, 1944, and they agreed to purchase outfits as described in paragraph 2(b) above, and to the provision of institutional care for selected cases. It has not been possible to take any action on paragraphs 2(c)

and (d) above. As regards paragraph 2(e), the recommendations contained in the circular are carried out as far as practicable. Home helps (paragraph 2(f) would be provided in necessitous cases if the services of a home help could be secured, but they are practically impossible to obtain.

The provision of a space on notification of birth cards for information as to weight at birth, if 5½ lbs. or less, was commenced in February, 1945, and during the year, information was obtained by this means of 66 premature infants.

Supplies of special outfits as outlined in the circular were not obtainable until March, 1945, and then they were stored at the following depots :

Nurses' Home, 2, West Glebe Road, Corby.
 Barratt Maternity Home, Northampton.
 Danetree Hospital, Daventry.
 London Road Hospital, Kettering.
 Park Hospital, Wellingborough.
 Nurses' Home, 4, Herne Road, Oundle.
 Nurses' Home, Middleton Cheney.
 Nurses' Home, 19, Griffith Street, Rushden.
 Nurses' Home, Towcester.

Information regarding these outfits was circulated to all general practitioners and midwives in the County, with instructions regarding the method of obtaining them, and during the year 1945, 22 outfits were issued.

The provision of special arrangements at the Barratt Maternity Home for premature infants is possibly one that might be included in the post-war building programme that is to be carried out. In the meantime, however, in spite of the fact that no special wards are set aside for premature infants, Mr. Watson, the Consultant Obstetrician and the County Medical Officer of Health, are satisfied that in cases where premature infants are born in homes where they cannot be well cared for, the chances of survival will be greater if they are admitted to the Barratt Maternity Home. During the year under review, nine premature babies were admitted to the Barratt Maternity Home from their homes and one was transferred from St. John's Emergency Maternity Home.

Arrangements have been made with the Barratt Maternity Home for information to be sent to the Health Department immediately a premature infant is discharged so that the Health Visitor can follow up the case.

The following is an analysis of the cases notified during 1945 :

Total number of premature babies notified during 1945 who were born—

(a) At home	48
(b) In Hospital	18
(a) The number of those born at home—	
(i) who were nursed entirely at home	39
(ii) who were subsequently admitted to hospital	9
(iii) who died during the first 24 hours.....	2
(iv) who died during the first month	8
(v) who survived at the end of one month	38
(b) the number of those born in hospital—	
(i) who died during the first 24 hours.....	—
(ii) who died during the first month	2
(iii) who survived at the end of one month	16
(iv) who were transferred to Barratt Maternity Home	1

4. MENTAL DEFICIENCY.

The number of ascertained cases on the Register at the end of the year was 872.

In Certified Institutions :	Males	Females	Total
Stoke Park Colony	11	6	17
Royal Earlswood Institution	2	1	3
Bromham House Colony	34	45	79
St. Francis' School, Buntingford	4	—	4
Whittington Hall, Chesterfield	—	6	6
Brentry Colony	6	—	6
Besford Court, Worcester	2	—	2
Royal Eastern Counties' Institution	1	—	1
Kettering, London Road Hospital ...	5	10	15
Wellingborough, Park Hospital	8	9	17
State Institutions	5	6	11
<hr/>			
On Licence from Institutions	4	7	11
<hr/>			
Cases under Guardianship	3	1	4
On licence from Guardianship	—	1	1
<hr/>			
Total	85	92	177
<hr/>			
No. of Cases under Statutory Supervision			140
No. of Cases under Voluntary Supervision			386
Cases otherwise "ascertained"			169
			— 695
			872
			=====

Ascertainment Rate—3.85 per 1,000.

Ascertainment.

Seventy-six new cases have been ascertained during the year. Fifteen new cases were referred to the Committee for the Care of the Mentally Defective by the County Education Committee and one by the Kettering Education Committee. Sixty have been ascertained through the Public Health, Public Assistance and School Medical Services. The number of Orders made under the Mental Deficiency Acts during the year was sixteen. Two cases have been returned to Institutions from licence. Two cases have been transferred from Rampton State Institution, one to Brentry Colony and one to Bromham House Colony. One patient was transferred to Rampton State Institution. Three cases in Certified Institutions have died. Orders for detention relating to two defectives lapsed by "operation of law" during 1945.

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. The Brighton Guardianship Society also arranged a fortnight's holiday for one of the licence cases which was greatly appreciated. One defective is under guardianship in the County and receives regular supervision visits from the Mental Welfare Officer, the Health Visitor and one of the Council's Assistant Medical Officers.

Licence.

Eleven patients are at present on licence from Institutions. One female patient is on licence from Guardianship and supervised by the Brighton Guardianship Society. Seven other female patients are on licence—six in domestic service and one receiving Sanatorium treatment.

Of the male patients on licence—two are labourers and two do odd jobs at home. All the patients on licence in the County are visited regularly by the Mental Welfare Officer. Dental and orthopaedic treatment has also been arranged for three licence cases

Medical Examinations.

Fifty-two special medical examinations by Assistant Medical Officers have been carried out during the year.

Domiciliary Supervision.

Routine visits by the County Health Visitors have been made to the defectives under the Statutory and Voluntary supervision in their homes. During the year, 1,050 visits and interviews have been made by the Mental Welfare Officer.

General.

The Mental Welfare Officer has acted as escort in the conveyance 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. Fifty-nine 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.

Services After-Care Scheme.

Some assistance in visiting is still asked for under the above Scheme and, during the year, the Mental Welfare Officer has made thirty-five visits and interviews, and in addition has arranged interviews for patients at the Labour Exchange, out-patient clinics and with private doctors. Many of the patients were escorted to Mental Hospitals by the Mental Welfare Officer and one case was conveyed to Cambridge for admission to a farming community.

SECTION C.

Sanitary Circumstances of the Area.

WATER SUPPLY.

Rural Schemes. In general, the Rural Districts have made commendable progress towards improving and augmenting their water supplies and they have been most co-operative in submitting their proposals promptly for the approval of the Council in principle before the proposals have reached the stage of detailed planning. The capital outlay which will be necessary to give every Rural District a piped supply to all houses and schools in their Districts will be a very heavy charge on the ratepayers as compared with what similar schemes would have cost pre-war. It is gratifying to note that in most cases, the schemes which have been considered or are still under consideration by the Rural Councils have been prepared by Consulting Engineers. The following schemes have been submitted for the observations of the County Council under Section 2 of the Rural Water Supplies and Sewerage Act, 1944 :

- (a) **BRACKLEY BOROUGH.** A scheme to obtain a supply of water amounting to 20,000 gallons per day which can be increased at a later date from the Bucks. Water Board, involving the laying of some 1,500 yards of main and the erection of a water tower with a capacity of 60,000 gallons at a total estimated cost of £8,000. This scheme was approved in principle subject to an agreement between the Brackley Borough Council and the Bucks. Water Board providing for an ultimate supply of water of not less than 60,000 gallons per day.
- (b) **WELLINGBOROUGH RURAL DISTRICT.** The extension of a main from the Northampton Corporation Water Undertaking to provide a piped water supply for the parish of Sywell was approved in principle.
- (c) **TOWCESTER RURAL DISTRICT.** The Council agreed to make an annual contribution estimated at £25.9.4, being 30% of loan charges, to meet an additional cost of the water supply Scheme for Cosgrove, Furtho and Passenham.
- (d) **BRIXWORTH RURAL DISTRICT.** Approval in principle was given to a scheme for the extension of existing main at Brixworth to provide for a supply of water to the parishes of Hannington, Holcot, Scaldwell, Old and Walgrave. The estimated cost on the basis of 1939 prices was £12,500 plus £1,000 for the provision of house services.
- (e) **KETTERING RURAL DISTRICT.** A scheme was approved in principle, subject to the Public Health Committee being satisfied as to terms and conditions of supply, for obtaining a supply of water to the parish of Gretton from Uppingham Water Works at an estimated capital cost of £9,000.
- (f) **BRACKLEY RURAL DISTRICT.** A scheme for a bulk supply of 500,000 gallons of water per day from Oxford Corporation at an estimated capital expenditure of £235,000 was submitted. It was proposed that Oxford Corporation would undertake distribution and maintenance of mains and works. The Committee had little or no information relative to the terms and conditions under which it was proposed to finance the scheme and it appeared to them that *prima facie*, a bulk supply from the existing and nearer mains of the Bucks. Water Board, recommended by Mr. H. J. F. Gourley in his report upon the water resources of the County would afford a supply equally adequate in quantity and at less cost. It also appeared that there was a distinct possibility that the scheme might be delayed or possibly come to nought having regard to the fact that the Oxford Corporation would have to seek Parliamentary powers to abstract additional water from the River Thames and, in doing so, would be likely to incur opposition from the Thames Conservancy Board. Accordingly the Committee informed the District Council that they were unable to approve the scheme in principle.

Proposed Joint Water Board. Very little progress falls to be recorded regarding the formation of a Joint Water Board, as suggested in the report of the Engineer and Manager of the Northampton Corporation Water Undertaking, dated November, 1944. A number of conferences have been held but it seems unlikely that the proposals as stated would receive unqualified support of all the Districts concerned.

DRAINAGE AND SEWERAGE.

The following schemes have also been submitted to the County Council under the provisions of Section 2 of the Rural Water Supplies and Sewerage Act, 1944.

- (a) **DAVENTRY RURAL DISTRICT.** The sewerage scheme for Long Buckby which was originally estimated in October, 1937, to cost £18,500 and subsequently increased in November, 1940, to £20,314 was further increased to £21,259. In view of the increased costs, the County Council agreed to make an annual grant of £239.5.0.
- (b) **DAVENTRY RURAL DISTRICT.** A Joint drainage scheme for the parishes of Badby and Newnham was approved in principle subject to regard being taken to the observations of County Council's Consultant Engineer. The original estimated cost of £17,250 is likely to be increased to £28,000.
- (c) **OUNDLE AND THRAPSTON RURAL DISTRICT.** The Little Addington Sewerage scheme for the replacement of the existing scheme, which involves the laying of a new main drain of approximately 300 yards in length through the village, was approved in principle.
- (d) **BRACKLEY RURAL DISTRICT.** A regional sewerage scheme covering nineteen parishes with a population of 7,000 and at an estimated cost of £162,720, was approved in principle and the Committee were of opinion that this Rural District Council was to be commended on the preparation and submission of their regional scheme.

SECTION D.

Housing.

Following the recommendations contained in the Hobhouse Report on Rural Housing, the Council appointed a County Sanitary Officer who took up duty on 25th June. He has carried out surveys in 25 parishes in various Rural Districts. He has inspected and classified 5,683 houses in accordance with the classification described on page 29 of the Annual Report for 1944. The initial surveying was carried out unaccompanied, followed in most cases by a re-inspection accompanied by the Housing Officer of the Rural Authority when the various classifications were agreed and confirmed. This system promotes uniform standardisation of the various classifications into which the houses inspected fall. No attempt was made to ascertain the number of houses falling into category 4, *i.e.*, houses eligible for assistance under the former Housing (Rural Workers) Acts as detailed enquiries are necessary to ascertain whether or not a house would qualify for assistance in this case. Houses of this type were, therefore, included in one of the other categories according to their definition. Details of the inspections made and the classification and categories into which the houses were allocated is shown in table VIII, page 73. It should be noted, however, that all houses scheduled in category 5 will not necessarily be demolished as in some cases, the owners may be prepared to submit acceptable schemes for reconstruction. The houses in category 5 vary from those in the last stages of dilapidation, which should be dealt with as urgently as possible, to those which have not been so grossly neglected, but which cannot be brought up to the required standard at reasonable expense. In general, at the end of 1945, a survey of rural housing was progressing satisfactorily in all districts with the exception of one.

The New Houses Sub-Committee of the Joint County Committee on Rural Housing drew up a report on the standards which should be adopted for the improvement of the design, internal arrangement, etc., for new houses, and a copy of the report is given below.

