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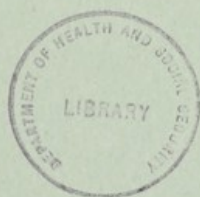
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OUNDLE URBAN DISTRICT



REPORT ON THE ENVIRONMENTAL
HEALTH OF THE DISTRICT.

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CUNDLE URBAN DISTRICT COUNCIL

Members of the Public Health Committee: from 20th May, 1968.

Councillors N. R. Ganderton, Chairman, G. M. Willimont, Vice-Chairman, R. A. Markham, Colonel R. K. McMichael, D. Whight, J. W. Wild, A. B. A. Wright.

Mr. Councillor J. W. Wild was a member ex-officio.

Public Health Officers of the Local Authority:

Acting Medical Officer of Health


Joan M. St. V. Dawkins, M. B., B.S., D.P.H., D.C.H.

also holds appointments of

Medical Officer of Health, Brackley and Daventry
Borough Councils, Brackley, Daventry, Brinkworth,
Northampton and Towcester Rural District Councils,
Acting Medical Officer of Health, Raunds and
Rushden Urban Districts, Cundle and Thrapston
Rural and Higham Ferrers Borough and Senior
Assistant Medical Officer, Northamptonshire
County Council.

Public Health Inspector

R. E. T. Chinnery, F.F.S., M.I.P.H.E., M.A.P.H.I.



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Health Department,
County Offices,
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Mr. Chairman, Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Public Health Inspector. This report serves two functions, the first to give an account with statistics of the environmental health of the district; the second to make some observations on those trends in the general pattern of living which show evidence of becoming a hazard to health either now or in the future.

The vital statistics for the year show that there were 72 deaths. This gives a rate of 19.7 compared with 14.2 last year, and with the national figure of 11.9. The total number of births was 44 (of which 2 were illegitimate) compared with 40 last year, and showing therefore an increase of four. There were no infant deaths.

The incidence of infectious disease was low. There were three cases of measles. During the year vaccination was introduced, and it is to be hoped that the incidence of this hitherto universal disease, often severe and causing both distress and complications, may now decline. It continues to be necessary, however, to maintain a watchful eye in relation to infectious diseases generally. Should standards fall infection could recur. This is particularly important in relation to a high public response to immunisation which in many areas is too low. Parents are reminded that it is vitally important to have their children immunised to diphtheria, poliomyelitis, tetanus, whooping cough, smallpox and now measles, not forgetting the necessary booster immunisations. Tuberculosis vaccination follows later - in the early teens. Infections which are food borne are also far too prevalent, and a high standard in the sale, preparation and storage of food must be maintained. Clean milk, pure water and efficient meat inspection is also essential. These standards are sustained by constant inspection, exhortation and sampling by the local authority but the public themselves must co-operate both in refusing to accept unsatisfactory practices in

shops and cafes and by keeping strict methods in their homes and in their own personal hygiene.

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

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

In no other field is the message clearer than in the individual choice of whether to smoke or not. It is probable that 50,000 deaths a year in Great Britain are caused from cigarette smoking not only from cancer of the lung, the annual total of which is steadily rising, but from coronary thrombosis, chronic bronchitis and pneumonia, should such a toll of death and suffering be caused by any other preventable illness, a massive machinery would be demanded to prevent it. There has been recently a national campaign, with much pressure on the government to institute cervical cytology testing, yet cervical cancer is causing less than 3,000 deaths a year. The facts relating to smoking and lung cancer are now well known, yet the message is ignored, and it is probable that the only section of the community who are

smoking less are the medical profession. Cigarette smoking is a habit, becoming in some an addiction where there is no apparent immediacy of danger and when abstinence requires a sustained effort over many years with little apparent benefit. In addition the tobacco industry is world wide involving capital, employment and governments obtain large revenues from taxation. Economic problems could result should the habit cease. Large amounts of capital are used to promote advertising, while the puny efforts of health educators with infinitesimal reserves at their disposal go unheeded. Individuals therefore remain apathetic for lack of clear initiative. The efforts of the medical profession must continue and the need for action assiduously pressed.

