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**THE HEALTH of  
NORTHAMPTONSHIRE  
in 1967**

**PART I**

**Report of the  
County Medical  
Officer of Health**





M.O.H. Nottkamplozeke C.C. 1967.

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Dr. Tate C413

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14 JAN 1969





*Photograph by Henry Cooper & Son, Northampton.*

**FUNCTIONAL INTEGRATION OF THE HEALTH SERVICE—HEALTH VISITORS AT A HOSPITAL  
DIABETIC CLINIC AND AT A GENERAL PRACTITIONER'S CONSULTATION**



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NORTHAMPTONSHIRE  
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**PART I**

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THE HEALTH OF  
NORTHAMPTONSHIRE

in 1967

PART I

FUNCTIONAL INTEGRATION OF THE HEALTH SERVICES: A STUDY OF THE HISTORY AT A HOSPITAL  
DIABETIC CLINIC AND AT A GENERAL PRACTICE CONSULTATION

Report of the  
County Medical  
Officer of Health



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1963 (2014)

The Council has a duty to ensure that the highest quality of services are provided to the community. In the past, the Council has been successful in the provision of health services and also in the establishment of a Department of Social and Preventive Medicine at King's College Hospital, London, which will help to achieve a high standard of health services which the Minister hopes to achieve nationally.

# PRINCIPAL CAUSES OF DEATH 1967

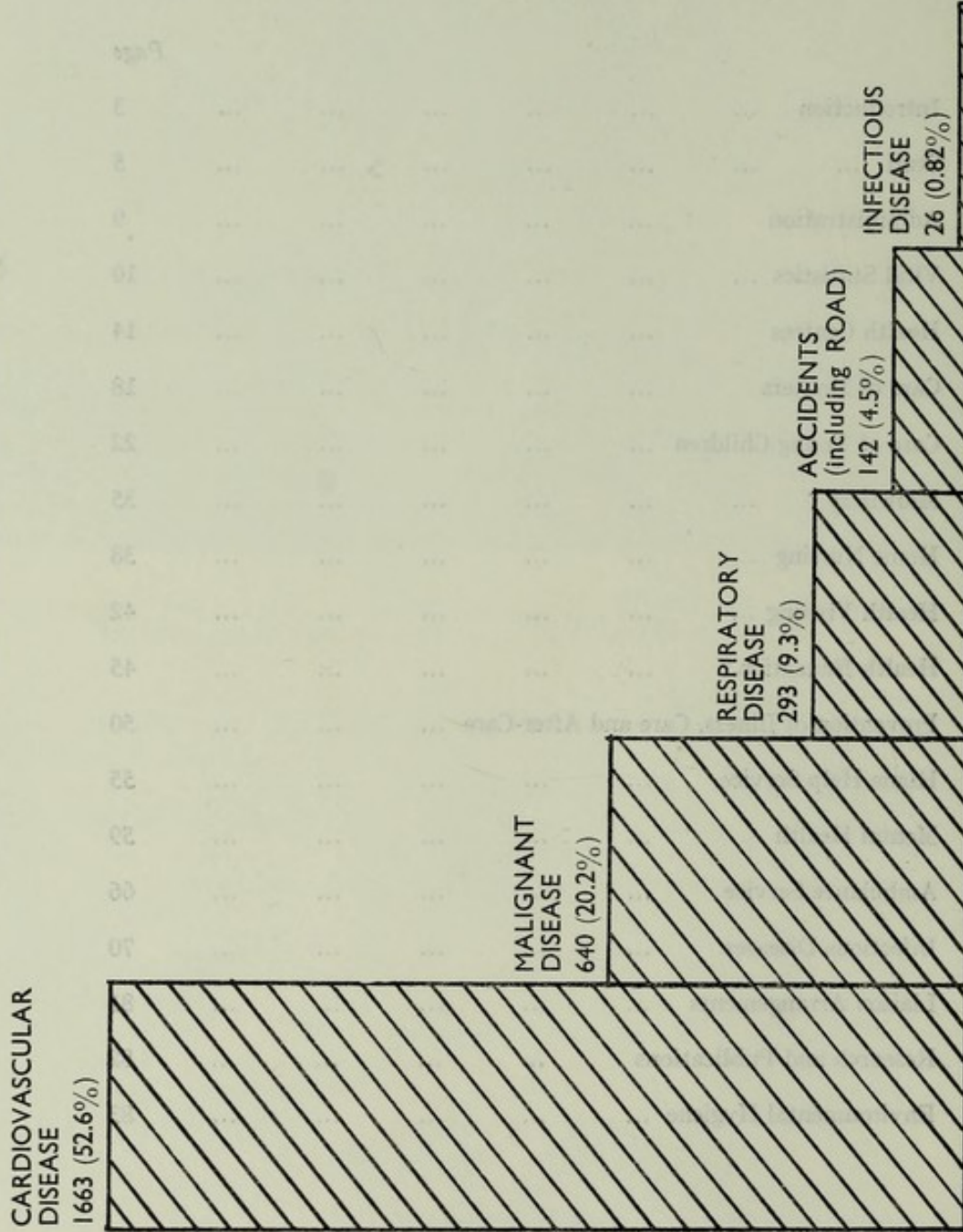


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## NORTHAMPTONSHIRE COUNTY COUNCIL

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September, 1968

*To the Chairman and Members of the Northamptonshire County Council*

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present my first Annual Report which is the seventy-first such report of the County Medical Officer of Health.

The year 1967 was one in which the provision of local authority health services in the county was more seriously affected by shortages of money and manpower than in the recent past. Shortages such as these always have an adverse effect on both the quality and quantity of the services provided but, in the case of this county, their effect is heightened by the fact that the population is rapidly expanding. For this reason also, further restrictions on expenditure, which were imposed towards the end of the year because of the national economic situation, will inevitably hinder any extensive development of the services in 1968. The shortage of medical manpower which has received considerable publicity nationally, is particularly acute in the public health field, and shortages of other categories of staff, including administrative and clerical, made it extremely difficult to maintain services during the year. Coupled with the problem of shortage of resources is the fact that medical needs are never static, a fact which is emphasised in expanding communities such as this. It is essential, therefore, to ensure that the resources available are being deployed effectively to meet these changing needs, and that the organisation responsible for deploying resources is capable of adapting to the changing situation. Taken together, these facts were considered sufficient reason to begin a review of the administrative framework of the County Health Department. For the same reason, a review of the areas of the district medical officers of health was also begun.

External organisational problems also caused difficulties in organising health services. These were most obvious in the fields of midwifery, geriatrics and mental health. Despite much goodwill on the part of the personnel concerned, the present methods of financing the various parts of the National Health Service create difficulties in preparing plans to meet needs adequately. For this reason the decision of the Minister of Health to review the administrative structure of the National Health Service was noted with interest, although to quote a former permanent secretary to the Minister of Health "Co-operation is an attitude of mind rather than an administrative procedure".

Two welcome advances have been made during the year which should eventually further the development of teamwork and therefore lead to improved quality of patient care. I refer to the interest shown by general practitioners in the provision of health centres and also to the establishment of a Department of Social and Preventive Medicine at Kettering General Hospital, both of which should help to achieve amongst field workers what the Minister hopes to achieve administratively.

Other developments to which I would like to draw your attention, and which are described in detail elsewhere in this report, are the opening of the county's first district nurse training school; the opening of Fairlawn School and Hostel for severely subnormal children; the preparatory work for the introduction of computers into the work of the Health Department and the proposal to involve general practitioners in local health authority child health work which anticipated the recommendations of the Sheldon Committee on Child Welfare Centres.

The year also saw the departure of Dr. J. J. A. Reid, who resigned to take up duty as County Medical Officer of Health and County Welfare Officer of Buckinghamshire. Under his guidance there was a considerable expansion of the health services provided by the County Council, in addition to which he played a major part in bringing about closer co-ordination between the three branches of the National Health Service in the county.

I should like to thank the staff of this department, many of whom helped in the preparation of this report, for their consistent support during a year in which their burden of work was considerably increased. Finally, I should like to thank the Chairman and members of the various committees which I serve, especially the Chairman of the Health Committee, for the support and guidance which I have received.

I have the honour to be,

Your obedient servant,

W. J. McQUILLAN,

*County Medical Officer of Health.*



## STAFF

*County Medical Officer of Health and Principal School Medical Officer:*

J. J. A. REID, T.D., M.D., B.Sc., M.R.C.P., M.R.C.P.E., D.P.H. (to 30th April).

W. J. McQUILLAN, M.B., B.Ch., L.M., D.P.H., D.C.H. (from 1st May).

*Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:*

J. SARGINSON, M.B., B.S., D.P.H. (from 1st July).

*Senior Medical Officer:*

MISS V. V. TRACEY, B.Sc., M.B., B.Ch., D.P.H., D.C.H.

*Senior Assistant Medical Officer:*

MRS. J. M. ST. V. DAWKINS, M.B., B.S., D.P.H., D.C.H. (also District Medical Officer of Health).

J. C. MACINNES, M.B., Ch.B., D.P.H. (also District Medical Officer of Health to 30th September).

*Assistant Medical Officers:*

MRS. M. H. BALLANTYNE, M.B., Ch.B. (part-time).

MRS. M. V. CAPON, M.B., B.S.

MRS. K. J. CASH, M.B., B.S. (part-time).

I. J. COPE, M.R.C.S., L.R.C.P., D.P.H.

MRS. G. DUNCAN M.B., Ch.B. (part-time).

J. V. L. FARQUHAR, M.A., M.R.C.S., L.R.C.P., D.P.H. (also District Medical Officer of Health).

MRS. A. C. FOGARTY, M.B., B.S., D.C.H., D.R.C.O.G. (part-time).

MISS M. C. GOODCHILD, M.R.C.S., L.R.C.P., D.C.H.

F. R. N. LYNCH, M.B., B.Ch., D.P.H. (also District Medical Officer of Health).

R. F. McKNIGHT, M.A., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H. (also District Medical Officer of Health from 31st May).

I. MAJID, M.B., B.S., D.P.H. (also Deputy District Medical Officer of Health).

MRS. J. NAYLOR, M.B., B.Ch. (part-time from 14th April).

MRS. G. D. PITHEY, M.B., B.Ch. (part-time to 13th July).

MRS. M. REID, M.B., Ch.B. (part-time to 31st July).

MRS. S. ROBERTS, M.B., B.S. (part-time).

MRS. M. W. SCOTT-CLARKE, M.B., Ch.B., D.P.H. (part-time).

C. M. SMITH, O.B.E., M.A., M.D., Ch.B., D.P.H. (part-time).

MRS. M. B. SMITH, M.B., Ch.B., D.P.H. (part-time).

MRS. M. STEVENS, M.B., Ch.B. (part-time from 31st January).

MRS. S. E. SWAN, M.B., B.S. (part-time from 2nd November).

MRS. J. H. TEW, M.B., B.Ch., D.C.H. (part-time from 7th August).

MRS. E. A. WARD, M.B., B.S. (part-time).

Mrs. V. L. WHITE, M.B., Ch.B. (part-time).

MRS. M. M. WILLIAMS, M.B., Ch.B., (part-time from 27th April).

MRS. J. F. WOOLFENDEN, M.B., Ch.B. (part-time).

*Chief Dental Officer:*

P. W. GIBSON, L.D.S.

*Dental Officers:*

MRS. F. CAMPBELL, L.D.S. (*part-time*).

R. J. H. CORFE, L.D.S.

D. R. HANNAH, B.D.S.

MRS. M. E. HATRICK, L.D.S.

R. D. R. HOPKINSON, L.D.S.

J. R. HUMPHREYS, B.D.S.

MRS. M. H. HUMPHREYS, B.D.S. (*to 8th December*).

MRS. F. M. JONES, L.D.S.

J. M. LACEY, L.D.S.

C. M. PERRY, L.D.S.

MRS. V. WILKINSON, B.D.S.

MRS. P. WILSON, L.D.S., R.C.S. (*part-time from 27th February to 31st July*).

*Dental Auxiliaries:*

MISS B. HARMAN, (*from 1st September*).

MRS. C. JACKSON, (*to 31st January*).

MISS H. ORGAN, (*from 1st September*).

MISS S. SPRINGTHORPE, (*to 14th April*).

*Superintendent Nursing Officer:*

MISS N. TAYLORSON, S.R.N., S.C.M., M.T.D., H.V.CERT., Q.N.

*Deputy Superintendent Nursing Officer:*

MISS L. BOGLE, S.R.N., S.C.M., H.V.CERT., Q.N.

*Assistant Superintendent Nursing Officers:*

MISS F. I. TAYLOR, S.R.N., S.C.M., H.V.CERT., DIP.SOC.SC., Q.N.

MISS M. TWEMLOW, S.R.N., S.C.M., Q.N. (*to 31st August*).

S. ROBERTS, S.R.N., Q.N. (*from 1st October*).

*Superintendent Health Visitor:*

MISS M. M. WRIGHT, S.R.N., S.C.M., H.V.CERT.

*Assistant Superintendent Health Visitor:*

MRS. E. DIXON, S.R.N., S.C.M., H.V.CERT.

*Assistant Health Education Organisers:*

H. BRACKEN, S.R.N., D.H.Ed., Q.N.

MISS J. M. WINGFIELD, S.R.N., S.C.M., D.H.Ed., H.V.CERT.

*Chief Clerk:*

R. J. BRUCE.

*Assistant Chief Clerk:*

K. LIGGINS, D.M.A.



*County Ambulance Officer:*

P. H. J. WILKINSON.

*Deputy County Ambulance Officer:*

W. C. COLLETT, (to 16th July).

M. T. DEVEREUX, (from 1st September).

*Senior Psychiatric Social Worker:*

J. A. INGRAM, B.Sc., A.A.P.S.W.

*Senior Mental Welfare Officer:*

E. TOWNING, R.M.P.A.\*

*Area Mental Welfare Officers:*

S. A. CROUCH\*

K. GREENWOOD, S.R.N., R.M.N., DIP.SOC.STUDIES.

B. F. NORMAN, DIP.SOC.STUDIES.

*Mental Welfare Officers:*

MISS E. M. BLISS, S.R.N.

J. L. EDWARDS, CERT.SOC.WORK.

C. R. GIBSON, S.R.N., R.M.N. (from 6th March).

R. HARRIS, S.R.N., R.M.N., CERT.SOC.WORK.

N. J. LOCKE, DIP.SOC.STUDIES.

MRS. M. F. KELLAM, (from 4th September).

G. A. STICKLEY, (from 1st November).

MRS. J. WOODFORD, M.A.O.T., (to 31st July).

*Mental Welfare Officers: Craft Instructors (Occupational Therapists):*

MRS. K. KENCH, M.A.O.T., S.R.O.T. (part-time to 6th August).

MISS G. MUNNS, M.A.O.T., S.R.O.T. (from 4th September).

MRS. A. M. SMITH, R.M.N., S.R.O.T. (part-time to 31st March).

MRS. R. A. WYATT, M.A.O.T., S.R.O.T.

*Welfare Assistants:*

MISS J. DALE, (to 15th February).

MISS J. D. ELLIOT.

MRS. C. FLETCHER, (from 1st February).

T. F. TAYLOR, (from 20th March).

*Child Guidance Service:**Senior Psychiatric Social Worker:*

G. E. SKINNER, A.A.P.S.W., D.P.A.

*Social Workers:*

MISS F. M. KINROSS (trainee) (from 2nd October).

F. D. PAYNE, DIP.SOC.STUDIES.

\* Awarded declaration of recognition of experience by Council for Training in Social Work.

*Training Centre Head Teachers:*

Forest Gate School, Corby—MRS. E. COCKER, A.L.C.M.†  
 Henley Industrial Unit, Kettering—MISS F. L. CASWELL†  
 D. A. BEALE†  
 Henley School, Kettering—MISS H. E. GRIFFIN, N.N.E.B.†  
 Dallington Park School, Northampton—MRS. M. B. REDLEY†  
 Fairlawn School, Wellingborough—MISS B. V. MILLER†

*Henley Hostel:*

N. L. LAFFAN, R.M.N. (*Warden*).  
 MRS. M. LAFFAN (*Matron*).

*Fairlawn Hostel:*

MISS B. UPTON, R.M.N. (*Matron*).

*Senior Speech Therapist:*

MRS. A. HUDSON, L.C.S.T.

*Speech Therapists:*

MISS C. ABBOTT, B.ED.(Speech). (*from 22nd August*).  
 MRS. M. G. CUNNINGHAM, L.C.S.T., (*part-time from 23rd May to 30th November*).  
 MISS M. A. GROSE, L.C.S.T. (*from 22nd August*).  
 MISS R. KINGSTON, L.C.S.T., DIP.I.P.A. (*from 4th September*).  
 MISS J. MACKENZIE, L.C.S.T. (*to 18th January*).  
 MRS. M. P. MANLEY, L.C.S.T.  
 MISS P. R. R. MARTIN, L.C.S.T. (*from 22nd August*).  
 MRS. G. WILSON, L.C.S.T., (*part-time*).

*Home Help Organiser:*

MISS E. NEWELL.

*Assistant Home Help Organisers:*

MISS S. COLLIER.  
 MRS. M. HAGER.  
 MRS. G. M. KIDDS.  
 MRS. P. SHARMAN.

† *Diploma for teachers of the Mentally Handicapped.*



## ADMINISTRATION

The need to review the administrative structure of the County Health Department was pointed out in the original ten-year plan. Since then further developments have emphasised the necessity of ensuring that the administrative organisation is capable of carrying out its tasks as efficiently as possible. The Health Committee approved the decision to carry out a review for the following reasons:

- (a) The increase in professional field staff in recent years to meet the constantly increasing demands for local health authority services had considerably increased the amount of work which must be carried out by the administrative and clerical staff.
- (b) The rapid expansion in the population of the area will cause new demands for services and will create many problems for the Department.
- (c) The attachment of local health authority staff to general practices had introduced a new element which affected the work of the Department.
- (d) The planned involvement of general practitioners in other local health authority services will add another new element.
- (e) The advent of computers will release staff from much of their routine duties, and thus alter the pattern of administration.
- (f) The need to attract staff of suitable calibre, and to make the best use of their skills.

Consequently a review of the administrative structure of the Department was begun and the outcome will be described in future Reports.

## VITAL STATISTICS

Area of the Administrative County .....	574,715 acres
Population (Census 1961) .....	292,584
,,    1967, mid-year estimate .....	311,990
Structurally separate dwellings occupied (Census 1961) .....	96,552
Private households (Census 1961) .....	93,649
Rateable value (April 1st, 1967) .....	£11,605,372
Actual product of a penny rate (1966-67) .....	£46,236

	NORTHAMPTONSHIRE			ENGLAND & WALES
	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Live births.....	2,831	2,780	5,611	
Live birth rate per 1,000 population.....				18.00
Illegitimate live births per cent of total live births .....				7.07
Stillbirths .....	51	37	88	
Stillbirth rate per 1,000 live and stillbirths ...				15.00
Total live and stillbirths .....	2,882	2,817	5,699	14.8
Infant deaths.....	50	49	99	
Infant mortality rate :				
Total (per 1,000 live births) .....				18.00
Legitimate (per 1,000 legitimate live births) .....				18.03
Illegitimate (per 1,000 illegitimate live births) .....				12.59
Neonatal (first four weeks) mortality rate per 1,000 live births.....				11.41
Early neonatal (under 1 week) mortality rate per 1,000 live births .....				8.97
Perinatal (stillbirths and deaths under 1 week combined) mortality rate per 1,000 live and stillbirths .....				24.00
Maternal deaths (including abortion) .....				—*
Maternal mortality rate per 1,000 live and stillbirths .....				—
				0.20

\*None shown in Registrar General's figures.

### 1. Population

The Registrar General's estimate of the resident mid-year population for 1967 was 311,990 compared with 306,500 in 1966, representing an increase of 5,490. The estimated populations for the urban and rural areas were 180,970 and 131,020 respectively. The natural increase in population, being the excess of births over deaths, amounted to 2,450.

### 2. Deaths

The total number of deaths, after adjusting for outward and inward transfers was 3,161 compared with 3,407 in 1966 while the crude death rate was 10.1 compared with 11.12. Cardiovascular diseases accounted for 1,663 deaths (52.6% of the total), malignant conditions for 640



(20.2%) and respiratory diseases for 293 (9.3%). There were thus 2,596 in these three groups which collectively account for 82.1% of the total deaths. Whilst deaths caused by accidents, including road accidents amounted to 142 (4.5% of the total), and deaths from infectious diseases numbered 26 (0.82% of the total).

Lists of the causes of deaths, classified under the thirty-six headings of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, are given on pages 85 to 88 whilst the history of the death rate, together with other vital statistics for 1920-1967 are shown in graph form on page 12. Comparability factors for each urban and rural district (pages 85 and 86), have been provided by the Registrar General for adjusting the local birth and death rates. The comparability factors make allowance for difference in age and sex distribution and when multiplied by the crude birth and death rates of an area, make them comparable with the rates of other areas similarly adjusted.

### **3. Births**

The number of live births was 5,611 (2,831 males and 2,780 females), compared with 5,684 in 1966, giving a birth rate of 18.00 per 1,000 population, compared with 17.2 for England and Wales.

### **4. Stillbirths**

The number of stillbirths registered was 88 compared with 64 in the previous year. The rate per 1,000 total births was 15.00 compared with 11.13 for 1966 and with 14.8 for England and Wales.

### **5. Infant mortality**

The number of infants who died in the first year of life was 99 (50 males and 49 females), compared with 91 in 1966. The 1967 figure includes five deaths in illegitimate babies. The infant mortality rate was thus 18.00 compared with 16.01 in 1966, and with 18.3 for England and Wales. The history of the rate for the past seventeen years is shown on page 13.

### **6. Neonatal mortality**

This sub-division of the infant mortality comprises all infant deaths within twenty-eight days of birth, and accounts for 64 of the 99 infant deaths. The rate per 1,000 live births was 11.41 compared with 11.08 for 1966, and with 12.5 for England and Wales. Fifty-one of the 64 neonatal deaths were in the first week of life, most of them being associated with prematurity.

### **7. Perinatal mortality**

A total of 139 deaths, (88 stillbirths and 51 deaths under one week) came into this category, the mortality rate being 24.00 per 1,000 live and stillbirths, compared with 21.05 in 1966, and with 25.4 for England and Wales.