The Northamptonshire and Soke of Peterborough Federation of Women's Institutes, which represents institutes in 129 villages with a combined membership of 5,398 women, submitted to the Joint Committee for their consideration a memorandum on "The Needs of Women in Rural Cottages". This memorandum was referred to the New Houses Sub-Committee who subsequently reporting to the Joint Committee, advised that in general, the observations of the Women's Institutes had been covered by their report and that a copy of the report should be sent to the Federation of Women's Institutes. Arrangements were also made for a comprehensive summary of rural housing progress to be submitted to the Joint Committee by the several Rural District Councils at intervals of six months, giving details as to the progress of the survey, housing accommodation and also details as to tender prices and final cost of erection of completed houses. Details of the first summary for the period ended 31st December, 1945, will be found in table VII, page 71.

JOINT COUNTY COMMITTEE ON RURAL HOUSING.

REPORT OF THE NEW HOUSES SUB-COMMITTEE.

The immense programme of post-war housing confronting local authorities is bound to have marked effect on the appearance of our countryside, and the Committee desire to give special emphasis to the paramount need for good design.

Northamptonshire villages are rich in traditional cottage architecture, and every attempt should be made to design in sympathy and harmony with the old buildings.

There is no simple formula which will achieve the desired results; the problem will tax the skill of most architects, but we would enumerate a few basic principles. It should be borne

in mind that grouping and massing are an essential part of planning, and there must be a balance between the demands of plan and elevation. The skilful handling of fenestration will do much to help. Good composition and careful detailing of the salient features are called for. There must be no embroidery or striving for effect. Simplicity without dullness should be the guiding rule. The siting of blocks with relation to one another plays an important part in the final picture. Semi-detached dwellings become monotonous when repeated too often; repose will frequently result from continuity. There is much to commend the use of terrace types in this respect. Lay-outs demand a centre of interest, and this is a factor common to all problems of design.

We are aware that cost will probably prohibit the use of local stone and local stone slates, but we would direct attention to the possibilities offered by the use of suitable stone-coloured facing bricks and certain sand blasted clay tiles. These materials are eminently suited in tone for use in stone districts. Where cost operates against this suggestion, colour washed brickwork can be used to attain the desired end, and in this connection we would point out that texture plays a great part in tone values.

We are confident that with care and a high standard of architecture new cottages can be designed to be worthy successors of the old tradition, having the great advantage of good planning, and the Sub-Committee call the attention of the Committee to the recommendation contained in paragraph 164 of the Hobhouse Report, which quotes as follows:

"In the course of the visits to different rural districts by members of the Sub-Committee many sound and comfortable houses were seen which had been built by rural district councils. Some of these schemes could have been much better, however, if architectural attention had been given to the external appearance of the houses and their setting in their surroundings. In most counties there are architects who have made a special study of rural cottages and we think that their assistance ought to be obtained. The reluctance of councils to employ an architect is mainly due to fear of expense. For small numbers of houses this is admittedly a substantial percentage of the cost, but for several score of houses the professional charges per house become relatively small. Another reason is the Council's inability to see the extra value of good architectural siting and design. Housing authorities should realise that they have a duty to preserve and, if possible, enhance the beauties of the countryside. We, therefore, recommend that the Minister of Health should require rural housing authorities to employ a qualified architect for new housing schemes, unless satisfied that there are special circumstances making it desirable to waive this requirement in a particular case."

The following items, 1-36 as enumerated in Appendix I attached, have received detailed consideration and are recommended for approval.

JOHN BROWN, *Chairman.*

STANDARD FOR NEW HOUSES.

1. **Density per acre.** In the rural areas the maximum density should not exceed eight houses to the acre, with a depth of plot of 120' wherever possible. For certain industrialised areas in the rural districts the density could be brought up to twelve houses per acre without serious detriment.

2. **Space about Buildings.** The Byelaw and Planning requirements must in all cases be adhered to.

A secondary means of access to the rear of properties as provided for in the Planning Schemes is essential.

3. **General Aspect, Siting and Disposition of Rooms.** Principal living rooms should preferably have a south or south-east aspect, whilst the internal planning of the house should be designed in such a manner as to afford economy of labour for the housewife, and general comfort of the occupants.

In many cases it may be found desirable to design special blocks of houses at the junction of roads in order to avoid breaks in the buildings and to allow for continuity of the street architecture.

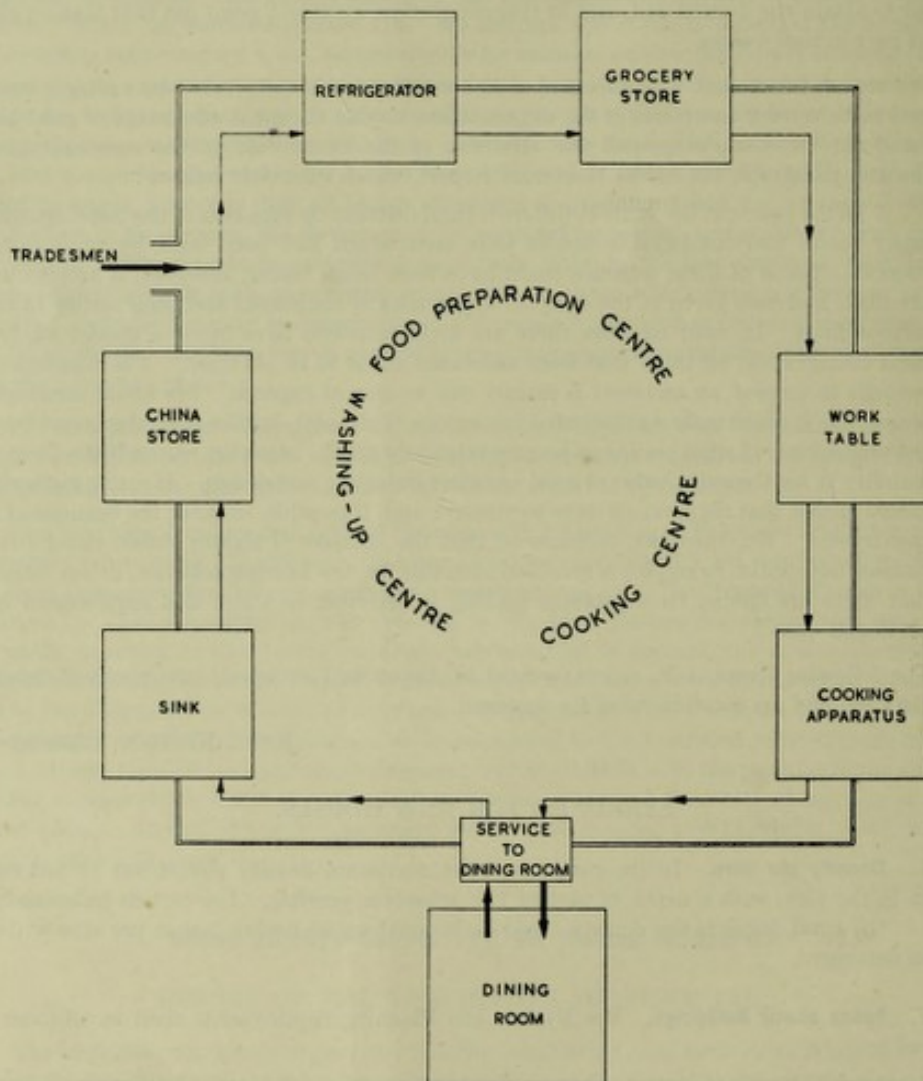
In the planning and construction of houses, consideration should be given to every possibility of eliminating the risk of accident.

In view of the need of effecting economy in the housewife's work, adequate consideration should be given to the planning of the kitchen and its appliances. The following diagram is incorporated by way of illustration of this principle.

KITCHEN PLANNING.

ORDER OF OPERATIONS.

(See paragraph 3 of Report)



(The above diagram, and also that on page 52, were drawn by members of the staff of the County Planning Officer.)

4. **Total Floor Area.** 900 square feet (excluding ground floor, W.C., wash-house, fuel store and barn) is the minimum area which would be satisfactory to provide the amenities

necessary for a three bedroom parlour type of house, whilst 875 square feet (excluding ground floor, W.C., wash-house, fuel store and barn) is the minimum area which would be satisfactory for a non-parlour type of house.

5. Area of Individual Rooms (Floor Space). The principal bedroom should not be less than 135 square feet, the second bedroom not less than 120 square feet, and the minimum area for a single bedroom should be 80 square feet.

Regard has been paid to the recommendation of the Royal College of Physicians that no bedroom should have a floor area of less than 100 square feet; it is regretted, however, that, in view of the necessity for restricting the total floor area, this proposal would not at present appear to be practical.

6. Height of Rooms. Eight feet is the minimum height from floor to ceiling of all habitable rooms, with the exception that the wall plate on the first floor could be lowered to a minimum of 6' 6" at the springing, if necessary, to obtain harmony with the existing architectural features of surrounding properties.

7. Natural Lighting and Ventilation. Adequate natural light must be provided and particular attention is directed to the food store, W.Cs. and bathroom, which in many cases in the past, have not been sufficiently illuminated or ventilated.

8. Artificial Lighting. In view of the possibility of electricity being made available throughout the country within a short space of time, all new houses should be wired so as to provide for electric light and power points, even if not available in that particular district when the houses are erected.

9. Space Heating. Open fires are desirable so as to provide for the use of solid fuel, although there would appear to be no objection from a health point of view to the use of gas or electricity in bedrooms, with specially designed flue ventilators.

10. Sound Proofing. In view of the powerful modern wireless sets, radiograms, etc., noise is often transmitted from one house to another, which can cause a nuisance to tenants. This should be avoided by the construction of party walls of the cavity type, with additional sound proofing materials, which have been proved to be of value; and care should also be taken to avoid the transmission of internal noises.

11. Sanitary arrangements. In view of the Government's policy that water supplies and sewage system should receive urgent attention in the post-war period, in all cases sanitary arrangements must be carried out on the water carriage system. Should this not be available when the houses are erected, then the necessary provision should be made in order that at some future date, the adaptation can follow.

Where a mains supply is not available, it is suggested that where six or more houses are grouped in a village, an internal water supply is desirable and in many instances practicable.

12. W.Cs. Two W.Cs. should be the minimum, one on the ground floor accessible from outside, and one on the first floor. The latter should be separate if possible from the bathroom, but there appears to be no serious objection to the second W.C. being placed in the bathroom if the planning of the house benefits from such an arrangement.

13. Bathroom. The bathroom should have not less than 30 square feet floor space and in addition to the bath, should be fitted with a lavatory basin and heated towel rail.

14. Fixed Bath. Two sizes of baths are to be made in the post-war period and we are of the opinion the 5' 6" size is suitable for this type of house. It is also suggested when fixing baths in bungalows erected for aged persons, consideration should be given to the height of the bath above floor level, in order to obtain ease of access.

15. **Kitchen Sink.** This should not be less than 10" deep, fixed at a convenient height above ground level. It would be advantageous if a tap was also provided for the filling of buckets on the floor level, or, alternatively, taps should be fixed at a convenient height over the sink to allow a bucket to be filled and removed with ease.

16. **Washing facilities.** A separate clothes boiler should be provided in the wash-house. If gas heating is provided, this would be of an advantage, thus avoiding the construction of a separate chimney or flue.

17. **Cooking Ranges.** In the country districts solid fuel is generally used and a range of this type should be provided. In addition, an auxiliary cooker would be an advantage using gas or electricity. Where no gas is available from main supply, the alternative use of bottled gas should not be overlooked.

18. **Hot Water Supplies.** A hot water supply installation should be the accepted standard in all new houses.

19. **Refrigerators.** It is desirable to allow for space in order that they can be fixed in the house if and when required at a later date. The larder should be designed in the first place for this type of food preservation or other suitable cooling arrangements.

20. **Storage of Food.** The larder should not be less than 15 square feet floor space with an ample sized window to obtain natural lighting and ventilation. The window should in no case be less than 2 square feet, half opening with fly-proof grid.

Attention is also called to modern methods of cooling larders, which face an unfavourable aspect.