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

In the field of mental health, in spite of the relief of poverty and its attendant anxieties, there is little evidence of improvement. Indeed, the incidence of crime, the new problem of drug addiction together with disruption of family life by the increased divorce rate, in sexual permissiveness and cruelty to children indicate that our society, while experiencing both more material prosperity and physical comfort, remains immature and lacking in stability. However, I believe that the present generation of young people are the most physically sound of any generation yet produced, are probably the best educated, and indeed the great majority are leading useful and energetic lives. A minority only are seeking those diversions which are harming both themselves and others.

SUMMARY OF VITAL STATISTICS 1968

I wish to express my thanks to Mr. Chinnery the Surveyor and Public Health Inspector for his most helpful co-operation during the year and for his work in the compilation of this report. My thanks are also due to the County Medical Officer of Health for his ready co-operation in the supplying of information.

I have the honour to be

Your obedient servant,

JOAN M. ST. V. DAWKINS,

Acting Medical Officer of Health

	Males	Females	Total
Legitimate			42
Illegitimate	1	1	2
	22	22	44

October, 1969.

Crude birth rate per 1,000 population - 12.0

Area Comparability Factor - 1.30. Adjusted birth rate - 15.6

Illegitimate Live Births (per cent of total live births) - 4.5

Stillbirths - There were no stillbirths

Deaths (all causes)

	Males	Females	Total
	24	53	77

Crude death rate per 1,000 population - 19.7

Area Comparability Factor - 0.58. Adjusted death rate - 11.3

Maternal Deaths. Deaths associated to pregnancy, childbirth and abortion - 0

Infant Mortality. There were no infant deaths

SUMMARY OF VITAL STATISTICS 1968

Area (in acres)	2,469
Population 1961 (census)	2,547
" 1968 (mid-year estimate)	3,660
Number of separate dwellings occupied 1961 (census)	789
" " " " " 1968	982
Rateable Value, 1968	£95,151
Product of a penny rate, 1968/69 Estimated	£318

LIVE BIRTHS

	Male	Female	Total
Legitimate	21	21	42
Illegitimate	1	1	2
	22	22	44

Crude birth rate per 1,000 population - 12.0

Area Comparability Factor - 1.30. Adjusted birth rate - 15.6

Illegitimate Live Births (per cent of total live births) - 4.5%

Stillbirths - There were no stillbirths

Deaths (all causes)	Male	Female	Total
	29	43	72

Crude death rate per 1,000 population - 19.7

Area Comparability Factor - 0.59. Adjusted death rate - 11.62

Maternal Deaths. Deaths ascribed to pregnancy, childbirth and abortion - NIL

Infant Mortality. There were no infant deaths

NATURAL AND SOCIAL CONDITIONS

Area. The Urban District of Oundle covers an area of 2,459 acres. The density of population is 1.6 persons per acre. The number of separate dwellings is 982 and the housing factor is 3.7 persons per house.

Population. The Registrar General in his return for 1968 gives the population as 3,660 which is an increase of 70 on last year. There was a natural decrease of 28 (i.e. deaths minus births) as compared with 11 last year.

Births. There were 44 births during the year which was 4 more than last year.

The birth rate was 12.0 per 1,000 population compared with 16.9 for England and Wales.

Illegitimate Births. Two illegitimate births occurred, one less than last year and this gives a rate of 4.5 per 1,000 live births.

Stillbirths. For the third year running there were no stillbirths recorded for the district.

Deaths.

Of the 72 deaths, cancer and diseases of the heart were the most common causes of death.

Infant Mortality. No infant deaths were recorded during the year.

Neonatal Mortality. There were no deaths in this category.

Early Neonatal Mortality. There were no deaths in this category.

Maternal Mortality. There were no deaths in this category.

Perinatal Mortality. There were no deaths in this category.

