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RAUNDS URBAN DISTRICT



REPORT ON THE ENVIRONMENTAL
HEALTH OF THE DISTRICT.

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URBAN DISTRICT OF RAUNDS

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Chief Public Health Inspector:

G. E. J. Potter, A.F.S., Mun.B.I., M.R.S.H., M.A.P.H.I.



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Mr. Chairman, and Members of the Raunds Urban District Council

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 70 deaths. This gives a rate of 13.5 compared with 14.8 last year, and with the national figure of 11.9. The total number of births was 131 (of which one was illegitimate) compared with 106 last year, and showing therefore an increase of 25. There were no infant deaths.

The incidence of infectious disease was, apart from measles, low. There were 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.

I wish to express my thanks to Mr. Potter the 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

October, 1969.

SUMMARY OF VITAL STATISTICS, 1962

Area (in acres)

Population 1961 (census)

1962 (mid-year estimate)

No. of separate households recorded 1961 census

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Summary of Vital Statistics

Section A Natural and Social Conditions

Section B General Provision of Health Services

Section C Sanitary Circumstances of the Area

Section D Housing

Section E Inspection and Supervision of Food

Section F Prevalence of and Control Over Infectious Diseases

Section G The Factories Act

Crude rate per 1,000 population - 24.7

Comparability Factor - 1.18 Adjusted rate per 1,000 population 29.2

Illegitimate Live Births (Per cent of total live births) - 3.1

STILLBIRTHS

Legitimate

Illegitimate

Rate per 1,000 live and stillbirths - 23.0

DEATHS (all causes)

Crude rate per 1,000 population - 13.5

Comparability Factor - 0.77. Adjusted rate per 1,000 population - 10.4

NATURAL DEATHS

Deaths ascribed to pregnancy childbirth and abortion - NIL

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SUMMARY OF VITAL STATISTICS, 1968

Area (in acres)	6,483
Population 1961 (census)	4,570
" 1968 (mid-year estimate)	5,190
No. of separate dwellings occupied 1961 census	1,650
" " " " " 1968 (31.3.69)	2,079
Rateable Value, 1968 (31.3.69)	£150,668
Products of a penny rate 1968/69	£590

LIVE BIRTHS

	Male	Female	Total
Legitimate	61	63	124
Illegitimate	1	3	4
	62	66	128

Crude rate per 1,000 population - 24.7

Comparability Factor - 1.18 Adjusted rate per 1,000 population 29.15

Illegitimate Live Births (Per cent of total live births) - 3.1

STILLBIRTHS

Legitimate	3	0	3
Illegitimate	0	0	0
	3	0	3

Rate per 1,000 live and stillbirths - 23.0

DEATHS (all causes) 32 38 70

Crude rate per 1,000 population - 13.5

Comparability Factor - 0.77. Adjusted rate per 1,000 population - 10.40

MATERNAL DEATHS

Deaths ascribed to pregnancy childbirth and abortion - NIL

INFANT MORTALITY. No infant deaths occurred during 1968.

PARISH OF BARNHAM

AREA. The Urban District of Barnham which includes the parish of Barnham covers an area of 6,485 acres, and the density of the population is 658 persons per acre. There are a number of open spaces and playing fields and the main industry of the town is the manufacture of boats and ships.

POPULATION. The Registrar General in his report for 1968 gives the population of Barnham as 5,190 which is an increase of 12% on the previous year. There was a natural increase of 50 (i.e. births minus deaths).

BIRTHS. There were 143 live births during the year compared with 135 for 1967 and the crude birth rate was 27.7 per 1,000 population compared with 24.8 for England and Wales.

The following table shows comparison with the Administrative County of England and Wales over the past five years.

Year	Total Births	Rate per 1,000 population		
		Barnham	County	England and Wales
1964	65	22.8	24.1	25.0
1965	83	27.6	24.7	24.5
1966	67	22.8	24.3	24.7
1967	135	25.2	25.0	24.8
1968	143	27.7	25.1	24.9

HEALTHY BIRTHS. There were four stillbirths compared with seven for 1967 giving a rate of 31.25 per 1,000 live births compared with 35.5 for the previous year.

DEATHS. There were three male stillbirths in the district compared with two last year. This gives a rate of 23 per 1,000 live and stillbirths.

THEY ARE NOT THE SAME. NO INDEED, THEY ARE NOT THE SAME.

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 0.80 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 1968 gives the population of Raunds as 5,190 which is an increase of 190 on the previous year. There was a natural increase of 58 (i.e. births minus deaths).

BIRTHS. There were 128 live births during the year compared with 106 for 1967 and the crude birth rate was 24.7 per 1,000 population compared with 25.0 for England and Wales.

