

**[Report 1969] / Medical Officer of Health, Raunds U.D.C.**

**Contributors**

Raunds (England). Urban District Council.

**Publication/Creation**

1969

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# RAUNDS URBAN DISTRICT



REPORT ON THE ENVIRONMENTAL  
HEALTH OF THE DISTRICT.

1969



Telephone: 34823



Mr. Chairman, Members of the Raunds Urban District Council

I have the honour to present the Annual Report of the Raunds Urban District Council, incorporating that of the Public Health Inspector.

The report is presented once again in seven sections, each dealing with a separate aspect of environmental control: the first on natural and social conditions; the second on the provision of health and welfare services; the third on sanitary circumstances; the fourth on housing; the fifth on food; the sixth on the control of infectious and other diseases; and the seventh on the Factories Act, 1961. In addition, while increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which would prove inimical to health either now, or in the future.

The vital statistics for the year show that there were 76 deaths. This gives a rate of 14.2 compared with 13.5 last year, and with the national figure of 11.9. The total number of births was 110 (of which 8 were illegitimate) compared with 131 last year, and showing therefore a decrease of 21. There were 3 infant deaths.

The control of food hygiene in the town is maintained at a high standard. The inspection of meat continues to be a hundred per cent. There has been also adequate control of food supplies. While the district has been fortunate during the year in having no cases of food borne infection, the condition is generally far too prevalent. It is essential that there is a constant vigilance in the maintenance of standards in the storage, preparation and sale of all food, and that individuals concerned with this trade should receive proper training and be aware of the potential risk to their customers should they observe the strict authority, by constant inspection and enforcement, by constant inspection and enforcement, and as food borne infection, but the ultimate responsibility lies with an individual either in food premises or in the home. The public themselves, when observing failure in food premises, should not accept unsatisfactory practices. In the home, high standards should be maintained.

REPORT ON THE ENVIRONMENTAL  
HEALTH OF THE DISTRICT.

1969

Area Health Office,  
7 Cheyne Walk,  
Northampton.



RAUNDS  
URBAN  
DISTRICT



1909

REPORT ON THE ENVIRONMENTAL  
HEALTH OF THE DISTRICT

Area Health Office,  
7 Cheyne Walk,  
Northampton.

Telephone: Northampton 34833

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I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Public Health Inspector.

The report is presented once again in seven sections, each dealing with a separate aspect of environmental control; the first on natural and social conditions; the second on the provision of health and welfare services; the third on sanitary circumstances; the fourth on housing; the fifth on food; the sixth on the control of infectious and other diseases, and the seventh on the Factories Act, 1961. In addition, while increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

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Infectious disease notification was low: measles vaccination continued, but owing to shortage of vaccine was not generally available. It is to be hoped that this universal, and often complicated infection, will decline in future years. While the incidence of infection is slight, it is disturbing to note that the numbers receiving immunisation are, in many areas, too few. It is hoped that the use of the computer will have the effect of raising the response to immunisation. Should standards fall infections could re-occur. It remains vitally important for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus, smallpox and now measles, with tuberculosis vaccination following later. The introduction of Rubella (German Measles) vaccination may also become universal for girls, as an effective vaccine has now been developed.

Thus, the environmental control of the town has been maintained satisfactorily throughout the year, but while there is a gradual improvement annually, pressures are constant both in maintaining present standards and in dealing with new problems that occur. The national rise in population, if it continues at its present rate, will result in an increase of 20 million by the year 2000, thereby causing problems of great magnitude in the environment. Already some of these are evident in the United States of America. There will inevitably be increasing pollution of the air, sea, land and inland waterways: congestion of the roads resulting in more deaths from accidents: overcrowding of the cities with overspill and congestion of the countryside: a vast problem of refuse and sewage disposal: housing shortage: the need for more institutions, schools, teachers, hospitals and all the allied services: the problem of noise and its effect on mental health, and finally the ultimate result of overpopulation on the whole mental outlook of its people. While it is agreed that population control is a priority in many of the emerging countries, its urgency here has not received the attention it merits. While, at the present time, family planning is, in general, a practice of the more responsible members of the community we are faced with an inevitable increase of population among the less desirable, who as problem families frequently perpetuate themselves by becoming the progenitors of future problem families. There are in this country 250,000 unwanted children born annually and it is likely that it is from this source that criminality arises. The successful practice of population control has therefore this twofold purpose, which is both quantitative and qualitative.