CAUSES OF DEATH 1968

	Male	Female	Total
18. All other infective and parasitic diseases	1	-	1
19. Malignant Neoplasm - Stomach	-	2	2
Malignant Neoplasm - Lung, Bronchus	3	1	4
Malignant Neoplasm - Uterus	-	1	1
Other malignant neoplasms, including neoplasms of lymphatic and haemotopoietic tissue	3	2	5
21. Diabetes mellitus	-	1	1
22. Avitaminoses and other nutritional deficiency	-	1	1
26. Chronic rheumatic heart disease	-	1	1
27. Hypertensive disease	1	3	4
28. Ischaemic heart disease	4	5	9
29. Other forms of heart disease	1	2	3
30. Cerebrovascular disease	5	8	13
32. Pneumonia	4	2	6
33. Bronchitis and Emphysema	1	3	4
36. Intestinal obstruction and hernia	-	1	1
38. Nephritis and Nephrosis	-	1	1
45. Symptoms and ill-defined conditions	2	2	4
46. Other diseases of nervous system and sense organs	1	1	2
Other diseases of the respiratory system	1	1	2
Other diseases of the genito-urinary system	1	-	1
Other diseases of the circulatory system	-	4	4
47. Motor vehicle Accidents	1	-	1
48. All other accidents	-	1	1
Totals	29	43	72

In a review of the causes of death the primary concern is to assess which could have been prevented. In the main, people are living longer and the majority of deaths are those which occur in the older age groups, and are primarily caused by degenerative disease of the arteries and the cancers, still the inevitable concomitants of the ageing process. However, coronary thrombosis, strokes and cancer of the lung are major causes of deaths in the middle aged male taking an increasing toll from men in their prime and at a time when they are making a major contribution to society. These are unnecessary deaths, and must be a serious cause of concern.

Nationally this year again the number of deaths from cancer of the lung has increased; statistics also show an increase in a lower age group. Males still predominate but females are catching up due to the increase in the number of cigarette smokers. In 1929, 2751 died from cancer of the lung, in 1939, 6,214; in 1963 24,434; in 1965 26,399; in 1966 27,013 in 1967 28,250; and in 1968 28,826, 23,896 males and 4,930 females.

The relationship between heavy cigarette smoking and cancer of the lung has been well established. It can also contribute to other chest conditions such as chronic bronchitis and may be an adverse factor in coronary heart disease. Yet each year thousands of young people start to smoke and many others continue to indulge in heavy cigarette smoking. The efforts of health education would appear to be having little success. It may be easy to achieve a public response to single and immediate requests such as attendance for immunisation but to succeed in long term influence is another matter. In trying to prevent lung cancer we are asking for a sustained effort over many years so that habits are inculcated which will reduce a risk which has no apparent immediate effect. Our aim must, however, continue to be directed, by all means at our disposal, towards young people in an endeavour to prevent them from initially acquiring the smoking habit. Those whom children admire, and therefore emulate have a responsibility to show by their example that cigarette smoking is a foolish habit. Parents, teachers, youth leaders, sportsmen, actors, pop stars and all those whom the young may follow need to realise how considerable is their own influence and example in this respect.

The emergence of early degenerative disease of the arteries is now becoming significant especially among middle aged males. These men in their prime and at a time of their greatest contribution to society are often killed or crippled by coronary thrombosis or strokes. This disease which now assails all the highly developed communities is a challenge which is not being met. The majority of individuals are unaware of the dangers of a pattern of life, assumed in early adulthood and followed without change until the cataclysm strikes them. The causes remain unsolved, and the factors involved are probably multiple. However, one salient feature is apparent, and this is the simple one that early arterial disease is less evident in those who take regular physical exercise. Today with mechanisation of industry, the widespread use of motor vehicles, entertainments which require no physical participation, particularly the almost universal use of television together with an increase in the number of workers whose work is almost entirely sedentary, the proportion of people who have adequate exercise is declining.