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

Year	Total Births	Rate per 1,000 population		
		Raunds	County	England and Wales
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
1968	128	24.7	18.8	16.9

ILLEGITIMATE BIRTHS. There were four illegitimate births compared with seven for 1967 giving a rate of 31.00 for 1,000 live births compared with 66.0 for the previous year.

STILLBIRTHS. There were three male stillbirths in the district compared with two last year. This gives a rate of 23 per 1,000 live and stillbirths.

TABLE 1. POPULATION

AREA. The Urban District of London which includes the parish of St. Martin's covers an area of 6,463 acres, and the density of the population is 250 persons per acre. There are a number of open spaces and playing fields and the main industry of the area is the manufacture of books and sheets.

POPULATION. The Registrar General in his report for 1955 gives the population of London as 2,150 which is an increase of 155 on the previous year. There was a natural increase of 55 (2.5 births minus deaths).

SEX. There were 125 male and 125 female in the population aged 15 and over in 1955. The crude birth rate was 25.7 per 1,000 population compared with 25.0 for England and Wales. The following table shows comparisons with the Administrative County of London and Wales over the past five years.

Year	Total District	Rate per 1,000 population	
		County	England and Wales
1955	25	25.7	25.0
1954	25	25.7	25.0
1953	25	25.7	25.0
1952	25	25.7	25.0
1951	25	25.7	25.0
1950	25	25.7	25.0

ADMINISTRATIVE COUNTY. There were 125 male and 125 female in the population aged 15 and over in 1955 giving a rate of 25.7 per 1,000 population compared with 25.0 for the previous year.

ENGLAND AND WALES. There were 125 male and 125 female in the population aged 15 and over in 1955. This gives a rate of 25.7 per 1,000 population compared with 25.0 for the previous year.

DEATHS.

There were 70 deaths, the most common cause being various forms of cancer and diseases of the heart and circulatory system.

Year	Total Deaths	Rate per 1,000 population		
		Raunds	County	England and Wales
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
1968	70	13.5	10.9	11.9

MATERNAL DEATHS. There were no maternal deaths and none have occurred since before 1935.

INFANT MORTALITY. There were no infant deaths during the year compared with two in 1967.

NEONATAL MORTALITY. This is a sub-division of the infant mortality rate and concerns infant deaths within the first four weeks of life. There were, however, no deaths in this category.

PERINATAL MORTALITY. Stillbirths and Deaths under 1 week. There were no deaths in this category during the year compared with two stillbirths for 1967.

DEATHS

There were 70 deaths, the most common cause being various forms of cancer and diseases of the heart and circulatory system.

Year	Total Deaths	Deaths per 1,000 population	
		County	Neighboring and State
1964	61	10.8	11.1
1965	61	10.7	11.3
1966	67	11.8	11.7
1967	70	12.1	12.3
1968	70	12.1	12.5

NATURAL DEATHS. There were no natural deaths and none have occurred since before

1955.

INFANT MORTALITY. There were no infant deaths during the year compared with two in

1967.

NEONATAL MORTALITY. This is a sub-division of the infant mortality rate and concerns infant deaths within the first four years of life. There were, however, no deaths in this category.

PERINATAL MORTALITY. Stillbirths and deaths within 1 week. There were no deaths in this category during the year compared with two in 1967.

CAUSES OF DEATH 1968

Causes of Death	Male	Female	Total
19. Malignant Neoplasm - stomach	-	1	1
Malignant Neoplasm - lung, bronchus	6	-	6
Malignant Neoplasm - breast	-	1	1
Other Malignant Neoplasms, including neoplasms of lymphatic and haemopoietic tissue	3	6	9
21. Diabetes Mellitus	2	-	2
23. Anaemias	-	1	1
27. Hypertensive Disease	-	1	1
28. Ischaemic Heart Disease	6	9	15
29. Other forms of heart disease	1	4	5
30. Cerebrovascular Disease	3	5	8
31. Influenza	1	-	1
32. Pneumonia	4	1	5
33. Bronchitis and Emphysema	2	3	5
42. Congenital Anomalies	-	1	1
45. Symptoms and Ill-Defined Conditions	1	1	2
46. Other diseases of the Circulatory system	1	2	3
Other diseases of the Digestive System	-	1	1
Other diseases of the genito-urinary system	1	-	1
48. All other accidents	-	1	1
50. All other external causes	1	-	1
Totals	32	38	70

TABLE 1

Year	Male	Female	Causes of Death
1950	10	10	1. Malignant neoplasms - stomach
1951	10	10	2. Malignant neoplasms - liver, pancreas
1952	10	10	3. Malignant neoplasms - breast
1953	10	10	4. Other malignant neoplasms, including carcinoma of lymphatic and hematopoietic organs
1954	10	10	5. Diseases of heart
1955	10	10	6. Diseases of circulatory system
1956	10	10	7. Diseases of respiratory system
1957	10	10	8. Diseases of digestive system
1958	10	10	9. Diseases of genitourinary system
1959	10	10	10. Diseases of nervous system
1960	10	10	11. Diseases of sense organs
1961	10	10	12. Diseases of skin
1962	10	10	13. Diseases of musculoskeletal system
1963	10	10	14. Diseases of endocrine system
1964	10	10	15. Diseases of immune system
1965	10	10	16. Diseases of blood
1966	10	10	17. Diseases of eye
1967	10	10	18. Diseases of ear
1968	10	10	19. Diseases of mouth
1969	10	10	20. All other diseases
1970	10	10	21. All other external causes
Total	10	10	

