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DEPARTMENT OF HEALTH AND SOCIAL SECURITY



RAUNDS URBAN DISTRICT

REPORT ON THE ENVIRONMENTAL
HEALTH OF THE DISTRICT.

1967

URBAN DISTRICT OF RAUNDS

Members of the Public Health Committee:

COUNCILLORS: S. CHAMBERS, J. L. LIDDINGTON, MRS. A. LOADEY
D. PARR, M. WARWICK and P. J. WRIGHT.

Public Health Officer of the Local Authority:

J. C. HARRIS, B.Sc., Ch. B., D.P.H.

Joan M. St. John-Jenkins, M.B., B.S., D.P.H., D.C.H. Acting from 1st October, 1967.

Chief Public Health Inspector:

A. G. Williams, M.A.P.H.I., M.R.S.N.

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Members of the Public Health Committee:

COUNCILLORS: E. CHAMBERS, J. FINDING, H. H. LAWRENCE, J. A. LEDDINGTON, MRS. A. LOASBY
D. PARKINGSON, R. E. WARWICK and P. J. WRIGHT.


Public Health Officers of the Local Authority:

J. C. MacInnes, M.B., Ch. B., D.P.H. to 30th September, 1967.

Joan M. St.V. Dawkins, M.B., B.S., D.P.H., D.C.H. Acting from 1st October, 1967.

Chief Public Health Inspector

A. G. Williams, M.A.P.H.I., M.R.S.H.



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Telephone:
Office: Northampton 34833

County Offices,
Guildhall Road,
Northampton.

To the Chairman and Members of Raunds Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Chief 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 74 deaths. This gives a standardised rate of 14.8 compared with 13.8 last year, and with the national figure of 11.2. The total number of births was 106 (of which 7 were illegitimate) compared with 87 last year, and showing therefore an increase of 19. There were 2 infant deaths.

There was an increase in infectious diseases from none last year to five this year. This was, however, due to an increase in measles notifications from none to 4. There were no outbreaks, no cases of dysentery or food poisoning. This year no people died from tuberculosis. It is gratifying to record no deaths from a disease which as short a time as fifteen years ago had not yet been vanquished.

The relationship between cigarette smoking and lung cancer, together with chronic bronchitis, and coronary heart disease has now been established and accepted throughout the world. It is unlikely that any member of the community is now not aware of this fact. Yet the habit is not showing any signs of decrease and many young people start smoking each year.

Should this hazard be caused by a failure in protection of the environment so that, individuals, as a result of such exposure, would be likely to contract cancer there would be public acclamation that the danger should be removed. When however, the action is dependent on individual rectitude there is little or no response. It would appear to be easy to obtain co-operation when single actions such as attendance for immunisation procedures are necessary but in long term where there is no immediacy of danger and where it is necessary to change a personal habit, which is pleasurable, it would appear to be impossible to succeed.

Again the incidence of early arterial disease, particularly in middle aged males, resulting in coronary artery disease and strokes is showing no decline, and there is some evidence that it is increasing. This problem is arising in all civilised countries. Here again, though many factors are involved, there are two clear indications that the disease is less prevalent in those individuals who take regular physical exercise, and in those who are not obese. Because of increasing transport, sedentary occupation and leisure the need for the taking of regular exercise is lessening. Food is increasingly abundant and intake is often in excess of calorie output. In a primitive society these conditions do not occur. Regular exercise is as needful for health as fresh air and pure water. Again this is a pattern of life, which needs to be incorporated in a way of living and remains at the discretion of the individual.

Deaths from accidents are in the majority preventable on both the road and in the home. Those occurring in the home affect, most often, either young children or the elderly, while those on the roads are indiscriminate in their toll. I make further observations, in Section A on these subjects.

Finally it is perplexing that in removing material anxieties from society there is no lessening of mental ill health, either in individual suffering such as neurosis and mental illness or in society as evident by the increase in crime, delinquency, divorce and cruelty to children. Drug taking among teenage children is another disturbing factor. It is to be hoped that in Raunds town which has previously been a stable environment, that the sturdy citizens will continue to exert their influence and maintain a satisfactorily mentally mature society here.

I wish to express my thanks to the Clerk Mr. Killick for his most helpful co-operation and help and to Mr. Whittam for returning to assist the Council pending the appointment of the Public Health Inspector.

I also thank 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.

October, 1968.