The year 1969 was notable for proposals for reform in Local Government structure and changes in the National Health Service. In the former, unitary all purpose authorities combining in Northamptonshire both the Borough and the County would take the place of the twenty two district councils of the County and County Borough. The Health Service was to be unified and its tripartite structure to cease, removing the personal preventive health services from the local authority, but leaving the control of environmental services with the unitary authority. Finally the social services, remaining with the local authority, would embrace a number of health functions. This proposed massive reorganisation occupied much thought in the year of this report.





Political changes which have occurred at the time of writing may cause some immediate deferral of these plans. However some reflection on the future of the preventive services and the challenges that have to be faced could be appropriate at this time.

It is now over twenty years since the inception of the National Health Service. From the outset a tripartite structure separating hospital, general practitioner and local authority services was potentially hazardous. The separation of the preventive services from the National Health Service, and the isolation of the medical personnel allying them with other local government officers rather than their colleagues has resulted in a steady decline in recruitment. Local authorities have in some instances failed to recognise the potential of their inheritance and while there has been expansion of hospital and general practitioner services there has been some stagnation in the preventive field. Foresight in expenditure on prevention could have resulted in saving on the curative services. However health needs are weighed against all other demands and, in practice, are often the ones to be curtailed in times of economic stringency. It is unfortunate that the results of preventive medicine are without immediate dramatic evidence; are slow, long term, and can only be assessed by the passage of time and often the study of statistics. It is unfortunate too that in the last twenty years the needs of prevention have become more subtle, depending less on obvious environmental control such as the clearing of slums and prevention of infectious disease than on the individuals response to life in an affluent society.

Finally, I emphasise each year, what are the future challenges. I maintain that there is a need for their constant reiteration. Health education has become, in its modern context, a perpetual battering at the bastions of ignorance, self indulgence and complacency.

In the assessment of the needs for prevention there are three factors to be considered, first the primary one of preventing disease, which is exemplified by the total prevention of an illness by immunisation, the secondary factor of preventing premature death by means of early detection, modification of living habits, health education and other means, and thirdly the prevention of further deterioration of those who already suffer from chronic illness. Each facet of the field of prevention requires its individual disciplines, and it is necessary to consider the causes of premature death, and those afflictions who by their incidence lessen the quality of life.

The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the 1st, 2nd and particularly the 3rd decades). Once again I give some details on this subject on later pages of the report.





Next, in the middle aged, becoming evident now from the fifth decade there is the ever growing toll which is caused as a result of cigarette smoking. It is agreed that this is probably the greatest health challenge facing our society at this time. At least 50,000 deaths a year are contributed to by this habit, not only from cancer of the lung, but from coronary thrombosis, chronic bronchitis and pneumonia. In later pages I give in detail, some of the facts relating to the dangers of cigarette smoking. In the face of this massive challenge our efforts at prevention have, so far, been puny. Expenditure on the promotion of information and the use of all the modern media of communication has been negligible when compared with the cost to the nation of these premature deaths. So often too the premature death occurs in a male in his prime, at the time of his greatest contribution to society and to his family. Constant effort should be directed by all the means that are available towards the education of young people in an effort to persuade them that cigarette smoking is a foolish habit indulged in by those who are unable to resist the temptation rather than, as it is now so often presented by the cigarette manufacturers, as the smoker bearing an image of maturity and independence. This responsibility lies however not only with the health educators but with those members of the adult population who particularly have contact and influence with young people.

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular physical exercise and who are not obese. Farmers and bus conductors suffer less than bus drivers and commercial travellers. It is disturbing to consider that while young people are at school they are physically active but this activity may cease when they leave. They often eat in excess of their needs and start smoking earlier than former generations. The prevention of arterial disease, and the presymptomatic detection in screening of individuals likely to suffer is a challenge to preventive medicine which, at the present time, is not being tackled in Britain. Apart from isolated pockets of individual research there is little other effort and none which is generally directed. A situation may be building up in which the incidence of early arterial disease could assume epidemic proportions.