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	5,127	5,137	5,145	5,154	5,162	5,170	5,178	5,186	5,194	5,202	5,210	5,218	5,226	5,234	5,242	5,250	5,258	5,266	5,274	5,282	5,290	5,298	5,306	5,314	5,322	5,330	5,338	5,346	5,354	5,362	5,370	5,378	5,386	5,394	5,402	5,410	5,418	5,426	5,434	5,442	5,450	5,458	5,466	5,474	5,482	5,490	5,498	5,506	5,514	5,522	5,530	5,538	5,546	5,554	5,562	5,570	5,578	5,586	5,594	5,602	5,610	5,618	5,626	5,634	5,642	5,650	5,658	5,666	5,674	5,682	5,690	5,698	5,706	5,714	5,722	5,730	5,738	5,746	5,754	5,762	5,770	5,778	5,786	5,794	5,802	5,810	5,818	5,826	5,834	5,842	5,850	5,858	5,866	5,874	5,882	5,890	5,898	5,906	5,914	5,922	5,930	5,938	5,946	5,954	5,962	5,970	5,978	5,986	5,994	6,002	6,010	6,018	6,026	6,034	6,042	6,050	6,058	6,066	6,074	6,082	6,090	6,098	6,106	6,114	6,122	6,130	6,138	6,146	6,154	6,162	6,170	6,178	6,186	6,194	6,202	6,210	6,218	6,226	6,234	6,242	6,250	6,258	6,266	6,274	6,282	6,290	6,298	6,306	6,314	6,322	6,330	6,338	6,346	6,354	6,362	6,370	6,378	6,386	6,394	6,402	6,410	6,418	6,426	6,434	6,442	6,450	6,458	6,466	6,474	6,482	6,490	6,498	6,506	6,514	6,522	6,530	6,538	6,546	6,554	6,562	6,570	6,578	6,586	6,594	6,602	6,610	6,618	6,626	6,634	6,642	6,650	6,658	6,666	6,674	6,682	6,690	6,698	6,706	6,714	6,722	6,730	6,738	6,746	6,754	6,762	6,770	6,778	6,786	6,794	6,802	6,810	6,818	6,826	6,834	6,842	6,850	6,858	6,866	6,874	6,882	6,890	6,898	6,906	6,914	6,922	6,930	6,938	6,946	6,954	6,962	6,970	6,978	6,986	6,994	7,002	7,010	7,018	7,026	7,034	7,042	7,050	7,058	7,066	7,074	7,082	7,090	7,098	7,106	7,114	7,122	7,130	7,138	7,146	7,154	7,162	7,170	7,178	7,186	7,194	7,202	7,210	7,218	7,226	7,234	7,242	7,250	7,258	7,266	7,274	7,282	7,290	7,298	7,306	7,314	7,322	7,330	7,338	7,346	7,354	7,362	7,370	7,378	7,386	7,394	7,402	7,410	7,418	7,426	7,434	7,442	7,450	7,458	7,466	7,474	7,482	7,490	7,498	7,506	7,514	7,522	7,530	7,538	7,546	7,554	7,562	7,570	7,578	7,586	7,594	7,602	7,610	7,618	7,626	7,634	7,642	7,650	7,658	7,666	7,674	7,682	7,690	7,698	7,706	7,714	7,722	7,730	7,738	7,746	7,754	7,762	7,770	7,778	7,786	7,794	7,802	7,810	7,818	7,826	7,834	7,842	7,850	7,858	7,866	7,874	7,882	7,890	7,898	7,906	7,914	7,922	7,930	7,938	7,946	7,954	7,962	7,970	7,978	7,986	7,994	8,002	8,010	8,018	8,026	8,034	8,042	8,050	8,058	8,066	8,074	8,082	8,090	8,098	8,106	8,114	8,122	8,130	8,138	8,146	8,154	8,162	8,170	8,178	8,186	8,194	8,202	8,210	8,218	8,226	8,234	8,242	8,250	8,258	8,266	8,274	8,282	8,290	8,298	8,306	8,314	8,322	8,330	8,338	8,346	8,354	8,362	8,370	8,378	8,386	8,394	8,402	8,410	8,418	8,426	8,434	8,442	8,450	8,458	8,466	8,474	8,482	8,490	8,498	8,506	8,514	8,522	8,530	8,538	8,546	8,554	8,562	8,570	8,578	8,586	8,594	8,602	8,610	8,618	8,626	8,634	8,642	8,650	8,658	8,666	8,674	8,682	8,690	8,698	8,706	8,714	8,722	8,730	8,738	8,746	8,754	8,762	8,770	8,778	8,786	8,794	8,802	8,810	8,818	8,826	8,834	8,842	8,850	8,858	8,866	8,874	8,882	8,890	8,898	8,906	8,914	8,922	8,930	8,938	8,946	8,954	8,962	8,970	8,978	8,986	8,994	9,002	9,010	9,018	9,026	9,034	9,042	9,050	9,058	9,066	9,074	9,082	9,090	9,098	9,106	9,114	9,122	9,130	9,138	9,146	9,154	9,162	9,170	9,178	9,186	9,194	9,202	9,210	9,218	9,226	9,234	9,242	9,250	9,258	9,266	9,274	9,282	9,290	9,298	9,306	9,314	9,322	9,330	9,338	9,346	9,354	9,362	9,370	9,378	9,386	9,394	9,402	9,410	9,418	9,426	9,434	9,442	9,450	9,458	9,466	9,474	9,482	9,490	9,498	9,506	9,514	9,522	9,530	9,538	9,546	9,554	9,562	9,570	9,578	9,586	9,594	9,602	9,610	9,618	9,626	9,634	9,642	9,650	9,658	9,666	9,674	9,682	9,690	9,698	9,706	9,714	9,722	9,730	9,738	9,746	9,754	9,762	9,770	9,778	9,786	9,794	9,802	9,810	9,818	9,826	9,834	9,842	9,850	9,858	9,866	9,874	9,882	9,890	9,898	9,906	9,914	9,922	9,930	9,938	9,946	9,954	9,962	9,970	9,978	9,986	9,994	10,002	10,010	10,018	10,026	10,034	10,042	10,050	10,058	10,066	10,074	10,082	10,090	10,098	10,106	10,114	10,122	10,130	10,138	10,146	10,154	10,162	10,170	10,178	10,186	10,194	10,202	10,210	10,218	10,226	10,234	10,242	10,250	10,258	10,266	10,274	10,282	10,290	10,298	10,306	10,314	10,322	10,330	10,338	10,346	10,354	10,362	10,370	10,378	10,386	10,394	10,402	10,410	10,418	10,426	10,434	10,442	10,450	10,458	10,466	10,474	10,482	10,490	10,498	10,506	10,514	10,522	10,530	10,538	10,546	10,554	10,562	10,570	10,578	10,586	10,594	10,602	10,610	10,618	10,626	10,634	10,642	10,650	10,658	10,666	10,674	10,682	10,690	10,698	10,706	10,714	10,722	