It is therefore wise to establish the habit of being as physically active as possible starting after leaving school and continuing with suitable modification to the years. While at school the emphasis is on team games, and many children fail to continue their activity after leaving school. However, swimming, squash, golf, fishing, sailing, walking, dancing, horse riding and gardening are all activities that can be continued either alone or with small groups, and some of these suitably adapted may go on throughout life. The daily walk especially if demanded by a dog, thus ensuring its regularity, is specially recommended as this is an activity which can be pursued to old age. This, together with the need to exercise some moderation in the consumption of food, to watch against obesity and the endeavour to maintain a benign and tolerant attitude to life and labours may indeed help to avert an early onset of arterial degeneration.

A small decline of approximately 7% can be reported in deaths from road accidents and this is attributed to the breathalyzer test. In 1967 7,487 and in 1968 6,810 people died as a result of accidents on the roads compared with 7,985 in 1966. Since the beginning of the century, road accidents in Great Britain have caused over 300,000 deaths. Thus on an average day 20 people die as a result of such an accident, one road user being killed nearly every hour. Analysis by age has shown the 15 - 26 age group males predominating, and is most probably due to the temperamental failure of this age group. The necessity of proper maintenance of the vehicle, habitual use of safety devices such as belts in cars and helmets for motor cyclists, and driving with due consideration for the safety of other road users is stressed.

Total	1967	1968	1966	1965	1964	1963	1962	1961	1960
	7,487	6,810	7,985	8,145	8,218	8,225	8,295	8,427	8,503

The second table gives an analysis of the 1968 figures according to cause, age-group and sex. Death rates per 100,000 population are also given.

In the four main cause categories, fatalities showed a reduction compared with 1966, although deaths due to 'other' causes increased. Deaths to children aged 5 - 14 remained the same as before, and in the age-group 45 - 54 years there was a slight increase.

Confirmed figures regarding accidents in the home for 1968 have not yet been published but provisional figures indicate a general worsening of the situation. The following is a report on Home Accident Deaths in Great Britain in 1967 published in July, 1969 in the Home Safety Journal, a R.O.S.P.A. publication given in detail.

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

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

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

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

Deaths	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales	7,001	7,010	7,030	6,882	7,627	8,024	7,370	7,330	7,470	6,929
Scotland	1,156	1,147	1,115	1,262	1,297	1,275	1,276	1,157	1,113	980
Total	8,157	8,157	8,145	8,144	8,924	9,299	8,646	8,487	8,583	7,909

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

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

Cause of Death	Age-groups (years)					Sex		Total Deaths
	0 - 4	5 - 14	15 - 44	45 - 64	65 & +	Male	Female	
Poisoning	33	13	316	494	624	637	843	1,480
Falls	78	12	75	336	3,906	1,252	3,155	4,407
Burns and Scalds	123	45	60	135	428	325	466	791
Suffocation and Choking	526	7	71	74	64	421	321	742
Others	114	38	115	89	133	288	201	489
Total	874	115	637	1,128	5,155	2,923	4,906	7,909

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

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

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

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

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

Poisoning is always the second most frequent cause of home accident deaths. In 1967 in Great Britain fatalities due to poisoning numbered 1,430, i.e. nearly 19 per cent of the total. Over 43 per cent of the accidents involved household gas, the toll being 642. In this category the majority of the victims were elderly. Deaths caused by other gases numbered 63. Poisoning fatalities due to solid and liquid substances totalled 775, the vast majority of these involving drugs.

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

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

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

Note: As in the previous analysis in this series, this analysis includes deaths in Scottish residential institutions (which numbered 97 in 1967 and 82 in 1966).

The figures in this analysis are taken from the Registrar General's Statistical Review of England and Wales for the Year 1967 (Part 1 - Medical Tables) and from the Annual Report of the Registrar General for Scotland, 1967 (No.133). ROPPA also produces separate statistical analyses of home accident deaths covering England and Wales only (which is extra detailed) and Scotland.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES

TUBERCULOSIS:

There were no cases of tuberculosis notified during the year.