Much remains also, to be done in the field of chronic illness. The early detection of cancer, of diabetes, the prevention and alleviation of rheumatic diseases in all its manifestations, and finally in tertiary prevention, the needs of those who are the victims of chronic illness, particularly today with the increasing survival of the handicapped and the elderly,





will require the organisation and deployment of many services. It is to be hoped that medical research may find the answer to some of these problems, but in the meantime in the organisation of the National Health Service there is an urgent need to assess the priorities in medicine and make the best use of the available resources.

Finally there is the disappointment that in a welfare state, where the relief of poverty and its attendant anxieties have been the primary aim of succeeding governments since the end of the war, there has been no lessening in the occurrence of mental ill health. Instead its incidence, together with those other manifestations of mental instability, such as drug taking, both of hard drugs and sedatives, delinquency, crime, child neglect and cruelty, divorce and a neglect of social obligations, indicate that a materially prosperous society requires also a firm basis of morality to be successful.

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

November, 1970.



# URBAN DISTRICT OF RAUNDS

Members of the Public Health Committee:

Councillors: E. Chambers, R.W. Holmes, H.H. Lawrence, J.A. Leddington, F.H. Nutt,  
D. Parkinson, D.H. Smith, R.E. Warwick.

Public Health Officers of Local Authority:

Medical Officer of Health:

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

Also holds appointments of

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

Chief Public Health Inspector:

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





SUMMARY OF VITAL STATISTICS, 1969

Area (in acres)	6,483
Population 1961 (census)	4,570
" 1969 (mid-year estimate)	5,370
No. of separate dwellings occupied 1961 census	1,650
" " " " " 1969 (31.3.70)	2,135
Rateable Value, 1969 (31.3.70)	£158,544
Product of a penny rate	£617

LIVE BIRTHS

	Male	Female	Total
Legitimate	58	44	102
Illegitimate	4	4	8
	62	48	110

Crude rate per 1,000 population - 20.5

Comparability Factor - 1.18 Adjusted rate per 1,000 population 24.2

Illegitimate Live Births (Per cent of total live births) - 7

STILLBIRTHS

	Male	Female	Total
Legitimate	0	1	1
Illegitimate	0	0	0
	0	1	1

Rate per 1,000 live and stillbirths - 9

DEATHS (all causes) 36 40 76

Crude rate per 1,000 population - 14.2

Comparability Factor - 0.79. Adjusted rate per 1,000 population - 11.2

MATERNAL DEATHS

Deaths ascribed to pregnancy childbirth and abortion - NIL



## GENERAL

### INFANT MORTALITY.

There were 3 infant deaths in 1969 giving a rate per 1000 live births of 27 compared with 18 for England and Wales.

## NATURAL AND SOCIAL CHARACTERISTICS

The parish of St. Andrew's covers an area of 0.405 acres, and the density of the population is 0.85 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 St. Andrew's as 3,370 which is an increase of 160 on the previous year. There was a natural increase of 34 (i.e. births minus deaths).

**BIRTHS:** There were 110 live births during the year compared with 128 for 1968 and the crude birth rate was 30.5 per 1,000 population compared with 35.7 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		
		St. Andrew's	County	England and Wales
1965	81	17.5	15.8	15.1
1966	87	17.9	15.5	17.7
1967	106	21.0	18.0	17.2
1968	128	24.7	18.9	16.9
1969	110	20.5	15.7	15.3

**ILLEGITIMATE BIRTHS:** There were eight illegitimate births compared with four for 1968 giving a rate of 72.0 for 1,000 live births compared with 31.0 for the previous year.

**STILLBIRTHS:** There was one female stillbirth in the district compared with three male last year. This gives a rate of 9 per 1,000 live and stillbirths.



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 0.83 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 1969 gives the population of Raunds as 5,370 which is an increase of 180 on the previous year. There was a natural increase of 34 (i.e. births minus deaths).

BIRTHS. There were 110 live births during the year compared with 128 for 1968 and the crude birth rate was 20.5 per 1,000 population compared with 16.3 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
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
1969	110	20.5	18.1	16.3

ILLEGITIMATE BIRTHS: There were eight illegitimate births compared with four for 1968 giving a rate of 72.0 for 1,000 live births compared with 31.0 for the previous year.