10,730	10,738	10,746	10,754	10,762	10,770	10,778	10,786	10,794	10,802	10,810	10,818	10,826	10,834	10,842	10,850	10,858	10,866	10,874	10,882	10,890	10,898	10,906	10,914	10,922	10,930	10,938	10,946	10,954	10,962	10,970	10,978	10,986	10,994	11,002	11,010	11,018	11,026	11,034	11,042	11,050	11,058	11,066	11,074	11,082	11,090	11,098	11,106	11,114	11,122	11,130	11,138	11,146	11,154	11,162	11,170	11,178	11,186	11,194	11,202	11,210	11,218	11,226	11,234	11,242	11,250	11,258	11,266	11,274	11,282	11,290	11,298	11,306	11,314	11,322	11,330	11,338	11,346	11,354	11,362	11,370	11,378	11,386	11,394	11,402	11,410	11,418	11,426	11,434	11,442	11,450	11,458	11,466	11,474	11,482	11,490	11,498	11,506	11,514	11,522	11,530	11,538	11,546	11,554	11,562	11,570	11,578	11,586	11,594	11,602	11,610	11,618	11,626	11,634	11,642	11,650	11,658	11,666	11,674	11,682	11,690	11,698	11,706	11,714	11,722	11,730	11,738	11,746	11,754	11,762	11,770	11,778	11,786	11,794	11,802	11,810	11,818	11,826	11,834	11,842	11,850	11,858	11,866	11,874	11,882	11,890	11,898	11,906	11,914	11,922	11,930	11,938	11,946	11,954	11,962	11,970	11,978	11,986	11,994	12,002	12,010	12,018	12,026	12,034	12,042	12,050	12,058	12,066	12,074	12,082	12,090	12,098	12,106	12,114	12,122	12,130	12,138	12,146	12,154	12,162	12,170	12,178	12,186	12,194	12,202	12,210	12,218	12,226	12,234	12,242	12,250	12,258	12,266	12,274	12,282	12,290	12,298	12,306	12,314	12,322	12,330	12,338	12,346	12,354	12,362	12,370	12,378	12,386	12,394	12,402	12,410	12,418	12,426	12,434	12,442	12,450	12,458	12,466	12,474	12,482	12,490	12,498	12,506	12,514	12,522	12,530	12,538	12,546	12,554	12,562	12,570	12,578	12,586	12,594	12,602	12,610	12,618	12,626	12,634	12,642	12,650	12,658	12,666	12,674	12,682	12,690	12,698	12,706	12,714	12,722	12,730	12,738	12,746	12,754	12,762	12,770	12,778	12,786	12,794	12,802	12,810	12,818	12,826	12,834	12,842	12,850	12,858	12,866	12,874	12,882	12,890	12,898	12,906	12,914	12,922	12,930	12,938	12,946	12,954	12,962	12,970	12,978	12,986	12,994	13,002	13,010	13,018	13,026	13,034	13,042	13,050	13,058	13,066	13,074	13,082	13,090	13,098	13,106	13,114	13,122	13,130	13,138	13,146	13,154	13,162	13,170	13,178	13,186	13,194	13,202	13,210	13,218	13,226	13,234	13,242	13,250	13,258	13,266	13,274	13,282	13,290	13,298	13,306	13,314	13,322	13,330	13,338	13,346	13,354	13,362	13,370	13,378	13,386	13,394	13,402	13,410	13,418	13,426	13,434	13,442	13,450	13,458	13,466	13,474	13,482	13,490	13,498	13,506	13,514	13,522	13,530	13,538	13,546	13,554	13,562	13,570	13,578	13,586	13,594	13,602	13,610	13,618	13,626	13,634	13,642	13,650	13,658	13,666	13,674	13,682	13,690	13,698	13,706	13,714	13,722	13,730	13,738	13,746	13,754	13,762	13,770	13,778	13,786	13,794	13,802	13,810	13,818	13,826	13,834	13,842	13,850	13,858	13,866	13,874	13,882	13,890	13,898	13,906	13,914	13,922	13,930	13,938	13,946	13,954	13,962	13,970	13,978	13,986	13,994	14,002	14,010	14,018	14,026	14,034	14,042	14,050	14,058	14,066	14,074	14,082	14,090	14,098	14,106	14,114	14,122	14,130	14,138	14,146	14,154	14,162	14,170	14,178	14,186	14,194	14,202	14,210	14,218	14,226	14,234	14,242	14,250	14,258	14,266	14,274	14,282	14,290	14,298	14,306	14,314	14,322	14,330	14,338	14,346	14,354	14,362	14,370	14,378	14,386	14,394	14,402	14,410	14,418	14,426	14,434	14,442	14,450	14,458	14,466	14,474	14,482	14,490	14,498	14,506	14,514	14,522	14,530	14,538	14,546	14,554	14,562	14
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It is therefore vital to establish the habit of being as physically active as possible starting after leaving school and continuing with suitable modification in the years. While at school the emphasis is on team games, and many children fail to continue their activity after leaving school. However, swimming, tennis, golf, fishing, walking, dancing, horse riding and gardening are all activities that can be continued either alone or with friends, and some of these activities should not be on the school list. The daily walk especially is encouraged by a dog, thus ensuring its regularity. It is especially recommended as this is an activity which can be pursued in old age. Thus, together with the need to exercise and maintain a healthy and consumption of food, to watch against obesity and the tendency to maintain a healthy and vigorous attitude to life and to have very relaxed help to avoid an early onset of arthritis.