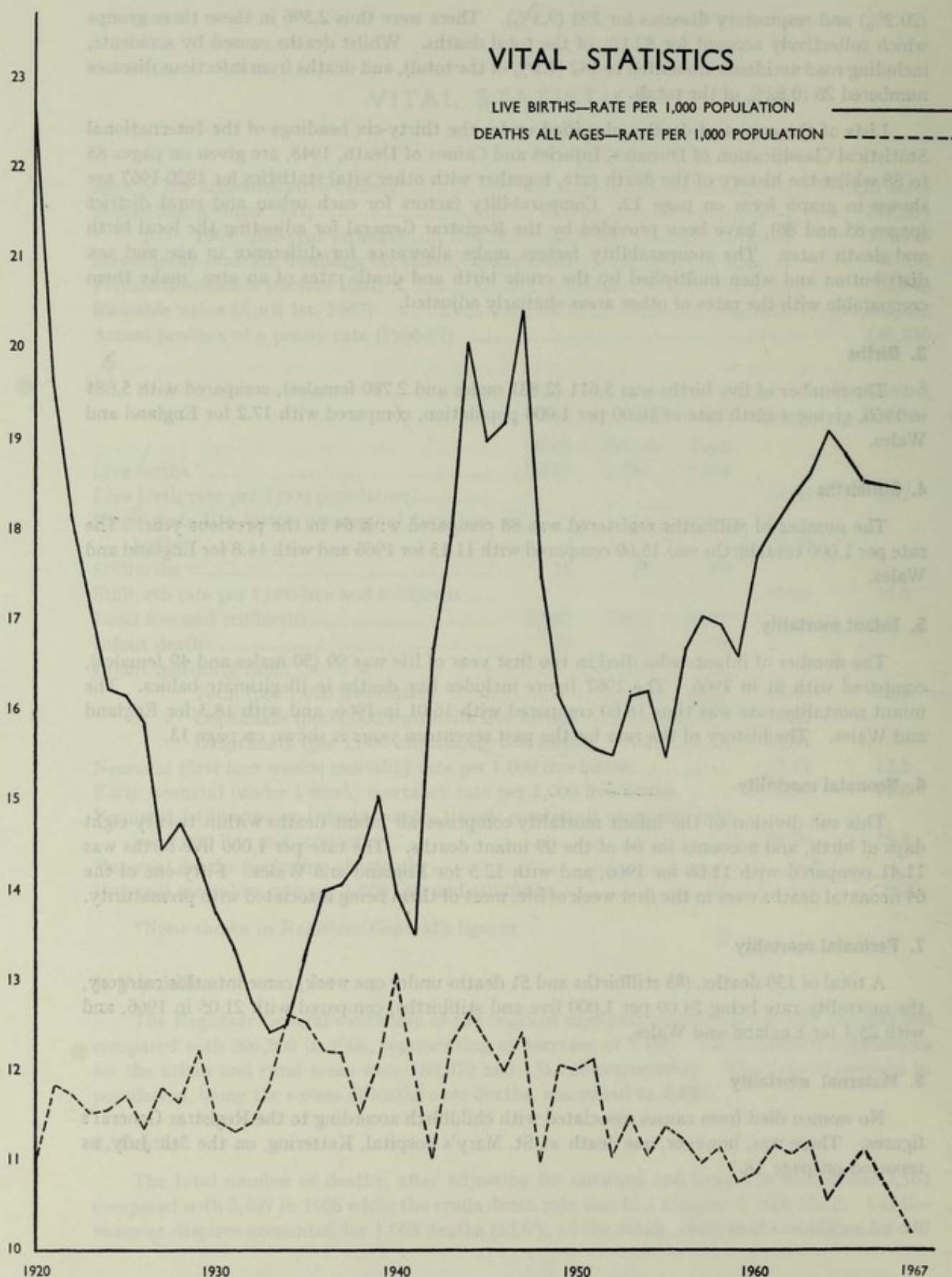
### **8. Maternal mortality**

No women died from causes associated with childbirth according to the Registrar General's figures. There was, however, one death at St. Mary's hospital, Kettering, on the 5th July, as reported on page 18.



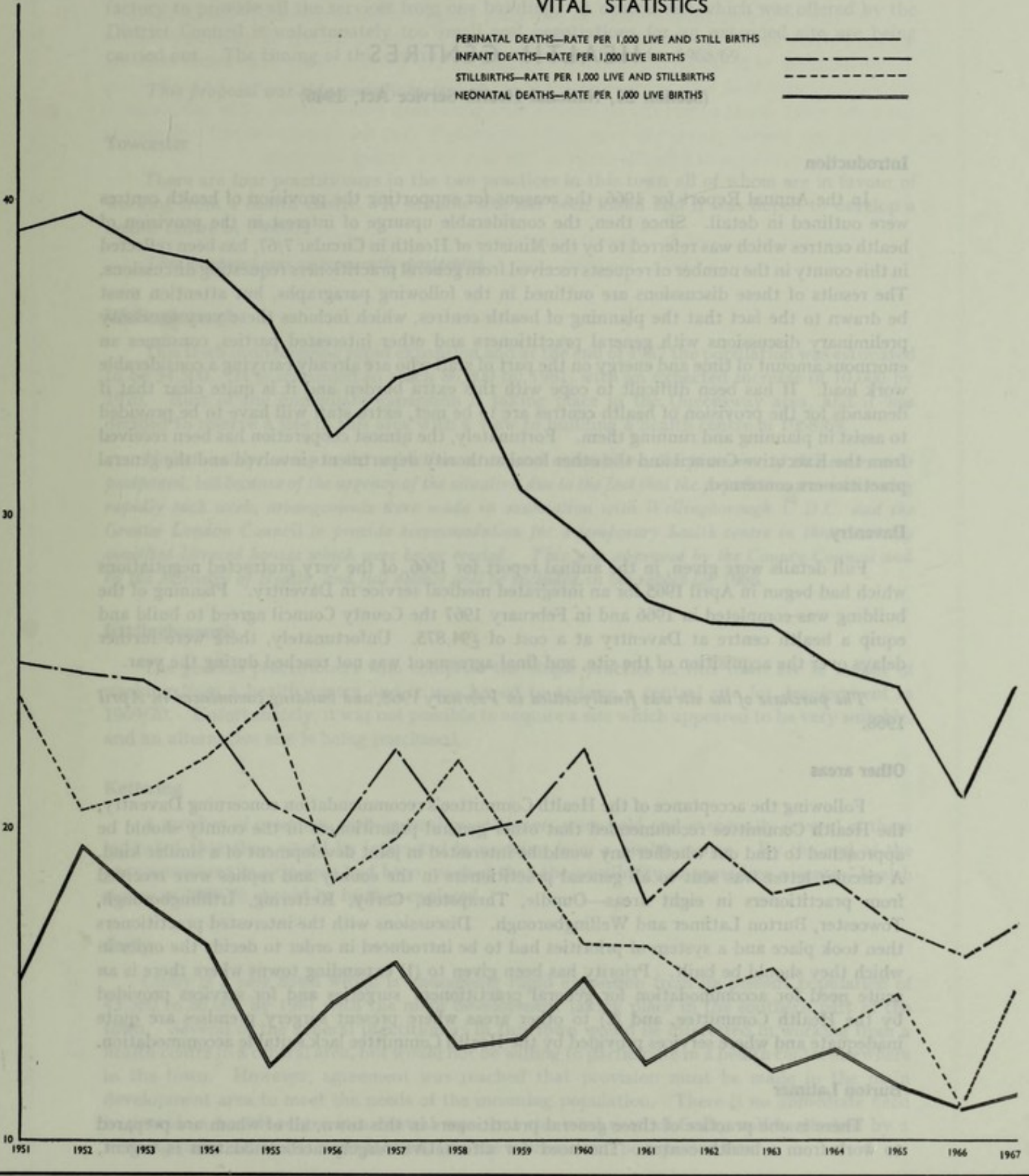
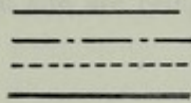
# VITAL STATISTICS

LIVE BIRTHS—RATE PER 1,000 POPULATION ———  
 DEATHS ALL AGES—RATE PER 1,000 POPULATION - - - - -



### VITAL STATISTICS

PERINATAL DEATHS—RATE PER 1,000 LIVE AND STILL BIRTHS  
 INFANT DEATHS—RATE PER 1,000 LIVE BIRTHS  
 STILLBIRTHS—RATE PER 1,000 LIVE AND STILLBIRTHS  
 NEONATAL DEATHS—RATE PER 1,000 LIVE BIRTHS





## HEALTH CENTRES

(Section 21, National Health Service Act, 1946)

### Introduction

In the Annual Report for 1966, the reasons for supporting the provision of health centres were outlined in detail. Since then, the considerable upsurge of interest in the provision of health centres which was referred to by the Minister of Health in Circular 7/67, has been reflected in this county in the number of requests received from general practitioners requesting discussions. The results of these discussions are outlined in the following paragraphs, but attention must be drawn to the fact that the planning of health centres, which includes these very necessary preliminary discussions with general practitioners and other interested parties, consumes an enormous amount of time and energy on the part of staff who are already carrying a considerable work load. It has been difficult to cope with this extra burden and it is quite clear that if demands for the provision of health centres are to be met, extra staff will have to be provided to assist in planning and running them. Fortunately, the utmost cooperation has been received from the Executive Council and the other local authority departments involved and the general practitioners concerned.

### Daventry

Full details were given, in the annual report for 1966, of the very protracted negotiations which had begun in April 1965 for an integrated medical service in Daventry. Planning of the building was completed in 1966 and in February 1967 the County Council agreed to build and equip a health centre at Daventry at a cost of £94,875. Unfortunately, there were further delays over the acquisition of the site, and final agreement was not reached during the year.

*The purchase of the site was finally settled in February 1968, and building commenced in April 1968.*

### Other areas

Following the acceptance of the Health Committee's recommendation concerning Daventry, the Health Committee recommended that other general practitioners in the county should be approached to find out whether any would be interested in joint development of a similar kind. A circular letter was sent to all general practitioners in the county and replies were received from practitioners in eight areas—Oundle, Thrapston, Corby, Kettering, Irthlingborough, Towcester, Burton Latimer and Wellingborough. Discussions with the interested practitioners then took place and a system of priorities had to be introduced in order to decide the order in which they should be built. Priority has been given to (1) expanding towns where there is an acute need for accommodation for general practitioners' surgeries and for services provided by the Health Committee, and (2) to other areas where present surgery premises are quite inadequate and where services provided by the Health Committee lack suitable accommodation.

### Burton Latimer

There is one practice of three general practitioners in this town, all of whom are prepared to work from a health centre. The need for alternative surgery accommodation is urgent,



and the accommodation for local authority health services is such that it would be more satisfactory to provide all the services from one building. A central site which was offered by the District Council is unfortunately too small and negotiations for an extended site are being carried out. The timing of this centre was provisionally fixed for 1968/69.

*This proposal was subsequently postponed.*

#### **Towcester**

There are four practitioners in the two practices in this town all of whom are in favour of working from a health centre. A suitable site has been found and it was hoped to develop a health centre in 1968/69.

*This proposal was subsequently postponed.*

#### **Wellingborough**

This town is undergoing rapid expansion and at the end of 1967 the population was estimated to be 34,500. It is scheduled to reach 86,000 by 1981, with an expected increase of 10,000 by 1970. Most of the immediate expansion is taking place in the Queensway area, and it was decided to reserve a site in this area with a view to building a health centre in 1968/69.

*Unfortunately, owing to the restriction on capital expenditure, the provision of this centre was postponed, but because of the urgency of the situation due to the fact that the population was increasing rapidly each week, arrangements were made in association with Wellingborough U.D.C. and the Greater London Council to provide accommodation for a temporary health centre in three suitably modified terraced houses which were being erected. This was approved by the County Council and by the Ministry of Health, and full details will be included in the report for 1968.*

#### **Irthlingborough**

The general practitioners who comprise the single practice in this town are in favour of working from a health centre and it was hoped to acquire a central site for development in 1969/70. Unfortunately, it was not possible to acquire a site which appeared to be very suitable, and an alternative site is being purchased.

#### **Kettering**

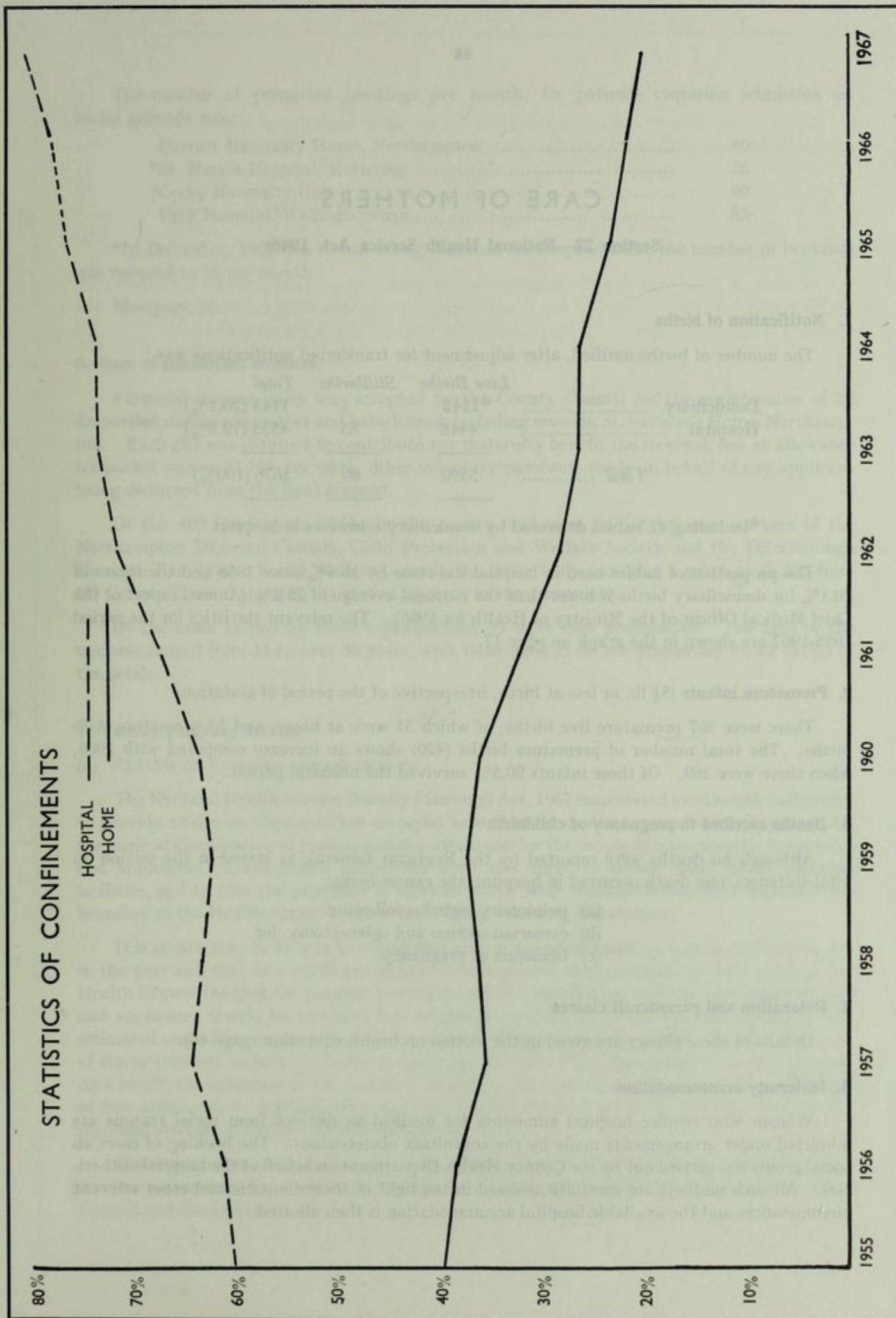
A number of meetings with general practitioners were held and eventually several of them indicated that they would be interested in working from a health centre. By the end of the year agreement in principle had been reached that the possibility of providing a central health centre in 1969/70 should be further explored.

#### **Corby**

Corby is a new town which is undergoing rapid expansion from its present population of 45,550 to 86,000 by 1981 with the main development taking place in the southern part of the town. Several of the general practitioners in this town would be interested in working from a health centre in a central area, but would not be willing to participate in a health centre elsewhere in the town. However, agreement was reached that provision must be made in the main development area to meet the needs of the incoming population. There is no immediate need to provide a health centre in a central area, but the total need of Corby will be studied by a working party which has been formed, and the outcome will be reported later.







## CARE OF MOTHERS

(Section 22—National Health Service Act, 1946)

### 1. Notification of births

The number of births notified, after adjustment for transferred notifications was :

	<i>Live Births</i>	<i>Stillbirths</i>	<i>Total</i>
Domiciliary .....	*1142	1	1143 (20.1%)
Hospital .....	4448	85	4533 (79.9%)
<i>Total</i> .....	5590	86	5676 (100%)

\*including 42 babies delivered by domiciliary midwives in hospital.

The proportion of babies born in hospital has risen by 16.4% since 1958 and the figure of 20.1% for domiciliary births is lower than the national average of 25.2% (Annual report of the Chief Medical Officer of the Ministry of Health for 1966). The relevant statistics for the period 1955-1967 are shown in the graph on page 17.

### 2. Premature infants (5½ lb. or less at birth, irrespective of the period of gestation)

There were 367 premature live births, of which 31 were at home, and 53 premature stillbirths. The total number of premature births (420) shows an increase compared with 1966, when there were 389. Of these infants 90.5% survived the neonatal period.

### 3. Deaths ascribed to pregnancy of childbirth

Although no deaths were reported by the Registrar General, as stated in the section on vital statistics, one death occurred in hospital, the causes being:

- (a) pulmonary embolus following
- (b) caesarian section and splenectomy, for
- (c) toxæmia of pregnancy.

### 4. Relaxation and parentcraft classes

Details of these classes are given in the section on health education (page 46).

### 5. Maternity accommodation

Women who require hospital admission for medical as distinct from social reasons are admitted under arrangements made by the consultant obstetricians. The booking of cases on social grounds is carried out by the County Health Department on behalf of the hospital authorities. All such mothers are carefully assessed in the light of their domestic and other relevant circumstances and the available hospital accommodation is then allotted.



The number of permitted bookings per month, for patients requiring admission on social grounds were:

Barratt Maternity Home, Northampton .....	40
*St. Mary's Hospital, Kettering .....	26
†Corby Maternity Unit .....	80
Park Hospital, Wellingborough .....	85

\*In December, 1967 due to increasing demands for hospital beds, the number of bookings was reduced to 16 per month.

†See page 36.

## 6. Care of unmarried mothers

Financial responsibility was accepted by the County Council for the maintenance of 22 unmarried mothers in mother and baby homes, including seven in St. Saviour's Home, Northampton. Each girl was required to contribute any maternity benefit she received, less an allowance for pocket money of 16/- per week, other voluntary payments made on behalf of any applicant being deducted from the final account.

Of the 409 illegitimate births in the county, 112 were helped by case workers of the Northampton Diocesan Catholic Child Protection and Welfare Society and the Peterborough Diocesan Family and Social Welfare Council, the latter body receiving a grant of £1,200 from the County Council towards the cost of its work in the community.

Of the cases helped by these organisations, 97 were first pregnancies. The ages of the mothers ranged from 15 to over 30 years, with those aged 21 or less accounting for 91 (81%) of the total.

## 7. Family planning service

### (a) REVIEW OF EXISTING ARRANGEMENTS

The National Health Service (Family Planning) Act, 1967 empowered local health authorities to provide advice on contraception on social as well as on medical grounds and to arrange for the medical examination of persons seeking advice and for the supply of contraceptive substances and appliances. Local health authorities were also urged to review their family planning facilities, and to plan the provision of services jointly with representatives from the other two branches of the Health Services and of the Family Planning Association.

It is satisfactory to be able to record that such a review had already been carried out earlier in the year and that as a result of the information gained recommendations were made to the Health Committee that the existing service should be expanded and that the contraceptive pill and appliances should be provided free of charge to both social and medical patients. The estimated cost of the expanded service amounted to approximately £2,700. In view, however, of the restrictions on local authorities' spending, this sum was subsequently reduced to £1,000. As a result, the extension of the service to include social cases was postponed and the provision of free appliances to medical cases was also deleted, leaving provision only for extra family planning sessions at Corby and Wellingborough.

Discussion are proceeding, however, with representatives of the hospital and general medical services concerning the co-ordination of the family planning facilities provided by the County Council and those services.

## (b) CLINICS

The County Council's clinics are held at Corby (once monthly) and at Kettering (twice monthly), and the total attendances are as follows:

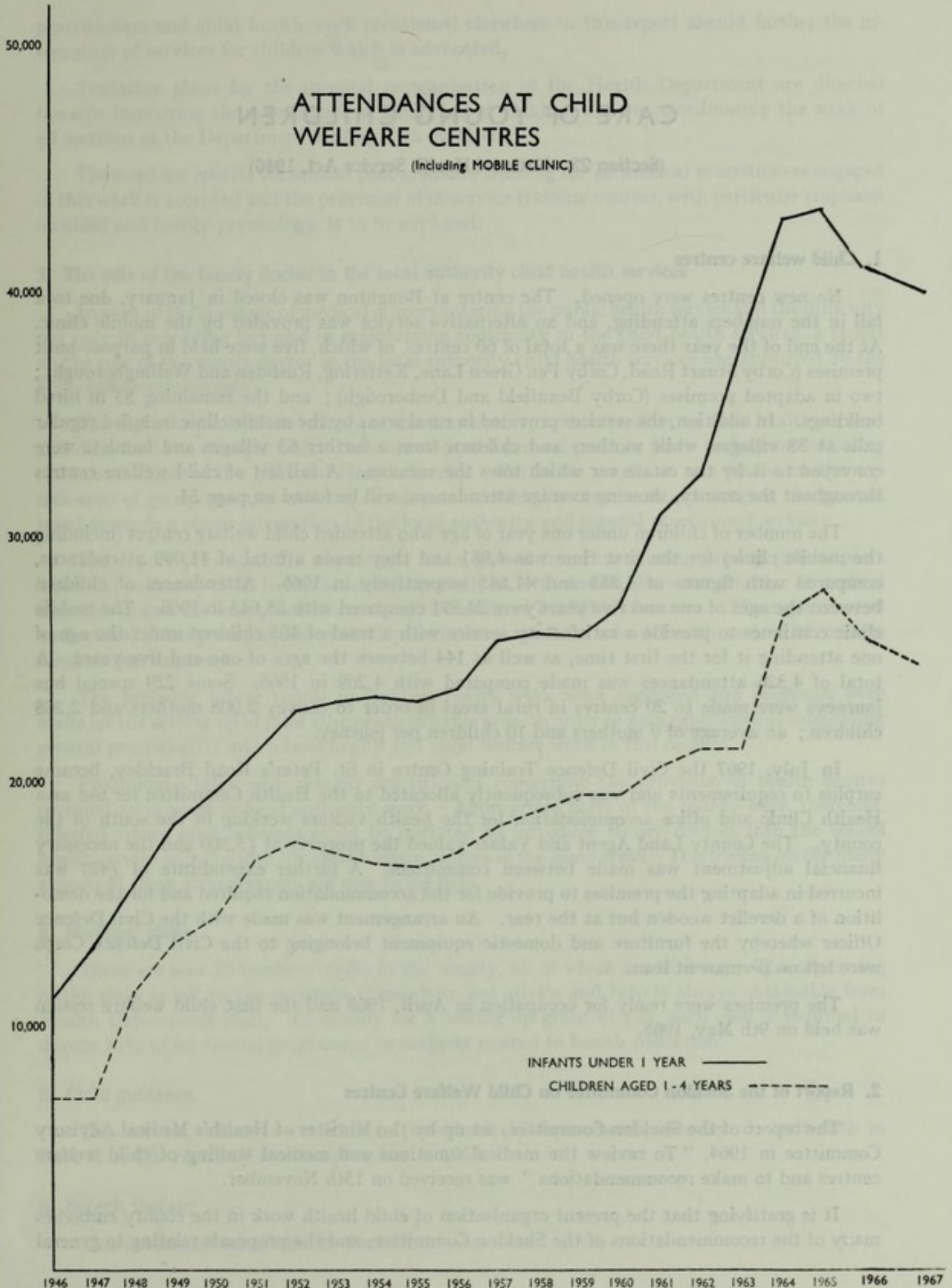
	First Attendances		Total Attendances	
	1967	1966	1967	1966
Corby .....	46	36	110	124
Kettering .....	76	90	253	269

Women in other parts of the county needing advice on medical grounds are referred to clinics run by voluntary organisations. Four women attended the clinic run by the Northampton Family Planning Association and six attended the Rugby Family Planning Clinic.



## ATTENDANCES AT CHILD WELFARE CENTRES

(Including MOBILE CLINIC)



## CARE OF YOUNG CHILDREN

(Section 22—National Health Service Act, 1946)

### 1. Child welfare centres

No new centres were opened. The centre at Boughton was closed in January, due to a fall in the numbers attending, and an alternative service was provided by the mobile clinic. At the end of the year there was a total of 60 centres, of which, five were held in purpose-built premises (Corby Stuart Road, Corby Pen Green Lane, Kettering, Rushden and Wellingborough); two in adapted premises (Corby Beanfield and Desborough); and the remaining 53 in hired buildings. In addition, the services provided in rural areas by the mobile clinic included regular calls at 38 villages, while mothers and children from a further 63 villages and hamlets were conveyed to it by the estate car which tows the caravan. A full list of child welfare centres throughout the county, showing average attendances, will be found on page 34.

The number of children under one year of age who attended child welfare centres (including the mobile clinic) for the first time was 4,981 and they made a total of 41,009 attendances, compared with figures of 4,853 and 41,645 respectively in 1966. Attendances of children between the ages of one and five years were 24,871 compared with 25,643 in 1966. The mobile clinic continues to provide a satisfactory service with a total of 405 children under the age of one attending it for the first time, as well as 144 between the ages of one and five years. A total of 4,326 attendances was made compared with 4,269 in 1966. Some 229 special bus journeys were made to 20 centres in rural areas in order to convey 2,008 mothers and 2,268 children; an average of 9 mothers and 10 children per journey.