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SUMMARY OF VITAL STATISTICS, 1967

Area (in acres)	6,483
Population 1961 (census)	4,570
" 1967 (mid-year estimate)	5,000
No. of separate dwellings occupied 1961 census	1,650
" " " " " 1967 (31.3.68)	2,000
Rateable Value, 1967 (31.3.68.)	£143,479
Products of a penny rate 1967/68 (estimated)	£544

LIVE BIRTHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	51	48	99
Illegitimate	5	2	7
	<u>56</u>	<u>50</u>	<u>106</u>

Crude rate per 1,000 population - 21.2

Comparability Factor - 1.20 Adjusted rate per 1,000 population 17.67

Illegitimate Live Births (per cent of total live births) - 6.60%

STILLBIRTHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	0	2	2
Illegitimate	0	0	0
	<u>0</u>	<u>2</u>	<u>2</u>

Rater per 1,000 live and stillbirths - 19

	<u>Male</u>	<u>Female</u>	<u>Total</u>
DEATHS (all causes)	35	39	74

Crude rate per 1,000 population - 14.8

Comparability Factor - 0.8. Adjusted rate per 1,000 population 18.5

MATERNAL DEATHS

Deaths ascribed to pregnancy, childbirth and abortion - NIL

INFANT MORTALITY

	Male	Female	Total
Legitimate	1	1	2
Illegitimate	-	-	-
	1	1	2

Rate per 1,000 live births - 19.00

Year	Total Births	Rate per 1,000 population		
		Male	Female	Total
1947	117	13.3	14.2	13.7
1948	121	14.5	15.1	14.8
1949	125	15.2	15.8	15.5
1950	129	16.3	16.9	16.6
1951	133	17.3	17.9	17.6

SECTION A
NATURAL AND SOCIAL CONDITIONS

AREA. The Urban District of Raunds which includes the parish of Stanwick covers an area of 6,483 acres, and the density of the population is 0.77 persons per acre. There are a number of open spaces and playing fields and the main industry of the town is the manufacture of boots and shoes.

POPULATION. The Registrar General in his report for 1967 gives the population of Raunds as 5,000 which is an increase of 150 on the previous year. There was a natural increase of 32 (i.e. births minus deaths).

BIRTHS. There were 106 live births during the year compared with 87 for 1966 and the crude birth rate was 21.0 per 1,000 population compared with 17.2 for England and Wales.

The following table shows comparisons with the Administrative County and England and Wales over the past 5 years.

Year	Total Births	Rate per 1,000 population		
		Raunds	County	England and Wales
1963	61	13.2	18.6	18.2
1964	65	14.0	19.1	18.4
1965	83	17.5	18.8	18.1
1966	87	17.9	18.5	17.7
1967	106	21.0	18.0	17.2

ILLEGITIMATE BIRTHS. There were seven illegitimate births compared with one for 1966 giving a rate of 66.0 per 1,000 live births compared with 11.5 for the previous year.

STILLBIRTHS. There were two stillbirths in the district compared with one the year before. This gives a rate of 19.0 per 1,000 live and stillbirths.

DEATHS. Of the 74 deaths that occurred during the year, almost half (33) were due to diseases of the heart and circulatory system and 12 were due to some form of cancer. The following table gives a comparison between Raunds, the Administrative County and England and Wales over the past five years.

Year	Total Deaths	Rate per 1,000 population		
		Raunds	County	England and Wales
1963	72	15.6	11.2	12.2
1964	62	13.2	10.6	11.3
1965	51	10.7	10.8	11.5
1966	67	13.8	11.1	11.7
1967	74	14.8	10.1	11.2

MATERNAL DEATHS. Once again there were no maternal deaths and none have occurred since before 1935.

INFANT MORTALITY. There were two infant deaths during the year compared with one in 1966. The mortality rate was 19.0 per 1,000 live births compared with 11.5 for the previous year.

NEONATAL MORTALITY. This is a sub-division of the infant mortality rate and concerns infant deaths within the first four weeks of life. The two deaths referred to above were in this category.

PERINATAL MORTALITY. (Stillbirths and Deaths under 1 week) A total of two cases were in this category (2 stillbirths). This gives a rate of 19 per 1,000 live and stillbirths.