STILLBIRTHS: There was one female stillbirth in the district compared with three male last year. This gives a rate of 9 per 1,000 live and stillbirths.





DEATHS:

There were 76 deaths, the most common causes being various forms of cancer and diseases of the heart and circulatory system.

Year	Total Deaths	Rate per 1,000 population		
		Raunds	County	England & Wales
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
1969	76	14.2	10.9	11.9

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

INFANT MORTALITY: There were three infant deaths during the year compared with none in 1968.

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 2 deaths in this category.

PERINATAL MORTALITY: Stillbirths and deaths under 1 week. There was one stillbirth, and there were two deaths under one week, giving a rate per 1,000 total live and stillbirths of 27.



# CAUSES OF DEATH 1969

Causes of Death	Male	Female	Total
B19(1) Malignant Neoplasm, buccal cavity, etc.	1	-	1
B19(3) Malignant Neoplasm, stomach	1	-	1
B19(4) Malignant Neoplasm, Intestine	2	1	3
B19(6) Malignant Neoplasm, lung, bronchus	3	-	3
B19(7) Malignant Neoplasm, breast	-	2	2
B19(11) Other malignant neoplasms	2	1	3
B21 Diabetes Mellitus	-	2	2
B26 Chronic rheumatic heart disease	-	2	2
B27 Hypertensive disease	2	3	5
B28 Ischaemic heart disease	11	5	16
B29 Other forms of heart disease	3	7	10
B30 Cerebrovascular disease	2	6	8
B46(5) Other diseases of circulatory system	1	1	2
B31 Influenza	-	1	1
B32 Pneumonia	-	3	3
B33(1) Bronchitis and emphysema	2	-	2
B37 Cirrhosis of liver	-	1	1
B46(7) Other diseases of digestive system	1	1	2
B46(8) Other diseases, genito-urinary system	-	1	1
B46(10) Diseases of musculo-skeletal system	1	-	1
B42 Congenital anomalies	-	1	1
B43 Birth injury, difficult labour, etc.	-	1	1
B44 Other causes of perinatal mortality	1	-	1
B45 Symptoms and ill defined conditions	-	1	1
BE47 Motor Vehicle Accidents	1	-	1
BE48 All other accidents	2	-	2
Totals	36	40	76





Out of a total of 76 deaths, 20 died before the age of 65. The causes of their deaths were predominantly due to arterial diseases, cancer or accidents.

It is well to reflect each year on these early deaths, and to assess the need for prevention in these groups.

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer, 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from smoking than on industrial disputes.

In 1968, it was considered that about 75% of the male population and 41% of the female population smoked. Between 1956-68 the number of female cigarette smokers rose by a million. It is deeply disturbing to note that 42% of 16 year old boys and 30% of girls smoke more than 25 cigarettes per week.

The adverse effects on health of smoking unfortunately only become manifest after many years, and are therefore not obviously connected with the habit. Also in many countries, as the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation, and it is not practicable to impose regulations on an unwilling population. However, it is imperative to take action that will discourage young people from starting to smoke, and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailment of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a recently published paper\* that the most important approaches to combat the health hazards of smoking are as follows:-

1. The education of youth not to take up smoking.  
(In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars and others whom young people admire and may emulate.)
2. The exerting of the influence of health workers.  
(The medical profession have recognised the hazard, and now only a quarter of British male doctors smoke. Their death rate from lung cancer is now only 2/5 of the national figure.)

\*Smoking and Health by Professor C.M. Fletcher & Dr. D. Horn. W.H.O. Publication.





3. Group approaches to the control of cigarette smoking by adults.
4. Mass approaches to the control of cigarette smoking.
5. Reducing the effectiveness of the advertising and promotion of cigarettes.
6. Less hazardous smoking.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

The yearly toll of injury and death from road accidents mounts steadily. In an over-populated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However the majority of deaths (and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1969 7383 were killed on the roads as compared with 6810 in 1968.

Deaths from accidents in the home are also continuing at a rate which is far too high, running at over eight thousand, together with injuries of approximately 125,000 receiving hospital treatment and a million and a half with slight injuries. Over three quarters of the fatalities occur in elderly people or in children under 5 years of age.