In July, 1967 the Civil Defence Training Centre in St. Peter's Road Brackley, became surplus to requirements and was subsequently allocated to the Health Committee for use as a Health Clinic and office accommodation for the health visitors working in the south of the county. The County Land Agent and Valuer valued the property at £5,500 and the necessary financial adjustment was made between committees. A further expenditure of £427 was incurred in adapting the premises to provide for the accommodation required and for the demolition of a derelict wooden hut at the rear. An arrangement was made with the Civil Defence Officer whereby the furniture and domestic equipment belonging to the Civil Defence Corps were left on permanent loan.

The premises were ready for occupation in April, 1968 and the first child welfare session was held on 9th May, 1968.

### 2. Report of the Sheldon Committee on Child Welfare Centres

The report of the Sheldon Committee, set up by the Minister of Health's Medical Advisory Committee in 1964, "To review the medical functions and medical staffing of child welfare centres and to make recommendations" was received on 15th November.

It is gratifying that the present organisation of child health work in the county embodies many of the recommendations of the Sheldon Committee, and the proposals relating to general



practitioners and child health work mentioned elsewhere in this report should further the integration of services for children which is advocated.

Tentative plans for the internal reorganisation of the Health Department are directed towards improving the surveillance of handicapped children and to co-ordinating the work of all sections of the Department dealing with children.

The need for special vocational post-graduate training for all medical practitioners engaged in this work is accepted and the provision of in-service training courses, with particular emphasis on child and family psychology, is to be explored.

### **3. The role of the family doctor in the local authority child health services**

In view of the shortage of medical officers entering the public health service and the difficulty not only in providing but also in maintaining continuity in the child health services, a report on the role of the family doctor in the local authority child health services was approved by the appropriate committees.

The report described the history of the development of local authority child health services and described the changes which these services and general practice have undergone following the introduction of the National Health Service. Particular emphasis was placed on the significance of group practice and the development of health centres in encouraging the present trend towards a closer integration of the local authority and general practitioner services.

The report presented the advantages to be gained from introducing general practitioners into local authority child health services, especially at a time when there is a shortage of medical man power and the best possible use should be made of available resources. The experience of authorities already employing general practitioners in their school health and child welfare services was summarised.

The probable future trends in local authority work were suggested and proposals were made for the setting up of pilot schemes in suitable areas in order to gain experience of integrating general practitioners into school health and child welfare work in this county.

Preliminary talks with general practitioners concerning the provision of health centres revealed an interest in local authority work. Appropriate parts of the county were, therefore, selected where pilot schemes could be initiated to introduce family doctors into the school health service and also into the child welfare centres in the same areas. Discussions on the many aspects of these arrangements are now being held.

### **4. Mothers' clubs**

There are now 20 mothers' clubs in the county, all of which are thriving. The organising of the clubs is left to the members themselves, but advice and help is always obtainable from Health Department staff. To qualify for a setting-up grant of £25, each club is required to devote 75% of its annual programme to subjects related to health education.

### **5. Child guidance**

This service, which is available to pre-school children where necessary, is dealt with in Part II of *The Health of Northamptonshire in 1967*.

### **6. Speech therapy**

This is likewise considered in Part II.



## 7. Nurseries and Child-Minders Regulation Act, 1948

### (a) PLAY GROUPS

The rapid increase in the numbers of play groups being established both nationally and locally is an indication that the needs, other than physical, of young children during a vital period of their lives are being recognised. Hitherto, arrangements for their care have been aimed at achieving physical health and in this respect present day statutory medical provisions may be considered adequate. However, their social, emotional and developmental needs are still inadequately provided for, and arrangements to fulfil these needs are mostly left to chance. For this reason play groups have been established in an effort to bridge a gap in the statutory services and in view of the fact that these are provided on a voluntary basis in increasing numbers, it is necessary to ensure that the standards of care being provided in this way are adequate and as uniform as possible. For this reason the whole play group and other similar movements were reviewed during the year.

The companionship of children of similar age encourages the development of social skills, and the use of absorbing play equipment promotes physical and mental skills. Children are prepared gradually for the longer separation from home which takes place when they enter school at five, which is a major event in a child's life.

Mothers, infant school teachers and child care experts alike, agree that children who attend nursery schools, play groups and similar institutions, be they state or privately organised, find the transition from home to school easier than most of those who have not had this preliminary experience. They are far better prepared mentally for the necessary day-long separation from the mother, and in the majority of cases more socially ready to adapt to the rough and tumble of school life.

Parents have the opportunity to obtain greater insight in the care of their children and to gain an increased knowledge of child development. They also gain a few hours respite from the constant association with their children and this enables them to go shopping or meet other adults and thus avoid the feeling of isolation which is common to young mothers.

Many difficulties were encountered by those mothers who initiated play groups individually and as a result in 1962 the National Association for Pre-school Play Groups was founded to advise and co-ordinate what had become a national movement. A local branch of the association exists in Northamptonshire.

Play groups organised by mothers' clubs are held in County Council health clinics at Wellingborough, Rushden, Corby Stuart Road and Corby Beanfield Hall. The organisers, who are not charged for the use of the premises, have a rota of helpers and advice is always available from the health visitors. Other groups are held in private premises. They are visited regularly by health visitors and all are carefully inspected prior to the granting of a certificate under the Nurseries and Child-Minders Regulation Act, 1948.

There is a continuing demand for more playgroup facilities in the county and serious consideration has been given to encouraging this movement. Although the initiative for organising and supervising them remains in the hands of volunteers, the Health, Education and Children's Departments agreed to provide combined support for playgroups, especially in relation to training, and certain proposals were approved by the Health Committee.

Unfortunately restrictions on local authority spending have postponed the implementation of the greater portion of this scheme. However, a training course for playgroup organisers is to be held at Kettering Technical College in the Autumn of 1968.



## (b) REGISTRATIONS

Comment is made above about the demand for playgroup facilities and this is reflected by the increasing number of children being cared for in registered premises.

At 31st December the premises registered under the Act were:

<i>Name and address</i>	<i>No. of children</i>
Mrs. P. K. Belton, The Church Hall, Moulton ... ..	16
Mrs. R. M. Carter, " Pampas," The Green, Milton Malsor ... ..	16
Mrs. M. Cox, " Greengates," Newnham ... ..	10
Mrs. M. A. S. Eyre, 4 East Street, Long Buckby ... ..	16
Mrs. M. Gibson, 11 School Lane, Harpole ... ..	7
Mrs. E. Grantham, Queen Anne's, Oundle ... ..	12
Mrs. B. Heighton, " Oakroyd," Finedon Road, Wellingborough ... ..	18
Mrs. J. Knight, The Old School, Cransley ... ..	25
Mrs. D. Leslie, " Ashby House," High Street, Kislingbury ... ..	16
Mrs. A. Smith, 56 Newton Road, Rushden ... ..	16
Mrs. P. Strickland, 284 Newton Road, Rushden ... ..	12
Mrs. R. McCormack, Hillside Nursery, Benefield ... ..	40
Mrs. A. N. Fowler, Memorial Hall, Deanshanger ... ..	25
Mrs. A. King, 7 School Lane, Harpole ... ..	6
Mrs. B. Brown, 34 High Street, Greens Norton ... ..	11
Mrs. D. Kennaird, The Rowans, The Jetty, Creaton ... ..	5
Mrs. A. Wadland, Bromley's Farm, Hinton, Woodford Halse ... ..	7
Mrs. B. Butterfield, The Old School, Wicken ... ..	16
Wallis and Linnell Ltd., School Lane, Kettering ... ..	25
(Employees' children only)	
Mrs. B. Alcock, " Hill House," Brixworth ... ..	10
Mrs. A. Catchpole, The Lutheran Hall, Corby ... ..	25
Mrs. I. Altimas, Abbey Buildings, Daventry ... ..	25
Mrs. H. Bailey, Sports Pavilion, Earls Barton ... ..	16
Mrs. S. A. Benfield, Memorial Hall, Great Doddington ... ..	25
Mrs. A. E. Mills, St. Mark's Church Hall, Wellingborough ... ..	30
Mrs. C. Barker, Village Hall, Charlton ... ..	25
Mrs. V. C. Rothwell, Girl Guide Hut, Hardingstone ... ..	25
Mrs. J. K. Clarke, Parish Hall, Hartwell ... ..	20
Mrs. J. Ingham, Village Hall, Crick ... ..	25
Mrs. J. Shingler, Village Hall, Nether Heyford ... ..	16
Mrs. C. Webb, Village Hall, Badby ... ..	16
Mrs. J. Austin, Village Hall, Wollaston ... ..	30
Mrs. B. Wills, 10 Masefield Close, Wellingborough ... ..	5
Mrs. A. D. Kitchener, 1 High Street, Higham Ferrers ... ..	9
Mrs. M. R. Webber, 21 Windmill Banks, Higham Ferrers ... ..	7
Mrs. M. Cox, 60 High Street, Brackley ... ..	9
Mrs. E. Birbeck, Five Gables, Evenley ... ..	7
Mrs. M. C. Vaughan, Orchard House, Spratton ... ..	7
Mrs. J. M. Butlin, 110 Dunkirk Avenue, Desborough ... ..	7
Mrs. H. Harrison, 165 Wollaston Road, Irchester ... ..	7
Mrs. J. Bailey, 46 Moor Road, Rushden ... ..	5
Mrs. M. A. Goodwin, Manor Farm, Thenford ... ..	11
Mrs. M. Heels, 15 Alexandra Street, Burton Latimer... ..	10
Mrs. D. Bentinck, 24 Wilby Road, Mears Ashby ... ..	7
Mrs. J. Ray, 4 The Motts, Harpole ... ..	7
Mrs. E. Pritchard, Village Hall, Yelvertoft ... ..	16
Mrs. M. B. Allen, Church Hall, Bozeat ... ..	16
Mrs. M. C. Done, Church Hall, Isham ... ..	16
Mrs. M. Smith, Village Hall, Hackleton ... ..	30
Mrs. W. Lovell, Memorial Hall, Wootton ... ..	35
Mrs. J. Davies and Mrs. L. Cooper, Village Hall, Barby ... ..	16
Mrs. A. Redding, Village Hall, Potterspury ... ..	30



<i>Name and address</i>	<i>No. of children</i>
Mrs. M. Earl, Church Hall, Barton Seagrave ... ..	25
Mrs. R. Sherratt, 62 Lincoln Way, Corby ... ..	10
Mrs. D. Peck, Social Centre, Easton-on-the-Hill ... ..	16
Mrs. C. O. Bliss, Sports Pavilion, Cogenhoe ... ..	23
Mrs. D. P. Wilson, Church Hall, Alma Street, Wellingborough ... ..	20
Mrs. J. Malcher, Parish Rooms, Moulton ... ..	16
Mrs. J. Pike, Mission Hall, Watling Street, Towcester ... ..	36
Mrs. S. Parkin, 4 School Hill, Irchester ... ..	7
Mrs. H. P. O'Donnell, 3 Pearmain Avenue, Wellingborough ... ..	7
Mrs. D. J. Jones, " Inversnaid," Park Crescent, Wellingborough ... ..	7
Mrs. A. Holyoak, 93 Duck Street, Rushden ... ..	7
Mrs. P. M. Denton, Co-operative Hall, Middleton Cheney ... ..	25
Total ... ..	1,043 (428 in 1966)

### 8. Clinic clerks

The appointment of clerical assistance for professional staff engaged on field work, referred to in the reports for 1965 and 1966, was again delayed by the continuing restrictions on local authority expenditure. However, the part-time clerk/receptionist appointed when the central health clinic was opened in Corby in October, 1966 commenced working full-time in April, 1967.

### 9. Fire precautions at child welfare centres

In order to raise the standard of safety to that required by the Maternity, Nursing and Care Sub-Committee in the case of premises registered under the Nurseries and Child-Minders Regulation Act, 1948, the Chief Fire Officer continued an inspection of all hired premises used for child welfare centres. The recommendations of the Chief Fire Officer were reported to the owners of the premises who were prepared to implement them without financial assistance from the local health authority.

### 10. Distribution of welfare and other foods

#### (a) WELFARE FOODS

The policy of providing centres for the distribution of national dried milk, cod liver oil vitamin tablets and orange juice wherever there is a demand has continued. A full-time centre at Northampton as well as part-time centres at Corby, Daventry, Kettering, Rushden and Wellingborough are manned by County Council staff. In addition food is sold from the mobile clinic. The remaining centres are manned by voluntary workers who distribute foods from their houses, from shops and at child welfare centres. A debt of gratitude is due to these volunteers for their continuing good work.

At the end of the year there were 142 centres, of which 134 were voluntary, including 27 at child welfare centres.

The number of items distributed during the year was 156,446 compared with 162,671 in 1966.

National Dried Milk (full and half cream) ... ..	65,367
Cod Liver Oil ... ..	4,841
A and D tablets ... ..	4,027
Orange Juice ... ..	82,211
Total ... ..	156,446



**(b) OTHER FOODS**

Following a survey which was carried out in 1965 of welfare and other foods sold at child welfare centres, the following policies have been implemented throughout the county from 1st April:

(i) Government products continue to be sold as the County Health Department has the statutory duty of making arrangements for the supply of national dried milk and of Government vitamin preparations.

(ii) As alternatives the County Health Department stocks the most economically priced evaporated milk product and the cheapest source of vitamin C and vitamins A and D.

(iii) Toothbrushes continue to be supplied.

(iv) No other products are supplied.

(v) Voluntary committees are permitted to sell suitable preparations, and are encouraged to consult clinic medical officers and health visitors, both about the present range of products and any additions to it. They are asked to review prices which they charge periodically, in order to ensure that profits are kept to a modest level. The Kettering voucher system continues to be administered by voluntary committees.

**11. Dental Care****REPORT BY THE CHIEF DENTAL OFFICER****CHILDREN UNDER FIVE**

Despite the fluctuations in staff during 1967, which involved the loss of the two auxiliaries for several months, the amount of treatment given for children under five nevertheless increased appreciably.

From the statistics appended and the explanatory graph it will be seen that the number of fillings carried out increased by nearly 400 whereas the number of extractions increased by less than 300. Significantly the number of attendances has almost doubled, from 1,167 in 1966 to 2,018 in 1967.

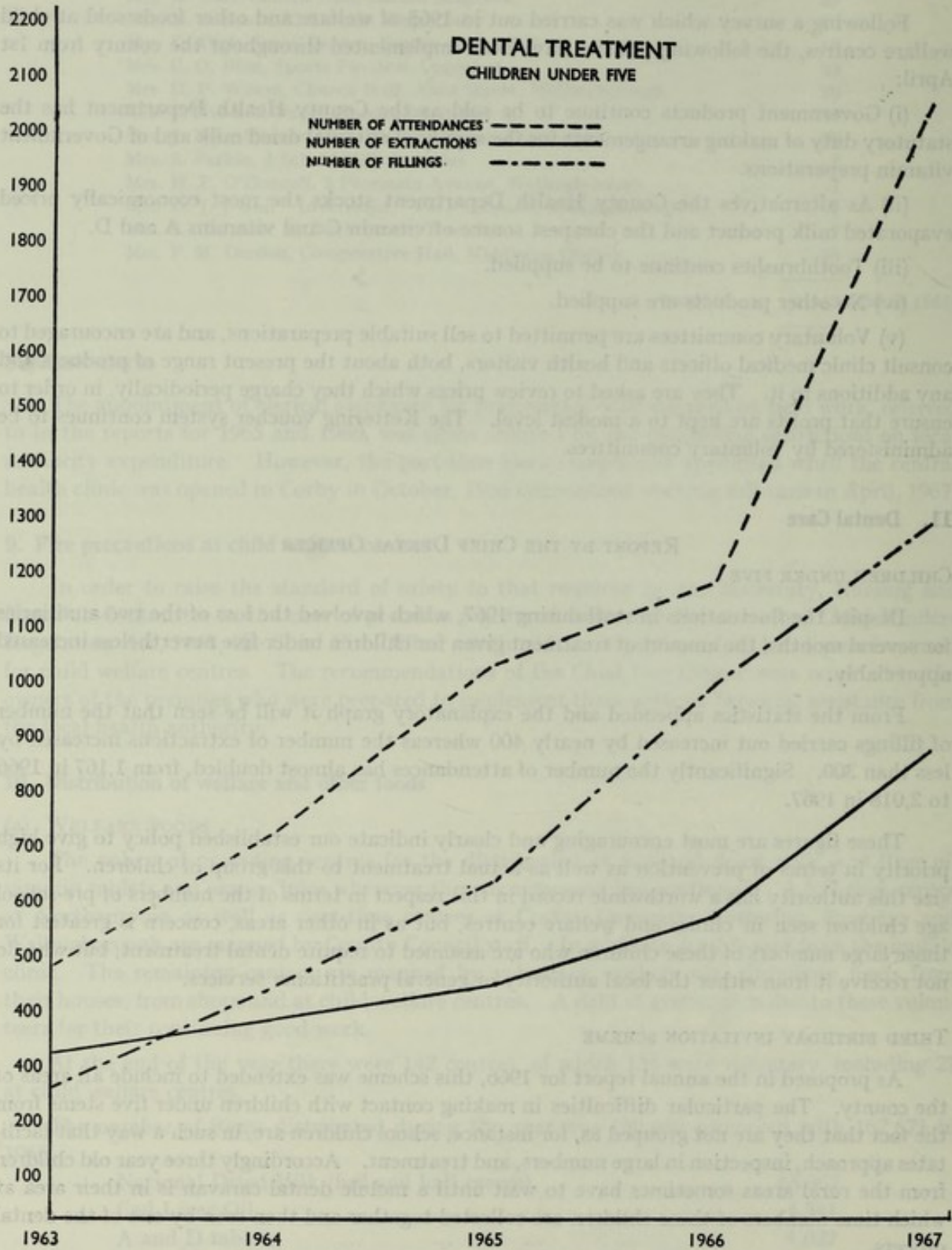
These figures are most encouraging and clearly indicate our established policy to give high priority in terms of prevention as well as actual treatment to this group of children. For its size this authority has a worthwhile record in this respect in terms of the numbers of pre-school age children seen in clinics and welfare centres, but as in other areas, concern is greatest for those large numbers of these children who are assumed to require dental treatment, but who do not receive it from either the local authority or general practitioner services.

**THIRD BIRTHDAY INVITATION SCHEME**

As proposed in the annual report for 1966, this scheme was extended to include all areas of the county. The particular difficulties in making contact with children under five stems from the fact that they are not grouped as, for instance, school children are, in such a way that facilitates approach, inspection in large numbers, and treatment. Accordingly three year old children from the rural areas sometimes have to wait until a mobile dental caravan is in their area at which time numbers of these children are collected together and then seen by one of the dental officers.

Figures relating to this scheme exclude Kettering area because of particular difficulties in getting the system working there in the same way as elsewhere. These difficulties have now been overcome and it is anticipated that the scheme will be working more effectively in the





Figures relating to this scheme exclude Kettering area because of particular difficulties in getting the system working there in the same way as elsewhere. These difficulties have now been overcome and it is anticipated that the scheme will be working more effectively in the

future. Excluding the Kettering area, 2,919 invitation cards were sent out during 1967 from which there were 617 acceptances, just under 25%. The acceptance figure shows a slight improvement on that for last year.

There seems to be little change in the need for dental treatment for children under five years of age. No less than half of the children inspected as a result of the "Third birthday invitation scheme" required treatment.

Efforts have been made during the year to collate our statistics for children under five with those of the general dental service. It is considered essential to do this in order to give an overall picture of the dental health of these children. Difficulties arise in this respect because of the numerous executive council areas involved. These include principally Northamptonshire Executive Council and Northampton Executive Council, and also those executive councils responsible for all areas adjoining the borders of this administrative county.

Until further statistics have been collected in co-operation with the executive councils, which is a time consuming operation, it would be unwise to make precise statements on the numbers of children under five years of age in the county who are receiving dental care from either the Local Authority Service or the National Health Service, but anxiety remains that a very large proportion of young children do not receive adequate dental inspection and treatment before entering school from either service. Much work remains to be done in this respect because, in order to provide economical and well adjusted patients for treatment by local authorities dental services and general practices, great emphasis must be placed on the need for adequate supervision of the very young child. It is in this age group that most can be achieved by dental health education in efforts to reduce the amount of dental treatment necessary. But until accurate figures can be collected from all the sources mentioned above, an accurate assessment of the local and national need in this respect is impossible.

Great emphasis is nowadays being placed on the question of the role of professional dental staff in child welfare centres. This has been policy in this County for some years and one can only emphasise the unique opportunities which arise in this situation both for the psychological preparation of the very young child for active dental treatment but, more important still, for the opportunity to reduce the amount of such treatment which will be necessary by health education directed towards young mothers as well as children themselves. During the year visits were made to 10 child welfare centres by dental officers.

#### EXPECTANT AND NURSING MOTHERS

Dental treatment for this group of patients increased in amount this year. Owing to the cessation of our ante natal clinics, and the availability of free dental treatment by general practitioners, the amount of treatment has steadily fallen during previous years.

The total number of attendances this year rose to 373, as opposed to 148 in 1966, and 109 mothers were seen, as opposed to 68 in 1966.

Reasons for this increase are not obvious but it may well be that increased personal contact with young mothers has been established through the concentration of dental services on younger age groups of children, resulting in the mothers themselves coming to the clinic for their own dental treatment.

#### FLUORIDATION OF WATER SUPPLIES

As has been mentioned in Part II of this report no progress has been made towards fluoridation of water supplies in this county and this has to be regretted. This remains the cheapest, easiest and safest way of reducing the amount of dental treatment necessary for children.



## 12. Causes of deaths of children under one year

The details of deaths given in the table below have been analysed from the death returns which are received from local registrars, and they may differ slightly from those given by the Registrar General in his annual figures. The table is based on causes of deaths as given on the death certificates but, as practitioners vary in the way in which they complete these, the classification is not uniform. In all cases where prematurity was mentioned on the death certificate, this has been classified as the cause of death.

### CAUSES OF DEATH UNDER ONE YEAR

CAUSE OF DEATH	1958			1959			1960			1961			1962		
	<i>Age in weeks</i>			<i>Age in weeks</i>			<i>Age in weeks</i>			<i>Age in weeks</i>			<i>Age in weeks</i>		
	-4	4-52	Total	-4	4-52	Total	-4	4-52	Total	-4	4-52	Total	-4	4-52	Total
Prematurity ... ..	33	—	33	30	1	31	36	—	36	39	2	41	50	1	51
Congenital malformations ... ..	15	11	26	18	11	29	21	14	35	17	11	28	13	11	24
Respiratory diseases ... ..	2	10	12	5	10	15	1	9	10	2	9	11	—	10	10
Infections (other than lung and gut) ... ..	—	—	—	—	4	4	3	7	10	—	1	1	1	3	4
Asphyxia and atelectasis ... ..	2	1	3	8	—	8	1	1	2	5	1	6	2	—	2
Birth injury ... ..	6	1	7	1	—	1	9	—	9	2	—	2	7	—	7
Accidental ... ..	—	2	2	1	1	2	—	—	—	—	—	—	—	3	3
Enteritis and diarrhoea ... ..	—	4	4	—	2	2	1	4	5	—	—	—	—	1	1
Haemolytic disease ... ..	4	—	4	1	—	1	1	—	1	1	—	1	1	—	1
Other causes ... ..	1	3	4	1	3	4	3	1	4	2	3	5	2	2	4
<b>TOTALS ...</b>	<b>63</b>	<b>32</b>	<b>95</b>	<b>65</b>	<b>32</b>	<b>97</b>	<b>76</b>	<b>36</b>	<b>112</b>	<b>68</b>	<b>27</b>	<b>95</b>	<b>76</b>	<b>31</b>	<b>107</b>
No. of live births... ..	4809			4800			5183			5337			5528		
Infant mortality rate per 1,000 live births ... ..	19.75			20.20			22.57			17.61			19.54		

CAUSE OF DEATH	1963			1964			1965			1966			1967		
	<i>Age in weeks</i>			<i>Age in weeks</i>			<i>Age in weeks</i>			<i>Age in weeks</i>			<i>Age in weeks</i>		
	-4	4-52	Total	-4	4-52	Total	-4	4-52	Total	-4	4-52	Total	-4	4-52	Total
Prematurity ... ..	39	—	39	50	1	51	29	1	30	37	1	38	31	—	31
Congenital malformations ... ..	8	10	18	10	8	18	14	10	24	11	8	19	12	8	20
Respiratory diseases ... ..	4	12	16	4	10	14	4	3	7	6	14	20	—	15	15
Infections (other than lung and gut) ... ..	—	4	4	1	6	7	3	7	10	3	4	7	3	6	9
Asphyxia and atelectasis ... ..	6	—	6	5	2	7	4	4	8	1	—	1	8	—	8
Birth injury ... ..	9	—	9	3	—	3	10	—	10	2	—	2	5	—	5
Accidental ... ..	—	2	2	—	2	2	—	—	—	1	1	2	—	1	1
Enteritis and diarrhoea ... ..	—	1	1	—	3	3	—	2	2	2	—	2	—	1	1
Haemolytic disease ... ..	1	—	1	2	—	2	3	—	3	1	—	1	3	—	3
Other causes ... ..	2	6	8	1	—	1	—	1	1	—	—	—	—	6	6
<b>TOTALS ...</b>	<b>69</b>	<b>35</b>	<b>104</b>	<b>76</b>	<b>32</b>	<b>108</b>	<b>67</b>	<b>28</b>	<b>95</b>	<b>64</b>	<b>28</b>	<b>92</b>	<b>62</b>	<b>37</b>	<b>99</b>
No. of live births... ..	5692			5937			5755			5684			5611		
Infant mortality rate per 1,000 live births ... ..	17.92			18.36			16.86			16.01			17.64		

As in previous years prematurity, congenital malformations and respiratory diseases were the three main causes of infant deaths and they accounted for two out of every three deaths.