21. **Perambulators.** The storage of perambulators in any of the living rooms is to be condemned, but where the hall is large enough the perambulator could easily be stored there, and it may be possible to design a space for its reception, or it could be stored in the barn.

22. **Stairs.** These should be not less than 3 feet over strings with fitted handrail. Winders must be avoided if possible, but where these are unavoidable, they should be at the bottom of the staircase. Natural lighting should be provided to the staircase, and stairs to have a maximum rise of 7½" with a minimum tread of 8½".

23. **Cupboard Accommodation.** In the past, far too little cupboard accommodation has been available. Adequate cupboard room should be provided both upstairs and downstairs, and attention is drawn to the standard cupboards which are to be supplied by the Ministry for post-war houses.

24. **Outbuildings.** Separate wash-house to be provided with glazed wash-tub sink and clothes drying rack. General store and barn with not less than 70 square feet floor space. Separate fuel store with not less than 25 square feet floor space.

25. **Storage of Rain Water.** Adequate and covered storage of rain water should be provided for approximately 250 gallons with convenient draw-off taps to the ground floor.

26. **Estate Roads.** Attention is drawn to the Schedule of Relaxed Street Widths as adopted by the Planning Committees throughout the County; but in order to enhance the amenities of housing estates, it may be desirable in certain cases to allow for wider verges than required in the Schedule, *i.e.*, minimum width of verge to be 6 feet to allow tree planting where necessary, whilst the footpaths should also be not less than 6 feet wide. Adequate turning spaces must be provided to cul-de-sac roads in accordance with the dimensions to be agreed by the Joint Planning Committees, who are now giving this subject further consideration.

27. **Boundary Hedges.** Front gardens and hedges should form part of the general street architecture and, therefore, where possible high front solid fences should be avoided, and as an alternative hedges, dwarf walls or similar types of partitioning should be used.

Rear Fences. To obtain privacy between the houses, the first 15 feet should be of a close boarded type or similar, whilst the remainder of the division for rear gardens could be carried out advantageously with hedges.

28. **Paving.** All approaches to external doors, W.Cs., outhouses, etc., should be of paving slabs not less than 3' 6" in width, which require the minimum of maintenance.

29. **Tree Planting.** Expert advice should be obtained where tree planting is to be carried out, particularly with regard to grouping, and types of trees to be planted.

30. **Garages.** It is now an accepted principle that provision should be made for a number of lock-up garages for motor cycles or cars on estates at convenient points, and consideration should in all cases be given to this item.

31. **Sewers.** Where possible a group system is advantageous, which should be laid in either front or rear gardens, in order to effect ease and economical maintenance. Further, a separate system for foul and surface water is to be recommended.

32. **Bulk purchase.** When the time for actual building approaches it may be advantageous for all the local authorities to consider the bulk purchase of fittings in order to obtain the most favourable rates.

33. **Housing Surveys.** A survey should be made to ascertain as far as practicable, an authentic record of all existing accommodation.

Requirements of individual families vary and fluctuate during the lifetime of the parents, both in the early and later years of married life. The accommodation required must, therefore, vary particularly where a family contains a number of young children, and to avoid wastage of labour and materials it would be most economical for tenancies to be re-arranged from time to time so as to ensure that full use be made of all available accommodation. The long term housing programme should be based on the information obtained from the above-mentioned survey which must be kept up to date. Consideration has been given to the various types of plans put forward by the Ministry and each authority should decide which type or types of plan are most suitable for their area.

34. **Wireless Aerials.** Wireless aerials should be provided inside the roofs of all new houses with the necessary leads and plugs so as to avoid the unsightly appearance caused by such erections, which seriously affect the amenities of the Estate.

35. **Temporary Houses.** Councils are reminded of the need for some control over the erection of temporary dwellings such as disused Army huts, Nissen huts, etc., regarding which applications for an increasing number of licences might be anticipated.

36. **General.** The importance is stressed of proper craftsmanship and materials being used in the construction of the houses, which will have a reasonable number of years' life, and attention is called to the Ministry of Works brochure recently issued on the Placing and Management of Building Contracts, which states as follows :

" There is only one definite guarantee of a good job. A competent and honest builder, who has obtained a contract at a fair price, and is just as determined as the architect to maintain a good standard of work. It is, therefore, a fundamental condition of good building that every contract shall be placed at a fair price with a responsible builder. Competitive tenders should, therefore, in all cases be called from a limited number of firms carefully selected, as being capable of, and likely to do, work of the standard required."

Sufficient and efficient Clerks of Works to undertake the supervision of the contracts are essential to ensure the works are carried out in accordance with the contract drawings and specified quantities.

SECTION E.

Inspection and Supervision of Food.

1. MILK SUPPLY.

MILK (SPECIAL DESIGNATIONS) ORDERS, 1936 AND 1938.

The County Council granted 25 Tuberculin Tested licences and 23 Accredited licences ; in the same period seven Tuberculin Tested and 39 Accredited milk producers relinquished their licences or removed, or their licences were suspended. At the end of the year there were 107 Tuberculin Tested and 292 Accredited licences in force in the County, a further increase over the previous year in the case of the Tuberculin Tested licences. Two licences to bottle Tuberculin Tested milk were granted and two to bottle Tuberculin Tested milk were cancelled, so at the end of the year, there were 14 producers licenced to bottle Tuberculin Tested milk. Two Accredited bottling licences were granted and two were cancelled and at the end of the year there were nine licences in force.

Of the 107 Tuberculin Tested herds in the County, 37 were at the end of the year, entered in the Register of Attested Herds of the Ministry of Agriculture and Fisheries.

There were 4,077 samples of Tuberculin Tested and Accredited milk collected and examined during the year, an increase of 10% over the previous year, of which 2,973 (73%) 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 4,077 samples of milk, 2,329 (57%) were taken at depots and 1,748 (43%) from farms at milking times.

It was necessary to submit to the Special Quorum appointed by the Public Health, etc., Committee, reports concerning six Accredited producers whose methods of milk production were unsatisfactory. All licences were suspended without qualification, and these licences were not re-granted. At the end of the year, the renewal of three licences was refused and no appeals were made.

NON-DESIGNATED MILK SUPPLIES.

Under the Milk and Dairies Order, 1926, 1,316 samples were taken by 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	916 (69%)
Moderate keeping quality	191 (15%)
Bad keeping quality	209 (16%)

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 :

INSPECTION OF DAIRY COWS.

(a) Clinical Inspection :	<i>No. of Herd Inspections</i>	<i>No. of cattle examined</i>
" Tuberculin Tested " and " Certified " Herds	101	7,376
Accredited or Standard Herds	603	15,152
Non-designated Herds	1,576	19,441

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

No. of cattle tested	10,462
No. of Reactors found	184

(c) Tracing sources of tuberculous milk :

No. of investigations outstanding from previous quarters	6
No. of initial reports from Medical Officers of Health	3
No. of herds involved	5
No. of cases of tuberculosis of the udder found	3
No. of investigations not yet completed	—

TUBERCULOSIS (ATTESTED HERDS) SCHEMES.

No. of Attested Herds	37
No. of Supervised Herds	—

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 (E. Voelcker, Esq., A.R.C.S., F.R.I.C.) has reported as follows :

During the year ended December 31st, 1945, 593 samples have been submitted under the above Act, and of this number, 125, all milks with the exception of one sample, were returned as being either adulterated or below standard.

The samples submitted were as follows :

Milk	515	Brought forward	565
Butter	5	Blackcurrant syrup	1
Margarine	4	Concentrated Health Salts	1
Lard	4	Extract of Malt with Cod Liver Oil	2
Coffee and Chicory essence	1	Lemonade crystals	1
Pork Sausages	4	Orange squash	1
Pork Sausage Meat	1	Natural Apple Juice	1
Jams	6	Wine Cocktail	2
Lemon curd	1	British Sherry	2
Malt Vinegar	7	Cherry wine	1
Ground Ginger	3	Beer.....	2
Cake Flour	2	Whisky	7
Shredded Beef Suet	11	Gin	5
Almond substitute	1	Rum	2
	565	Total	593

MILKS : During the twelve months ended December 31st, 1945, 515 samples of milk were submitted of which number, 7 were taken as " appeal to cow ". Of the 508 samples taken in ordinary course, no fewer than 124, or 24.4 per cent, were unsatisfactory. Details of these samples are as follows :

Quarter.	Added water.	Deficiency in fat.	Deficiency in S.N.F. but not due to added water.	Total No. of Milks unsatisfactory.
March ...	17	3	19	39
June ...	7	18	8	33
September	11	8	23	42
December	1	6	3	10
TOTAL ...	36	35	53	124

The only other unsatisfactory sample was one described as Malt Vinegar. This on examination was found to be only coloured acetic acid and should have been described as artificial or imitation vinegar.

Of the remaining samples little comment is needed. They were up to standard and in no case was there preservative found in an amount that exceeded the permitted maximum.

(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.
{ 5.6 per cent. Added Water	5	0 0	6	6 0
{ 6.6 " " " "	5	0 0		
{ 5.6 " " " "	5	0 0		
{ 3.3 " " " "	5	0 0		
{ 2.2 " " " "	5	0 0		
{ 1.5 " " " "	Dismissed.			
{ 2.2 " " " "	5	0 0		
{ 11.8 " " " "	10	0 0	3	13 6
{ 13.7 " " " "	2	0 0	7	17 6
{ 11.6 " " " "	2	0 0		
{ 9.4 " " " "	2	0 0		
{ 6.9 " " " "	2	0 0		
{ 5.6 " " " "	2	0 0		
{ Adding 26.4 per cent. water to milk	5	0 0	15	19 0
{ " 9.4 " " " " " "	5	0 0		
{ " 21.0 " " " " " "	5	0 0		
{ " 21.0 " " " " " "	5	0 0		
{ " 11.8 " " " " " "	5	0 0		
{ " 22.2 " " " " " "	5	0 0		
{ " 25.4 " " " " " "	5	0 0		
{ 9.4 per cent. Added Water	5	0 0	2	2 0
{ 4.6 " " " " " "	5	0 0	2	2 0
{ 3.7 " " " " " "	5	0 0	2	2 0
{ 14.1 " " " " " "	20	0 0	8	8 0

MILK.	<i>Fine</i>		<i>Costs</i>	
	£	s. d.	£	s. d.
19.8 " " " "	1	10 0	11	0 0
13.7 " " " "	1	10 0		
9.0 " " " "	1	10 0		
6.6 " " " "	1	10 0		
5.6 " " " "	1	10 0		
1.5 " " " "	1	10 0		
46.3 per cent. deficient in fat		Dismissed	4	4 0
	under the Probation of Offenders Act.			
	£129 0 0		£63 14 0	
TOTAL—£192 14 0				

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

<i>Year.</i>	<i>Samples submitted for analysis.</i>	<i>Samples reported against.</i> <i>Number.</i>	<i>Percentage.</i>	<i>Amount of fines and costs in prosecutions.</i>
1941	565	81	14.3	£296 16 3
1942	577	42	7.3	£98 8 0
1943	560	39	7.0	£34 1 6
1944	612	103	16.8	£418 6 6
1945	593	125	21.0	£192 14 0

Milk has again provided a high proportion of the samples taken and the number reported against constitutes another unenviable record.

Watered milks were 7 per cent. of the total number taken but as the 36 milks containing added water were procured from 7 producers, there is considerably less than 7 per cent. of watered milk being distributed within the County.

Actual evidence of someone making the adulteration is extremely difficult to obtain, but in one case this was possible and the cowman was prosecuted for adding water to milk. The quantities added were large, being up to as much as 26.4 per cent. The cowman was ordered to pay a total of £50.19.0 in fines and costs.

Of the producers prosecuted, one was proceeded against in May and was again before the Court for similar offences in September of the current year. He was also convicted in 1937 for selling watered milk. Another producer-retailer who was fined £20 and £8.8.0 costs had previously been before the Court on two occasions, once for selling watered milk and again for obstructing a sampling officer, in which case evidence shewed 44 per cent. of water in the milk he had supplied.