A small fraction of approximately 1% can be regarded as having a genetic condition and this is attributed to the hereditary factor. In 1967, 1968 and in 1969 & 1970 people died as a result of accidents on the roads compared with 1967 in 1968. Since the beginning of the century, road accidents in Great Britain have caused over 100,000 deaths. There are an average of 10 people killed as a result of such an accident, and even more if the accident occurs in a crowded area. In 1967, 1968 and 1969, 1970, 1971 and 1972, the number of deaths has been 15 - 25 per group each year. The necessity of proper maintenance of the vehicle, driver and 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.

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.

Falls	2,124	1,755	1,677	1,733	1,733	1,733	1,733	1,733	1,733	1,733
Burns and Scalds	1,458	1,458	1,458	1,458	1,458	1,458	1,458	1,458	1,458	1,458
Suffocation and Choking	752	752	752	752	752	752	752	752	752	752
Others	1,395	1,395	1,395	1,395	1,395	1,395	1,395	1,395	1,395	1,395
Total	5,729	5,350	5,322	5,378	5,378	5,378	5,378	5,378	5,378	5,378

Unpublished figures regarding accidents in the home for 1955 have not yet been published. Provisional figures indicate a general increase in the number of accidents. The following is a comparison of accident deaths in Great Britain in 1955 with the corresponding figures for 1954, 1953 and 1952. The figures are given in detail.