## 13. Register of congenital abnormalities

The number of congenital abnormalities by site, reported in Northamptonshire was 135 or 2.35% of the total live and still births compared with 2.39% for 1966.



The corresponding figure for England and Wales for 1966 was 1.9%.

Category	Northamptonshire				England and Wales	
	1967	%	1966	%	1966	%
Central Nervous System ...	33	24.4	27	19.9	3,916	23.9
Eye-Ear ... ..	3	2.2	1	0.7	430	2.6
Alimentary System ... ..	15	11.1	19	14.0	1,810	11.1
Heart and Great Vessels ...	7	5.2	12	8.8	706	4.3
Respiratory System ... ..	1	0.7	1	0.7	163	1.0
Uro-Genital System ... ..	9	6.7	6	4.4	1,262	7.7
Limbs ... ..	43	31.9	52	38.2	5,492	33.6
Other Skeletal ... ..	4	3.0	2	1.5	364	2.2
Other Systems ... ..	13	9.6	11	8.1	1,192	7.3
Other Malformations ... ..	7	5.2	5	3.7	1,023	6.3
Total ... ..	135	100	136	100	16,358	100

**Note:** Where a child had multiple abnormalities of the same generic category (e.g. Spina Bifida with hydrocephalus: or hare lip with cleft palate) for the purpose of the table it has been included once only.

During the year, 105 babies were reported as having a total of 148 abnormalities, an analysis of which is as follows:

## CENTRAL NERVOUS SYSTEM

Anencephalus ... ..	11
Encephalocele ... ..	2
Hydrocephalus ... ..	10
Microcephalus ... ..	1
Spina Bifida ... ..	16
Other ... ..	1

## EYE/EAR

Defects of ear ... ..	3
-----------------------	---

## ALIMENTARY SYSTEM

Cleft lip ... ..	7
Cleft palate ... ..	9
Oesophageal atresia... ..	1
Anal atresia ... ..	1
Defects of liver etc. ... ..	1
Other ... ..	1

## HEART AND GREAT VESSELS

Transposition of great vessels ...	1
Interventricular septal defect ...	1
Persistent ductus arteriosus ...	1
Other ... ..	4

## RESPIRATORY SYSTEM

Defects of diaphragm ... ..	1
-----------------------------	---

## URO-GENITAL SYSTEM

Polycystic kidney ... ..	2
Other defects of kidney and ureter ...	2
Hypospadias, epispadias ... ..	2
Other defects of male genitalia ...	1
Defects of female genitalia ... ..	1
Other ... ..	1

## LIMBS

Reduction deformities ... ..	4
Polydactyly ... ..	6
Syndactyly ... ..	4
Dislocation of hip ... ..	5
Talipes ... ..	19
Other defects of shoulder girdle, upper arm and forearm ... ..	1
Other defects of hand ... ..	2
Other defects of pelvic girdle and lower limb ... ..	2

## OTHER SKELETAL

Defects of skeleton ... ..	1
Defects of skull and face ... ..	1
Defects of ribs and sternum ... ..	1
Defects of spine ... ..	1

## OTHER SYSTEMS

Other defects of face and neck ...	4
Vascular defects of skin, subcutaneous tissues and mucous membranes ...	4
Other defects of skin ... ..	1
Defects of spleen ... ..	2
Exomphalos, omphalocele ... ..	2

## OTHER MALFORMATIONS

Mongolism ... ..	5
Other ... ..	2



Of the 105 babies where abnormalities were detected at birth, 21 were stillborn and 16 died subsequently. In 30 cases more than one abnormality was detected; of these eight were stillborn and eight died.

#### 14. At Risk register

At the end of the year 4,163 children born between 1963 and the end of 1966 remained on the "At Risk" register.

The proportions of children placed on the At Risk register are similar to previous years both in regard to total births and individual categories of risk factors.

The retention of such a large number of children on an At Risk register without further follow up or observation is somewhat meaningless and toward the end of the year a pilot scheme was put into operation in one district to review all children recorded on the At Risk register. At this review it is expected that the majority of children will be found to be developing normally and to require no further follow up but that a certain number of children will be found to have real or potential disabilities. These children will be placed on a new "Observation Register" and a decision will be made for each child regarding the frequency and type of follow up examination required. From 1st January, 1968 children at risk will be identified in a similar manner to that in 1967 but their names will not be immediately included on an At Risk register; instead they will be reviewed at an early stage and their names will either be placed on the "Observation Register" with the interval before the next review clearly defined or alternatively they will be recorded as requiring no further special observation. It may be of interest to note here that the County Council's computer will be programmed to keep a check upon children on the "Observation Register" and to print out lists of names together with the details required for their further observation.

Additions to register during 1967

Group	Category	Total
FAMILY HISTORY	Deafness ... ..	5
	Blindness ... ..	1
	Epilepsy ... ..	6
	Diabetes ... ..	24
	Tuberculosis ... ..	22
	Mental disorders ... ..	8
	Congenital abnormality ... ..	7
	Young or elderly mother ... ..	19
	Social ... ..	33
	Other ... ..	39
ANTENATAL OR PERINATAL	Hyperemesis ... ..	2
	Hydramnios ... ..	3
	Toxaemia ... ..	119
	Placenta praevia ... ..	7
	Threatened abortion ... ..	32
	Forceps delivery ... ..	176
	Caesarean section ... ..	175
	Abnormal presentation ... ..	56
	Premature ... ..	157
	Post-mature ... ..	88
	Asphyxia ... ..	54
	Rh. incompatibility and blood disorders	38
	Multiple birth ... ..	46
	Jaundice ... ..	23
	Congenital abnormality ... ..	57
Other ... ..	42	
Post-natal	Developmental ... ..	13
	Developmental ... ..	3
TOTAL ... ..		1,255



## CHILD WELFARE CENTRES

(see also page 22)

					Average No. of children attending per session	Sessions held	
						By doctor	By health visitor
Barton Seagrave ... ..	...	...	...	...	43	43	6
Boughton (closed 11th January)	...	...	...	...	22	1	—
Bozeat ... ..	...	...	...	...	44	12	—
Brackley ... ..	...	...	...	...	19	12	—
Brigstock ... ..	...	...	...	...	23	12	—
Brixworth ... ..	...	...	...	...	25	12	—
Broughton ... ..	...	...	...	...	43	12	—
Burton Latimer ... ..	...	...	...	...	94	22	2
Cogenhoe ... ..	...	...	...	...	40	12	—
Cold Ashby and Welford ... ..	...	...	...	...	39	12	—
Collyweston ... ..	...	...	...	...	31	12	—
Corby (Pen Green Lane) ... ..	...	...	...	...	42	46	3
Corby (Beanfield) ... ..	...	...	...	...	47	82	16
Corby (Diagnostic Centre) ... ..	...	...	...	...	39	50	1
Corby (Stuart Road) ... ..	...	...	...	...	27	82	43
Daventry ... ..	...	...	...	...	45	22	2
Deanshanger ... ..	...	...	...	...	66	24	—
Desborough ... ..	...	...	...	...	61	23	—
Doddington, Great ... ..	...	...	...	...	30	10	2
Earls Barton ... ..	...	...	...	...	52	23	—
Finedon ... ..	...	...	...	...	31	10	11
Geddington ... ..	...	...	...	...	36	12	—
Gretton ... ..	...	...	...	...	32	12	—
Hackleton ... ..	...	...	...	...	38	12	—
Hardingstone ... ..	...	...	...	...	22	12	12
Harpole ... ..	...	...	...	...	36	12	—
Helmdon... ..	...	...	...	...	25	12	—
Higham Ferrers ... ..	...	...	...	...	31	18	6
Irchester ... ..	...	...	...	...	54	12	12
Irthlingborough (St. Peter's Hall) ... ..	...	...	...	...	56	21	2
Irthlingborough (Community Centre) ... ..	...	...	...	...	40	11	1
Kettering (School Lane) ... ..	...	...	...	...	49	133	16
Kettering (St. John) ... ..	...	...	...	...	18	10	11
Kings Cliffe ... ..	...	...	...	...	10	12	—
Kings Sutton ... ..	...	...	...	...	29	12	—
Kislingbury ... ..	...	...	...	...	40	12	—
Long Buckby ... ..	...	...	...	...	29	12	—
Middleton Cheney ... ..	...	...	...	...	56	12	—
Moulton ... ..	...	...	...	...	27	22	1
Old Stratford ... ..	...	...	...	...	46	12	—
Oundle ... ..	...	...	...	...	24	20	—
Potterspury ... ..	...	...	...	...	39	12	—
Raunds ... ..	...	...	...	...	60	10	2
Roads ... ..	...	...	...	...	41	10	2
Rothwell ... ..	...	...	...	...	40	22	2
Rushden ... ..	...	...	...	...	52	98	2
Silverstone ... ..	...	...	...	...	43	10	2
Spratton ... ..	...	...	...	...	17	11	1
Thrapston ... ..	...	...	...	...	23	11	1
Towcester ... ..	...	...	...	...	25	12	—
Weedon ... ..	...	...	...	...	29	12	—
Weldon ... ..	...	...	...	...	22	12	—
Wellingborough (Oxford Street) ... ..	...	...	...	...	47	91	16
Wellingborough (Queensway) ... ..	...	...	...	...	62	24	—
Wellingborough (St. Andrew's) ... ..	...	...	...	...	18	22	1
West Haddon ... ..	...	...	...	...	29	12	—
Wollaston ... ..	...	...	...	...	43	12	12
Woodford ... ..	...	...	...	...	21	12	—
Woodford Halse ... ..	...	...	...	...	45	12	—
Wootton ... ..	...	...	...	...	27	12	—
Yardley Hastings ... ..	...	...	...	...	43	12	—
Mobile Clinic ... ..	...	...	...	...	10*	433†	—
Totals ... ..	...	...	...	...	—	1,787	188

\* Average attendance per village

† Visits to villages

## MIDWIFERY

(Section 23—National Health Service Act, 1946)

### 1. Statistics

The following table shows the number of patients delivered by domiciliary midwives in the past ten years:

Year	<i>Doctor not booked for attendance at delivery</i>		<i>Doctor booked for attendance at delivery</i>		Total
	<i>Doctor present</i>	<i>Doctor not present</i>	<i>Doctor present</i>	<i>Doctor not present</i>	
1958 ...	44	598	340	808	1,790
1959 ...	74	525	326	896	1,821
1960 ...	54	528	298	991	1,871
1961 ...	51	436	293	950	1,730
1962 ...	12	89	348	1,088	1,537
1963 ...	8	47	338	1,130	1,523
1964 ...	9	48	318	1,174	1,549
1965 ...	3	19	318	1,019	1,359
1966 ...	4	23	261	968	1,256
1967 ...	12	25	270	*835	1,141

\* including 42 deliveries in hospital by domiciliary midwives.

This table should be looked at in conjunction with the following table which shows the numbers of patients discharged before the tenth day. In addition to the marked increase in early discharges from hospitals, within the last five years, there has been an increase in fixed appointments for midwives e.g. relaxation and mothercraft classes and since attachment of midwives to general practices was begun, an increase in the number of attendances at general practitioners' clinics and surgeries.

#### Early hospital discharges:

Year	<i>Cases discharged before the tenth day</i>	Year	<i>Cases discharged before the tenth day</i>
1963 ...	1,656	1966 ...	2,432
1964 ...	1,874	1967 ...	2,860
1965 ...	2,306		

### 2. Midwives

The number who notified their intention to practice was 113. Of these, 70 were employed by the County Council (6 health visitor/district nurse/midwives, 55 full-time district nurse/midwives and 9 part-time district nurse/midwives) and 43 by Hospital Management Committees.



### 3. Training of pupil midwives

Thirteen pupils from St. Mary's Hospital Kettering and thirteen from Horton General Hospital, Banbury came for Part II district training during the year. Of the latter, four have joined the staff during the year. Lectures on the social services were given by the Deputy County Medical Officer of Health, and tutorials were given by Miss M. J. Twemlow until October and afterwards by Miss F. I. Taylor.

### 4. Postgraduate courses

Eleven members of staff attended statutory refresher courses during the year. Lectures were given also by Mr. G. de B. Mitford-Barberton, Consultant Obstetrician, St. Mary's Hospital, Kettering, on episiotomy technique and the infiltration of the perineum with local anaesthetic, following the recommendation of the Central Midwives Board that pupil midwives should be instructed in these procedures.

One sister from St. Mary's Hospital, Kettering spent two weeks "on the district" and was shown a wide range of domiciliary activities.

A new development was an experimental refresher course arranged by the Royal College of Midwives in which we were privileged to take part. This was held at St. Anne's College, Oxford—some fifty midwives participating. There were equal numbers from hospital and domiciliary fields. Lectures were 'combined'; the midwives then separated for practical work, hospital midwives going to local authorities and domiciliary midwives to maternity hospitals and returned to St. Anne's College for general discussion at the end. Five hospital midwives came to Northamptonshire and the consensus of opinion was that this was a worth while experiment. Another course of a similar nature will take place in 1968.

### 5. Hospital deliveries by domiciliary midwives

Following the established practice of domiciliary midwives undertaking the deliveries of their own patients in Brackley Cottage Hospital, Horton Maternity Unit and the Barratt Maternity Home, it was decided to extend the experiment to a twenty-bed general practitioner unit in Corby. This was limited in the first instance to primiparae and para IV, but later in the year, was extended to cover all categories of patients whose social conditions allowed them to be discharged after twenty-four hours.

As Corby is a new town with an expanding population, it was felt that this experiment would not only help the domiciliary midwife to retain her skills, but would also help to improve the staffing situation in the Unit, and in addition, help to achieve functional integration of the maternity services.

### 6. Attachment of midwives to general practices

This has proved feasible in urban areas, but it has not yet proved possible to extend the scheme to rural areas where problems arise owing to the number of doctors involved and the mileage to be covered.

### 7. Visits of observation

Domiciliary midwives again played their part in taking visitors on their rounds: these included student nurses, medical students and others.

8. 50 years of child welfare

An exhibition which was held in Long Buckby and elsewhere to mark 50 years of child welfare work in the county, is described more fully in the Health Education section of this report. The midwifery aspects included a display of midwifery equipment from 1917-1967, with two models showing uniforms worn by midwives in 1917 and 1967 and also, two model babies dressed in clothing of the period. A great deal of interest was aroused, and comments such as—" It wasn't like this in my day ", were made when the Entonox machine and modern disposables were viewed by the public. It is at such times that we realise that progress is being made.



## HOME NURSING

(Section 25—National Health Service Act, 1946)

### 1. Staff

Miss F. I. Taylor completed the course on Community Health and Administration at the William Rathbone Staff College, Liverpool, and was awarded a certificate. Miss M. J. Twemlow was successful in Part II of the Midwife Teachers' Diploma Course and subsequently obtained a post as Superintendent of Midwifery and Home Nursing in Cheltenham. Mr. S. D. Roberts was appointed Assistant Superintendent Nursing Officer, with special duties in connection with the new district nurse training school, health education in schools and the supervision of domiciliary nurses. All supervisory staff have continued to give talks in addition to the lectures and tutorials given at the District Nurse Training School.

The number of full-time staff employed at December 31st was :

Full-time district nurses	...	...	...	...	40
Part-time district nurses	...	...	...	...	14
Full-time district nurse/midwives	...	...	...	...	55
Part-time district nurse/midwives	...	...	...	...	9
Full-time health visitor/district nurse/midwives				...	6
				TOTAL	124

The number of staff employed increased by three due to expansion in Daventry, Wellingborough and Corby. No special difficulties have been encountered in recruitment, and training will, in future, be offered to all new members of staff, whether married or single, now that this can be given within the County.

### 2. Cases

The numbers of patients attended were as follows, the figures for the previous nine years being given for purposes of comparison:

#### DISTRICT NURSING STATISTICS 1958-1967

Year	Patients			
	Total cases	At time of first visit		Total visits
		Aged 65 or over	Under 5	
1958	11,719	4,213	706	165,155
1959	9,597	3,712	659	155,206
1960	7,427	3,420	583	138,875
1961	7,537	3,452	500	143,552
1962	7,041	3,581	384	142,750
1963	6,940	3,638	403	139,589
1964	6,547	3,168	390	141,952
1965	6,422	3,512	330	138,748
1966	7,089	3,864	458	143,955
1967	7,580	4,171	355	159,395



A significant rise occurred in the number of cases nursed, and still more in the visits paid to patients. These, it will be noticed, were chiefly in the older age group, and there was, in fact, a decrease in the under-5 years age group.

### 3. Attachment of district nurses to general practices

In the larger towns most of the teething troubles in connection with attachment to general practices have been overcome and there is general approval of the scheme. One practice has organised weekly lunch-hour meetings between doctors, nurses, midwives and health visitors and these lead to a greater understanding of the patients' problems. The work of the district nurse is growing more interesting and she is gradually being allowed to carry out more of the tasks for which her training as a state registered nurse has fitted her. The work on the practice area referred to above has increased enormously and other areas show a similar trend.

### 4. District training school

During the year, approval was received from the Queen's Institute of District Nursing (acting as agents of the Ministry of Health) for this authority to commence full theoretical and practical training for district nursing and, in October the first nine students entered for training. Field work instructors were appointed from existing staff to give guidance in practical work and study days were held in the Stockburn Memorial Home where a bedroom was adapted for practical nursing procedures. In addition, members of the supervisory staff acted as tutors. Lectures were also given by other staff from the County Health Department, hospital consultants and nursing staff, hospital social workers, the Children's Officer, a public health inspector, a disablement resettlement officer and the Manager of the local office of the Ministry of Social Security.

The first course was confined to nurses who were actually in post at the time. It is envisaged that it will take some time to train every member of the staff, but nevertheless, entrants from other authorities will be accepted, particularly those from adjoining authorities.

Discussion with members of the first group showed that the course had widened their horizons and opened new channels of thought. They now know how to contact the person responsible for providing services needed for their patients, which is essential in these days of early discharge from hospital and because of the increasing frequency with which care is provided in the community. It is gratifying to be able to report that all of the students attending the first course passed the final examination.

Training school news would not be complete without reference to the co-operation received from Kettering and District Hospital Management Committee and officers in the loan of their training school premises in December and March each year for block training, the provision of meals during these periods and also accommodation in the Nurses' Home if required. It is felt that this liaison with the hospital is a step in the right direction in bringing together hospital and local authority staff.

### 5. Equipment

In addition to the many disposables used, the first steps have been taken to provide a sterile dressings service for the district nurses. Arrangements were made with the Henley Industrial Unit, a centre for the mentally handicapped, to pack dressings in special containers which will be autoclaved at Kettering and District General Hospital. The saving in time and energy for the district nurse will be considerable and the patients will benefit as a result.



## 6. Non-nursing visits

Of the 5,322 visits under this heading, 4,834 were to aged persons; the remainder were follow up visits to the patients not requiring nursing treatment. Home Help visits are now the responsibility of the Home Help organisers.

## 7. In-service training

Nurses again attended courses arranged by the Health Education Section, to which reference is made in the appropriate part of this report.

Four nurses attended post graduate courses arranged by the Queen's Institute of District Nursing.

## 8. Instruction in modern geriatrics

Ten nurses attended, for two week periods in the early part of the year, at the geriatric section of St. Mary's Hospital, Kettering. Each attended daily and found the course a very useful one.

## 9. Use of voluntary help in the nursing service

The Kettering Branch of the British Red Cross Society has proved very helpful in supplying personnel to cope with the washing and dressing of day patients prior to going to hospital. This service relieved the district nurses so that they could give the necessary attention to the very ill and to those who required terminal care.

## 10. Visitors

Hospital nurses again spent days on the district and nurses co-operated in taking them on their rounds.

## 11. Transport

(i) CARS The number of cars in use at 31st December was:

(a) provided by the County Council .....	80
(b) privately owned .....	127

(Nursing staff 76, Health visiting staff 51).

The 80 cars provided by the County Council were distributed as follows:

53 district nurse/midwives
14 health visitors
2 assistant home help organisers
2 occupational therapists
2 audiometric nurses
1 medical officer
6 reserve

(4 vehicles required for new staff commencing in January).

(ii) VAN

In addition to the cars mentioned above, a 7 cwt. van is used to convey nursing equipment, small items of furniture and welfare foods, and is also used in connection

with the Henley Industrial Unit, Kettering. In the three years since its purchase it has covered 67,000 miles.

(iii) TOWING VEHICLE

The landrover, which is used mainly for towing the mobile health clinic, is also used to help out with the delivery of nursing equipment.

12. Houses

At 31st December, twenty-two houses (one containing five flatlets) and three cottages were owned by the County Council. Twelve houses were rented by the County Council from district councils and one house was rented from another source.

During the year, a bungalow at Long Buckby and a house at Rushden, were completed.



## HEALTH VISITING

(Section 24—National Health Service Act, 1946)

### 1. Staff

The establishment of health visitors, which included the Superintendent and her Assistant, was increased during 1967 from 55 to 56. The extra health visiting post was filled by a male health visiting officer.

During the year, one health visitor retired and two left for domestic reasons. Three health visitors were recruited and three sponsored students obtained their certificates, so that on 31st December there was the equivalent of 52½ on the staff including five part-time health visitors, but excluding the Superintendent Health Visitor and her Assistant. In addition a second part-time school nurse was appointed in Corby.

The original ten-year plan envisaged a progressive increase in the establishment until a ratio of one health visitor to 5,000 population had been achieved. Unfortunately, since the introduction of ten-year planning in 1962 the County Council has reduced the suggested increases in establishment in all but the first year, on account of the national economic situation. This process cannot continue indefinitely without detriment to the standard of service being provided to the public. The following table shows the progress made so far:

<i>Year ended 31st December</i>	<i>Establishment (excluding the S.H.V. and her Assistant)</i>	<i>Population of County (mid-year estimate)</i>	<i>Ratio of health visitors to population</i>
1963	46	305,740	1 HV: 6,646
1964	48	310,840	1 HV: 6,476
1965	51	305,360	1 HV: 5,987
1966	53	306,500	1 HV: 5,783
1967	54	311,990	1 HV: 5,777

### 2. Visits

Details of visits :	1967	1966
Children born in current year ... ..	36,361	37,818
Children born in previous four years ... ..	40,983	45,991
Tuberculosis ... ..	185	270
Mentally subnormal ... ..	237	217
Persons aged 65 years and over ... ..	3,656	2,311
Persons discharged from general hospitals ... ..	90	136
Other ... ..	11,628	12,592
<b>Total .. ..</b>	<b>93,140</b>	<b>99,335</b>

## Attendances at :

	1967	1966
Child welfare centres ...	2,127	1,982
Mobile welfare clinic ...	433	414
Chest clinics ...	388	345
Immunisation clinics ...	78	60
Vision clinics ...	44	21
Family planning clinics ...	41	38
Enuresis clinics ...	31	32
Venereal disease clinics ...	45	55
Diabetic clinics ...	51	57
Geriatric clinics ...	19	7
General practitioner clinics ...	682	777
Dental clinics ...	42	—
Total ...	3,982	3,788

### 3. Training

The Superintendent Health Visitor was awarded a Council of Europe Fellowship of one month's duration to study public health nursing, rehabilitation of problem families and health education in Holland, Denmark and Finland.