Deficiencies in fat occurred in 35 samples, constituting 6.8 per cent. of the total samples of milk. Half of these fell in the June quarter which is always the most difficult period for keeping up the fat content. Proceedings were instituted in one case where the fat content was only 1.61, 46.3 per cent. deficient of the minimum. Samples of the producer's own milk and other milk purchased by him, contained 5.75 and 3.7 per cent. respectively. In the absence of any deliberate abstraction, such a large deficiency could only occur through gross negligence in the handling of the milk.

The largest number of milks found to be deficient in solids-not-fat, but without added water, were reported during the year. These were 53 in number, constituting 12.9 per cent. of all samples taken. A number of these were from well tended herds, some being entirely of pedigree cattle and the causes are difficult to ascertain. It is possible that the cut in cattle food of high protein value is a contributory cause. It is satisfactory, however, that modern analytical technique permits the Public Analyst to certify with certainty as to whether or not the deficiency in solids is attributable to the addition of water.

MILK IN SCHOOLS.

Informal testing of milk supplied to 76 schools within the County, was carried out during the year and showed very satisfactory results. Only two samples were doubtful and the following-up formal samples were certified by the Public Analyst to be genuine. The average fat and solids-not-fat figures for the school milks were also well above the prescribed minimum, they being 3.5 and 9.04 per cent. respectively.

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.

The following observations on Infectious Diseases Hospitals in the County are contained in the Ministry of Health's Hospital Survey for the area :

" There are at present four hospitals for acute infectious diseases, namely at Northampton, Kettering, Wellingborough and Daventry ; also three held in readiness for smallpox at Northampton, Kettering and Wellingborough. Both the Northampton and Kettering isolation hospitals are structurally satisfactory, and the smallpox hospital at the same places are good of their class.

Taking the long view, the surveyors advise that the Northampton Isolation Hospital should serve the whole county for acute infectious diseases ; it has been found too large for the area hitherto served and would meet the need if a sufficiency of single-bed wards was provided. Meantime the hospital at Kettering could continue to serve the industrial belt and the districts to the north, but those at Wellingborough and Daventry should be closed for infectious diseases as soon as possible.

For smallpox the surveyors favour separate accommodation at the general isolation hospital; they would not retain any hospital in the county exclusively for smallpox. The buildings of the present Northampton smallpox hospital if they are found worth preserving, might be used for another purpose on the understanding that, in face of a large outbreak of smallpox, it would have to be cleared and used for the duration of the emergency."

2. INFECTIOUS DISEASES AND VACCINATION.

Smallpox. No case was notified.

Vaccination. The statistics of vaccination for 1944 (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 23.7 as compared with 20.0 for the year 1943. The highest percentages were in the Guardians Areas of Daventry (30.8) and Brackley (26.0) and the lowest in the Guardians Areas of Wellingborough (17.7).

Scarlet Fever. A total of 647 cases were notified as compared with 366 cases in 1944. There were 486 cases notified in the Urban as compared with 161 in the Rural Districts. With the exception of Brackley Borough no District escaped infection during the year. There were 220 cases notified in the Borough of Kettering, 98 cases in Wellingborough Urban District, 51 cases in Corby, 50 cases in Rothwell and 36 cases in Rushden Urban Districts. All other Urban Districts had less than 10 notifications. In the Rural areas the maximum number of cases took place in Kettering Rural District where 44 notifications were received. 39 were notified in Brixworth, 25 in Daventry, and 19 in Kettering, but in no other instance was the number greater than 11. The infection was generally of mild clinical type and no deaths were ascribed to this disease in any of the County Districts. The incidence of infection amounted to 2.87 per thousand of population as compared with a rate of 1.89 for England and Wales.

Diphtheria. The number of confirmed cases of diphtheria which were notified in the County totalled 28. Of this number 13 occurred in Urban Districts and 15 in the Rural Districts. 8 of the Urban Districts and 2 of the Rural Districts were completely free from diphtheria. The maximum number of cases which occurred in the Urban Districts was at Kettering (Borough) and Wellingborough (Urban) which both had 5 cases and in the Wellingborough Rural District, the number of cases notified was 8. The total number of confirmed cases of diphtheria has again showed a marked diminution as compared with the two previous years when the number of cases notified were 61 and 51 respectively. One child succumbed to the infection as compared with 5 in 1944. The incidence of infection amounted to 0.12 per thousand of population as compared with 0.46 in the country as a whole.

Para-typhoid Fever. One case of para-typhoid B. fever was notified in the Oundle and Thrapston Rural District.

Erysipelas. 57 cases were notified as against the same number in 1944. 15 cases occurred in Kettering Borough and 10 in Rushden Urban District. In no other District did the number of notifications exceed 5, whilst 6 of the County Districts had no notifications.

Measles. 1945 was a measles year and a total of 3,824 cases were notified. No County District escaped the infection. Of the total number of cases, 2,478 were reported in the Urban areas and 1,346 in the Rural Districts. The maximum number of notifications were reported from Kettering Borough with 908, followed by Wellingborough Urban with 667, whilst Brackley Borough and Corby Urban District had 2 and 1 notifications respectively. The incidence of infection was 16.72 per thousand of population as compared with 11.67 for England and Wales. Three deaths were ascribed to this disease.

Whooping Cough. Only 351 cases were notified as compared with 741 in 1944. The largest number of notifications (92) were recorded in Kettering Borough. Five of the Urban Districts escaped infection, but cases were reported in each of the eight Rural Districts. The morbidity amounted to 1.54 per thousand of population as compared with 1.64 for England and Wales. Only one death was recorded as compared with eight deaths in 1944.

Diarrhoea (under two years of age). There were 10 deaths assigned to this cause as compared with a similar number in 1944.

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

Pneumonia (Acute Primary and Acute Influenzal). A total of 115 cases were notified as compared with 211 in 1944. The case morbidity rate for the Administrative County was 0.50 per thousand of population as compared with 0.47 for England and Wales. Deaths from all forms of pneumonia amounted to 110 as against 126 in 1944.

3. CANCER.

The County Council became partners in a scheme for the provision of a Cancer Service for Berkshire, Buckinghamshire, Northamptonshire and Oxfordshire following a conference which was held in Oxford on 13th December, 1944, at which matters arising under the Cancer Act, 1939, were discussed. A printed report on "A Cancer Service" was issued in November, 1945, by the Nuffield Provincial Hospitals Trust which gives a comprehensive survey of the scope and extent of the cancer problem throughout the several areas. The population of the area to be served totalled 1,325,750 as at mid-1944. The Committee came to the final conclusion after surveying all the available evidence, that the cancer rate in the area will be 4.2 per 1,000 persons and the number of patients suffering from cancer who require treatment, will be 5,568. As far as Northamptonshire is concerned and, assuming the afore-mentioned rate to be general throughout the area, the number of cases who will require treatment would be 980. It is assumed that for the effective treatment of 5,568 cancer cases a total of 605 hospital beds and 130 hostel beds will be needed and these would be distributed between the cancer centres. It is recommended that the hospitals to be recognised as cancer centres should be :

The Royal Buckinghamshire Hospital, Aylesbury.
 Northampton General Hospital.
 Radcliffe Infirmary, Oxford.
 Royal Berkshire Hospital, Reading.
 The King Edward VII Hospital, Windsor.

In each of the cancer centres there will be a panel of workers. This panel will consist of clinicians, specialists in all departments, pathologists, radio-therapists and radio-diagnosticians, together with the records officer and the bio-statistician. It is proposed that there would be some body of authority to organise and administer the cancer service, to initiate the recognised cancer centres and to decide how they should be operated. It is suggested that this body might be called the "Cancer Council" and would be a Sub-Committee of whatever form of Health Authority materialises in the formation of a National Health Service.

4. DIPHTHERIA IMMUNISATION.

IMMUNISATION STATISTICS FOR POPULATION UNDER 15 YEARS.

	<i>Under Five</i>	<i>Five to Fifteen</i>
No. immunised during 1945	3,095	361
Estimated percentage immunised	56%	89%
Notified cases of Diphtheria—		
amongst (1) Immunised	—	13
(2) Non-immunised	1	1
Deaths assigned to Diphtheria—		
amongst (1) Immunised	—	1
(2) Non-immunised	—	—

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 1945.

<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>	
714	594	1,308	276	247	523	1,831

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	2	—
1—	1	1	4	3	—	1	1	3
5—	—	2	3	5	—	—	1	1
10—	—	2	2	1	—	—	—	—
15—	13	16	3	3	—	—	—	—
20—	13	24	3	1	21	41	4	4
25—	19	24	7	5	—	—	—	—
35—	23	7	2	3	—	—	—	—
45—	25	9	1	2	32	4	2	1
55—	17	2	—	—	9	2	1	2
65—	8	2	1	—	—	—	—	—
TOTALS ...	119	89	26	23	62	49	11	11

Twenty-seven new cases were not notified in this Administrative County; these were transfers from other areas. There were eleven posthumous notifications.

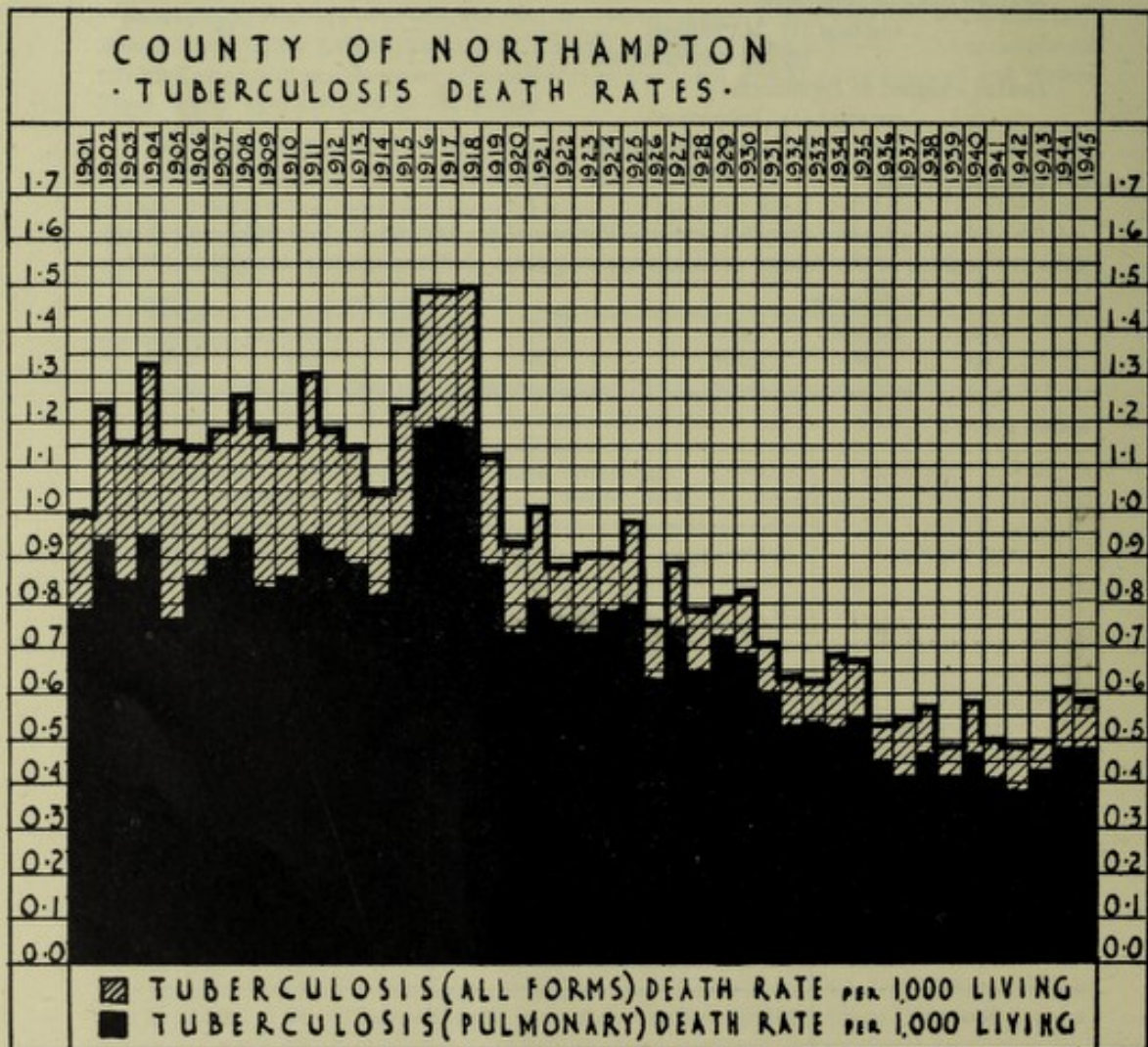
The total primary notifications of Tuberculosis among civilians amounted to 257—163 in the Urban Districts and 94 in the Rural Districts. Of this number, 208 were suffering from respiratory forms of the disease and 49 from other forms of Tuberculosis. There were 10 less primary notifications during 1945 than for the year 1944. Table III, page 67 in the Statistical Section, shows the number of cases notified in each District.