CAUSES OF DEATH

Causes of Death	Male	Female	Total
1. Tuberculosis, respiratory	-	-	-
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	1	1
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	-	-	-
11. Malignant neoplasm, lung, bronchus	1	1	2
12. Malignant neoplasm, breast	-	2	2
13. Malignant neoplasm, uterus	-	1	1
14. Other malignant and lymphatic neoplasms	2	4	6
15. Leukaemia, aleukaemia	1	-	1
16. Diabetes	1	1	2
17. Vascular lesions of nervous system	5	4	9
18. Coronary disease, angina	5	7	12
19. Hypertension with heart disease	3	1	4
20. Other heart disease	2	2	4
21. Other circulatory disease	2	2	4
22. Influenza	-	-	-
23. Pneumonia	4	3	7
24. Bronchitis	-	2	2
25. Other diseases of respiratory system	1	-	1
26. Ulcer of stomach and duodenum	-	1	1
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	-	-	-
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	1	1
32. Other defined and ill-defined diseases	4	3	7
33. Motor Vehicle accidents	1	1	2
34. All other accidents	2	2	4
35. Suicide	1	-	1
36. Homicide	-	-	-
Totals	35	39	74

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 death 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. Apart from a few who inherit a tendency to early arterial disease the condition results mainly from sedentary life. Certain groups are not affected, and these are men who take regular exercise. Farmers, postmen, gardeners and bus conductors are known to have a lower incidence of coronary disease than commercial travellers, business executives and bus drivers. The message is clear but few heed it. Regular exercise, throughout life should be the universal practice, and all members of society from childhood to old age should remember this precept. With the mechanisation of industry and increasing motor transport, the need for physical activity is ever diminishing. It is therefore increasingly necessary that leisure instead of being sedentary should involve the taking of some form of pleasurable exercise.

The mass production of highly refined food, its year round availability, and the means to purchase has enormously increased food consumption. This combined with lack of exercise, resulting in an excess of calorie intake over energy output is the probable major factor in cause of early arterial disease, the stress of modern life adding perhaps a further cause. Obesity needs now to be regarded as a major hazard to health particularly in males who are more prone than females to arterial disease. Females are however affected equally with men after the menopause.

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 female cigarette smokers. In 1929, 2,751 died from cancer of the lung, in 1939, 6,214; in 1963, 24,434; in 1965, 26,399; in 1966, 27,013 and in 1967, 28,250; 23,946 males and 4,304 females. The relationship between heavy cigarette smoking and cancer of the lung has been firmly established. Yet each year thousands of young people start to smoke and many others continue to indulge in heavy cigarette smoking. Health education in this field appears to have failed and the public response to a habit which is pleasurable and where there is no immediacy of danger is apathetic.

Road accidents in Great Britain since the beginning of the century have caused 300,000 deaths. In 1966, 7,985 died on the roads compared with 7,952 in 1965 and in 1967, 7,319 died. Analysis by age has shown the 15-25 year group to be most at risk due to temperamental failures of individuals. The necessity of proper maintenance of the vehicle, habitual use of safety devices such as belts in cars or helmets on motorcycles, and driving with due consideration for the safety of other road users is stressed. Since the introduction of the breathalyser there would appear to be, so far, a decrease of 8% of deaths.

Confirmed figures regarding accidents in the home for 1967 have not yet been published but provisional figures indicate a general worsening of the situation. Falls constitute by far the most frequent cause of accidental death in and around the house, about 59 per cent of the total. Nearly 90 per cent of these fatalities were to people in the age group of 65 and over. The next most common cause was poisoning followed by burns and scalds, and finally suffocation and choking. Attention to details such as fire guards, fire resistant materials for children nightdresses, simple structural alterations in houses for elderly people and provision of physical aids, keeping medicines under lock and key, are required to prevent these deaths.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

LABORATORY SERVICE. The area is covered by the public health laboratory at Northampton which comes under Dr. Hoyle, and a laboratory at Kettering General Hospital with a branch at the Rushden Memorial Hospital, The Hayway, Rushden which comes under Dr. Voss. The Public Health Laboratory at Northampton provides facilities for the routine examination of water and milk samples, washed bottle rinses, churn rinses, and the examination of ice-cream and ice lolly samples. Both laboratories provide facilities for the examination of the specimens in connection with the control of communicable diseases. The laboratories at the Hayway and Park Hospital, Wellingborough, serve the public by providing facilities for the examination of specimens for patients on the direction of their own family doctor.

AMBULANCE SERVICE, NURSING IN THE HOME AND HOME HELP. These services are provided by the County Council and the area is well covered. All three provide an excellent service to the community.

HOSPITAL ACCOMMODATION AND OUT-PATIENT FACILITIES. The Oxford Regional Hospital Board is responsible for these services, a list of which is as follows:

General Hospitals - Northampton and Kettering
Wellingborough:

Wellingborough Hospital - Gynaecological and children.

Highfield Hospital - Acute medical and skin cases and children

Park Hospital - Chronic sick, the aged and old persons in need of care and attention.