Ten health visitors attended post-certificate courses arranged by the Health Visitors' Association, four taking the course on teaching methods in health education. The Assistant Superintendent attended a course on administration at St. Katharine's College, Liverpool.

Two health visitors took the group advisers course. This extra training equips them to lead groups of health visitors and is particularly valuable now that student health visitors return to the county for their three months' practical work under supervision, before taking the final part of the examination.

The inclusion of a male health visiting officer in the service has indeed proved valuable. His duties vary little from those of the female health visitors but include certain special aspects of health visiting. Examples are parentcraft classes for 'expectant' fathers; assistance with problem families when the female health visitor feels the father of the family concerned would benefit from a visit by a male officer; widowers who are having problems with their adolescent sons and visits to the elderly, particularly men.

Six sponsored students commenced training in September; with the continuing national shortage of staff this would appear to be our main area of recruitment.

### 4. Attachment to general practitioners

This scheme continues to develop satisfactorily.

### 5. Reciprocal arrangements for health visiting outside the County boundaries

The Maternity, Nursing and Care Sub-Committee approved the suggestion that health visitors attached to general practitioner groups in Oundle should extend their visiting for a trial period to families within the practice who live in the County of Huntingdon and Peterborough. This arrangement which commenced on 1st June, 1967 has presented no diffi-



culties and the scheme has been completely successful. It is hoped to extend this arrangement to other neighbouring authorities.

### 6. Hearing assessment for pre-school children

Most health visitors are trained to perform the simple hearing assessment test which is carried out on babies aged between nine and twelve months. These tests are particularly concentrated on the "at risk" group of children and those suspected to have a hearing defect.

Four health visitors who have taken a specialised course in hearing assessment, work in pairs assessing children referred by health visitor colleagues or sometimes at the request of a parent. Children tested are those under five years of age where the child has failed the simple assessment test and those "at risk" for any reason.

### 7. Adult screening clinic, Corby

A screening clinic for patients on the group practice list was commenced by one of the Corby general practitioners at the end of June. The clinic was held in the Central Health Clinic, Stuart Road, until October when, for the doctor's convenience, it was transferred to his own surgery premises. This clinic is usually held twice monthly with the assistance of a health visitor and a district nurse.

The numbers attending have been smaller than had been anticipated, but nevertheless the doctor concerned is pleased with its progress.



SCREENING FOR HEARING DEFECTS IN THE PRE-SCHOOL CHILD  
(See page 44)



DEMONSTRATION OF HEARING SCREENING TO OLDER CHILDREN AT A  
HEALTH EDUCATION EXHIBITION





1917

1967

JUBILEE OF CHILD WELFARE CENTRES—LONG BUCKBY  
(See page 47)



VISION SCREENING—NEW STYLE  
(See page 12, Part II)



## HEALTH EDUCATION

### 1. Introduction

Health Education is concerned with bringing about change in the knowledge, attitudes and behaviour of people and with encouraging the development of healthy practices to bring about the best possible state of well being. In order to be effective, its planning and practice must take into consideration the processes by which people acquire knowledge, change their attitudes and modify their behaviour and also the factors which influence such changes.

Everyone whether "lay" or "professional", no matter what his background or training, exerts some influence on his fellow man and contributes in some way to community health attitudes and traditions. There are however sections of the community, in particular workers engaged in the Health, Education and Welfare Services which have a special responsibility and opportunity for the health education of the public. The various health department personnel, both administrative and professional, co-ordinated by the health education section, have together within the past year organised and implemented a comprehensive programme of health education including lectures and talks to a variety of interested groups, film shows, exhibitions, the promotion of staff development courses and the expansion of programmes of health teaching in schools. These activities are outlined in the following text.

### 2. Organisation

#### (a) STAFF

Mr. H. Bracken, Assistant Health Education Organiser, returned in July after successfully completing the course leading to the Diploma in Content and Method of Health Education. Miss J. M. Wingfield, Assistant Health Education Organiser, was accepted for the Diploma in Content and Method of Health Education during the academic year, 1967/68 and began her course of study in October. Miss J. E. Cockings, Health Visitor, who was seconded to the health education section on a part-time basis in September, 1966, continued to give valuable assistance both administrative and practical in health education activities in the county.

#### (b) VISUAL AIDS

Visual aids lent by the section have been used on a total of 2,434 occasions as indicated below.

<i>Type of aid</i>		<i>Number</i>
Filmstrips	... ..	945
Flannelgraphs	... ..	204
Films	... ..	517
Demonstration aids	... ..	708
Clinic displays	... ..	60

An overhead projector, with a machine for making transparencies, has been purchased and will add yet another technique to the range of teaching aids which are available for all members of the staff.

#### (c) PURCHASE OF EXHIBITION CARAVAN

A 22ft. caravan was purchased from the now disbanded Civil Defence Service. It is proposed to utilise it for mobile exhibitions on health education topics and it will be towed from site to site throughout the county.



### 3. In-service training

#### (a) FIRST AID FOR NURSES

Two one-day courses were held for district nursing staff, with particular emphasis on procedure in a major disaster situation.

#### (b) CHILD PSYCHIATRY

Two one-day courses were held for health visitors.

#### (c) HOME HELPS

Four half day courses for home helps were held in Northampton, Kettering, Wellingborough and Corby.

#### (d) FIRST AID FOR TEACHERS

A report of this can be found in Part II of the Health of Northamptonshire.

#### (e) PROGRESS IN HEALTH EDUCATION

A two-day course for Health Department personnel involved in teaching in schools was arranged by the Central Council for Health Education.

General staff meetings were held on five occasions, the subjects being:

1. Cervical cytology
2. Alcoholism
3. The work of the deaf/blind and Rubella Children's Association
4. Diet
5. Mental health

### 4. Relaxation and parentcraft classes

A total of 1,172 mothers attended an average of 6.5 classes each. The syllabus used in these classes was revised and altered to a ten-week programme.

### 5. Clinic displays

The routine changing of the displays in clinics and at Kettering and Northampton General Hospitals was held up to a large extent at the beginning of the year by the effort required in producing the jubilee exhibition "50 Years of Child Welfare". During the latter half of the year, however, this returned almost to normal with the production of displays of very high quality. A total of 60 changes in the displays was made throughout the 11 centres, of which 14 topics were shown in Kettering and Northampton General Hospitals.

Photographic records of all aspects of health education work were kept and by utilising cupboards not required by other sections, the previous problems of finding storage space for display and artistic materials has been partially solved.

### 6. Schools

Selected staff have continued teaching boys and girls in schools throughout the county. A full report on this work will be found in Part II of *The Health of Northamptonshire in 1967*.

## 7. External activities

### (a) JUBILEE OF COUNTY CHILD WELFARE CLINICS

In March, the health education section prepared an exhibition portraying the development of child welfare in the county over the past 50 years. The collection of ideas for the individual stands and the assembly of the exhibits involved four months of hard work, not only by the health education personnel, but also by other members of the Health Department staff who participated enthusiastically.

The exhibition consisted of a series of stands, covering progress made in each decade in the past, the present situation, the possible future role of child welfare clinics with, in addition, a large tableau which contrasted clinic premises of 1917 and 1967 and the work carried out in them. The theme of each stand, the tableaux and other displays is set out in the following paragraphs.

#### Stand 1. First decade 1917-1926

Infectious diseases, including bowel infections, were an important cause of infant death, and were commonly associated with poor living standards and lack of understanding of the importance of hygiene.

#### Stand 2. Second decade 1927-1936

Although not as common as formerly, nutritional disease still occurred amongst infants and children, an example of this being rickets.

#### Stand 3. Third decade 1937-1946

The war years brought their problems, but they also saw the beginnings of a national food policy aimed at ensuring that priority was given to the needs of children.

#### Stand 4. Fourth decade 1947-1956

The ability to protect children against infectious disease by means of immunisation had reached a high level by this stage, and has been further developed since then by the introduction of effective means of protecting children against poliomyelitis.

#### Stand 5. Fifth decade 1957-1966

The work of child welfare has continued, not merely at town and village centres, but also by means of a mobile clinic and through the health educational medium of mothers' clubs.

#### Stand 6. 1967-?. The future

Child welfare work is likely to become increasingly the responsibility of family doctors, supported by attached public health staff and often working from specially designed health centres.

#### Stand 7. Clinics then and now

Clinic premises in 1917 and 1967 were presented in tableaux which showed the change both in their appearance and in the type of work being carried out in them, with the modern emphasis on health education, developmental assessment and screening for specific disabilities.

In addition to the exhibition material in the main hall, two rooms were devoted to the subjects of midwifery and dental health.



### **Room 1. Midwifery during the past fifty years**

Developments which had taken place in the local authority's domiciliary midwifery service and the part played by good midwifery in safe childbirth, which is vital to the health of the child, were shown.

### **Room 2. Dental health**

Despite a national shortage of dentists, particularly in the local health authority service, in Northamptonshire, it has in recent years proved possible to take positive measures to protect the dental health of children from pre-school age. Some of this work is carried out at child welfare centres.

On the evening of the 30th March a meeting was held in the County Council Chamber, which was addressed by Sir Wilfred Sheldon, K.C.V.O., to which selected guests were invited. After this address the guests were transported by coaches to the village of Long Buckby where the first child welfare clinic in the county was held 50 years ago and where the exhibition which was displayed in the Baptist Church rooms was formally opened by Sir Wilfred Sheldon. While at Long Buckby, the exhibition was visited by school and youth groups from the surrounding areas.

The exhibition was displayed afterwards in the child welfare clinics at Wellingborough, Corby, Kettering and Rushden. At the County and British Timken shows the exhibition proved very popular with the visitors, many of whom were astounded at the improvement of facilities within the county. Finally, in response to many requests, the exhibition was reconstructed in its entirety in the Court Room of the Northampton Guildhall and was open to the public for two days in November.

#### **(b) FOOD HYGIENE**

Two half-day courses in food hygiene for catering supervisors employed by a large firm operating on the M.1. motorway were held in Rugby in November. Instruction was given by Dr. I. Majid, Assistant Medical Officer and Mr. B. M. Doughty, Chief Public Health Inspector, Daventry Rural District Council, and proved tremendously successful. It is hoped to expand this type of health education to involve other areas in the county.

#### **(c) HOME SAFETY**

The Corby Home Safety Committee sought the aid of the health education section in the presentation of a small exhibition on home safety material in the police station at Corby as part of an "open week" to the public, showing the activities of the constabulary in that town and which was visited by an estimated 5,000 persons.

#### **(d) HEALTH EDUCATION IN THE CHILD WELFARE CLINICS**

A weekly series of talks relating to various aspects of health commenced during the child welfare sessions held at the Health Clinic, Oxford Street, Wellingborough, in November, 1967. Films were shown and many outside speakers participated in the programme.

The aims and objects of the talks are to further the physical and mental health of the mothers attending the child welfare clinic and to provide an opportunity to discuss problems relating to their families.

#### **(e) MOTHERS' CLUBS**

Three new mothers' clubs were opened this year, making a total of 20 clubs recognised by the county.





## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28—National Health Service Act, 1946)

### 1. General

A wide variety of services is supplied under Section 28 of the Act, and most of these are described elsewhere in this report. A brief description will now be given of several which are not covered elsewhere.

### 2. Provision of nursing equipment

The substantial rise in the demand for medical loans experienced in 1966 continued, 1,156 items being issued on loan in 1967 compared with 800 in 1966. Although items are delivered within 24 hours, if urgently required, 90 items were not accepted. In most instances the reason given was that the intended recipient had already been admitted to hospital as an emergency.

Since 1st January, patients have been issued with a pre-paid envelope and a form bearing detailed instructions on how to return their equipment. This arrangement functioned well and a survey showed that by the time that the first 800 loans had been issued 500 of these had already been returned.

A list of equipment issued during 1966 and 1967 is given below:

	1967	1966
Walking frames ... ..	240	183
Commodes ... ..	170	164
Wheelchairs ... ..	120	48
Foam rings ... ..	85	118
Bedpans ... ..	80	67
Bed cradles ... ..	64	68
Bed rests ... ..	58	39
Tripod, quadruped aids ...	51	28
Urinals ... ..	46	41
Lifters ... ..	23	23
Walking sticks, crutches ...	21	*
Beds ... ..	19	16
Toilet aids ... ..	11	*
Hoists ... ..	10	8
Mattresses ... ..	8	27
Miscellaneous items ...	60	*

\*Not previously classified.

Special items purchased during the year included a cardiac bed at a cost of £75, a foot-operated suction pump at £20 and an air compressor for a young asthmatic at £25. An especially note worthy purchase was that of the first alternating pressure point pad unit ('ripple bed') at £55. This has proved immensely valuable for terminal nursing.

### 3. Convalescent home treatment

Convalescent treatment is provided for patients who do not require extensive medical or nursing care. Eighty-five adults and eight children were sent for treatment at convalescent homes situated on the south and east coasts, compared with fifty-eight adults and ten children last year.



The patients were recommended by:

General practitioners	...	...	37
Health visitors	...	...	36
Mental welfare officers	...	...	9
Child care officers	...	...	4
Occupational therapists	...	...	4
Hospital social workers	...	...	2
Care committee	...	...	1

Arrangements were made, where need be, for escorts to accompany the patients to and from homes, and this service was provided by the British Red Cross Society.

#### 4. Chiropody service

Arrangements for providing a chiropody service for elderly persons and for those who are substantially physically handicapped were made through voluntary organisations. Under this scheme organisations reclaim 80 per cent of their net expenditure, based on the Whitley Council scales, after a standard contribution of 2s. 6d. per patient has been deducted.

Although a satisfactory service is being provided in many districts through voluntary organisations there are many villages throughout the county where no chiropody service is available. Consequently when the 1967 revision of the ten year plan was being prepared careful consideration was given to the long-standing recommendation (which had been deferred from year to year) that one or more full-time chiropodists should be appointed. Enquiries were made of several other counties and subsequently the Health Committee was recommended to appoint a full-time chiropodist in 1968/69.

*This recommendation was subsequently deferred on financial grounds.*

In January, the fees for surgery and domiciliary treatments given by state registered chiropodists were increased from 9s. 0d. to 10s. 6d. and from 15s. 0d. to 17s. 0d. respectively.

The following table shows the development of the service since its inception in 1960:

Year	Claim forms received	Voluntary Organisations	Treatments given	Annual Cost
1960-61	47	24	2,055	£ 855
1961-62	153	40	8,900	1,666
1962-63	208	62	10,645	2,294
1963-64	174	64	17,500	3,266
1964-65	350	70	21,000	5,200
1965-66	365	75	25,000	7,500
1966-67	540	82	29,000	9,900
1967-68	585	90	35,500	12,550

The following are additions to the list, published in the 1965 report, of voluntary organisations providing chiropody services:

Voluntary Committee	Secretary
BLISWORTH, Evergreen Club	Mrs. Smith, 44 High Street, Blisworth
GREAT DODDINGTON, Darby and Joan Club	Mrs. J. Rivett, 73 Earls Barton Road, Great Doddington
ISHAM, Over 60 Club	Mrs. J. Freeman, 104 Orlingbury Road, Isham.
LOIS WEEDON, Mothers' Union	Mrs. I. Simpson, Manor House Farm, Plumpton
PYTCHLEY, Over 60 Club	Mrs. F. Hewitt, 2 Isham Road, Pytchley
WAPPENHAM, Young Women's Circle	Mrs. C. Peart, Homeleigh, Wappenham



## 5. Occupational therapy

### (i) DOMICILIARY OCCUPATIONAL THERAPY SURVEY

At a meeting of the Joint Sub-Committee of the Health and Welfare Committees on 1st November, 1964 the County Medical Officer of Health was authorised to carry out a sample survey into the extent of the need for medical care in cases supervised by mental welfare officers/craft instructors and welfare officers/craft instructors. The survey began in January, 1966 and the report and recommendations were presented to the Joint Sub-Committee in September, 1967.

After careful consideration and in the light of observations by the County Medical Officer of Health and the County Welfare Officer it was agreed that the report be generally approved and adopted and that the following action be taken:

#### (a) *Handicapped Persons' Centre*

That in view of the recommendation of the County Welfare Officer for the proposal in the County Welfare Committee's ten-year development plan for the establishment of a handicapped persons' centre to be deferred from 1968/69 to 1969/70, he be instructed to make a detailed survey to assess the demand and the possibility of making the maximum use of any such building for other purposes, such as a day centre for old people and for the mentally disordered, etc.; and that in the meantime consideration also be given to the question of using existing accommodation for the purpose temporarily, pending the erection of a new multi-purpose centre.

#### (b) *Medical assessments*

That the proposal for the employment of a medical officer to act in an advisory and consultative capacity to the occupational therapists be approved in principle and be considered in the context of the review of the staff of his department which is concurrently being undertaken by the County Medical Officer of Health.

#### (c) *Craft classes*

That the question of establishing smaller centres for craft classes, etc., in addition to the main handicapped persons' centre, be further considered in the light of the survey referred to in (a) above.

#### (d) *Transport facilities and business manager*

That the proposals relating to transport facilities and the appointment of a business manager to co-ordinate the business activities of all the establishments in the County providing work for various categories of handicapped people be approved in principle and be further explored.

#### (e) *Patients—financial hardship*

To agree that the staff concerned should be periodically reminded that patients may be suffering financial hardship and that they should be advised to refer all such cases of need to the County Welfare Department.

#### (f) *Staff*

To agree to the suggestion that the County Welfare Officer should undertake a review of the whole of the field services provided by his department in order to ensure that the services of qualified staff are utilised to the best possible advantage.

That a further report upon the above proposals for improvements in the co-ordination of services, including the question of priorities, details of estimated costs, allocation of responsibility between Health and County Welfare Committees, etc., be submitted by the two Chief Officers to a further meeting of the Sub-Committee.



## (ii) STAFF

Mrs. A. Smith, S.R.O.T., R.M.N., resigned in March after working part time in the department for one year. She also worked part time in the occupational therapy department of Kettering and District General Hospital and commented that she found this a most useful and acceptable arrangement, as her work was more interesting and she was able to see patients in the home and hospital environments. Mrs. K. Kench, M.A.O.T., S.R.O.T., resigned in August, after working for four years with the department. Miss G. S. Munns, M.A.O.T., S.R.O.T., joined the staff in September having qualified from the School of Occupational Therapy, St. Andrews Hospital, Northampton in July 1967.

## (iii) AIMS OF TREATMENT

Occupational therapy is aimed as resocialising and rehabilitating all types of disabled persons. In suitable cases, pre-vocational training is given.

## (iv) MENTAL SUBNORMALITY

Twenty-two cases of subnormality, all over the age of 16, are visited by the occupational therapists.

## (v) MENTAL ILLNESS

Thirty-two patients were visited at home or were attending occupational therapy classes.

## (vi) OTHER PATIENTS

Thirty-six patients, not considered permanently or substantially handicapped, were treated.

## (vii) RED CROSS CLUBS

The St. Giles Club, Kettering and the Red Cross Club, Corby continued to flourish.

## (viii) OCCUPATIONAL THERAPY CLASSES

Thrapston and Desborough occupational therapy classes continued to thrive. The Thrapston class held a successful pre-Christmas bazaar, and the Desborough class enjoyed a Christmas dinner at Rothwell.

## (ix) HOLIDAYS FOR THE DISABLED

The Welfare Department arranged a holiday for the disabled at Kessingland, near Lowestoft, and the occupational therapists accompanied the party as helpers.

**6. Prevention and early detection of cervical cancer**

Cervical screening continued to be carried out in the family planning clinics and, when the demand arose, special cytology clinics were arranged at Corby, Northampton and Wellingborough. Although cytological diagnostic facilities improved during the year, the service could not be expanded to any great extent due to pressure of work on the two medical officers experienced in cervical screening. However, every woman who applied was given an appointment. The present arrangements will be reviewed in 1968.



Statistical details are given in the following table:

<i>Clinic</i>	<i>No. of sessions</i>	<i>No. of smears taken</i>	<i>Positive results</i>	<i>Referred to General Practitioner for other treatment</i>
Corby ...	9	42	1	—
Kettering ...	19	72	3	—
Northampton	7	56	—	1
Wellingborough	5	55	1	5
	40	225	5	6

Of the five positive cases which were followed up, the enquiry revealed that four women had received, or were receiving treatment, and in the fifth case there was no evidence of malignancy.

### 7. Advisory health clinic for the elderly

The advisory clinic for the elderly which is held by one group of general practitioners and which is supported by this department continues to operate successfully and the general practitioner in charge has expressed his satisfaction with the arrangements which were outlined in last year's annual report.

### 8. Renal dialysis

During the latter part of the year, notification was received that a patient who had been trained in the use of home dialysis equipment was to be discharged from the Royal Free Hospital and that before the patient could be discharged it was necessary for the plumbing and electrical installations in the treatment room in his home to be adapted so that the kidney machine could be fitted. Arrangements were made for the work to be carried out speedily.

No prior warning had been received that the responsibility for providing this service would be placed on local health authorities although notification has since been received that the Ministry of Health has given formal approval for this work to be carried out under section 28 of the National Health Service Act, 1946. Local health authorities are permitted to make a charge for such alterations but none was made in the case quoted above.

## HOME HELP SERVICE

(Section 29—National Health Service Act, 1946)

### 1. Field work

The home help service is supervised by the County Organiser and four assistants who have offices in Corby, Kettering and Wellingborough, and County Hall, Northampton. Three assistants covering the industrial belt area work as a team helping one another as the need demands, while a fourth assistant, aided by the County Organiser, is responsible for the southern and western areas of the county. Their duties involve some clerical work but are mainly concerned with visiting and investigating home circumstances in connection with first applications, confirming the continued need for home help and supervising the work of the home help.

Requests for the provision of a home help are mainly received from general practitioners, district nurses, health visitors, medical social workers and staff of the Welfare department. In visiting and assessing how much help is required the organiser takes into account a number of relevant factors. These include any assistance which may be available from relatives or friends, the degree of incapacity and the need for personal attention; if heating is by a coal fire or less time-consuming means such as gas, electricity or central heating; whether a patient is able to prepare and cook a meal, if not, how are they managing; is the shopping being done by a neighbour and what provision is made for domestic washing?

While an organiser must satisfy herself that sufficient hours are being authorised for a patient's welfare, she must, at the same time be careful not to over-estimate a need and so adversely affect the independence of the patient she is trying to help.

### 2. Statistics

The number of visits made during the year was 6,631, an increase of 218 over 1966. New cases totalled 534 and the number of patients receiving help at the end of the year was 1,213. For the particular week ended 30th December the allocation of hours help given was as follows:

<i>Patients ...</i>	<i>Hours authorised per week</i>					<i>Total</i>
	<i>Up to 4</i>	<i>5-7</i>	<i>8-10</i>	<i>11-14</i>	<i>over 14</i>	
<i>606</i>	<i>411</i>	<i>140</i>	<i>42</i>	<i>14</i>	<i>1,213</i>	

The following table shows the different categories of patients and the increase in cases over the past five years:

	<i>Elderly aged 65 and over</i>	<i>Under 65 years</i>				<i>Total</i>
		<i>Chronic sick</i>	<i>Maternity</i>	<i>Mental disorder</i>	<i>Others</i>	
1963	1,227 (84.7%)	118	38	3	64	1,450
1964	1,297 (85.9%)	56	56	7	93	1,509
1965	1,361 (86.2%)	132	32	7	47	1,579
1966	1,475 (88.3%)	123	18	6	48	1,670
1967	1,524 (88.1%)	126	20	6	53	1,729



During the financial year ended 31st March, 1967, the cost of the service per 1,000 population was £214 and the cost per case was £46. These figures compare with national average figures of £301 and £44 respectively.