Mortality. Respiratory—111 deaths (62 males and 49 females) occurred, 60 of which were in the Urban Districts and 51 in the Rural Districts.

Other Forms—Twenty-two deaths occurred from other forms of the disease (11 males and 11 females), 14 in the Urban Districts and 8 in the Rural Districts.

There were thus 133 deaths from all forms of tuberculosis as compared with 145 in 1944. The mortality rate was 0.58 per 1,000 of the population as against 0.62 in the previous year. The rate for the Combined Urban Districts was 0.62 and for the Combined Rural Districts, 0.53.

Details of Tuberculosis Mortality Rates will be found in Table V on page 69.



TREATMENT OF TUBERCULOSIS.

Return relating to the work of the Dispensaries during the year ending 31st December, 1945.

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	466	350	23	26	66	75	60	49	532	425	83	75	1,115
(2) Transfers from other Authorities during the year	12	12	2	—	1	—	—	—	13	12	2	—	27
(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	49	55	—	4	—	—	—	—	117	90	6	9	222
(2) Class T.B. plus	58	24	—	—	—	—	—						
(3) Non-pulmonary	—	—	—	—	10	11	6	5					
C. Number of cases included in A. and B. written off the Dispensary Register during the year :													
(1) Recovered	10	11	1	2	1	2	2	—	11	13	3	2	29
(2) Dead (all causes)	54	41	1	—	2	—	1	—	56	41	2	—	99
(3) Removed to other Areas	30	29	2	2	1	4	2	2	31	33	4	4	72
(4) For other reasons	2	2	—	—	1	—	—	—	3	2	—	—	5
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year ...	489	358	21	26	72	80	61	52	561	438	82	78	1,159

DISPENSARY WORK.

The number of attendances at Dispensaries was 6,795. This number includes 1,510 attendances made by patients who came for treatment by Ultra Violet Radiation. 1,494 new patients, exclusive of contacts, were examined in connection with the Dispensaries for the first time in 1945. Of these, 220 were diagnosed as suffering from tuberculosis before the end of the year; 8 were considered to be doubtfully tuberculous and remained under observation, and 1,266 were considered to be non-tuberculous. A total of 303 contacts were examined in addition to the 1,494 new patients. Of these, two were regarded as suffering from tuberculosis and 301 were considered to be non-tuberculous.

The number of visits made by the Tuberculosis Officer to patients in their own homes was 167. The total number of consultations, personal and otherwise, between Tuberculosis Officer and medical practitioners was 1,522. Of the 222 new patients (inclusive of the two contacts found to be tuberculous) who were diagnosed as suffering from tuberculosis, 87.84 per cent. were notified after they had been examined by the Tuberculosis Officer, and only 12.16 per cent. previous to examination by the Tuberculosis Officer. All these patients, with the exception of two 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 2,861.

Of the 1,797 persons, including contacts, who were examined for the first time in 1945, 190 were found to be suffering from pulmonary tuberculosis, and 32 from non-pulmonary tuberculosis. The former were placed in the following categories :

Sputum Negative for Tubercle Bacilli	108 or 56.84 per cent.
Sputum Positive for Tubercle Bacilli, Group 1	2 or 1.05 per cent.
Sputum Positive for Tubercle Bacilli, Group 2	57 or 30.00 per cent.
Sputum Positive for Tubercle Bacilli, Group 3	23 or 12.11 per cent.

The 32 non-pulmonary cases were classified as follows :

Bones and Joints	16 or 50.00 per cent.
Abdominal	2 or 6.25 per cent.
Other Organs	4 or 12.50 per cent.
Peripheral Glands.....	10 or 31.25 per cent.

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

Radiology.

X-ray work continued during the year at the Kettering, Wellingborough, Northampton and Rushden House Sanatorium Health Clinics. 5,450 examinations were made by X-ray screen and film, which was 680 more than the previous year.

Pathological Specimens.

The following pathological specimens were examined in connection with the work at the Dispensaries :

Sputum : Negative	707
Positive	97
Urine : Negative	2
Pleural Fluid : Negative	7
Positive	1

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 one patient with renal tuberculosis. As regards special treatment, 2,003 pneumothorax refills were given at the Dispensaries, and the conditions treated by Ultra Violet Radiation (Alpine Sun Lamp and Kromayer Lamp) were as follows : Cervical Adenitis, Delicate children, Bronchitis and Bronchiectasis, and Lupus.

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.

Sixty-one recruits, sent by the Medical Boards of the Ministry of Labour, were examined at the Dispensaries during the year. All were free from tuberculosis.

Mass Radiography.

The team of the Mass Radiography Unit comprising Dr. M. C. Brough, Medical Director, Senior and Junior Radiographers, Organising Secretary and two clerks, attended the four weeks course of training at the Ministry of Health Mass Radiography Centre in London from 22nd January to 19th February. The remaining two clerks required to complete the team had not been recruited when the course commenced.

A preliminary experimental survey was begun in the County Hall on 1st March, the date of the quarterly meeting of the County Council, when many members of the Council took the opportunity of being examined by the Unit. They were accordingly the first persons to be surveyed. During the remainder of the preliminary survey, the staffs of the County Council and of the Northampton Corporation were X-rayed, in addition to the nursing staff from Berrywood Mental Hospital and some 200 employees from local Flax Mills. The number of persons examined in the preliminary survey was 1,054.

In Rushden, which was the first town chosen for a factory survey, the Unit was installed by the courtesy of Mr. John White in the canteen of his Lime Street Factory. The employees from all firms in the town were brought to and from the Unit by a 'bus service, the cost of which was paid by the County Council. In the Rushden Survey, 5,119 persons were examined and, largely due to the enthusiastic co-operation and hard work of the local After-Care Committee and other interested persons, an excellent response was achieved. The percentage of persons who attended among those invited was 84.

On the completion of the Rushden Survey, the Unit was transferred to Kettering, where it was established in the Church Hall of the London Road Congregational Church which made an excellent headquarters. As in Rushden, all factory employees were brought to and from the Unit and in addition, workers from Desborough, Rothwell, and Burton Latimer were also included. The total number of persons examined in Kettering was 9,806 and the acceptance rate was 85 per cent. As in Rushden, this satisfactory result was largely due to the co-operation of the local After-Care Committee.

In accordance with the programme arranged by the Joint Committee of representatives from the County Council and Northampton Corporation, the Unit then visited the County Borough of Northampton where premises had been specially prepared in Dychurch Lane. From the commencement of the Survey on 29th October, until the end of the year, 6,709 persons were examined in Northampton.

The total number of persons examined by the Unit between 1st March, when it began work, and the end of the year was 22,688.

The Scheme has been well received in the County and Town due largely to public opinion being in favour of this method of early diagnosis of the disease which Osler described as "The Captain of the Men of Death". Representatives of the employers and of the work people gave their enthusiastic support and the employers generously allowed work people to attend without loss of wages. Good support for the campaign was also afforded by the voluntary after care committees and by the local press. It would, however, be ungracious to omit reference to the contribution made by the team itself. All members worked with enthusiasm, tact and discretion in establishing good relations with the employers and work people and in dealing courteously with volunteers who presented themselves for examination. In addition, letters of appreciation regarding the efficiency of the service and the promptness with which the results were notified were received.

Some of the other Mass Radiography Units in the country have required to discontinue work for varying periods on account of shortage of either technical or clerical staff. Despite many difficulties, however, our Unit was enabled to maintain a steady rate of work.

A careful statistical analysis of the results is being prepared and will be presented to the County Council.

Dr. M. C. Brough, the Medical Director of the Unit, has contributed the following article:—

The Northamptonshire County Council Mass Radiography Unit has now X-rayed over 40,000 people, and it might be useful to look back over the survey and consider the various problems that arose during the past fifteen months.

The basic industry in Northamptonshire is the manufacture of boots and shoes. This is centred around the towns of Northampton, Kettering, Rushden and Wellingborough. In these

towns there are not more than six factories employing 1,000 workers, the majority of factories being small, employing a few hundred people, many even less than a hundred. This led us to adopt the system of setting up the Unit in a centre in each town, rather than visiting the individual factories. The original impression that people had of the mobility of the Mass Radiography Unit was erroneous. Most people thought that it could be heaved on to a lorry and brought from factory to factory and set up on a relatively small floor space. I think that frequent moves from factory to factory within a limited area are unsatisfactory, both from a mechanical point of view and from the efficiency and smooth working of a Unit.

It was our policy to call a general meeting a month before a survey in a town was due to commence. The Ministry of Labour supplied us with a list of all factories in the area and invitations were sent out requesting representatives from the managements and employees to attend a meeting at which the purposes and general outline of the Mass Radiography Scheme were explained. A perforated slip was attached to each invitation and the factory manager was asked to return this and state the type of work carried out in his factory and the total number of staff and employees divided into male and female. This enabled us to make a rough estimate of the time required to be spent in each town. Representatives of interested bodies, *e.g.*, Trade Unions, After Care Committees and the Press, were also invited. These meetings seemed to get through a great deal of the preliminary propaganda that is essential to secure a high voluntary response to Mass Radiography. In addition, it was possible during these meetings to appreciate difficulties on all sides which could then be fully and fairly discussed. The scope of the survey in each town was extended to cover the small factories situated in the surrounding villages up to a radius of five to six miles. The employees are then brought from the various factories to the Unit by a free 'bus service.

On the short distance runs in each town, a single decker 'bus carrying a maximum of thirty-eight people was used, while from the outlying districts people were brought in in groups of sixty-five on a double-decker 'bus. The use of a double-decker 'bus gives rise to the necessity for providing an undressing room sufficiently large to accommodate sixty-five people arriving *en bloc*, or alternatively, we must provide some form of waiting room leading in to the undressing room. The 'bus service does prevent workers dawdling on their way to and from the Unit, and generally speaking it worked very well, with no complaints from managements as to the slight additional time required in bringing their employees to and from the Centre.

The problem of choosing a suitable hall in each town to adapt as a Mass Radiography Centre has by no means been easy. In Rushden, which was the first town surveyed, the Unit was set up in the Canteen of the largest firm in the town, and this acted as a Centre for the whole town. In Kettering, a Church Hall was adapted; in Northampton, premises were provided by the Public Health Department of the Borough Council, while in Wellingborough, the local Masonic Hall was used.

It will, I am sure, be appreciated that the administrative problem in arranging for the X-ray of people employed in small factories is much greater than when the Unit sets up within the limits of a large factory.

From the management point of view, however, appreciation of the efficiency of a mass radiography unit is naturally dependent to a large extent as to whether the scheme can be run without undue interference with production. A small factory finds it much more difficult to release 30 or so employees to attend for X-ray, than does the large factory. Some individual firms found it better to close down for a few hours and let all their employees go through, rather than have them attending in small groups, *e.g.*, 10 at a time over a matter of a few days. This applied particularly to factories situated some distance from the Mass Radiography Centre. However, the decisions as to how their employees should attend, were in the main, left to the management in question to decide.