The statistics for Great Britain in 1967 are given in the chart below:-

Cause of Death	Age-group (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	238	201	489
Total	874	115	637	1,128	5,155	2,923	1,936	7,909

  

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

The following notes have been published in the Home Safety Journal (a publication of R.O.S.P.A.) in July 1970, and are acknowledged with thanks.

#### Comparative Figures for 5 years 1963-1967

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





Cause of Death	1963	1964	1965	1966	1967
Poisoning	2,124	1,782	1,697	1,719	1,480
Falls	4,830	4,641	4,538	4,660	4,407
Burns and scalds	1,053	886	872	951	791
Suffocation and choking	792	896	900	812	742
Others	495	441	430	441	439
Total	9,299	8,646	8,437	8,583	7,909

#### Home Accidents - Cause of Death

##### Falls:

56% of total deaths - in one year (1967) (4,407 cases)

89% of victims were aged 65 or over

60% were falls on one level, tripping, slipping stumbling

25% were falls from one level to another

Common causes of falls on one level are - slipping on wet floors or polished floors with or without loose rugs; tripping over obstacles or catching toes in floor coverings in poor repair; slipping on spilt grease; slipping in the bath.

Common causes of falls from one level to another are - lack of handrails or unsteady banisters causing falls downstairs; poor lighting on stairways; chairs used instead of household steps. Other falls of this nature include falls out of bed, out of prams and highchairs.

Physical causes include poor sight; undue haste; illnesses causing heart or chest troubles; stiff limbs; dizziness caused by reaching up or down unduly in elderly people.

Prevention: Risk of falls can be reduced by maintaining floor surfaces in good repair; wiping up spilt water or grease immediately; being tidy about the house; having safety rails by the bath; wearing shoes in good repair. Household steps should always be used to reach high shelves, etc., window safety catches should be used to control opening for the protection of young children and elderly people. Beds should not be too high; or chairs too low for easy use; extra handrails on the wall side of the stairs are helpful. Safety harness should be used in prams and highchairs.



### Poisoning:

- 19% of all fatal home accidents in 1 year (1967)
- 43% of poisoning accidents involved household gas (642 cases)
- 57% involved drugs, chemicals and all other causes of poisoning (775 cases).

Common causes of gas poisoning are absentmindedness in leaving gas on, or partly lighted, lack of ventilation, using wrong (rubber) connecting tubing for appliances; bad installation or repair. The human factor, carelessness is most often the basic cause.

Other forms of poisoning include overdoses of medicines; leaving medicines within reach of children; failure to use medicine cupboard; not checking dosage; taking internally lotions, rubs, etc., designed only for external use; children eating cosmetics.

Domestic Chemicals such as bleach, disinfectant, detergent, pesticides, paint strippers, antifreeze, petrol, paraffin and other fluids cause accidents to children, often causing internal injury.

Prevention: To prevent gas poisoning have any suspected leak inspected and serviced by the Gas Board; form the habit of checking that burners are alight; keep adequate ventilation to ensure a change of air, never use rubber connecting tubing; see that gas geyser flues are clear of obstruction; tighten loose gas taps that can be accidentally knocked on.

To prevent medicinal poisoning - keep all medicines in a proper medicine cupboard (to British Standard Specification); check dosage every time; use the 5ml. spoon for liquid medicines; get rid of surplus medicines by flushing down the lavatory; keep medicines out of the reach of children; label all containers clearly; if in doubt destroy.

To prevent poisoning from chemicals - avoid transferring to other containers, especially those previously used for food or drink; label clearly; store out of the reach of children, especially in garage, shed or greenhouses; observe manufacturers' warnings and instructions.

### Burns and Scalds:

- 10% of all fatal home accidents in 1 year (1967) were burns and scalds (791 cases).

Deaths are caused by - falling into unguarded fires; clothing catching alight; burns due to houses catching fire. Conflagrations are due to chimney fires, overturning oil heaters, careless use of smoking materials and electrical faults. Faulty electric blankets can cause burns and asphyxia. Scalding accidents are due to hot liquids - overturning kettles and saucepans, bath water, washing and washing-up water, hot starch, and bursting hot-water bottles.