### 3. Home helps

At the close of the year about 760 women were employed as home helps. Recruitment of workers for the urban and larger rural areas was reasonably adequate but as in former years there was sometimes a difficulty in obtaining help for the remote country districts or town fringe areas.

In urban areas home helps usually care for more than one patient and work a varying number of hours per week suitable to their own domestic commitments. As far as is practicable cases are allocated within a convenient working radius, thus reducing travelling to a minimum as payment is only made for time actually spent working.

In caring for the chronic sick and elderly person the home help realises only too well the element of the unexpected that is part of her job. As has happened on a number of occasions, she could arrive for work one morning to find her patient in a collapsed state and needing urgent medical aid, and even to find that he or she had died quite suddenly during the night. Home helps who have experienced this sad situation have dealt with it most promptly and efficiently.

Co-operation of the home help is vital to an effective and reliable service and organisers are alive to the need for a good working relationship with her, and for the need to make her aware of her particular link in the domiciliary services and the functions of the department employing her, and so dispelling any feeling of working in isolation.

### 4. Patients

As shown in the statistics, the main group of patients is in the 'over 65' category and indeed a good many in this group are over 75 years of age. To be old and alone can be a sad story; to be old and alone but with a home help in attendance can be a very different matter as can be judged from the following case history. This is only one of a number of such cases receiving daily help.

Mrs. A. is 85 years of age, lives alone and has no relatives. She is housebound with a severe degree of disability. Her home is a small old-fashioned terraced house with no convenience but which is basically very clean. The mains tap and the lavatory are situated in an outhouse in the backyard. Home help was first provided in April, 1959 for two hours per week to clean the floors and do high dusting as the patient was suffering from hypertension and arthritis of the knees. Over the years the hours of help were increased from time to time when Mrs. A. was bedfast due to bronchitis or to falls in the home. Early on friends and neighbours had rallied round to do some shopping or get in coals or provide a hot meal. The patient's impatience with her illness was reflected in her attitude towards those who tried to help, as gradually outside assistance tailed off. When in May 1962 Mrs. A. had another fall in the home and was admitted to hospital with a fractured femur there was relatively no assistance other than the official home help. After several months of hospitalisation the patient was discharged home and the help recommenced to do essentials such as helping the patient to get up and dress, general cleaning, early morning fires, personal washing and errands, also helping to prepare a meal on the days when meals-on-wheels were not provided.

Today this old lady is confined to a small bed-sitter—the front room of her home. She has recently been in bed for two weeks but her home help has visited three times daily and has thus helped her to continue to retain a certain amount of independence.



## 5. Training

Since 1960 short annual training courses have been arranged for home helps. These have taken place in different areas of the county and the emphasis has been placed on the care and welfare of the patient, on diet and on social needs rather than on the cleaning of the home. In 1967 the course took place in Corby and the two afternoon sessions were attended by a total of 85 home helps. The syllabus was the same as that arranged for the home helps at Kettering in 1966 and included a practical demonstration of the safe and economical use of gas and of electricity, and included the presentation of suitable dishes for the elderly to enjoy. A talk on the various aspects of prevention and early recognition of illness was given by the Deputy Superintendent Nursing Officer. Also included in the course was an interesting half hour spent listening to the principal medical social worker at Kettering General Hospital who spoke about hospital and the home and how they interact.

As an extension of the annual training syllabus, discussion groups on a single session basis were organised for selected home helps and held at clinics in Kettering, Wellingborough and County Hall. These short meetings were arranged with the object of bringing to light various problems which the home help encountered and by discussion to resolve them. It gave much encouragement to individual home helps to learn that their numerous problems were also those which beset others.

Home helps greatly appreciated their period of instruction and particularly enjoyed meeting their colleagues and talking together about their job as a home help.

## 6. Special survey

As described in the annual report for 1966, a special survey was conducted during February of that year to ascertain the extent to which the provision of a home help enables patients to continue to live within the community, instead of having to be admitted to some form of residential care. A second and similar survey was carried out in February 1967.

A 10% random sample of cases was taken from the 1,100 cases currently receiving home help. Assistant home help organisers visited the patients selected and completed survey forms, identical to those used in February 1966, with the latest information of each patient's needs. These forms were checked by the County Home Help Organiser and divided into the following groups:

- GROUP A. Patients who would need to be admitted to residential care without delay if no home help were available.
- GROUP B. Patients who would need to be admitted to residential care within a period of up to six months if no home help were available.
- GROUP C. Patients who could manage to stay at home indefinitely without a home help but with increasing difficulty and hardship.

Of the 100 cases reviewed, one patient died during the survey period, a second was admitted to hospital and a third patient's condition had improved and this case was excluded from the survey. The home help service proved to be virtually the life line of 18 patients enabling them to remain at home where otherwise they would have needed immediate admission to hospital. It was also obvious that a further 19 patients could only manage to remain in the community without a home help for a period of up to six months. To extend these figures to the total number of cases receiving help throughout the county means, that during this specific period the home help service enabled some 198 patients to stay at home who would have otherwise



needed immediate residential care in addition to a further 209 patients who would have needed to be admitted to residential care within six months.

The following table shows a comparison of results between the two surveys conducted.

	1967	1966
GROUP ' A '	18	11
GROUP ' B ' ... ..	19	21
GROUP ' C '... ..	60	62
Excluded from survey ... ..	3	6
Total cases	100	100

The completed questionnaires also revealed other relevant information which is detailed below.

- (i) Age groups receiving help
- |                     |             |
|---------------------|-------------|
| - 60 yrs. ... ..    | 5 patients  |
| 60 - 64 yrs. ... .. | 4 patients  |
| 65 - 69 yrs. ... .. | 11 patients |
| 70 - 74 yrs. ... .. | 11 patients |
| 75+ yrs. ... ..     | 66 patients |
- (ii) Patients having no family to help ... .. 51
- (iii) Patients living alone ... .. Male 16 Female 48
- (iv) Elderly couples receiving help ... .. 25
- (b) Households with other residential support ... .. 8

From the detail of information revealed by the enquiry it is clear that the home help service is playing an active and vital role in the domiciliary care of patients and helping to keep them happy and contented in their homes for as long as possible.

## MENTAL HEALTH

### 1. Introduction

With the completion of Fairlawn School and Hostel at Wellingborough, a milestone has been reached in the provision of facilities in the county for caring for severely mentally handicapped children. All such children of school age in the county who are likely to benefit from training are now accommodated in purpose-built schools. Fairlawn School should have been the first of the county's purpose-built schools, but owing to difficulties in securing a site it was, in fact, the last of the present programme to be completed.

Adjoining the school, Fairlawn Hostel will give relief to parents of children who suffer from severe mental and physical disabilities, and who are in need of developmental training. The accommodation in the school consists of four classrooms, two practical rooms, a general purpose hall, staff rooms and ancillary accommodation. The two-storey hostel has a large dormitory for infants, containing four cots and three beds, four single bedrooms, one double bedroom and ancillary accommodation. There are two three-bedroomed flats with garages, and one bedsitting room with kitchenette and bathroom, for resident staff. A special feature of the hostel is that the infants' dormitory can be observed from the staff flats at either end. In a linking block between the school and hostel, there is a quiet room, a common/play room and a dining room. The kitchen provides all meals for the children in both school and hostel.

An additional classroom was added to the Henley School, Kettering, making it a four-classroom school, and the construction of an additional classroom also began at Forest Gate School, Corby, which will then become a five-classroom school.

### 2. Staff

#### (a) SOCIAL WORKERS

In spite of difficulties which have been experienced in recruiting social workers it is pleasing to note that for the last three months of the year there was a full establishment. It proved impossible to obtain staff who are already qualified and difficult to attract staff who have the minimum educational requirements to qualify them for entering a course and who are willing to be seconded.

#### (b) SCHOOL STAFF

In appointing staff for the training centre schools it has not been easy this year to obtain suitable candidates who will accept secondment for training. It has been the policy of this authority for some years to ensure that staff are given every opportunity to undertake a training course appropriate to their needs. The course for new staff is now of two years' duration and if an applicant is employed by the authority for twelve months before secondment to a two year course and then, as a condition of secondment is expected to give two years' service on returning from training this commits her to a minimum of five years employment. It is not surprising, therefore, that less young people are prepared to accept such conditions.

The teacher of mentally handicapped children is becoming increasingly specialised with great demands on knowledge and skill, in addition to very special personal qualities. In the



circumstances, therefore, to ensure a steady flow of adequately trained personnel into the training centres it will be necessary to consider whether to adopt a different training scheme to the present one.

Although it is highly desirable, it has not been possible during the last twelve months to relieve the supervisors of their teaching duties. This undoubtedly places great strain upon them with their many other duties of organising and supervising the work in the school. It is only when the supervisors can give their full attention to the teaching curriculum of all classrooms within the school and to the direction of the teachers and trainees, that the full benefit of their training and experience can be obtained.

### 3. Professional training

#### (a) SOCIAL WORKERS

This year has been a particularly successful one in the training of mental welfare officers. Mr. J. L. Edwards and Mr. R. Harris completed their courses and obtained the Certificate in Social Work; Mr. N. J. Locke was awarded the Diploma in Social Studies.

When the secondment of social work staff on training courses was first planned, it was envisaged that as many members as possible who had obtained their basic social work qualification should, after some years' experience, be seconded for further training to qualify as psychiatric social workers. It is pleasing to note, therefore, that Mr. K. Greenwood, area mental welfare officer of the North Team, obtained a place on the Manchester Psychiatric Social Worker course and began his studies in October.

#### (b) SCHOOL STAFF

Mrs. F. Blissett and Miss W. James obtained the Diploma for Teachers of the Mentally Handicapped in July, and although Mrs. Blissett found it necessary for domestic reasons to terminate her employment here on completion of the course, she was able to obtain a post in a training centre of another Authority who agreed to reimburse part of the cost of her training.

Mrs. R. C. McKay of the Henley Industrial Unit and Mrs. K. Carr of Forest Gate School started their training courses for the Diploma for Teachers of the Mentally Handicapped in the autumn.

#### (c) STUDENTS

With the increased pressure from the tutors of social work training courses to accept students for practical work training, students have been received not only from Lanchester College of Technology, Coventry, but also from Barnet House, Oxford, and the School of Social Studies, Edinburgh University.

It is necessary to share this burden of providing practical work training for students in order to assist in the provision of departments with trained social work staff but naturally it takes up a considerable amount of time to give these students the required amount of supervision. Final year student nurses from St. Crispin Hospital and student nurses from Northampton General Hospital also spent days with mental welfare officers learning about the work of the department.



#### 4. Care of the mentally disordered

The following is a summary of the work undertaken by the social workers:

1. Numbers of patients notified to County Health Department:		1967	1966
(a) Subnormal and severely subnormal	... ..	170	109
(b) Mentally ill and psychopathic	... ..	791	716
		Total	961
			825
2. Action taken			
Placed under domiciliary supervision or care	... ..	338	291
Admitted to hospital:			
(a) informally	... ..	163	146
(b) under Section 25 (observation)	... ..	135	132
(c) under Section 26 (treatment)	... ..	32	25
(d) under Section 29 (emergency)	... ..	24	35
(e) under Section 60 (Court Order)	... ..	1	—
(f) under Section 136 (place of safety)	... ..	1	—
(g) short term care	... ..	64	37
Action pending or official action unnecessary	... ..	203	159
		Total	961
			825

#### 5. Psychiatric social clubs

The four psychiatric social clubs in the county have continued to provide social support for people recently discharged from hospital and to prevent admissions or re-admissions. The clubs function with the help of the British Red Cross Society and the Women's Royal Voluntary Service, and further financial help was received from the Commonwealth Fund of Scott Bader & Co. Ltd.

#### 6. Joint social work scheme with St. Crispin Hospital

This year has been notable for two developments in the scheme ; the acceptance in principle by the County Borough of Northampton of the proposal that it should join the Joint Social Work Scheme was implemented in October ; and the filling of the vacancy for a social worker at Upton Lawn Day Hospital in September by an experienced social worker. Both of these developments are very welcome as they improve and further integrate the services being provided for the mentally disordered.

#### 7. Care of the mentally subnormal

For the first time in Northamptonshire, all mentally handicapped children, capable of benefiting from attendance at training centre schools, were accommodated in buildings specially designed and built for this purpose.

Thirteen trainees living in the areas of the county adjoining Oxfordshire and Warwickshire were catered for by arrangement with those authorities. In addition, eight children living within Northampton County Borough attended Dallington Park School and by a reciprocal arrangement 15 county adults attended Northampton County Borough adult workshop. There are 590 patients under supervision in their own homes compared with 567 in 1966.



The mentally subnormal child and family are in need of counselling and support from the very moment the disability is recognised. If reasonable social and living conditions are to be maintained then services given by the staff must be carefully arranged, so that well informed counselling is available from the very outset. The health visitors give advice and support to the families of children under five years with the help of the Consultant Psychiatrist and the Senior Mental Welfare Officer. Children over five years of age are supervised by the mental welfare officers. This service is limited at present on account of the growth of the work in connection with mental illness where urgent matters must be given priority.

#### (a) HOSPITAL CARE

In September, the Oxford Regional Hospital Board rearranged the services which it provided for the mentally subnormal. This meant that Dr. C. E. Williams and the staff of Borocourt Hospital no longer provide a service to this county and that this responsibility has been transferred to Dr. J. de Bastarrechea, Medical Director of the Pewsey Hospital Group, who was previously responsible for only part of the county.

During the year, 64 vacancies for short term care in hospital were allocated to parents who needed relief from the daily routine of caring for their handicapped children or where the continual strain of caring for the children was having an adverse effect on family relationships. The system of programming by using the beds available for many children for a period of a month at a time for short term care, rather than allocating the beds to a smaller number of children for long term care, seems to be much more satisfactory. By this means, a greater number of mentally handicapped children can be helped by the use of the limited number of beds available.

#### (b) VOLUNTARY BODIES

The four training centre schools received practical help in varying degrees from voluntary workers and this is of particular help where the voluntary workers give a guaranteed period each week to the training of the severely mentally and physically handicapped children in each school. Every school has benefited from the very generous gifts received from the various voluntary organisations.

#### (c) SCHOOLS

The development within the schools of parent/teacher associations is playing its part in helping the parents who meet and benefit from the experience and support of others who have had to face similar problems.

## Numbers attending schools

		<i>Under 16</i>	<i>Over 16</i>	<i>Total</i>
Dallington Park School, Northampton	Males	31	2	33
	Females	21	—	21
		52	2	54
Fairlawn School, Wellingborough	Males	40	2	42
	Females	25	3	28
		65	5	70
Forest Gate School, Corby	Males	32	2	34
	Females	22	9	31
		54	11	65
Henley School, Kettering	Males	31	—	31
	Females	26	3	29
		57	3	60
Henley Industrial Unit, Kettering	Males	—	47	47
	Females	—	33	33
		—	80	80
Cliftonville Training Centre	Males	—	5	5
	Females	—	10	10
		—	15	15
Banbury Training Centre	Males	2	6	8
	Females	1	2	3
		3	8	11
Rugby Training Centre	Females	—	1	1
Total under training		231	125	356

*Dallington Park School, Northampton*

Mrs. M. B. Redley reported that apart from the general progress made with the social and practical work, the highlight of the year was the visit to London in May. This was subsequently used as a basis for a lot of the practical work regarding places visited and scrapbook making. This visit was followed later in the year by the pantomime "Aladdin" and the Christmas story in which every child of the school took part. This was well supported by parents and friends.

A student from the London course of the National Association for Mental Health, spent a period of her practical training at the school and it is understood that she was successful in gaining her Diploma.

The parent/teacher association at the school is a very active group and gives every support to the functions arranged for the benefit of the children.



*Forest Gate School, Corby*

Mrs. E. E. Cocker reported that they were privileged to have been asked to arrange the inter-school art exhibition in March at Forest Gate School. Arising from this and the interest shown by the general public, some of the exhibits were sent on to the London and Regional Exhibition held by the National Society for Mentally Handicapped Children, where one child received a certificate for her painting which was subsequently sold from the exhibition for the sum of five guineas. Six paintings were also chosen for the exhibition held by the Corby Arts Festival.

The parent/teacher evenings are much appreciated by all concerned and the Corby and District Society for Mentally Handicapped Children continues to contribute towards parties, outings and other special events.

During the year accommodation at the school has increased by the provision of an additional classroom.

*Henley School, Kettering*

Miss H. E. Griffin stated that hardly a week passed throughout the year without a party of people visiting the school and the children have now come to accept this as part of their school life. The visitors represented people from all walks of life, e.g. hospital administrators, doctors, nurses, students, teachers, welfare officers, members of local organisations, police cadets, social workers, senior students from local schools, mothers' clubs, and government officials.

A student from the National Association for Mental Health course and also a student from the Teachers' Training College, Coventry, spent periods of practical training at the school.

The school has benefited considerably from the aid of the voluntary helpers, amounting to the equivalent of three full-time helpers a week.

For the first week of June the public were given the opportunity of visiting the school during Mental Health Week and many took advantage of this. Despite all these visits and the inconvenience of the building of an additional classroom, work with the children continues to progress steadily in social training, project work, expression groups and free activity methods. Cooking was still the favourite subject with the boys and girls.

An additional classroom was provided during the year.

*Fairlawn School, Wellingborough*

In her report Miss B. V. Miller commented that this was her "long awaited year"—the removal, in October, to the newly built premises from the rented chapel premises in which the school started in September, 1953. The new school and hostel were officially opened by Mr. H. Howarth, J.P., M.P., on 3rd November and on the following day they were open to parents and to the general public; this attracted a considerable number of visitors. Although this was naturally the outstanding event of the year, another special occasion for the pupils was when they won the inter-school sports for the third year in succession.

The hostel adjoining the school was not brought into use until 1st January, 1968.

*Henley Industrial Unit, Kettering*

Miss F. L. Caswell and Mr. D. A. Beale reported that the practice of allowing the men and women to train and work together progressed satisfactorily. Work for socialisation and training in general conduct for outside employment continued and much time was given to the trainees to participate in duties that enabled them to visit local shops, offices and factories. This training, along with a variety of work which encourages application and concentration identifies any trainee who would succeed if given a trial in employment. With few exceptions work of



one kind or another was available continuously throughout the year from local firms, for most of which, work has been carried out for several years. This shows that the quality of work undertaken by the trainees is of a satisfactory standard, particularly when it is realised that the bulk of this work is done by the lower grade trainees, who will always be in a majority and who need very sheltered conditions. In one of the contracts the trainees were pleased to feel that they were playing a part in the export drive by sorting, counting and packing seals for storage jars which were being exported to Poland.

Trainees are encouraged to travel to and from the Industrial Unit on public transport and of the 80 attending the Unit, only eight needed special transport ; these were mainly from areas where public transport was not easily accessible.

(d) HENLEY HOSTEL

For most of the year there was a full complement of 15 residents. Of this number, six were resident for a short time only ; two who had regular employment were found lodgings in Kettering. Eight of the residents have been fully employed and their wages varied from £5 to £13 per week ; the others attended the Industrial Unit. Nine of the residents went unescorted on the annual holiday to Lowestoft.

(e) LAND ADJOINING HENLEY CENTRE

Negotiations were conducted with Kettering Borough Council for the acquisition of land adjoining the Centre for recreational purposes, but no definite arrangements had been made by the end of the year.

(f) MORAY LODGE, DUSTON

During the year the County Council approved the expenditure of an additional £10,000 making a total of £64,500 for the conversion of existing buildings and erection of a new block.

*This hostel, which will accommodate elderly female mentally disordered patients, is due for completion in October, 1968.*



## AMBULANCE SERVICE

(Section 27—National Health Service Act, 1946)

### 1. Work undertaken

The following table summarises the work of the year, and the graph (p. 68) shows the trend for the past seventeen years.

	<i>No. of patients carried</i>			<i>Mileage</i>	
	<i>Accidents or emergency</i>	<i>Out- patients</i>	<i>Others</i>	<i>Total</i>	
County Council Service ... ..	9,547	120,021	15,897	145,465	913,903
Agency Service equipped with radio- telephony ... ..	14	494	509	1,017	19,154
Other agency services ... ..	50	15	21	86	1,279
Hospital car service ... ..	3	1,830	385	2,218	65,031
Taxis ... ..	0	289	22	311	7,996
<b>TOTAL</b> ... ..	<b>9,614</b>	<b>122,649</b>	<b>16,834</b>	<b>149,097</b>	<b>1,007,363</b>
Patients conveyed by train				415	36,880

The total number of patients increased by 10,202 over the 1966 figure and the total mileage increased by 25,838. The mileage of the directly provided service increased by 47,379, which was partly due to a reduction in the use of the hospital car service.

Out-patients accounted for 82.3% of the total patients carried compared with 79.6% in 1966. Accidents and emergencies accounted for 6.4% of the total patients compared with 6.8% in the previous year.

### 2. Vehicles

The establishment was increased by an additional vehicle at Brackley and at Rushden. Of the 45 vehicles in service, 19 are conventional two/four stretcher ambulances, 10 are dual purpose vehicles capable of carrying two stretchers, 9 are dual purpose vehicles capable of carrying one stretcher, and 7 are ambulance conversions of estate cars.

### 3. Staff

The establishment of driver/attendants was increased by three, one each at Brackley, Towcester and Rushden, and at the end of the year, the ratio of staff to vehicles was 1.91/1 compared with 1.93/1 in 1966.

During the year, two driver/attendants attended experimental basic training courses arranged by Leicestershire County Council.

Mr. W. C. Collett, Deputy County Ambulance Officer, resigned on being appointed County Ambulance Officer for Buckinghamshire and was succeeded by Mr. M. T. Devereux.

At the end of the year the establishment and distribution of staff and vehicles was as follows:

(a) **Headquarters**

County Ambulance Officer  
 Deputy County Ambulance Officer  
 3 Control Officers  
 3 Assistant Controllers  
 2 Part-time telephonist/clerks (equivalent to one whole-time)

(b) **County Council service**

STATION	VEHICLES	STAFF				Total
		Station		Drivers		
		Officer	Shift Leaders			
Brackley ...	4	—	1	5	6	
Corby ...	6	1	3	7	11	
Daventry ...	5	1	3	5	9	
Kettering ...	7	1	4	10	15	
Northampton ...	5	1	4	8	13	
Oundle ...	2	—	—	3	3	
Rushden ...	4	—	1	5	6	
Towcester ...	4	1	1	5	7	
Wellingborough ...	5	1	3	6	10	
Reserves ...	3	—	—	—	—	
	45	6	20	54	80	

(c) **Agency Services**

STATION	VEHICLES	STAFF
Desborough ...	1	Volunteers
Irthlingborough ...	1	Volunteers
Islip* ...	1	Part-time and volunteers
Raunds ...	1	Volunteers
	4	

\* Equipped with radio-telephony

These services were supplemented by the hospital car service of the W.R.V.S. and by the hiring of taxis at Brackley.

#### 4. Agency Services

The agency service at Islip continued to be used on a part-time basis. The smaller agencies at Desborough, Irthlingborough and Raunds which relied upon staffing by volunteers, were used only occasionally.