The other main industry in Northamptonshire is the iron ore and steel industry, which is centred at Corby. Messrs. Stewarts and Lloyds employ there 6,000 people, and the Unit has now set up in the Works and is carrying out a survey of all employees.

I would like to draw attention to certain administrative problems that arise in connection with running a Unit. At the preliminary training course one does not get sufficient grasp of the problem of statistical reports, other than the monthly Schedule A. and B. that is completed for the Ministry of Health. I feel that it would be a tremendous asset, and is, in fact, essential, that each Unit should be provided with a trained statistical clerk. This clerk would be in a position to prepare statistical reports on specific industries that are centred in the area that each Unit has to survey. I also think that the system of preparing statistical reports should be uniform throughout the country. The various industrial federations would be able to give guidance as to the subsections in which they would advise dividing each main industry for statistical purposes. As things are, the preparation of these statistical reports forms too heavy a burden on a Unit as at present constituted. As already stated, in Northamptonshire our basic industry is the manufacturing of boots and shoes and the statistical report on this industry is now being prepared, and in due course will be issued by Dr. C. M. Smith, County Medical Officer of Health.

Medically, two main problems have arisen. These are the disposal of non-tuberculous pulmonary conditions and the classification of the symptomless lesions presenting radiological findings. When a non-tuberculous pulmonary condition is discovered by the Unit, *e.g.*, a cyst or? a neoplasm, the case is ultimately referred to the general practitioner, perhaps directly or through the chest clinic. I feel sure that considerable time may be lost in some cases through the necessity for many of these patients to be referred to one of the London chest hospitals. There are not at present in the Provinces adequate facilities for the local treatment of such cases. Patients are not always agreeable to travel to London, they resent the fact that a day's work is lost and the expense of travelling. The setting up of Regional Centres where obscure cases may be referred to for final diagnosis and treatment will be a great help. It is all bound up with the problem of providing beds for such cases, and the demand on chest surgeons and physicians, who are already covering wide areas and working to capacity. Nevertheless, in order to obtain the full advantages which a Mass Radiography survey has to offer, we must build up facilities for the prompt disposal of any non-tuberculous pulmonary condition which might require treatment. The determination of activity in symptomless cases presenting slight radiological findings may prove very difficult. All of us who are working in the tuberculosis surveys, especially those who have had close connection with a Mass Radiography Unit, realize how difficult the assessment of what is now being termed "the minimal lesions" can be. Cases as found by the Mass Radiography Unit, are referred for further investigation to the Tuberculosis Officer of each area in which the Unit is operating. The final classification in accordance with the Ministry of Health classification of Diseases Code Number is then decided on by the Tuberculosis Officer. I feel that here there may be a variation of interpretation on relatively similar cases. Mass Radiography has undoubtedly raised a new medical problem of which only experience will give us the answer. Dr. Lord, the Northamptonshire County Tuberculosis Officer, has expressed the opinion to me, that some additional form of notification is required, into which these early cases can be put and retained under observation pending classification. Perhaps the present "Prophit" survey that is taking place on the minimal "lesions" as found by two Units operating in the London Area, may be able to lay down a uniform approach to one of the most difficult problems arising from Mass Radiography.

There is also a certain psychological problem to be got over in dealing with cases detected by Mass Radiography. A person sent up to a Health Clinic in the normal way by a general practitioner, has been sent up on account of symptoms and he or she is expecting, or at least is prepared for evidence of something being wrong with their chest. The Mass Radiography pickup needs a considerable amount of time and a sympathetic understanding of their very natural reaction to being told that all is not well.

At our first visits we have confined our examinations to factory employees, but there is little doubt that the demand from the general public will have to be satisfied by public sessions when the time comes for a return visit to each area. Whether or not the volunteering in the factories on further visits reaches the same high percentages as during the initial surveys, will

no doubt depend on how efficient and happy have been our relations, both from the angle of our approach to the public and in our ability to provide adequate facilities for all those requiring treatment. So far we have been very fortunate that no shortage of staff or beds has led to a long waiting list and patients have been admitted to Rushden Sanatorium within a few weeks of diagnosis.

Great help has been given to us in the furtherance of the Mass Radiography scheme in this County, by Manufacturers, Trade Unions and employees, propaganda and publicity through the local Press and by the hard and enthusiastic work of the various Northamptonshire After Care Committees.

July, 1946.

(Signed) M. C. BROUGH.

TREATMENT ALLOWANCES—MINISTRY OF HEALTH MEMORANDUM 266/T.

Treatment Allowances continued to be made to patients suffering from pulmonary tuberculosis and, in accordance with the policy of the Public Health Committee, such allowances were made, irrespective of prognosis, to all patients (other than married women) giving up remunerative work in order to undertake the treatment prescribed by the Tuberculosis Officer.

Maintenance Allowances.

At the beginning of the year 162 patients—comprising 65 Government cases (in respect of whom expenditure will be reimbursed by the Ministry of Health) and 97 County cases (expenditure to be borne by the County Rates) were receiving Maintenance Allowances. Allowances were granted during the year to 78 Government and 32 County cases, making a total of 110 new cases. Allowances ceased in respect of 85 patients for the following reasons :

	<i>Government Cases.</i>	<i>County Cases.</i>	<i>Total</i>
Returned to work.....	38	3	41
Died	1	30	31
Observation cases ultimately diagnosed as non-tubercular	2	—	2
Removed from County	4	1	5
Other reasons	—	6	6
	<hr/>	<hr/>	<hr/>
	45	40	85
	<hr/>	<hr/>	<hr/>

The total number of patients who received Maintenance Allowances during the year was 272, and the number remaining on the books on the 31st December was—80 Government and 107 County cases, making a total of 187.

On the recommendation of the Tuberculosis Officer, after consideration of medical details, the allowances in respect of 18 patients were transferred from Government to County classification.

Discretionary Allowances.

Three patients were granted Discretionary Allowances in respect of (a) hire purchase instalments ; (b) premiums on life assurance policies ; and (c) expenses in respect of education. Discretionary Allowances, which are additional to Maintenance Allowances, are only granted on special application being made and on proof of need.

The total cost of Allowances was £6,150 for Government reimbursement cases, and £7,310 for County cases.

Mass Radiography.

Examination of workpeople by Mass Radiography resulted in a number of persons being diagnosed as suffering from pulmonary tuberculosis although they had no symptoms and were, in fact, at work at the time of diagnosis. In many such cases the knowledge that assistance under the Treatment Allowance scheme would be available has undoubtedly helped in persuading a patient to give up his employment in order to undertake treatment.

General.

All patients who are eligible for allowances are visited by the Tuberculosis Welfare Worker, who explains the scheme and gives assistance to the patients in the completion of the necessary application forms. Further visits are paid from time to time and thus a close contact is maintained with the patient and his family, and where desired advice and information relating to allowances are given. The total number of visits to patients and/or their families during the year was 650.

Close co-operation is also maintained between the Tuberculosis Welfare Worker and the various Care Committees in the County, to whom are referred cases needing assistance which cannot be given under Memorandum 266/T.

The majority of patients are appreciative of the allowances, and this is particularly noted in the case of County patients who have probably been unable to work for a number of years.

SANATORIUM REPORT.

The number of beds available for patients with pulmonary tuberculosis was 76 ; 40 for males and 36 for females. Nine patients were admitted for clinical investigation, eight were discharged as non-tuberculous and the other patient, who was found to be suffering from pulmonary tuberculosis, was discharged after treatment.

There were 145 admissions of patients, 72 male and 73 female, and 129 were discharged, 62 male and 67 female. Deaths in the Sanatorium numbered 16. The retention of advanced patients is consistent with the policy of isolation and has been a useful method of preventive treatment. The patients admitted to the Sanatorium were classified as follows on admission—Tuberculous pleural effusion 5 ; sputum negative cases 56 ; sputum positive cases, stage I—4 ; sputum positive cases, stage II—59 ; sputum positive cases, stage III—12 ; observation cases—9. Treatment was sufficient in 50 of these patients to bring the disease to quiescence. The average length of stay was 174.83 days.

Laboratory Work. 228 sputum tests were made, 117 positive and 101 negative. Of the patients with positive sputum on admission, 16 were negative on discharge. The Blood Sedimentation Rate which gives an immediate indication of the patient's condition, and activity of disease, was assessed on admission, and at monthly intervals during treatment : 831 such examinations were made. Vital Capacity Tests were carried out on 203 patients. Mantoux Tests were carried out in the case of 12 child patients.

X-ray Work. All patients are filmed on admission and subsequently during treatment. 2,487 X-ray examinations were made, consisting of 2,164 screen examinations and 323 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. 53 inductions of artificial pneumothorax were made at the Sanatorium ; 1890 refills were given. There were 5 pleural washouts and 53 aspirations.

Adhesion Section : 15 patients were transferred to Creaton Sanatorium for section of adhesions limiting artificial pneumothorax and thoracoplasties.

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

Dental Department. The work performed by the Visiting Surgeon was as follows : No. of Inspections 76 ; No. of extractions 97 ; No. of fillings 64 ; and No. of scalings 5.

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 opening 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).

The number of new County patients who attended the out-patient clinic for treatment was 248, as compared with 291 in 1944. The total attendances of all County patients amounted to 1,989 as against 2,251, and the number of patients discharged after completing treatment was 142 as against 166 in 1944. The number who ceased to attend without completing treatment, or before the final test of cure, was 10 as against 16.

The number of persons treated with salvarsan substitutes was 238 as against 267 in 1944.

The number of County in-patients treated at the Northampton General Hospital was 6 (males 3, females 3) as against 12 (males 2, females 10) 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, 1943-1945 :

	1943		1944		1945	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
1. Number dealt with at or in connection with the Out-patient Clinic for the first time	212	123	185	106	145	103
2. Total attendances of all persons at the Out-patient Clinic	1516	1048	1348	903	733	1256
3. Number discharged after completion of treatment	77	89	88	78	70	72
4. Number who ceased to attend without completing treatment ...	9	10	12	4	8	2

	<i>Syphilis.</i>		<i>Gonorrhoea.</i>	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Number of patients on books 1/1/45	38	45	7	7
New cases during 1945	9	18	27	12
Cases transferred	17	2	18	—
Cases treated before for same disease	2	5	—	—
	<u>66</u>	<u>70</u>	<u>52</u>	<u>19</u>
Number of cases defaulting	5	1	3	—
Percentage of defaulters for 1945	7.6	1.4	5.8	—

Congenital Syphilis. The number of cases dealt with for the first time was four.

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 1943-1945 :

	1943		1944		1945	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
1. Number dealt with at or in connection with the Out-patient Clinic for the first time	86	147	66	136	41	82
2. Total attendances of all persons at the Out-patient Clinic	608	1236	905	2088	917	975
3. Number discharged after completion of treatment	72	128	69	122	47	79
4. Number who ceased to attend without completing treatment ...	4	—	5	7	—	5

	<i>Syphilis.</i>		<i>Gonorrhoea.</i>	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Number of patients on books 1/1/45	49	39	14	10
New cases during 1945	14	7	9	13
	<u>63</u>	<u>46</u>	<u>23</u>	<u>23</u>

Congenital Syphilis. No cases were treated for the first time.

PATHOLOGICAL EXAMINATIONS.

Pathological examinations numbering 4,380 have been made at the Laboratory of the Northampton General Hospital, as against 4,073 in 1944.

NATURE OF TEST	NUMBER OF TESTS IN RESPECT OF PATIENTS UNDER CARE OF :		
	TREATMENT CENTRES	HOSPITAL AND OTHER INSTITUTIONS	PRIVATE PRACTITIONERS
MICROSCOPICAL—			
For detection of spirochetes	31	1	1
For detection of gonococci	970	338	200
SERUM TESTS—			
For Wasserman reaction	647	1671	310
For gonococcal infection	102	30	29
CEREBRO-SPINAL FLUID TESTS—			
Wasserman reaction	—	28	1
CULTURES—			
For Gonococci	21	—	—
	1771	2068	541

There were 11 Medical Practitioners, inclusive of the two 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.