The total number of accidental deaths in and around the home in Great Britain in 1955 was 7,305. There were 5,735 deaths in private houses and 1,570 in residential institutions. These figures were 6% (or 7.5 per cent) fewer than those for 1954. It was in fact the lowest total for ten years.

Home accident deaths constituted over 30 per cent of all accident fatalities in 1955, and accounted for 1.5 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 1946-55 are given in the table below.

In England and Wales there was a reduction of 1.5 per cent compared with the previous year. In Scotland the decrease was 11.5 per cent.

Deaths	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946
England and Wales	5,001	5,010	5,030	5,050	5,070	5,090	5,110	5,130	5,150	5,170
Scotland	1,236	1,257	1,278	1,299	1,320	1,341	1,362	1,383	1,404	1,425
Total	6,237	6,267	6,308	6,349	6,391	6,431	6,472	6,513	6,554	6,595

The second table gives an analysis of the 1955 figures according to cause, age-group and sex. Death rates per 100,000 population are also given.

In the four main categories fatalities showed a reduction compared with 1954, although deaths due to 'other' causes increased. Deaths in children aged 5 - 14 numbered the same as before, and in the age-group 65 - 84 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	4,986	7,909

Death rate *	18.8	1.5	3.0	8.5	77.5	11.2	18.1	14.3
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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	1,657	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

Cause of Death	Age-groups (years)						Sex		Total Deaths
	0 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 & +	Male	Female	
Poisoning	13	13	10	10	10	10	10	10	1,100
Wife	75	12	75	75	75	75	75	75	1,100
Burns and Scalds	125	45	60	125	125	125	125	125	750
Self-sufficiency and Choking	225	7	75	75	75	75	75	75	750
Others	111	38	111	111	111	111	111	111	1,100
Total	461	115	437	437	437	437	437	437	7,700

Death rate per 100,000 population	10.5	1.7	10.5	10.5	10.5	10.5	10.5	10.5	10.5
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* Deaths per 100,000 population.

Sixty-five per cent of the deaths in 1955 were in the age-group 45 and over. Eleven per cent of the total fatalities were in children under 15 years old.

The annual figures of these accidents have been in great decline for the five years 1955 - 61, analysed according to cause, are given in the following table:-

Cause of Death	1955	1956	1957	1958	1959
Poisoning	1,100	1,100	1,100	1,100	1,100
Wife	1,100	1,100	1,100	1,100	1,100
Burns and Scalds	1,100	1,100	1,100	1,100	1,100
Self-sufficiency and Choking	1,100	1,100	1,100	1,100	1,100
Others	1,100	1,100	1,100	1,100	1,100
Total	5,500	5,500	5,500	5,500	5,500

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 1,480, 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). RSPA also produces separate statistical analyses of home accident deaths covering England and Wales only (which is extra detailed) and Scotland.

Table compares the first and foremost causes of accident fatalities in the road and home, accounting for more deaths than all other causes together. The 1961 toll was 1,100, a 10% increase over the 1951 toll. About 80% of the deaths were due to falls on the stairs.

Home accidents are always the most frequent cause of home accident deaths. In 1961, Great Britain has the highest number of home accidents, 1,100, a 10% increase over the 1951 toll. Over 80% of the accidents involved falls, the toll being 800. In this category, the majority of the victims were elderly. Deaths caused by other causes numbered 300. Fatalities due to cold and rapid movement numbered 100, the vast majority of these involving drugs.

The third major cause of accidental deaths in the home is burns and scalds. In 1961, 700 deaths were caused by burns and scalds, a 10% increase over the 1951 toll. About 80% of the deaths were due to a result of fire and explosion. The remaining fatalities were caused by hot water, electric appliances and stoves.

Self-harm and choking accounted for 100 deaths, a 10% increase over the 1951 toll. There were 100 deaths under this category, a 10% increase over the 1951 toll. About 80% of the fatalities were due to self-harm, the majority of the victims being elderly. Deaths caused by choking were 100, a 10% increase over the 1951 toll.

Lastly, deaths due to other miscellaneous causes numbered 100 in 1961. In the case of drowning accidents there were 70 fatalities, a 10% increase over the 1951 toll. Other causes included excessive cold (20 deaths), black frost (10 deaths), etc. (20), lack of care of infants under one year old (20), firearms (20) and foreign objects in children (20).

Notes: As in the previous analysis in this series, the analysis includes deaths in British waters. Accidents (which numbered 79 in 1951 and 82 in 1961).

The figures in this analysis are taken from the Registrar General's Statistical Review of England and Wales for the Year 1961 (Part I - England and Wales) and from the Statistical Review of England and Wales for the Year 1961 (Part II - Wales). Deaths also include deaths registered in the Registrar General for Scotland and Wales only (which is not included in the total).