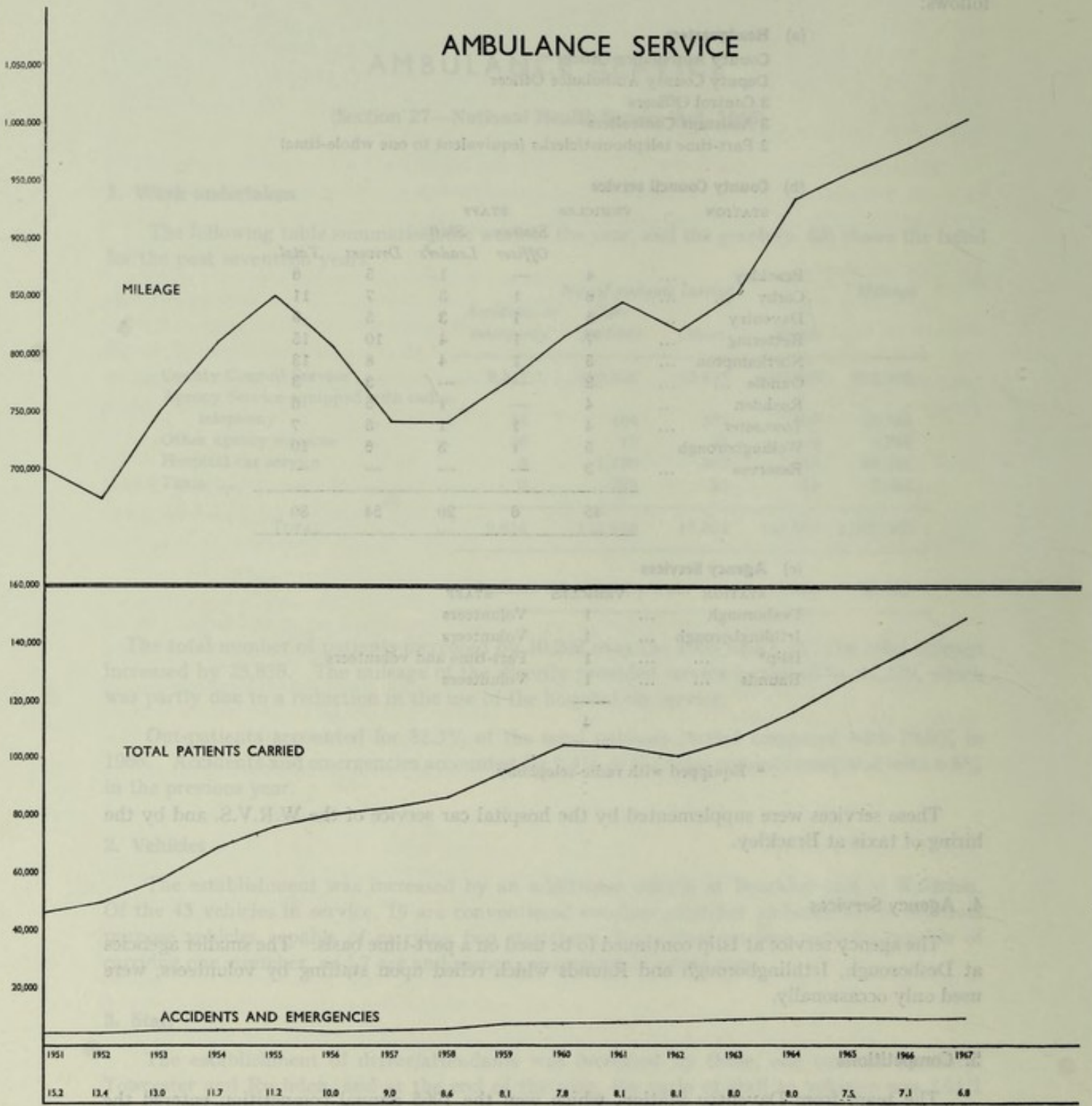
#### 5. Competitions

The team from Daventry Station, which won the 1965 annual competition entered the Regional Competition held at Bournemouth in April and came first. The same team went on to the national Competition held at Solihull in October and were placed seventh out of the nine teams which entered.

The annual inter-station competition was held at Daventry Station, the winners again being Daventry, with a new team.



## AMBULANCE SERVICE



AVERAGE MILES PER PATIENT

**6. Training**

Four week-end in-service training courses were held during the year, two at Daventry for the staff in the southern part of the County and two at Kettering for those in the northern part. The syllabus was designed to cover modern ambulance techniques rather than first aid instruction, and the talks were given by senior officers of the service.

Considerable enthusiasm was aroused within the service following the publication of the Ministry of Health Working Party Report on this subject, and further developments are awaited with interest.

**7. Premises**

A site for a new ambulance station at Towcester has been obtained.

The extension to Mere Way Station, Northampton was completed. It provided two new ambulance bays, and extra office and storage accommodation.

**8. Reports of working party on ambulance training and equipment**

The reports of the Working Party set up by the Minister of Health in 1963 to advise on the equipment and the training of staff in the ambulance service were published during the year. Training beyond that normally obtained through the voluntary aid societies has been urgently required for many years and in-service training has been arranged for staff from time to time. Nevertheless the proposed introduction of intensive training in first aid, including general and para-medical subjects, and the secondment to an accident department of a hospital should raise the standard of service to a high level.

The report on ambulances and equipment stressed the need for a greater degree of standardisation and for further study and research before any significant progress can be made.

In both reports the Working Party underline the importance of the setting up of a Central Ambulance Services Council to maintain the standards of training and to keep under review the equipment requirements of the service.

<p>With the above in mind the following recommendations are made:</p> <p>1. The training of ambulance staff should be standardized throughout the County.</p> <p>2. The training should be intensive and cover first aid, general and para-medical subjects.</p> <p>3. The training should be arranged for staff from time to time.</p>	<p>It is recommended that a Central Ambulance Services Council be set up to maintain the standards of training and to keep under review the equipment requirements of the service.</p>	<p>The report on ambulances and equipment stressed the need for a greater degree of standardisation and for further study and research before any significant progress can be made.</p>	<p>The reports of the Working Party set up by the Minister of Health in 1963 to advise on the equipment and the training of staff in the ambulance service were published during the year.</p>
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## INFECTIOUS DISEASES

### 1. Notifications

The diseases notified during the year are shown in tabular form on page 71.

Compared with 1966, there was an increase of 3,043 notifications due to the sharp increase in the incidence of measles and of infective hepatitis. Two cases of anthrax were also notified.

### 2. Vaccination and immunisation

#### (a) GENERAL

##### (i) Vaccination schedule

Late in 1967, the Ministry of Health informed Local Health Authorities that the Joint Committee on vaccination and immunisation had reviewed the schedules of immunisation in childhood and recommended that they should be replaced by a single schedule. Advance information of this was given to medical officers of health to enable those planning computerisation to include the new schedule in their computer programmes. The schedule, which is reproduced below, will be used for children born in 1968 and the first dose of triple immunisation is to be given when a child is 4 months old.

<i>Age</i>	<i>Prophylactic</i>	<i>Interval</i>	<i>Notes</i>
During the first year of life	Diph/Tet/Pert. and oral polio vaccine (First dose) Diph/Tet/Pert. and oral polio vaccine (Second dose) Diph/Tet/Pert. and oral polio vaccine (Third dose)	Preferably after an interval of 6-8 weeks Preferably after an interval of 6 months	The earliest age at which the first dose should be given is 3 months, but a better general immunological response can be expected if the first dose is delayed to 6 months of age
During the second year of life	Smallpox vaccination		While the second year is recommended for routine vaccination, in individual cases and if special circumstances call for it, vaccination may be carried out during the first year
At 5 years of age or school entry	Diph/Tet and oral polio vaccine or Diph/Tet/Polio vaccine Smallpox re-vaccination		With the exception of smallpox revaccination these may be given, if desired, at nursery school entry at age 3 years
Between 10 and 13 years of age	B.C.G. vaccine		For tuberculin negative children
At 15-19 years of age or on leaving school	Polio vaccine (oral or inactivated). Tetanus toxoid. Smallpox re-vaccination		

Table V  
**CASES OF INFECTIOUS DISEASES**  
*(Final numbers after correction.)*

DISEASES	URBAN DISTRICTS											RURAL DISTRICTS								Totals for Administrative County					
	Brackley (Borough)	Daventry (Borough)	Higham Ferrers (Boro')	Kettering (Borough)	Burton Latimer	Corby	Desborough	Irthlingborough	Oundle	Raunds	Rothwell	Rushden	Wellingborough	Totals for Combined Urban Districts	Brackley	Brixworth	Daventry	Kettering	Northampton		Oundle and Thrapston	Towcester	Wellingborough	Totals for Combined Rural Districts	
Anthrax ...																								2	
Diphtheria ...																								2	
Dysentery ...				2										6		23	10						6	46	
Encephalitis: acute, infectious																									
Encephalitis: acute, post-infectious																									
Erysipelas ...				2										7		1								9	
Food poisoning ...				6	1									12						1	1	3	5	17	
Hepatitis, infective		4	1	5		8	1							44		11	21	10	1		2	9	84	128	
Malaria ...																									
Measles ...	76	33	66	697	148	835	83	139	46	4	16	438	820	3401	258	158	210	172	172	214	273	194	1651	5052	
Meningococcal infection ...														1		1							1	2	
Ophthalmia neonatorum																									
Paratyphoid fever																									
Pneumonia, acute	2			8	4	4		2										3	1	3	3	1	13	37	
Poliomyelitis: acute, paralytic																									
Poliomyelitis: acute, non-paralytic																									
Puerperal pyrexia				2						1														2	5
Scarlet fever	2	11		21	16	7	1					15	2	77	2	2	13	3	5	5	12	1	43	120	
Smallpox																									
Tuberculosis, respiratory				10	2	18		2					8	41	2			3	1	8	1	4	19	60	
Tuberculosis, meningal																									
Tuberculosis, other		1		2	1	3				1			2	11	1	1		1	1				1	1	
Typhoid fever				20	4	8						3	14	56	7	11	5	2	14	7	14	15	75	131	
Whooping cough																									
Totals ...	89	55	67	776	176	891	84	144	46	6	24	461	864	3683	300	211	261	194	199	238	306	233	1942	5625	



(ii) *Control of immunisation by computer*

In the annual report for 1966, reference was made to controlling immunisation by computer. A programme was prepared for the commencement of a scheme in January, 1968.

(iii) *Payment of fees*

In circular 3/67 the Ministry of Health introduced a scheme for the payment of fees to doctors for the vaccination and immunisation of patients on their lists undertaken as part of the general medical services in pursuance of public policy. From 1st April, Local Health Authorities would no longer pay a fee for each completed record received, instead doctors would receive payment on the basis of the following completed claim forms sent to the Executive Council.

1. E.C.73A for routine vaccination and immunisation, other than against smallpox.
2. E.C.73B for vaccination and immunisation, other than against smallpox, in special circumstances (e.g. for the protection of persons at special risk or of persons travelling abroad or for the control of an outbreak).
3. E.C.73C for vaccination against smallpox, either as a routine measure or in special circumstances.

Forms E.C.73A and E.C.73C were to be printed in duplicate to enable the Executive Council to send one copy to the Local Health Authority for the area in which the patient is living at the time of the vaccination. This would replace the record which the general practitioner had previously sent to the Local Health Authority and no separate fee would be payable by the Local Health Authority in respect of records for vaccination or immunisation, undertaken in pursuance of public policy.

If, however, a Local Health Authority requires records of vaccination and immunisation other than those undertaken in pursuance of public policy, but carried out under the authorities proposals under section 26 of the National Health Service Act, 1946 they should make ad hoc arrangements with general practitioners through the Local Medical Committee and offer a 5/- fee for each separate record unless the vaccinations were carried out at a session.

(iv) *Smallpox vaccine*

From June 12th local authorities became responsible for issuing smallpox vaccine to general practitioners and hospitals in their area.

Supplies for this county are received from the Public Health Laboratory at Radcliffe Infirmary, Oxford.

(b) **TRIPLE IMMUNISATION**

During the year, 5,480 children received a primary course of immunisation, 5,317 children were given booster doses of triple vaccine and a further 2,921 were given booster doses of diphtheria/tetanus vaccine.

The following table, which is shown in the same form as that required by the Ministry of Health, gives a breakdown of the inoculations for each disease. Most of the primary courses were by means of triple antigen which was also mainly used for the booster inoculations at 15 months. At school entry it is usual to give children diphtheria/tetanus booster.



<i>Age (year of birth)</i>	<i>Under 1 1967</i>	<i>1-4 1963-66</i>	<i>5-9 1958-62</i>	<i>10-15 1952-57</i>	<i>Under 16 Total</i>
<b>Primary Inoculation</b>					
Diphtheria ...	2,539	2,896	111	31	5,577
Whooping cough ...	2,534	2,859	71	16	5,480
Tetanus ...	2,539	2,914	276	723	6,452
<b>Booster Inoculation</b>					
Diphtheria ...	4	5,141	2,917	183	8,245
Whooping cough ...	4	4,267	991	55	5,317
Tetanus ...	4	5,154	3,022	420	8,600

The following table shows the number of children born since 1st January, 1953 who by 31st December, 1967 had completed a course of immunisation against diphtheria.

<i>Age on 31/12/67 (i.e. born in year)</i>	<i>Under 1 1967</i>	<i>1-4 63-66</i>	<i>5-9 58-62</i>	<i>10-14 53-57</i>	<i>Under 15 Total</i>
Number immunised ...	2,539	18,291	18,911	16,400	56,141
Estimated mid-year child population ...	5,600	22,200	48,400		76,200
Estimated percentage immunised ...	75%		73%		74%

The overall figure for children under 15 years of age shows an increase of 2% over the figure for 1966. In the under 5 year age group there is an increase of 6% and the 5-14 year remains unchanged at 73%. It is encouraging to see that 3 out of 4 children under 15 years of age have been immunised against diphtheria.

### (c) SMALLPOX VACCINATION

The following table shows the number of children vaccinated during the year.

	<i>Primary</i>	<i>Revaccination</i>
Under 1 year ...	236	—
1 year ...	2,444	—
2 years - 4 years ...	646	26
5 years - 15 years ...	252	178
<i>Totals ...</i>	<u>3,578</u>	<u>204</u>
<i>Grand Total ...</i>	<u>3,782</u>	

The number of children under 15 years of age who received a primary vaccination showed a very slight increase on last year and the number of revaccinations decreased slightly.

A total of 2,686 children born in 1966 has been vaccinated (this figure includes 242 children born in 1966 and vaccinated in that year). Once again this shows a slight increase over the previous year and represents 47% of children born in that year.



## (d) POLIOMYELITIS VACCINATION

The following shows the number of courses of vaccination completed during 1967.

<i>Year of birth</i>	<i>Age</i>		<i>Primary</i>	<i>Booster</i>
1967	Under 1 year	...	1,168	—
1963-1966	1 to 4 years	...	3,956	1,618
1958-1962	5 to 9 years	...	224	2,749
1952-1957	10 to 15 years	...	66	89
Totals			5,414	4,456

The number of children who received a primary course of poliomyelitis vaccination showed an increase of 346 on the 1966 figure. It is pleasing to see that this was accounted for in the children under 5 years of age as there was only an increase of two in the 5-15 year age group.

The number of children born since 1st January, 1953 who, by 31st December, 1967 had completed a course of vaccination against poliomyelitis is as follows :

<i>Age on 31/12/67</i> <i>(i.e. born in year)</i>	<i>Under 1</i> 1967	<i>1-4</i> 1963-66	<i>5-9</i> 1958-62	<i>10-14</i> 1953-57	<i>1-15</i> <i>Total</i>
Number immunised	1,168	17,810	19,695	20,109	58,782
Estimated mid-year child population	5,600	22,200	48,400		70,600
Estimated percentage immunised		80%	82%		83%

In the 1-5 year group there has been an increase of 4% in the number of children protected against poliomyelitis; the 5-14 year age group shows a fall of 2% over last year and overall there has been an increase of 1% in all children between 1 year and 15 years who have been vaccinated against poliomyelitis.

As only one third of children born in 1967 could have received a full primary course of vaccination against poliomyelitis, this group of children has been ignored in the percentages.

The 1,168 children under 1 year who did, however, receive a full primary course represents approximately 62% of the children born during 1967.

## (e) TETANUS IMMUNISATION

As the health visitors in the Kettering area are attached to general practices, the scheme whereby they were asked to visit any person who failed to attend Kettering General Hospital for a second injection against tetanus was modified. The hospital, instead of informing the County Health Department of the names and addresses of defaulters, notified the patients' general practitioners direct.

The hospital does, however, continue to inform the Health Department of persons who have received two injections and these patients are sent a reminder after 12 months to attend the hospital or family doctor for a third injection.

During the year, 2,493 persons received two injections at the hospital and 2,890 persons who had received two injections during 1966 were sent reminders to attend for a third injection.

## (f) ANTHRAX VACCINATION

Vaccine is available for general practitioners who wish to inoculate workers in tanneries



or similar establishments, and are at special risk of contracting the disease. The demand for this vaccine is small.

(g) **YELLOW FEVER VACCINATION**

The clinic for yellow fever vaccination continued to be held every Thursday morning in Northampton. During the year 561 persons who were intending to travel to yellow fever areas were vaccinated, comprising 457 civilians and 104 military personnel.

**3. Tuberculosis**

(a) **INCIDENCE AND MORTALITY**

At the end of the year, 915 cases of respiratory tuberculosis and 310 cases of non-respiratory tuberculosis were on the register. There were 76 new notifications of the diseases, of which 61 were respiratory and 15 non-respiratory, and 29 cases were transferred from other authorities.

The Registrar General reported 12 deaths from tuberculosis (ten respiratory and two non-respiratory), this being three less than in 1966. The mortality rate for the combined urban districts was 3.9 per 100,000 population and 3.8 for the combined rural districts.

(b) **B.C.G. VACCINATION OF SCHOOL-CHILDREN**

This subject is dealt with on page 21 of Part II of this report.

(c) **EXTRA NOURISHMENT GRANTS**

Grants of free milk were made to five patients on the recommendation of the chest physician.

(d) **LONG STAY IMMIGRANTS**

Since January, 1965, local health authorities have been informed of all immigrants who have been referred to port medical officers. The health visitors visit the immigrants to encourage them to register with general practitioners and to have chest X-ray examinations. The result of the X-ray is sent to the County Health Department and is then passed to the general practitioner with whom the immigrant has registered. The following shows the number of notifications received and the number of successful visits made.

			<i>Notifications</i>	<i>Visits</i>
<b>Commonwealth</b>				
	Caribbean	...	36	36
	India	...	8	9
	Pakistan	...	7	7
	Other Asian	...	8	8
	African	...	1	2
	Other	...	3	3
<b>Non-Commonwealth</b>				
	European	...	37	35
	Other	...	1	1
	<b>Total</b>	...	<b>101</b>	<b>101</b>

Of the 101 immigrants who were visited during 1967, 36 had X-ray examinations arranged by the County Health Department, while another nine had already been X-rayed at the port of arrival. Since November, 1965, when X-ray examinations were first arranged by this department, 213 visits have been made by health visitors and 107 immigrants have had X-ray examinations. The results of all the X-rays have been satisfactory.



## (e) REPORTS OF CHEST PHYSICIANS

(1) The following comments are based on the annual report on the chest service of the Kettering and District Hospital Management Committee area, prepared by Dr. O. E. Fisher, consultant chest physician.

*Area served*

The headquarters of the chest service under review is Rushden Hospital, which serves an area in the north-eastern part of the county and includes the towns of Kettering, Wellingborough and Corby. About 80% of the population is urban, and the main industries are boot and shoe, leather and steel production. The estimated mid-year population of the area was 215,000.

*Clinic premises*

	<i>No. of sessions</i>
Kettering General Hospital ... ..	1 per week
St. Mary's Hospital, Kettering ... ..	1 „
Rock Street, Wellingborough ... ..	2 „
Nuffield Diagnostic Centre, Corby ... ..	2 „
Rushden Hospital ... ..	1 „
Rushden Hospital—Thoracic Surgery ... ..	1 per month

All these clinics are adequately staffed and equipped, the clinic at Wellingborough is now provided with a radiographer from Kettering General Hospital so that wet films are available at the time of examination.

Approximately a quarter of the new cases seen at the chest clinics are referred by general practitioners via the mobile X-ray service. Dr. G. Gerrard is responsible for this service which is based at Northampton.

*Hospital beds*

Towards the end of the year, a ward at Rushden Hospital was converted for the nursing of mentally defective children, this reduced the number of beds for chest cases from 68 to 48, but due to the decline in the number of tuberculous long-stay patients, the reduced bed complement will not seriously impair in-patient facilities for chest patients.

*Chest clinic statistics*1. *New cases seen*

(a) Tuberculosis—Non-respiratory ... ..	7
—Respiratory—sputum positive ... ..	28
sputum negative ... ..	27
(b) Tuberculosis—notified ... ..	62

2. *Registered cases*

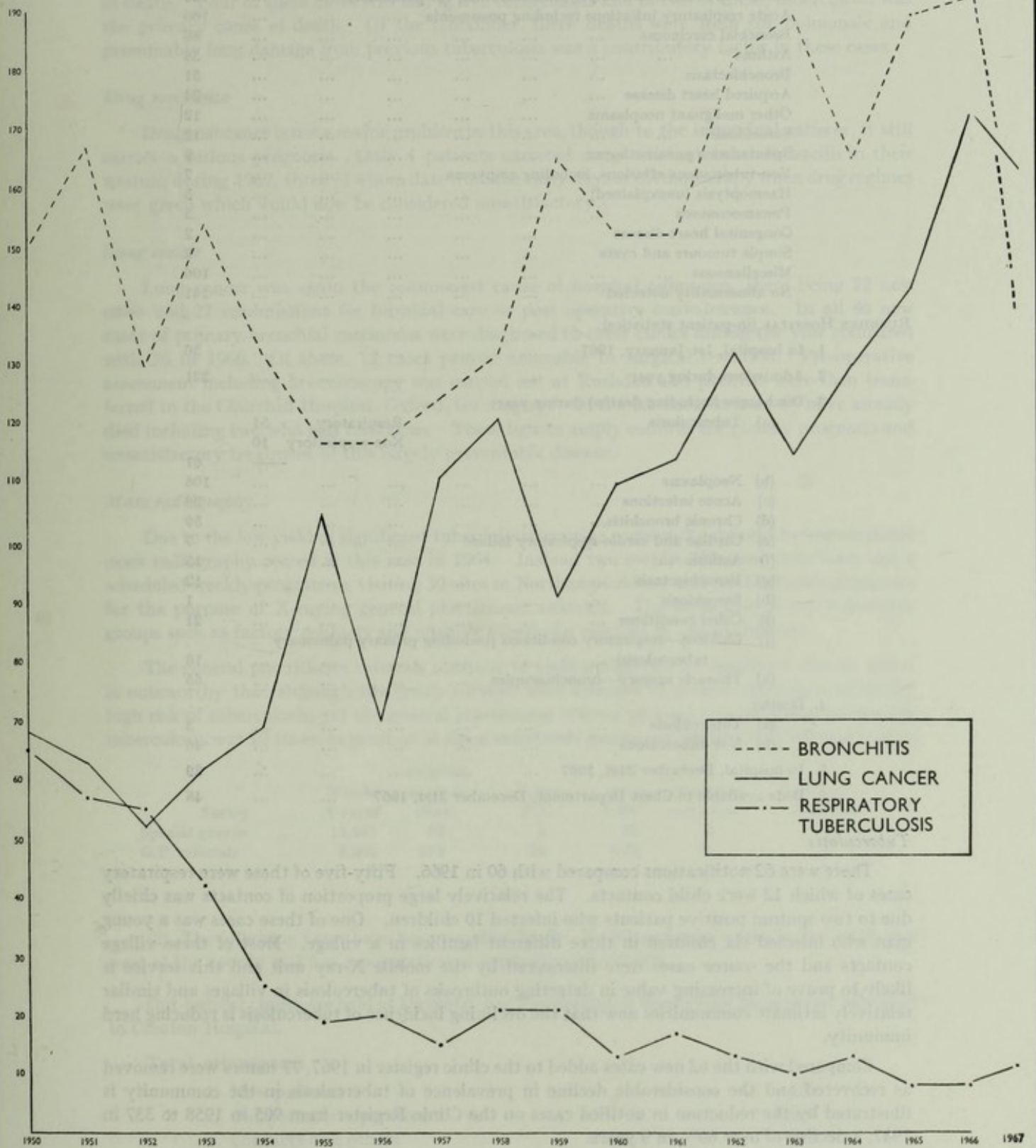
(a) Notified cases of tuberculosis on clinic register at the end of year ...	337
(b) Number regarded as drug resistant ... ..	4
(i.e. positive cases after six months of adequate chemotherapy)	

3. *Contacts*

(a) Number first examined at clinic ... ..	325
(b) Number subsequently notified ... ..	12
(c) Number of B.C.G. vaccinations ... ..	324

4. *Clinic attendances*

(a) New Cases ... ..	Consultations ... ..	1,106
	Contacts ... ..	325
	Total ... ..	1,431
	Re-attendances ... ..	2,505
	X-rayed at clinic ... ..	201





5. *Non-tuberculous diseases diagnosed in new cases attending chest clinics*

Chronic bronchitis and emphysema including cor pulmonale ... ..	168
Acute respiratory infections including pneumonia ... ..	160
Bronchial carcinoma ... ..	86
Asthma ... ..	38
Bronchiectasis ... ..	31
Acquired heart disease ... ..	24
Other malignant neoplasms ... ..	12
Sarcoidosis ... ..	12
Spontaneous pneumothorax ... ..	9
Non-tuberculous effusions, including empyema ... ..	7
Haemoptysis (unexplained) ... ..	5
Pneumoconiosis ... ..	3
Congenital heart disease ... ..	2
Simple tumours and cysts ... ..	2
Miscellaneous ... ..	106
No abnormality detected ... ..	181

## RUSHDEN HOSPITAL (in-patient statistics)

1. In hospital, 1st January, 1967 ... ..	36
2. Admissions during year ... ..	321
3. Discharges (including deaths) during year:	
(a) Tuberculosis ... ..	Respiratory 51
	Non-respiratory 10
	-----
	61
(b) Neoplasms ... ..	106
(c) Acute infections ... ..	36
(d) Chronic bronchitis... ..	59
(e) Cardiac and cardio-respiratory failure ... ..	7
(f) Asthma ... ..	15
(g) Bronchiectasis ... ..	12
(h) Sarcoidosis ... ..	1
(i) Other conditions ... ..	21
(j) Children—respiratory conditions (including primary pulmonary tuberculosis) ... ..	16
(k) Thoracic surgery—bronchoscopies ... ..	65
4. Deaths	
(a) Tuberculosis ... ..	3
(b) Non-tuberculous ... ..	46
5. In hospital, December 31st, 1967 ... ..	39
6. Beds available to Chest Department, December 31st, 1967 ... ..	48

*Tuberculosis*

There were 62 notifications compared with 60 in 1966. Fifty-five of these were respiratory cases of which 12 were child contacts. The relatively large proportion of contacts was chiefly due to two sputum positive patients who infected 10 children. One of these cases was a young man who infected six children in three different families in a village. Most of these village contacts and the source cases were discovered by the mobile X-ray unit and this service is likely to prove of increasing value in detecting outbreaks of tuberculosis in villages and similar relatively intimate communities now that the declining incidence of tuberculosis is reducing herd immunity.