Maternity Block attached to the Park Hospital

The Rushden Hospital - Tuberculosis and other diseases of the chest. Also beds available for skin cases.

Northampton:

The Manfield Orthopaedic Hospital

Infectious Diseases - Harborough Road Hospital

Out-patient facilities are available at the General Hospitals and also at the Rushden Memorial Hospital.

Gynaecological/Obstetrical	Alternate Monday mornings Alternate Tuesday mornings 2nd, 4th and 5th Wednesday afternoons
Medical	2nd and 4th Monday afternoons 1st, 3rd and 5th Tuesday mornings 2nd and 4th Tuesday afternoons 1st, 3rd and 5th Friday mornings
Surgical	1st and 3rd Tuesday afternoons 2nd and 4th Friday mornings
E.N.T.	2nd and 4th Wednesday mornings 1st, 3rd and 5th Wednesday afternoons
Eyes	Thursday morning (and afternoons by arrangement with County Hall)
Orthoptist	Thursday mornings and afternoons
Physiotherapy	Monday afternoons and Friday afternoons
Psychiatric	Friday afternoon
Skin	Thursday morning
Paediatric	Wednesday morning
Diabetic	1st Monday afternoon
Orthopaedic	1st and 3rd Friday afternoons

INFANT WELFARE CENTRES. This service is provided by the County Council and is held at the Brook St. Methodist Church on the first Friday of each month.

Unpublished facilities are available at the General Hospital and also at the

General Hospital

General Hospital

General

General

General

General

General

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General

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General

General

General

Unpublished facilities are available at the General Hospital and also at the

General Hospital

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY. The area is supplied by the Nene and Ouse Water Board and the supply is satisfactory in both quantity and quality.

Sewerage and Sewage Disposal

The treatment of sewage during the year was not giving an effluent of Royal Commission Standard, and plans for a new disposal plant are well advanced.

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE, FOR THE YEAR 1881. THE AREA IS REPORTED BY THE LAND OFFICE AS BEING 100,000 ACRES. THE AREA IS REPORTED BY THE LAND OFFICE AS BEING 100,000 ACRES.

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE, FOR THE YEAR 1881. THE AREA IS REPORTED BY THE LAND OFFICE AS BEING 100,000 ACRES. THE AREA IS REPORTED BY THE LAND OFFICE AS BEING 100,000 ACRES.

SECTION D

HOUSING

The building programme for the year was as follows:

No. of council houses completed during the year	12
No. of council flats completed during the year	12
No. of council houses under construction at end of year	2
No. of private houses completed during the year	38
No. of private houses under construction at end of year	68

1907-1908

Table

The following figures are for the year ending 1907

10	No. of animals imported during the year
11	No. of animals that died during the year
12	No. of animals that were sold or given
13	No. of animals that were kept in the year
14	No. of animals that were kept in the year

S E C T I O N E

INSPECTION AND SUPERVISION OF FOOD

There were 54 premises in the area concerned with the handling of food - these consisted of the following:-

Grocery	18
Greengrocery	10
Butchers	6
Cafes	2
Public Houses	6
Licensed clubs	3
Premises preparing food	3
School canteens	3
Slaughter houses	3

All were visited and found to be satisfactory.

SECTION 2

THEORY OF THE EARTH

There are 20 problems in the text contained in the following of 100 - 1000

Numbered by the following:-

10	1000
20	2000
30	3000
40	4000
50	5000
60	6000
70	7000
80	8000
90	9000
100	10000

All were visited and found to be satisfactory.

SECTION F

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

TUBERCULOSIS. There were no cases of tuberculosis notified during the year.

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

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Respiratory	2	2	4
Non-respiratory	1	2	3
	<hr/> 3	<hr/> 4	<hr/> 7.

Other notifiable diseases.

Measles 4
Puerperal Pyrexia 1

SECTION 1

REPORT OF THE BOARD OF HEALTH

MEMORANDUM. There were no cases of diphtheria reported during the year.
The number of cases of diphtheria in the various age groups is as follows:

Age	Male	Female	Total
0-4	0	0	0
5-9	0	0	0
10-14	0	0	0
15-19	0	0	0
20-24	0	0	0
25-29	0	0	0
30-34	0	0	0
35-39	0	0	0
40-44	0	0	0
45-49	0	0	0
50-54	0	0	0
55-59	0	0	0
60-64	0	0	0
65-69	0	0	0
70-74	0	0	0
75-79	0	0	0
80-84	0	0	0
85-89	0	0	0
90-94	0	0	0
95-99	0	0	0
Total	0	0	0

Respiratory
Non-respiratory

Other notifiable diseases

Scarlet
Typhoid
Epidemic typhus

The total number of infectious diseases notified during the year was 5 an increase of 5 on last years figure. This was largely due to an increase in the incidence of measles which continues to show its biennial pattern.