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 directed by 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
(except last Monday in month)
Alternate Tuesday mornings
2nd, 4th and 5th Wednesday afternoons

Medical

2nd and 4th Monday afternoons
Alternate Tuesday mornings
2nd and 4th Tuesday afternoons
1st, 3rd and 5th Friday mornings

Dietician

1st Tuesday 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

Every Thursday morning and
Alternate Thursday afternoons
(either hospital or school)

Orthoptist

Thursday mornings and afternoons

Physiotherapy

Monday afternoons
Alternate Friday afternoons

Psychiatric

Thursday mornings

Skin

Thursday mornings

Paediatric

Wednesday mornings

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.

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 year was as follows:

The treatment of sewage during the year was not up to Royal Commission Standard but every attempt was made to reduce pollution to a minimum.

A scheme for a new sewage disposal works of the conventional type at the Raunds site is being prepared and sewerage from Stanwick will be pumped thereto and treated with that received from Raunds.

No. of private houses completed during the year 77

No. of private houses under construction at the
end of the year 88

SECRET

UNITED STATES DEPARTMENT OF THE ARMY

MEMORANDUM FOR THE SECRETARY OF THE ARMY. The work is being done by the Army Medical Department and the Army Medical Service. It is satisfactory in both quantity and quality.

Statement and General Remarks

The progress of work during the year has been very satisfactory. Every attempt was made to reduce the number of errors.

A scheme for a new system of work of the medical service is being prepared. It is being prepared and is being prepared. It is being prepared and is being prepared. It is being prepared and is being prepared.

SECTION D

HOUSING

The building programme for the year was as follows:

No. of council houses completed during the year	-
No. of council flat completed during the year	-
No. of council houses under construction at the end of the year	2
No. of private houses completed during the year	77
No. of private houses under construction at the end of the year	80

SECTION E

INSPECTION AND SUPERVISION OF FOOD

There were 51 premises in the area concerned with the handling of food - these consisted of the following:-

Grocery	19
Greengrocery	11
Butchers	5
Cafe's	1
Public Houses	6
Licensed clubs	3
Premises preparing food	2
School canteens	1
Slaughter houses	3

Those visited were found to be satisfactory.

SECTION 12

INVESTIGATION OF THE

There were 21 persons in the area connected with the handling of food - as follows:-

1. Slaughter house

- 2. Slaughter house
- 3. Slaughter house
- 4. Slaughter house
- 5. Slaughter house
- 6. Slaughter house
- 7. Slaughter house
- 8. Slaughter house
- 9. Slaughter house
- 10. Slaughter house
- 11. Slaughter house
- 12. Slaughter house
- 13. Slaughter house
- 14. Slaughter house
- 15. Slaughter house
- 16. Slaughter house
- 17. Slaughter house
- 18. Slaughter house
- 19. Slaughter house
- 20. Slaughter house
- 21. Slaughter house

Those visited were found to be satisfactory.

SECTION F

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

TUBERCULOSIS. There were no cases of tuberculosis notified during the year, therefore, the number of cases of tuberculosis on the register remained as follows:

	Male	Female	Total
Respiratory	2	2	4
Non-Respiratory	1	2	3
	3	4	7

Other notifiable diseases.

Measles 54

Erysipelas 1

The total number of infectious diseases notified during the year was 55 an increase of 50 on last year's figure.

MEASLES. There were 54 cases of measles during the 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 no cases 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. There were no cases 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.

POLIOMYELITIS. 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. There were no cases 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

The total number of infectious diseases notified during the year was 11 as compared with 10 on last year's figure.

REMARKS. There were 25 cases of measles during the year.

This highly infectious disease has been with the children since the last year. It usually follows a primary infection with a high fever, sometimes exclusively during childhood. It usually follows a primary infection with a high fever, sometimes exclusively during childhood. The nature of the illness is almost invariably acute, but complications which include otitis media, pneumonia, eye infection and very rarely meningitis are not infrequently seen. The illness itself is often severe. Complications may be relatively dealt with by the early antibiotic which are now available, but the danger of dehydration and all other side effects, and expensive and intensive medical supervision. An efficient vaccine is now available and this has enabled the number of cases to be kept down. It is anticipated that in future years measles is among the preventable and epidemic will be virtually eradicated.

SCARLET FEVER. There were no cases during the year.

Scarlet fever is a disease which is due to the invasion of the body by the bacteria of the group *Streptococcus pyogenes*. It is usually accompanied by a high fever, sore throat, and a characteristic rash. It is a highly contagious disease and is usually fatal in the young.

SCARLET FEVER. There were no cases during the year.

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

PHARYNGITIS. No cases occurred.

This disease can be ascribed to its inclusion in the list as it has been associated with vaccination. The oral Bala vaccine is now used which gives a longer lasting immunity than the skin or injected variety. A small amount of virus or a large amount of virus is also used, more comparable to the young patients than the previous media used.