The number of cases on the tuberculosis register was as follows:

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Pulmonary Tuberculosis	4	3	7
Non-Pulmonary Tuberculosis	-	1	1
	<u>4</u>	<u>4</u>	<u>8</u>

Other Notifications

Measles	3
Whooping Cough	3
Pneumonia	2
Scarlet Fever	1

The total number of infectious diseases notified during the year was 9, a decrease of 37 on last year's figure.

MEASLES. The incidence of measles during the year was three compared with 46 last year.

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

WHOOPING COUGH. There were three cases notified during the year.

Acceptance rate to immunisation is high and the incidence of this condition is low. Cases still occur as immunisation is not completely effective, however, in the majority of children who have received immunisation the illness is usually mild.

SCARLET FEVER. One case was notified during the year.

This disease continues to exhibit its mild phase. The principal interest in its notification is that it gives some indication of the degree of streptococcal infection in the community.

POLIO-MYELITIS. No cases occurred.

This freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

FOOD POISONING. No cases were notified.

The condition is usually caused by one of the Salmonella organisms of which there are a large number. The commonest strain being that of typhimurium. Salmonella infection is common in bovines, and the incidence of infection on farms is now notified by the Divisional Veterinary

Officer to the Medical Officer of Health. Farm workers are then warned of the possibility of human infection, and given details of hygiene precautions to prevent incidence in themselves or their families.

Other causes of food poisoning are staphylococcus which may gain entry to food from an infected spot on the face, hands or arms of a food handler which may cause a severe form of the illness. As the symptoms result from a toxin which is unaffected by heat, cooking the infected food, in this case does not prevent the illness. More rarely typhoid fever, botulism or chemical contaminants may occur. However the commonest germ is the salmonella which gains entry into food because of the faulty personal hygiene of food handlers. The sources of infection are numerous probably uncooked contaminated (often imported) meat being today one of the most frequent.

SMALLPOX. There were no cases.

The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

DIPHTHERIA. There have been no cases of diphtheria in Northamptonshire since 1956.

There is therefore with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease is kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so they neglect their welfare.

DYSENTERY. No cases of Dysentery were notified during the year.

INFECTIVE JAUNDICE. The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other District Councils this also became operative in the County of Northamptonshire. No cases were notified during the year.

Acute Infective Hepatitis is a disease caused by a virus, which attacks the liver and causes jaundice. It is mainly an infection of young people of faecal-oral spread, and with an incubation period of 15 - 50 days. The incriminative routes of infection are from food handlers, water and children to their mothers. The virus is present in faeces 16 days before jaundice and up to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood.

transmission and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work for six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate hand washing techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposal equipment was generally introduced. In this County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

Under the Health Services and Public Health Act 1968, infective jaundice has now become nationally notifiable since October, 1969.

PNEUMONIA. There were two cases during the year.

The respiratory infections particularly those of bronchitis and influenza are still a cause of considerable illness and as a result of absence from work. Pneumonia also still occurs, though much less than formerly and is usually treated effectively by the many antibiotics that are now available. However in the elderly and in those who resistance is diminished either from chronic bronchitis or other causes it remains a cause of death. This year there were 13 deaths from pneumonia, 12 deaths from bronchitis and one death from influenza.

13. Sewalling houses and house-chaps are supplied direct from the mains; the population served, Registrar General's estimate, was 1,660 at the end of the year.

3. Sewerage and Sanitary Disposal:

The difficulties previously experienced in maintaining a satisfactory effluent standard, particularly during the Spring and early Summer, when bacterial content was (often) too high, are often temporary. The Council's Consulting Engineer has advised that the disposal works were overloaded, and that added capacity would be required to deal with the increasing population.

A request had been received from the Ogden and Throping Rural District Council asking the Urban District Council to repave and treat sewage from certain parishes near Dandis and this was approved in principle, provided satisfactory arrangements were made. It appeared that this request would actually apply to sewage from Dandis only.