Compared with the 62 new cases added to the clinic register in 1967, 77 names were removed as recovered and the considerable decline in prevalence of tuberculosis in the community is illustrated by the reduction in notified cases on the Clinic Register from 905 in 1958 to 337 in 1967, a decline of over 60% in 9 years.



During the year, the names of 11 patients were removed from the clinic register on account of death. Four of these cases still had active tuberculosis and in two of these, tuberculosis was the primary cause of death. Of the remainder, three deaths were from cor pulmonale and presumably lung damage from previous tuberculosis was a contributory factor in these cases.

#### *Drug resistance*

Drug resistance is not a major problem in this area, though to the individual sufferer, it still carries a serious prognosis. Only 4 patients excreted drug resistant tubercle bacilli in their sputum during 1967, three of whom date from the early days of chemotherapy when drug regimes were given which would now be considered unsatisfactory.

#### *Lung cancer*

Lung cancer was again the commonest cause of hospital admission, there being 72 new cases and 27 readmissions for terminal care or post operative convalescence. In all 86 new cases of primary bronchial carcinoma were diagnosed in chest clinics during the year compared with 76 in 1966. Of these, 12 cases proved amenable to surgical resection. Pre-operative assessment including bronchoscopy was carried out at Rushden and patients were then transferred to the Churchill Hospital, Oxford, for surgery. Of the 86 cases, at least 44 have already died including two who had resections. These figures amply confirm the gloomy prognosis and unsatisfactory treatment of this largely preventable disease.

#### *Mass radiography*

Due to the low yield of significant tuberculosis, routine community surveys by conventional mass radiography ceased in this area in 1964. Instead two mobile 100 mm. units carry out a scheduled weekly programme visiting 30 sites in Northamptonshire and North Buckinghamshire for the purpose of X-raying general practitioner referrals. The units also X-ray vulnerable groups such as factory contacts and positive tuberculin reactors in school children.

The general practitioner referrals continue to yield a high rate of significant disease and it is noteworthy that although the group surveys were directed at groups carrying a relatively high risk of tuberculosis, yet the general practitioner referral pick-up rate for active pulmonary tuberculosis was 10 times as great as in these vulnerable groups, as shown in the following table:

<i>Survey</i>	<i>Number X-rayed</i>	<i>Referred to chest clinic</i>	<i>Active P.T.</i>	<i>Rate per 1,000</i>	<i>Bronchial carcinoma</i>	<i>Not yet diagnosed</i>
Special groups ...	13,501	63	4	.30	2	4
G.P. referrals ...	6,203	272	20	3.22	42	6

(2) The following notes have been supplied by Dr. N. O'Leary who works in the south and west of the county and has a population of approximately 97,000.

Out-patient clinics are held at Daventry and Northampton from which patients are admitted to Creton Hospital.

#### *Total attendances*

1. New patients	...	...	...	...	...	499
2. Old patients supervised	...	...	...	...	...	1,507
3. Contacts and others	...	...	...	...	...	135



**4. Venereal disease**

Clinics for the diagnosis and treatment of venereal diseases are held at Kettering and Northampton General Hospitals and Peterborough Memorial Hospital.

The number of county patients attending for the first time was:

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>
Kettering General Hospital .....	1	33	63
Northampton General Hospital .....	1	34	95
Peterborough Memorial Hospital .....	1	11	32
<b>Total .....</b>	<b>3</b>	<b>78</b>	<b>190</b>

These figures show little change in the incidence of syphilis compared with 1966, but there has been a substantial rise in the incidence of gonorrhoea (from 61 to 78) and other venereal infections (from 137 to 190).

## LIAISON ARRANGEMENTS

Details of existing arrangements have been described in previous Annual Reports and these arrangements have been consolidated and extended where possible during the year.

It is not surprising to report that relationships between the County Health Department and general practitioners have shown a considerable improvement since the beginning of attachment schemes for health visitors, district nurses and midwives. In addition the frequent meetings with general practitioners (and other bodies concerned) regarding the provision of health centres, which have been described elsewhere in this Report, will undoubtedly lead to closer liaison with general practice.

### **Department of Social and Preventive Medicine, Kettering General Hospital**

Due to the delay in the redevelopment of Kettering General Hospital, the Regional Hospital Board offered to provide temporary accommodation for this Department. It is housed in a caravan which is parked near the Outpatient Department, and consists of a small interview room, office and waiting room area. A clerk was appointed in October and, following an initial period of training, took up duty in the Department in December, 1967.

The work of the Department initially will be concerned with facilitating the co-ordination of aftercare of patients discharged from hospital. Further details will be given in future reports.

### **Visitors**

Two visits were paid during the year by members of management courses at the Hospital Administrative Staff College, London. The groups, which were accompanied on each occasion by a member of the College staff, came to study the relationship between the hospital and the community health services. On arrival at Kettering they were shown over the Henley Centre for subnormal children and adults, and were then joined by members of the staff of the County Health Department and of Kettering General Hospital, and a general practitioner, at the Hospital and at the Corby Diagnostic Centre and Maternity Unit for discussions and talks.

As in previous years the department welcomed a wide variety of postgraduate and undergraduate visitors. These included Administrators from Turkey and Thailand, a Training Mission from Saudi Arabia, a general practitioner from Lincolnshire who was studying local health authority work and medical students from the Royal Free Hospital, London and from Northampton General Hospital.

A tour of the County Council offices was arranged by the Clerk for members of the County Council and a number of members visited the Health Department and showed great interest in its work.



## RESEARCH, PUBLICATIONS

### RESEARCH

Examples of operational research which was undertaken during the year are mentioned elsewhere in the Report.

A survey on bottle hygiene in infant feeding was carried out as part of a larger survey, in association with Dr. A. Gatherer, Medical Officer of Health for Reading.

### PUBLICATIONS

"The Organisation of Medical Care in New and Expanding Towns"—Dr. W. J. McQuillan. Royal Society of Health Journal, Vol. 88, No. 3, May-June 1968. Paper given at a meeting of the Royal Society of Health at Alcester in November 1967.

## ENVIRONMENTAL HYGIENE

### 1. Water supply and sewage disposal

#### (a) APPROVAL IN PRINCIPLE

The following schemes were submitted to the County Council in accordance with the provisions of the Rural Water Supplies and Sewerage Acts, 1944-1951 and were approved in principle.

<i>Authority</i>	<i>Scheme</i>	<i>Estimated cost</i>
Brackley R.D.C. ...	Middleton Cheney main drainage ... ..	£157,750
	Main drainage scheme, Croughton—extension to sewage treatment works ... ..	£50,000 (less contribution of £15,000 from Ministry of Defence)
Daventry R.D.C. ...	Hellidon Sewerage and sewage scheme ... ..	£41,000 (Revised scheme—original estimate at cost of £36,250 approved in principle in November, 1965)
Wellingborough R.D.C.	Irchester sewerage scheme (Phase I) ... ..	£58,000

#### (b) CONTRIBUTIONS MADE

The County Council agreed to make the following contribution in accordance with the approved scale.

<i>Authority</i>	<i>Scheme</i>	<i>Estimated cost</i>	<i>Ministry of Housing and Local Government grant</i>	<i>County Council's contribution (capital sum)</i>
Rushden U.D.C.	Court Estate drainage	£45,800	Half-yearly payments of £570 for 30 years	£3,600

(Approved in principle in 1965 subject to the Ministry of Housing and Local Government agreeing to make a contribution under the Rural Water Supplies and Sewerage Acts. The Ministry has now agreed to recognise the scheme under these Acts.)

#### (c) REVISED CONTRIBUTION

The County Council revised its contributions, in the light of revisions made by the Ministry of Housing and Local Government, as follows:

<i>Authority</i>	<i>Scheme</i>	<i>Estimated cost</i>		<i>Ministry of Housing and Local Government grant</i>		<i>County Council's contribution (capital sum)</i>	
		<i>Original</i>	<i>Revised</i>	<i>Original</i>	<i>Revised</i>	<i>Original</i>	<i>Revised</i>
Brackley R.D.C.	Aston-le-Walls sewerage	£27,630	£34,088	Half-yearly payments of £186 for 30 years	Half-yearly payments of £224 for 30 years	£5,300	£6,370
	Main drainage of Sulgrave (stage 2)	£29,710	£26,986	Half-yearly payments of £242 for 30 years	Half-yearly payments of £218 for 30 years	£6,900	£6,200
Daventry R.D.C.	Norton sewerage	£22,100	£20,884	Half-yearly payments of £129 for 30 years	Half-yearly payments of £113 for 30 years	£3,670	£3,213



**2. Rural housing**

The activities of rural housing authorities during 1967 are summarised in this table which also indicates their achievements in the entire post-war period.

		<i>Popula- tion est. 1967</i>	<i>Under construction at 31/12/67*</i>	<i>Completed up to 31/12/66</i>	<i>Completed during 1967*</i>	<i>Total post-war houses completed at 31/12/67</i>	<i>Post-war houses completed per 1,000 population</i>
Brackley ...	...	13,360	— (—)	820	31 (23)	851	63.7
Brixworth ...	...	16,920	2 (—)	696	— (—)	696	41.1
Daventry ...	...	18,160	5 ( 6)	1,059	6 ( 4)	1,065	58.6
Kettering ...	...	11,990	27 (55)	907	55 (16)	962	80.2
Northampton ...	...	20,730	22 ( 2)	1,897	3 (16)	1,900	91.6
Oundle and Thrapston		18,260	38 (23)	902	13 (13)	915	50.1
Towcester ...	...	16,780	48 ( 8)	1,182	18 (25)	1,200	71.5
Wellingborough ...	...	14,780	29 ( 4)	975	4 (13)	979	66.2
<b>Totals ...</b>		<b>130,980</b>	<b>171 (98)</b>	<b>8,438</b>	<b>130 (110)</b>	<b>8,568</b>	<b>MEAN—65.4</b>

\* Figures in parenthesis show corresponding figures for 1966.

The building of 8,568 houses by rural districts, whose total population is 130,980 represents one new house for every 15.3 persons. In addition, 9,066 houses have been completed by private enterprise since the war. Combining figures for public and private housing, a total of 17,634 houses has been completed since the war in the rural districts of the County, representing one for every 7.4 members of the population.



CAUSES OF DEATH IN ADMINISTRATIVE AREAS—URBAN DISTRICTS.

CAUSES OF DEATH	Brackley M.B.		Burton Latimer U.D.		Corby U.D.		Dventry M.B.		Desboro' U.D.		Higham Ferrers M.B.		Irthingborough U.D.		Kettering M.B.		Oundle U.D.		Raunds U.D.		Rothwell U.D.		Rushden U.D.		Wellingborough U.D.		Aggregate of U.D.s.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES .....	31	16	24	17	148	98	48	46	27	28	22	19	34	36	232	226	26	25	35	39	34	16	98	102	227	207	986	875
1 Tuberculosis, respiratory .....	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
2 Tuberculosis, other .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 Syphilitic disease.....	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4 Diphtheria .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 Whooping Cough.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6 Meningococcal infections .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7 Acute Poliomyelitis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8 Measles .....	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9 Other infective and parasitic diseases .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 Malignant neoplasm, stomach .....	2	2	..	..	..	..	..	..	..	..	1	1	2	2	3	4	..	1	..	..	3	..	..	..	..	..	..	..
11 Malignant neoplasm, lung, bronchus .....	3	..	4	..	15	3	5	..	2	1	..	..	2	..	16	4	2	..	..	1	1	..	..	4	3	7	5	26
12 Malignant neoplasm, breast .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13 Malignant neoplasm, uterus .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14 Other malignant & lymphatic neoplasms .....	3	1	2	1	17	10	4	5	2	..	1	1	1	4	25	20	2	1	2	4	2	1	11	8	21	22	93	78
15 Leukaemia, aleukaemia .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16 Diabetes .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17 Vascular lesions of nervous system .....	4	1	2	1	10	15	8	12	1	7	1	7	3	5	26	40	4	5	5	4	2	3	10	22	39	33	115	155
18 Coronary disease, angina .....	9	4	8	3	29	15	8	6	12	3	7	5	9	9	34	34	9	5	7	9	2	24	23	42	32	245	148	
19 Hypertension with heart disease.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 Other heart disease .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21 Other circulatory disease .....	..	..	2	1	6	6	2	..	2	2	..	..	2	2	13	14	1	1	2	2	2	..	3	8	8	9	42	47
22 Influenza .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
23 Pneumonia .....	2	..	1	1	7	4	..	..	1	..	2	..	2	..	15	4	1	..	..	..	..	..	..	..	..	..	..	..
24 Bronchitis.....	1	1	1	1	4	1	..	..	..	..	..	..	..	..	3	2	..	..	..	..	..	..	..	..	..	..	..	..
25 Other diseases of respiratory system .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
26 Ulcer of stomach and duodenum.....	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
27 Gastritis, enteritis and diarrhoea.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
28 Nephritis and nephrosis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
29 Hyperplasia of prostate .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 Pregnancy, childbirth, abortion .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
31 Congenital malformations .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
32 Other defined and ill-defined diseases .....	3	2	1	4	8	12	6	3	2	2	3	1	3	..	21	21	1	3	4	3	3	1	6	8	16	19	76	79
33 Motor vehicle accidents .....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
34 All other accidents .....	..	..	1	..	6	3	..	..	3	3	..	1	1	1	5	13	2	2	2	2	..	..	1	2	5	3	23	30
35 Suicide .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
36 Homicide and operations of war .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Live Births { Total .....	34	30	43	48	483	495	58	72	42	42	35	34	55	65	328	331	22	18	56	50	30	29	168	165	325	319	1679	1698
{ Legitimate .....	31	29	40	43	450	451	54	72	39	39	33	32	52	61	300	303	20	17	51	48	30	27	160	148	300	281	1560	1551
{ Illegitimate .....	3	1	3	5	33	44	4	..	3	3	2	2	3	4	28	28	2	1	5	2	..	2	8	17	25	38	119	147
Still Births { Total .....	1	..	..	..	8	6	1	..	1	1	..	..	1	..	8	4	..	..	..	2	..	..	6	1	7	3	32	17
{ Legitimate .....	1	..	..	..	6	5	1	..	1	1	..	..	..	..	7	4	..	..	..	2	..	..	6	1	6	2	27	15
{ Illegitimate .....	..	..	..	..	2	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Deaths of Infants under 1 year of age { Total .....	1	2	1	..	11	11	1	1	..	..	..	..	1	..	5	6	1	..	1	1	1	..	3	6	5	6	31	33
{ Legitimate .....	1	2	1	..	9	11	1	1	..	..	..	..	1	..	5	6	..	..	1	1	1	..	3	6	5	6	28	33
{ Illegitimate .....	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Deaths of Infants under 4 weeks of age { Total .....	1	1	1	..	5	5	..	1	..	..	..	..	..	..	4	4	..	..	1	1	1	..	2	5	3	6	18	23
{ Legitimate .....	1	1	1	..	4	5	..	1	..	..	..	..	..	..	4	4	..	..	1	1	1	..	2	5	3	6	17	23
{ Illegitimate .....	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Deaths of Infants under 1 week of age { Total .....	1	..	1	..	4	5	..	1	..	..	..	..	..	..	4	4	..	..	..	..	1	..	2	5	2	4	15	19
{ Legitimate .....	1	..	1	..	3	5	..	1	..	..	..	..	..	..	4	4	..	..	..	..	1	..	2	5	2	4	14	19
{ Illegitimate .....	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Estimated mid-year Home Population .....	4,040	4,990	46,540*	6,860	4,800	4,380	5,290	39,270	3,590	5,000	4,700	17,690	33,820	180,970	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Comparability Factors Births .....	1.11	0.83	0.83	0.99	1.29	1.30	1.03	1.10	1.30	1.20	1.24	1.08	1.05	1.02	..	..	..											



## CAUSES OF DEATH IN ADMINISTRATIVE AREAS—RURAL DISTRICTS.

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.Ds.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
ALL CAUSES .....	60	50	89	96	121	77	63	53	108	111	90	77	76	87	84	58	691	609		
1 Tuberculosis, respiratory .....	...	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...	3	1		
2 Tuberculosis, other .....	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...		
3 Syphilitic disease.....	...	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	2		
4 Diphtheria .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
5 Whooping Cough.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
6 Meningococcal infections .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
7 Acute Poliomyelitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
8 Measles .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
9 Other infective and parasitic diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1		
10 Malignant neoplasm, stomach .....	2	...	2	5	2	1	2	1	1	2	3	3	2	1	1	2	15	15		
11 Malignant neoplasm, lung, bronchus	4	...	9	3	13	2	2	...	7	2	7	2	8	...	8	1	58	10		
12 Malignant neoplasm, breast .....	...	2	...	3	...	1	...	...	3	...	5	...	2	...	3	...	19	...		
13 Malignant neoplasm, uterus .....	...	...	3	...	1	...	1	...	2	...	3	...	3	...	2	...	15	...		
14 Other malignant & lymphatic neoplasms	5	4	6	10	19	12	9	9	10	7	9	5	6	10	11	3	75	60		
15 Leukaemia, aleukaemia .....	1	...	...	1	1	...	...	1	3	...	...	...	...	...	1	3	5	...		
16 Diabetes .....	...	...	5	1	1	...	...	1	2	...	1	1	...	...	...	3	9	...		
17 Vascular lesions of nervous system	9	5	10	22	17	10	8	9	9	20	11	12	4	18	8	17	76	113		
18 Coronary disease, angina .....	24	12	16	10	24	20	14	8	21	14	16	12	21	17	20	7	156	100		
19 Hypertension with heart disease...	...	2	1	1	1	...	1	1	5	2	...	...	1	3	1	1	10	10		
20 Other heart disease .....	2	4	10	11	10	12	5	8	14	17	7	14	11	18	8	6	67	90		
21 Other circulatory disease .....	...	2	10	6	3	3	4	3	7	13	6	4	3	3	3	1	36	35		
22 Influenza .....	...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	3	1	...		
23 Pneumonia .....	2	3	3	4	7	...	2	2	13	13	3	2	4	3	2	3	36	30		
24 Bronchitis.....	5	1	4	1	1	1	4	1	3	2	6	2	4	3	6	1	33	12		
25 Other diseases of respiratory system	1	...	4	1	1	...	1	...	1	...	...	...	1	...	1	...	10	1		
26 Ulcer of stomach and duodenum...	...	...	...	...	1	1	1	...	1	...	...	1	...	...	...	3	2	...		
27 Gastritis, enteritis and diarrhoea...	...	1	1	...	1	...	...	...	...	1	...	...	1	...	1	3	3	...		
28 Nephritis and nephrosis .....	...	...	...	2	...	...	...	...	...	...	1	1	...	1	...	4	1	...		
29 Hyperplasia of prostate .....	...	1	...	...	...	...	...	...	2	...	...	...	...	...	3	...	...	...		
30 Pregnancy, childbirth, abortion ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
31 Congenital malformations .....	2	...	1	...	...	...	...	...	1	2	...	...	...	2	1	4	5	...		
32 Other defined and ill-defined diseases	2	8	8	5	10	6	4	6	11	4	7	8	2	3	8	3	52	43		
33 Motor vehicle accidents .....	3	1	3	2	1	1	2	1	2	...	2	2	3	2	1	...	17	9		
34 All other accidents .....	...	2	1	2	4	1	1	2	1	3	2	...	2	...	2	2	13	12		
35 Suicide .....	...	...	...	1	...	1	2	1	1	...	3	...	...	...	2	6	5	...		
36 Homicide and operations of war ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
Live Births	Total ...		120	112	143	128	139	152	96	92	182	174	138	138	193	147	141	139	1152	1082
	Legitimate ...		114	106	132	118	132	146	88	84	176	161	129	129	183	138	135	132	1089	1014
	Illegitimate ...		6	6	11	10	7	6	8	8	6	13	9	9	10	9	6	7	63	68
Still Births	Total ...		2	2	...	...	2	1	4	6	2	1	4	2	2	4	3	4	19	20
	Legitimate ...		1	2	...	...	2	1	4	6	2	...	2	2	2	3	3	4	16	18
	Illegitimate ...		1	...	...	...	...	...	...	...	...	1	2	...	1	...	...	3	2	
Deaths of Infants under 1 year of age	Total ...		...	5	...	1	...	2	4	3	8	2	3	...	1	2	3	1	19	16
	Legitimate ...		...	5	...	1	...	2	4	3	6	2	3	...	1	2	3	1	17	16
	Illegitimate ...		...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2	...	
Deaths of Infants under 4 weeks of age	Total ...		...	4	...	1	...	2	3	3	5	...	1	...	1	2	1	11	12	
	Legitimate ...		...	4	...	1	...	2	3	3	3	...	1	...	1	2	1	9	12	
	Illegitimate ...		...	...	...	...	...	...	2	...	...	...	...	...	...	...	2	...		
Deaths of Infants under 1 week of age	Total ...		...	4	...	...	...	2	2	2	4	...	...	...	2	1	8	9		
	Legitimate ...		...	4	...	...	...	2	2	2	3	...	...	...	2	1	7	9		
	Illegitimate ...		...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...		
Estimated mid-year Home Population	13,360		16,920		18,160		12,030*		20,730		18,260		16,780		14,780		131,020			
Comparability Factors	Births ...		1.22		1.11		1.15		1.13		1.05		1.09		1.09		1.10		1.11	
	Deaths ...		1.15		0.77		0.93		1.00		0.86		0.98		0.96		0.95		0.93	

## \* CORBY URBAN AND KETTERING RURAL DISTRICTS

As there has been a change of boundary during the year, the statistics represent the events assigned to the area within the boundaries as they existed at the date of registration of each event. To allow calculation of valid birth and death rates, the figure shown under "Estimated Mid-Year Population" is a weighted average of the mid-year population of the area as constituted before and after the change. This population figure is calculated only for the purpose described above and will not agree with the official population figure published in the Registrar General's "Annual Estimates of the Population of England and Wales and of Local Authority Areas, 1967."











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