PHARYNGITIS. There were no cases during the year.

The condition is usually caused by one of the *Streptococcus* organisms of which there are a large number. The commonest species being that of *Streptococcus pyogenes*. Bacterial infection is common in the throat, and the incidence of infection on the tonsils is now notified by the National 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. There were no cases 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

Letter to the Medical Officer of Health. Two women are then named of the possibility of human infection, and given details of hygiene precautions to prevent infection in themselves or their families.

Other causes of food poisoning are suggested which may gain entry to food from an infected spot on the face, hands or arms of a food handler when they come in contact with the food. As the symptoms result from a toxin which is destroyed by heat, cooking the infected food, in this case, does not prevent the illness. It is usually spread by food, but infection may occur. However, the commonest part in the infection which gains entry into food because of the family personal habits of food handlers. The source of infection has numerous probably associated conditions (e.g. infected) most likely being one of the most frequent.

SHALLFORD. There were no cases.

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

BIRMINGHAM. There have been no cases of diphtheria in Birmingham since 1926.

There is therefore with each successive year of freedom from infection, a diminishing infection of the danger of this illness. However, it is not the case of the disease that a child is born with and may not have their disease. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping the subject of children vaccinated that the disease is kept in check. It is the duty of all parents to have their children vaccinated, and it may well be so they protect their children.

WIMBORNE. No cases of diphtheria were notified during the year.

INVESTIGATIVE RESULTS. The Minister of Health has ordered that this disease should be made legally notifiable as from 1st July, 1927. In accordance with other District Councils there also become operative in the County of Northamptonshire. There were no cases notified during the year.

Local Infective Hepatitis is a disease caused by a virus which attacks the liver and causes jaundice. It is caused by infection of young people at school and spread, and with an incubation period of 15 - 30 days. The incubation period of infection is 15 days before jaundice and children to their mothers. The virus is present in faeces in 15 days before jaundice and up to 3 days after. Some hepatitis, which is caused by an infective hepatitis, has a longer incubation period of 30-100 days and affects mainly adults and can be spread by blood.

transfusion 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.

ERYSIPELAS. One case was notified during the year.

Practice	Number of Registrars	Investigation	Notification	Considered
(i) Practices in which Sections 1, 2, 3, 4 and 5 are to be enforced by local authorities	-	-	-	-
(ii) Practices not included in (i) in which Section 7 is enforced by the local authority	14	-	-	-
(iii) Other practices in which Section 7 is enforced by the local authority (excluding sub-urban practices)	-	-	-	-
Total	14	-	-	-

transmission and localities identified specimens used by designers, dentists, nurses and doctors, and in the various laboratory processes. The clinical group of these two types of hospitals are indistinguishable. There is no specific or common and a few isolated cases which is away from the main body of the country, and sometimes, which are really far from the main body. Hospital measures are of little value, and patients are not treated as they are in the hospital provided adequate hand washing facilities are provided, with current disinfection of excreta. Some hospitals can be virtually isolated, of course, and equipment and generally introduced. In this country, hospital measures are used by the Health Service (Department) for all procedures involving patients. Some hospitals are of value for the prevention of close contacts and programs under hospital regulations.

-- Under the Health Service and Public Health Act 1936, infectious diseases are now become nationally notifiable since October, 1950.

REMARKS. The case was notified during the year.

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 of 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	-	-	-

SECTION 2

THE ACT OF 1911

Prescribed for the purpose of the Administration of the
 Factories Act, 1911.

PART I OF THE ACT

I - INSPECTORS for purposes of provisions of the Act relating to the
 Public Health Inspector.

Provisions	Number of Factories	Number of Inspected	
		Factories	Inspected
(1) Factories in which Sections 1, 2, 3, 4 and 5 are so enforced by local authorities	-	-	-
(2) Factories not included in (1) in which Section 7 is enforced by the local authority	16	-	-
(3) 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	-	-	-	-	-

Number of cases in which defects were found	Number of cases in which defects were found				Particulars
	Defective		Handled	Total	
	To N.E. for action	To N.E. for action			
-	-	-	-	-	Sanitary Concessions (a) Inadequate (b) Unsanitary or defective (c) Not adequate for action
-	-	-	-	-	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	-	-	-	-	-	-

STATE OF NEW YORK

OFFICE

(Section 121 and 122)

Section 121			Section 122			Nature of case
No. of cases of delinquency in which the child is placed in the State	No. of cases of delinquency in which the child is placed in the State	No. of cases of delinquency in which the child is placed in the State	No. of cases of delinquency in which the child is placed in the State	No. of cases of delinquency in which the child is placed in the State	No. of cases of delinquency in which the child is placed in the State	
-	-	-	-	-	-	Admitted to State
-	-	-	-	-	-	Admitted to State
-	-	-	-	-	-	Total