Regulation 33B. The number of persons (all females) in respect of whom Form 1, was received totalled 35; of this number, 29 were found and 18 of the contacts were examined. Two or more Forms 1 were received in respect of 2 persons, both of whom were found and examined after persuasion.

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	58	51	87	100	94	66	61	72	98	92	106	102	91	83	79	100	674	666		
1 Typhoid and paratyphoid fevers .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Cerebro-spinal fever .....	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...
3 Scarlet Fever .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
4 Whooping Cough .....	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
5 Diphtheria .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Tuberculosis of respiratory system	2	3	3	1	2	2	2	2	5	5	4	2	3	5	2	8	23	28		
7 Other forms of Tuberculosis .....	...	1	1	1	...	2	...	1	2	...	...	...	...	...	...	...	3	5
8 Syphilitic Diseases .....	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
9 Influenza .....	...	...	...	1	2	1	...	...	1	3	1	...	...	...	1	...	5	5
10 Measles .....	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
11 Acute polio-myelitis & polio-encephalitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Acute Infective Encephalitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Cancer of buc : cav : and œsoph : (M), uterus (F).	1	...	1	3	1	1	1	1	2	3	2	1	3	2	1	2	12	13		
14 Cancer of stomach and duodenum	3	1	2	3	5	1	1	2	6	...	1	4	4	1	3	4	25	16		
15 Cancer of Breast	1	6	...	1	...	5	...	...	...	...	5	...	5	...	9	1	31	1
16 Cancer of all other sites	8	4	10	6	15	5	6	7	8	9	13	4	9	5	9	2	78	42		
17 Diabetes .....	...	...	2	1	...	...	1	...	1	...	1	1	1	1	2	...	4	6
18 Intra-cranial vascular lesions	3	3	5	13	11	8	5	11	6	10	8	17	8	8	7	19	53	89		
19 Heart Disease	14	12	21	45	24	24	15	24	24	22	29	29	36	34	28	24	191	214		
20 Other diseases of the circulatory system	2	1	3	1	1	4	3	8	2	2	1	1	3	2	3	2	3	23		
21 Bronchitis	5	3	6	5	4	1	5	3	8	6	3	7	4	1	1	4	36	30		
22 Pneumonia	1	1	6	4	...	3	3	1	4	3	3	2	3	2	4	6	24	22		
23 Other respiratory diseases	2	...	2	1	...	2	...	2	...	1	1	1	1	2	...	...	9	5
24 Ulcer of stomach or duodenum .....	...	...	1	1	3	...	2	1	1	...	...	...	1	1	2	...	10	3
25 Diarrhoea under 2 years .....	...	...	...	...	...	...	1	...	...	1	3	...	...	...	...	...	4	1
26 Appendicitis .....	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	2	...
27 Other digestive diseases .....	...	3	1	3	1	...	...	1	1	4	1	4	1	...	2	2	7	17
28 Nephritis	1	...	5	...	6	3	2	4	1	8	...	3	1	1	3	...	19	19		
29 Puerperal and post-abortive sepsis .....	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
30 Other maternal causes .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Premature Birth .....	...	...	3	1	...	2	2	...	...	...	2	2	...	...	1	...	8	5
32 Congenital Malformation, Birth inj : infantile diseases	2	1	4	1	2	...	4	2	3	2	4	2	2	1	1	...	22	9		
33 Suicide	1	...	2	...	3	...	...	...	...	2	1	...	1	...	...	1	8	3
34 Road traffic accidents	1	2	1	...	1	...	1	...	1	1	1	...	1	1	1	1	8	5		
35 Other violent causes	2	...	5	2	2	3	...	2	5	1	2	2	5	2	2	5	23	17		
36 All other causes	9	10	5	5	9	4	5	6	9	8	24	14	5	7	7	10	73	64		
Deaths of Infants under 1 year	Total ...		2	1	12	3	3	2	10	3	5	3	11	6	4	1	3	3	50	22
	Legitimate ...		2	1	10	3	2	2	8	3	5	2	9	6	4	1	2	2	42	20
	Illegitimate	2	...	1	...	2	...	1	2	1	1	8	2	
Live Births—	Total ...		97	78	146	133	139	137	113	120	131	115	178	185	118	110	125	98	1047	976
	Legitimate ...		92	73	133	120	126	128	98	106	121	100	154	162	102	103	109	82	935	874
	Illegitimate ...		5	5	13	13	13	9	15	14	10	15	24	23	16	7	16	16	112	102
Stillbirths—	Total ...		3	1	2	4	3	5	6	3	2	4	4	7	3	1	3	2	26	27
	Legitimate ...		3	1	2	4	3	5	6	2	2	3	3	6	2	1	3	2	24	24
	Illegitimate	1	...	1	1	1	2	3	
Population		9,100	15,530		15,300		10,690		17,350		16,940		13,500		11,590		110,000		

TABLE II.
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—
1 Typhoid and paratyphoid fevers ...	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Cerebro-spinal fever	M. F.	1	...	...	...	1	...	...	...	...	...	...	...	...
3 Scarlet Fever	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Whooping Cough	M. F.	...	...	...	...	...	...	1	...	...	...	...	...	...
5 Diphtheria	M. F.	1	...	...	1	...	...	...	...	...	...	...	...	...
6 Tuberculosis of respiratory system	M. F.	39 21	...	...	13 17	22 2	4 1	...	...	...	...	8 24	10 2	5 1
7 Other forms of Tuberculosis.....	M. F.	8 6	2 ...	1 2	3 1	2 1	1 1	...	...	...	...	1 3	...	1 1
8 Syphilitic Diseases	M. F.	5 1	...	...	...	1 1	2 ...	...	...	...	...	...	...	...
9 Influenza	M. F.	2 4	...	...	...	1 1	...	...	...	...	...	...	2 1	2 4
10 Measles	M. F.	2	...	2	...	...	...	...	...	...	...	...	...	...
11 Acute polio-myelitis and polio- encephalitis	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Acute Infective Encephalitis	M. F.	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Cancer of buc : cav : and oesoph : (M), uterus (F).	M. F.	15 11	1 1	3 4	11 6	2 7	10 4
14 Cancer of stomach and duodenum	M. F.	29 17	3 ...	15 12	25 16	1 2	11 2	13 12
15 Cancer of Breast	M. F.	20	...	...	...	...	...	1	...	...	...	...	...	...
16 Cancer of all other sites	M. F.	84 49	...	...	...	8 2	27 26	49 42	...	...	...	...	...	...
17 Diabetes	M. F.	6 10	...	...	...	...	2 4	4 4	...	...	...	...	...	...
18 Intra-cranial vascular lesions	M. F.	95 108	...	...	...	1 4	18 21	76 83	...	...	...	...	...	...
19 Heart Disease	M. F.	208 218	...	...	...	6 11	51 29	151 178	...	...	...	...	...	...

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						All Ages									
		0—	1—	5—	15—	45—	65—	0—	1—	5—	15—	45—	65—				
20 Other diseases of the circulatory system.....	M. F.	20 18	...	...	1	3	16	...	...	...	1	3	19	...	...	2	13
21 Bronchitis.....	M. F.	32 15	1	...	1	10	20	2	...	...	1	10	23	2	...	3	26
22 Pneumonia	M. F.	41 23	20 4	1	2	4	12	4	1	1	2	11	14	6	1	2	1
23 Other respiratory diseases	M. F.	5 9	...	...	...	2	3	2	4	3	2	3	5	1	...	1	2
24 Ulcer of stomach or duodenum ...	M. F.	13 ...	...	...	1	7	5	...	...	...	1	6	3	...	...	1	2
25 Diarrhoea under 2 years	M. F.	2 3	2 3	...	...	...	...	4	1	...	...	...	...	4	4	...	...
26 Appendicitis	M. F.	4 2	...	...	...	1	3	1	...	...	2	...	...	...	...	...	...
27 Other digestive diseases	M. F.	13 19	1	1	1	3	8	7	1	10	6	17	...	1	...	1	6
28 Nephritis	M. F.	19 17	...	...	1	7	11	19	...	4	10	19	...	...	4	4	14
29 Puerperal and post-abortive sepsis...	F.	1	...	...	1	...	...	1	...	...	...	1	...	...	1	...	...
30 Other maternal causes	F.	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
31 Premature Birth	M. F.	6 7	6 7	...	...	...	...	8	5	5	...	...	...	8	5	...	...
32 Congenital Malformation, Birth inj: infantile diseases ...	M. F.	22 22	19 18	3	1	2	1	...	9	20	...	1	...	20	9	...	...
33 Suicide	M. F.	5 3	...	...	...	2	3	1	...	...	...	3	2	...	...	3	2
34 Road traffic accidents	M. F.	18 1	...	2	5	3	4	4	1	5	...	...	...	...	2	2	3
35 Other violent causes	M. F.	16 14	2 3	4	1	4	5	23	17	1	1	11	6	1	2	3	6
36 All other causes	M. F.	79 72	6 3	2 1	3	8	14	73	64	4	2	1	...	4	1	8	51
ALL CAUSES	M. F.	787 695	57 41	9 10	15 6	58 53	200 142	674 666	50 22	7 7	6 6	43 61	135 127	433 443	...	...	...

TABLE III.
CIVILIAN CASES OF INFECTIOUS DISEASE. 1945.
(Final numbers after correction).

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	Irthlingborough	Oundle	Rands	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...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	39	25	44	19	9	5	11	161	647
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	1	8	28	
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	2	—	3	3	4	16	57
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	7	1	1	—	—	—	18	28
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	5	3	17	21	12	7	68	155
Pneumonia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	115	302	132	75	207	88	186	1346	3824
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	15	11	4	14	29	69	173	351	
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the Respiratory System ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	12	6	6	10	3	11	10	65	203
Other forms of Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	5	1	3	—	5	3	6	25	48
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery (Bacillary) ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria (believed to have been contracted abroad)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning (Salmonella Int.)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	34	5	95	1328	162	69	59	169	19	108	195	374	868	3486	149	399	189	141	290	323	205	254	1950	5436

SEX AND AGE DISTRIBUTION OF NOTIFIABLE DISEASES, 1945.

Numbers of Cases of Infectious Diseases originally notified during 1945, and of the Final numbers according to Sex and Age after corrections subsequently made either by the Notifying Medical Practitioner or the Medical Superintendent of the Infectious Diseases Hospital.