MEASLES This highly infective illness from which few individuals escape has its incidence almost exclusively during childhood. It usually follows a biennial incidence, with high numbers occurring in alternative 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 it is anticipated that this will be available for general use during the course of the next year, and it is anticipated that this will be available for general use during the course of the next year, and it is anticipated that in future years measles in common with poliomyelitis and diphtheria will be virtually eradicated.

WHOOPING COUGH There were no notifications. 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 No cases were notified. 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.

POLIOMYELITIS No cases occurred, and 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 It is pleasing to record that no cases were notified during the year.

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.

The total number of infectious diseases notified during the year was 5 in comparison of 3 in last year (figure). This was largely due to an increase in the incidence of measles which continues to show its seasonal pattern.

MEASLES This highly infectious illness runs with the infectious group but its incidence is almost exclusively during childhood. It usually follows a febrile outbreak, with high fever occurring in alternative years. The course of the illness is almost invariably benign, but complications which include otitis media, pneumonia, and 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, and expensive and invasive medical supervision. An effective vaccine against measles has now been developed and it is anticipated that this will be available for general use during the course of the next year, and it is anticipated that in future years measles is common with pertussis and diphtheria will be virtually eradicated.

WHOOPING COUGH There were no notifications. Development rate of vaccination is high and the incidence of this condition is low. Cases still occur as vaccination is not completely effective, however in the majority of children the first received immunization the illness is usually mild.

SCARLET FEVER No cases were notified. This disease continues to be dealt with with drugs. The principal interest in its notification is that it gives some indication of the degree of streptococcal infection in the community.

PERTUSSIS No cases occurred, and this disease can be attributed to vaccination as the vaccine in children has occurred coincidentally with vaccination. The oral BCG vaccine is now used which gives a longer lasting immunity than the old or injected variety. A strain of virus or a jump of virus is also much more susceptible to the young patients than the previous vaccine strain.

COOP POLIOVIRUS It is pleasing to report that no cases were notified during the year.

The condition is usually caused by one of the determinate organisms, of which there are a large number. The commonest strains being those of group A. Poliovirus infection is common in Britain, and the incidence of infection is given as now notified by the National Veterinary Institute to the Medical Officer of Health. Some authors are then warned of the possibility of human infection, and given lists of hygiene precautions to prevent infection 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 be 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.

SONNE DYSENTERY There were no cases.

Other causes of food poisoning and enteritis are: infected spots on the face, hands or arms of a food handler who has a severe form of the illness. As the symptoms usually begin a short time after the infected food is eaten, it is not easy to trace the infection to the food handler. However, the commonest cause is the bacteria which gain entry into food because of the faulty handling of food handlers. The bacteria of infection are numerous, probably several hundred (often reported) being today one of the most frequent.

PREVENTION There is no cure. The vaccination of children is still necessary and should be carried out during the first two years of life, preferably between the first and second year.

DIAGNOSIS There have been no cases of diphtheria in the United States since 1926. There is therefore with each successive year of freedom from infection, a decreasing recognition of the danger of this illness. Parents should remember that the disease is a fatal one and may not have their children vaccinated. This is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the number of children vaccinated that the disease be kept in check. It is the duty of all parents to have their children vaccinated, and if they fail to do so they neglect their welfare.

SOME PREVENTION There is no cure.

SECTION G

THE FACTORIES ACT

Prescribed Particulars on the Administration of the
Factories Act, 1961

PART 1 OF THE ACT

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

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections, 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	-	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	16	-	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total	16	-	-	-

2. - CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Total	-	-	-	-	-

PART VIII OF THE ACT

OUTWORK
(Sections 133 and 134)

Nature of work	Section 133			Section 134		
	No. of out- workers in August list required by Section 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecut- ions for failure to supply lists	No. of instances of work in un- wholesome premises	Notices served	Prosecutions
Wearing apparel	-	-	-	-	-	-
Stuffed toys	-	-	-	-	-	-
Total	-	-	-	-	-	-

Part 111 of the Act
 (Section 111 and 112)

Section 111		Section 112				Total
Number of cases	Number of cases in Section 111 (a)	Number of cases in Section 111 (b)	Number of cases in Section 111 (c)	Number of cases in Section 111 (d)	Number of cases in Section 111 (e)	
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-