Annual Report of the Surveyor and Public Health Inspector

for the year ended 31st December, 1968

submitted by

R. E. T. CHINNERY, F.F.S., M.I.P.H.E., M.A.P.H.I.

Mr. Chairman, Madam and Gentlemen,

I have the honour to present my eleventh annual report upon those matters about which the Ministry of Health require yearly details.

1. Water Supplies:

- (a) The Nene and Ouse Water Board have maintained a satisfactory supply, both as regards quality and quantity throughout the year.
- (b) Thirteen samples were submitted for bacteriological examination and all were reported as being satisfactory for domestic consumption.
- (c) All dwelling houses and house-shops are supplied direct from the mains; the population served, Registrar General's estimate, was 3,660 at the end of the year.

2. Sewerage and Sewage Disposal:

The difficulties previously experienced in maintaining a satisfactory effluent continued, particularly during the Spring and early Summer, when bacterial contact beds (filters) are often temperamental. The Council's Consulting Engineer had advised that the disposal works were overloaded, and that added capacity would be required to deal with the increasing population.

A request had been received from the Oundle and Thrapston Rural District Council asking the Urban District Council to receive and treat sewage from certain parishes near Oundle and this was approved in principle, provided satisfactory financial arrangements were made. It appeared that this request would actually apply to sewage from Glapthorne only.

As an interim measure, until the disposal works can be extended, the Council were advised that re-circulation of effluent should be introduced, for which underground works were incorporated during construction of the present disposal works. This step is therefore urgently required; at the present rate of development it will, however, give only a short respite and a scheme for enlarging the disposal works should be introduced without delay.

3. Common Lodging Houses:

There are none within the Urban District.

Housing

(a) Provision of New Houses by the Local Authority

No houses were built by the Council during the year, no allocation having been received from the Ministry.

Ministry approval had been received for the final stage, of 25 houses and bungalows, to complete the Springfield Road Estate, but the Council decided not to proceed and the allocation was lost.

The Council now have 322 house properties let on weekly tenancies, including 22 Old Persons Bungalows, representing a proportion of 35.5% of all private houses in the District, totalling 908.

(b) Private Enterprise Housing

Fifty-four houses were completed for private owners, all for owner-occupation, and at 31st December there were 25 private houses in course of construction, most of these on plots sold on the Cotterstock Road Estate, where the Council had provided roads, sewers and other public services, the remainder being erected by private developers.

The year 1968 therefore shows a good increase in the number of private houses built, over the figures for any proceeding year. A continuance of the increase will, however, be dependent upon housing approvals being given to release sufficient building land.

(c) Unfit houses, suitable for Clearance or Demolition

No action was taken during the year.

(d) Grants for Conversion or Improvement

Only one for the provision of full Standard Amenities was approved as against three the previous year.

No applications for Discretionary Grants were received.

Refuse Collection and Disposal

The regular weekly collection of house and trade refuse was maintained during the year.

The space available at the controlled tipping site of Ashton Road, Oundle is rapidly being used up and an alternative site, or method of disposal will have to be found in the near future.

Food and Drugs Act, 1955

(a) There are no producer-retailers of milk within the Urban District.

(b) There are no egg pasteurisation plants within the Urban District.

(c) Food Hygiene (General) Regulations, 1960

Details of food premises subject to these Regulations:

<u>Premises</u>	<u>Number</u>	<u>No. complying with Reg. 16</u>	<u>No. to which Reg. 19 applies</u>	<u>No. complying with Reg. 19</u>
Butchers	4	4	4	4
Bakers	1	1	1	1
Confectioners	2	2	2	2
Fish	2	2	2	2
Greengrocers	2	2	2	2
Grocers, Provisions and 'General'	11	11	11	11
Hotels, Caterers, and Licensed premises	12	11	11	11

(d) There are no poultry processing premises or slaughter-houses within the district.

Food Inspection

Visits are paid to the premises listed above under (c) particularly during the summer months and the co-operation of food traders generally in maintaining a high standard of equipment, cleanliness and hygiene is appreciated.