<i>Ages, etc.</i> (N.K.—age unknown)	<i>Scarlet Fever</i>		<i>Whooping Cough</i>		<i>Acute Poliomyelitis</i>		<i>Acute Poli-encephalitis</i>		<i>Measles excl. Rubella</i>		<i>Diphtheria</i>		
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Numbers orig. notified Civilians (All ages)	285	366	180	172	4	—	—	—	1920	1907	12	17	
Non-civs. (All ages)	2	—	—	—	—	—	—	—	3	1	5	—	
Final nos. aft. correction													
0— ...	—	—	20	6	—	—	—	—	78	64	—	—	
1— ...	15	15	37	54	—	—	—	—	412	359	1	—	
3— ...	58	43	58	54	1	—	—	—	532	506	1	—	
5— ...	134	170	61	48	1	—	—	—	751	773	6	4	
10— ...	65	89	3	5	—	—	—	—	93	98	1	1	
15— ...	4	21	1	1	1	—	—	—	43	73	1	8	
25 & over	6	27	—	3	1	—	—	—	11	28	1	4	
Age unknown	—	—	—	—	—	—	—	—	—	3	—	—	
Total civs.	282	365	180	171	4	—	—	—	1920	1904	11	17	
Non-civilians													
15— ...	—	—	—	—	—	—	—	—	1	1	2	—	
25 & over (or N.K.) ...	2	—	—	—	—	—	—	—	2	—	3	—	
Total non-civilians	2	—	—	—	—	—	—	—	3	1	5	—	
		<i>Acute Pneumonia</i>		<i>Dysentery</i>		<i>Smallpox</i>		<i>Ac. Enceph-lethargica</i>		<i>Enteric or Typh. Fever</i>		<i>Paratyphoid Fevers</i>	
		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
No. originally notified Civilians (All ages) ...		99	56	28	50	—	—	—	—	—	—	—	1
Non-civs. (All ages)		4	2	15	3	—	—	—	—	—	—	—	—
Final nos. aft. correction													
0— ...		19	10	7	6	—	—	—	—	—	—	—	—
5— ...		14	10	8	11	—	—	—	—	—	—	—	—
15— ...		28	17	8	16	—	—	—	—	—	—	—	1
45— ...		24	11	3	16	—	—	—	—	—	—	—	—
65 & over		14	8	3	—	—	—	—	—	—	—	—	—
Age unknown		—	—	—	—	—	—	—	—	—	—	—	—
Total civs.		99	56	29	49	—	—	—	—	—	—	—	1
Non-civilians													
15— (or N.K.)		4	2	15	3	—	—	—	—	—	—	—	—
45 & over		—	—	—	—	—	—	—	—	—	—	—	—
Total non-civs.		4	2	15	3	—	—	—	—	—	—	—	—
		<i>Erysipelas</i>		<i>Cerebro-Spinal Fever</i>		<i>Other notifiable diseases</i>				<i>Originally notified</i>		<i>Final Nos. aft. correction</i>	
		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>					<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Nos. originally notified Civilians (All ages) ...		24	32	6	1	Civilians				—	28	—	28
Non-civs. (All ages)		—	—	4	—	Non-civilians				2	3	2	3
Final Nos. aft. correction													
0— ...		—	1	1	1	Puerperal Pyrexia ...				—	—	—	—
5— ...		2	—	2	—	Ophthalmia Neonatorum				—	—	—	—
15— ...		4	7	1	—	Malaria (contracted in Eng. & Wales)				—	—	—	—
45— ...		14	19	1	—	Puerperal Pyrexia				—	—	—	—
65 & over		4	6	—	—	Malaria (contracted in Eng. & Wales) ...				2	—	2	—
Age unknown		—	—	—	—	Amoebic Dysentery				1	—	1	—
Total Civs.		24	33	5	1					—	—	—	—
Non-civilians													
15— (or N.K.)		—	—	4	—					—	—	—	—
45 & over		—	—	—	—					—	—	—	—
Total non-civs. ...		—	—	4	—					—	—	—	—

TABLE V.

NORTHAMPTONSHIRE.

TUBERCULOSIS DEATHS AND MORTALITY RATES, 1900-1945.

Year	Estimated Populations.	Tuberculosis of Respiratory System.	Death Rate per 1000 of Population.	Other forms of Tuberculosis.	Death Rate per 1000 of Population.	All forms of Tuberculosis.	Death Rate per 1000 of Population.
1900	220,678	205	.93	46	.20	251	1.13
1901	207,719	162	.78	47	.22	209	1.00
1902	209,984	199	.94	63	.30	262	1.24
1903	212,610	182	.85	66	.31	248	1.16
1904	213,874	204	.95	82	.38	286	1.33
1905	214,909	165	.77	85	.39	250	1.16
1906	216,319	186	.86	63	.29	249	1.15
1907	216,935	196	.90	61	.28	257	1.18
1908	217,765	207	.95	68	.31	275	1.26
1909	219,149	185	.84	77	.35	262	1.19
1910	220,897	190	.86	66	.29	256	1.15
1911	213,796	204	.95	77	.36	281	1.31
1912	215,091	197	.92	57	.26	254	1.18
1913	215,579	192	.89	58	.26	250	1.15
1914	216,569	178	.82	50	.23	228	1.05
1915	211,286	202	.95	59	.28	261	1.23
1916	202,552	242	1.19	60	.30	302	1.49
1917	190,215	229	1.20	55	.29	284	1.49
1918	192,564	230	1.19	59	.31	289	1.50
1919	207,508	183	.88	52	.25	235	1.13
1920	215,777	160	.74	44	.20	204	0.94
1921	212,270	172	.81	46	.21	218	1.02
1922	213,340	162	.76	27	.12	189	0.88
1923	214,331	159	.74	38	.17	197	0.91
1924	215,200	169	.78	27	.13	196	0.91
1925	215,300	174	.80	35	.17	209	0.97
1926	214,200	136	.63	28	.13	164	0.76
1927	215,000	162	.75	30	.14	192	0.89
1928	215,100	140	.65	32	.14	172	0.79
1929	216,500	159	.73	20	.09	179	0.82
1930	217,550	150	.69	31	.14	181	0.83
1931	218,300	130	.60	25	.11	155	0.71
1932	213,900	115	.53	24	.11	139	0.64
1933	214,300	116	.54	20	.09	136	0.63
1934	214,550	114	.53	34	.15	148	0.68
1935	216,200	119	.55	27	.12	146	0.67
1936	217,600	99	.45	18	.08	117	0.53
1937	220,400	94	.42	28	.13	122	0.55
1938	221,400	104	.47	24	.10	128	0.57
1939	228,300	96	.42	16	.07	112	0.49
1940	241,200	113	.47	28	.11	141	0.58
1941	259,820	106	.41	24	.09	130	0.50
1942	243,800	92	.38	28	.11	120	0.49
1943	235,000	101	.43	17	.07	118	0.50
1944	233,340	112	.48	33	.14	145	0.62
1945	228,640	111	.48	22	.10	133	0.58

TABLE VI.

VITAL STATISTICS FOR 1945 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	3140	14.52	254	80.00	2873	13.84
	*216,162						
1920	†215,777	4913	22.74	293	59.00	2393	11.09
	*215,968						
1921	212,769	4166	19.57	300	72.00	2514	11.84
1922	†213,340	3875	18.12	227	58.00	2507	11.75
	*213,840						
1923	†214,331	3686	17.15	225	61.00	2475	11.54
	*214,820						
	†216,162						
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	3336	15.02	137	40.41	2758	12.08
	*222,100						
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	2890	12.29
1944	233,340	4684	20.07	178	38.00	2952	12.65
1945	228,640	4340	18.98	170	39.17	2822	12.34

§ Extension of Borough of Northampton.

† Population for calculation of Death Rate.

* Population for calculation of Birth Rate.

TABLE VII.

NORTHAMPTONSHIRE JOINT COUNTY COMMITTEE ON RURAL HOUSING.
SUMMARY OF RURAL HOUSING PROGRESS REPORTS FOR PERIOD ENDED 31st DECEMBER, 1945

	KETERING.	DAVENTRY.	BRIKSWORTH.	NORTHAMPTON.	THRAPSTON.	WELLING- OUNDLE AND	BRACKLEY.	TOWCESTER.	TOTALS.
A.—SURVEY OF EXISTING HOUSES.									
1. Estimated number of working class houses in the District	3,000	4,100	3,750	4,500	4,000	3,978	2,454	4,200	29,982
2. Number of houses surveyed to 31st December, 1945	1,569	767	1,931	752	593	—	513	1,032	7,157
3. Results of Survey as revealed by Officers :—									
(a) Satisfactory in all respects	478	24	—	146	1	—	8	224	881
(b) Minor defects	264	324	1,163	240	13	—	54	126	2,184
(c) Requiring repair, structural alteration or improvement—not eligible for assistance under the former Housing (Rural Workers) Acts	232	118	344	153	277	—	232	405	1,761
(d) Requiring repair, structural alteration or improvement—eligible for assistance under the former Housing (Rural Workers) Acts	44	Not known	61	28	12	—	Not known	Not known	145
(e) Unfit for human habitation and beyond repair at reasonable expense	551	301	363	185	190	—	219	227	2,036
(f) Number of houses deemed to be overcrowded (for purposes of this statement it is not expected that the rooms will be measured)	36	17	2	Not known	Not known	Not known	21	51	127
B.—HOUSING PROGRAMME.									
1. Number of houses proposed to be erected as approved by the Ministry of Health to date	100	300	94	135	326	165	246	380	1,746
2. (a) Number of sites concerning which lay-out plans and house plans have been approved by the Ministry of Health	14	7	—	10	2	1	4	14	52
(b) Number of houses contained in such approved lay-outs	100	46	—	99	10	20	24	72	371
3. Superficial areas in plans approved, determined in accordance with paragraph 4 of the Standards for New Houses adopted by the Joint Committee :—							(Bangalows)		
(a) Non-parlour type	—	—	—	—	—	—	544	—	—
{ 2 bedrooms	900	900	832	1,059*	950	850	1,006*	—	—
{ 3 bedrooms	—	—	923	—	—	903 (duplex)	—	—	—
{ 4 bedrooms	—	—	—	—	—	900	1,058*	900	—
{ 5 bedrooms	—	—	—	—	—	—	1,297*	911	—
(b) Parlour type	—	—	—	—	—	—	—	—	—
(a) Number of houses for which tenders have been invited	100	46	38	10	10	20	18	—	242
(b) Number of houses for which negotiated prices have been obtained	18	46	—	—	—	—	None	72	136
5. Number of houses the erection of which has begun	18	14	—	10	—	—	18	48	108
D.—TEMPORARY ACCOMMODATION.									
1. (a) Have your Authority been allocated any temporary prefabricated houses, if so, state number and type	—	—	—	40	40	20	—	30	130
(b) Number of sites secured	—	—	—	8	2	—	—	1	11
2. Local Authority's Site Preparation :—									
(a) Tenders invited ?	—	—	—	Yes	—	—	—	Yes	—
(b) Tenders accepted ?	—	—	—	Yes	—	—	—	Yes	—
(c) Works begun ?	—	—	—	Yes	—	—	—	Yes	—
(d) Sites completed	—	—	—	8	—	—	—	1	9
3. Number of houses in respect of which :—									
(a) Assembly has been begun	—	—	—	40	—	—	—	—	40
(b) Assembly has been completed	—	—	—	26	—	—	—	—	26

(*Includes outbuildings)

TABLE VIII.

SUMMARY OF RURAL HOUSING SURVEYS.

1. District	2. Parish	3. No. Inspected	4. Category				5. Total No. of houses in Parish	6. Percentage No. in Category 5	
			1.	2.	3.	4.			5.
BRACKLEY	Kings Sutton Middleton Cheney	272	3	9	144	—	114	33.7	
		260	4	44	124	—	89	24.5	
BRIXWORTH	Brixworth Moulton Spratton Welford	411	17	180	145	—	69	15.4	
		98	—	—	—	—	98	13.2	
		208	16	69	58	—	65	30.0	
		238	—	20	151	—	67	27.7	
DAVENTRY	Badby Flora	128	—	16	37	—	75	52.1	
		246	13	20	110	—	103	36.7	
KETERING	Broughton Pyrchley Rushton	31	—	—	—	—	31	6.8	
		62	—	—	—	—	62	43.7	
		79	—	1	56	—	22	17.6	
NORTHAMPTON	Ashton Brafield Bugbrooke Denton	82	—	18	28	—	36	41.4	
		147	—	37	50	—	60	37.5	
		212	4	45	104	—	59	25.3	
		117	—	56	41	—	20	17.1	
		—	—	—	—	—	—	—	
OUNDE AND THRAPSTON	Collyweston Denford Kings Cliffe	115	1	6	50	—	58	49.1	
		90	—	7	37	—	46	46.0	
		256	—	3	168	—	85	31.6	
		—	—	—	—	—	—	—	
TOWCESTER	Pattishall Yardley Gobion	205	—	36	109	—	60	26.0	
		113	—	14	38	—	61	45.5	
WELLINGBOROUGH	Bozeat Earls Barton Little Irchester Irchester Wollaston	332	1	19	223	—	89	25.2	
		794	63	151	430	—	150	17.8	
		113	—	33	70	—	10	—	
		475	—	209	158	—	108	786	
		601	42	176	251	—	132	650	
		—	—	—	—	—	—	—	
TOTALS		5,683	164	1,169	2,582	—	1,768	7,570	Mean Percentage 23.35

Category 1. Houses in all respects fit for habitation.

Category 2. Houses with minor defects only.

Category 3. Houses capable of repair at reasonable expense.

Category 5. Houses not capable of repair at reasonable expense.