During the year the following amounts of food were voluntarily surrendered as being unfit for human consumption:

5	Tins Corned Beef - each 5½lbs.
7	Tins Orange Juice - each 19oz.
10	" " " - each 2lbs.14oz.

Food Samples

I am indebted to the Chief Inspector, Weights and Measures Department, Northamptonshire County Council for the following report upon samples taken in Oundle by his Inspectors during the 12 months ended 31st March, 1968.

Milk.....	16
Butter.....	1
Butterscotch.....	1
Cheese.....	1
Coffee & Chicory Mixture.....	1
Cream.....	2
Fish Paste.....	1
Jam.....	1
Margarine.....	1
Meat Products.....	7
Wine and Spirits.....	6
Total	38

Remarks

It is pleasing to be able to report that all the samples procured in the Urban District during the period under review were found to be satisfactory and called for no particular comment by the Public Analyst.

Weights and Measures Act, 1963

1,787 articles of food were checked for weight or measure during the year and of these only 19 were found to be incorrect. The errors were generally of a minor nature and were dealt with by advice or caution at the time of detection.

F. J. Evans

Chief Inspector

Weights and Measures Department,
Market Street,
Kettering.

Public Convenience, Cemetery and Churchyard

The new public conveniences, provided by the Council on the new car park in St. Cuthbert's Lane, Oundle were completed during the year, constructed with all possible plumbing in a central service room not accessible to the public to reduce the possibility of damage.

The old conveniences in 'Jericho' were closed down and dismantled.

The conveniences, Cemetery and Churchyard were all maintained at a satisfactory standard.

Factories Act, 1961. Part 1

1. Inspections for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Number of Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	19	17	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1	1	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises).	-	-	-	-
	20	18	-	-

Part VIII of the Act

No outworkers premises are registered with the authority.

There are no Common Lodging Houses in the District.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

TABLE A
REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises	Number of premises newly registered during the year (2)	Total number of registered premises at end of year (3)	Number of registered premises receiving one or more general inspections during the year (4)
Offices	-	19	19
Retail shops	-	38	38
Wholesale shops, warehouses	-	-	-
Catering establishments open to the public, canteens	-	3	3
Fuel storage depots	-	3	3
Totals	-	63	63

TABLE B

Number of Visits of all kind (including general inspections)
to registered premises

70

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TABLE C

ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN
REGISTERED PREMISES AT END OF YEAR

(1) Class of Workplace	(2) Number of Persons employed
Offices	113
Retail Shops	134
Wholesale department, warehouses	
Catering establishments open to the public	15
Canteens	4
Fuel storage depots	14
Total	280
Total Males	144
Total Females	136

Rodent Control

All infestations were dealt with as reported or discovered.

Council owned properties particularly the refuse and sewage disposal sites are kept clear; private houses and gardens are dealt with free of charge, while payment is demanded in respect of trade premises treated.

The Council have an arrangement with Oundle Public School whereby infestations of their extensive properties are dealt with on a fixed annual charge basis; this operates satisfactorily to both parties.

As an extension of this service a number of wasps nests have been destroyed again this year free of charge; these insects can cause great annoyance and this service is much appreciated.

General

This report can only once again refer briefly to those aspects of the year's work upon which Annual Reports are required by the Ministry of Health, i.e. those normally carried out by the Public Health Officers. The many other duties carried out by my department, which combines the work of both Public Health Inspector and Surveyor should, perhaps, be the subject of a separate report if time and the staffing position permitted it.

Financial and other details are, however, furnished to the Council, the appropriate Committees or the Ministry at the relevant times, particularly when submitting Annual Estimates.

My thanks and appreciation are once again due to the Chairman and Member of the Council collectively and individually for their continued support and helpfulness during the year under review, and I am sure the Council would wish to express their appreciation to the outside staff for the way in which these essential public services have been maintained throughout the year, services which we are inclined to take for granted.

R.E.T. Chinnery

Surveyor and Public Health Inspector.