Prevention: To prevent burning accidents all coal fires should have fixed guards (to British Standards 2788 or 3140); gas, electric and oil fires should have integral guards. Winter clothing should be made of pure wool (slow burning), brushed nylon, or proofed cotton.

Clothing should never be aired near unguarded fires of any kind. Care should be taken when using flammable solvents for dry cleaning, or flammable adhesives for fixing tiles, etc., in the house. Paraffin and petrol should be stored in metal cans, and oil heaters filled, if possible outside the house. Polythene-type storage containers are increasingly popular and safe - metal cans can rust and therefore leak.

To prevent scalding accidents fill hot-water bottles carefully, using a thick protective cover; keep panhandles and kettle spouts away from the front of the cooker; keep toddlers out of the kitchen when doing laundry, washing up, cooking and dishing up are in progress; turn tablecloths under to prevent toddlers pulling hot liquids off the table. When using water for bathing and washing always run cold water before hot.

#### Suffocation and Choking

These accidents account for over 9% of all fatal home accidents. In one year (1967) there were 742 deaths. Two thirds of these were by inhalation and ingestion of food, the rest from suffocation in cots and cradles. Children under 5 years accounted for 71% of all cases of suffocation and choking.

Prevention: To prevent suffocation and choking never 'prop-feed' infants; ensure adequate rubbing of the baby's back to bring up wind before putting down to sleep. Keep talcum powder (which can clog the lungs) away from babies, and if a sponge is used for washing see that it is too large and firm to be put in baby's mouth. Keep plastic bags out of the reach of children; never use a pillow for a baby under twelve months old, remove bibs before putting a baby down to sleep, and use a net to prevent pets getting into cots or prams.

#### Other Risks

In one year (1967) 489 people died from other accidental causes; these included 75 drowning fatalities in baths, garden ponds, etc.; 27 from accidents with firearms; 70 from electrocution and 20 from foreign bodies in orifice.



## SECTION 4

### GENERAL PROVISIONS OF HEALTH SERVICES

#### Electrical Accidents

Due to amateur installations and repairs, faulty flex and plugs, misuse of domestic appliances, unearthed plugs, open sockets where there are children, also unguarded electric fires, touching electrical appliances with wet hands. Taking electrical apparatus into the bathroom, filling electric kettles without first disconnecting are also dangerous practices.

Water and milk samples, washed bottle rinses, china 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 Harway 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 Bedford 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 rehabilitation.

Maternity Block attached to the Park Hospital

- 18 -

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

Northampton:

The Banfield Orthopaedic Hospital

Infectious Diseases - Kettering Road Hospital

### Electrical Accidents

Due to amateur installation and repairs, faulty plug and plug, misuse of domestic appliances, ungrounded plugs, open switches where they are not intended, also ungrounded electric lines, touching electrical appliances with wet hands, taking electrical appliances into the bathroom, filling electric kettles without first disconnecting the line and removing the kettle.



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.

Out-patient facilities are available at the General Hospital and also at the Hospital

Hospital Hospital.

Gynaecological/Obstetrical

Medical

Electrical

Surgical

R.A.T.

Eye

Otorhinolaryngology

Psychiatry

Psychiatry

Skin

Neurology

Diabetic

Orthopaedic

INFANT NURSERY DEPARTMENT: This service is provided by the General Hospital 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.** An adequate and wholesome supply of mains water has been provided by the Nene and Ouse Water Board during the year under review.

#### Sewerage and Sewage Disposal

The treatment of sewage at the two sewage disposal works serving the District has been carried out under the difficult circumstances of over-loading of the capacity at each works and this problem will only be overcome when the new sewage disposal works is provided.

#### Rodent Control

During the year a campaign for rat control was initiated by the Ministry of Agriculture, Fisheries and Food Pests Division concurrently in the three counties of Northamptonshire, Leicestershire and Rutland. Following a meeting held at Kettering in April a Rat Steering Committee was set-up, on which your medical officer served as a member, consisting of representatives of the Ministry of Agriculture, the Local Authorities and the National Farmers Union. Later members of many other authorities including river, waterways, waterboards, rail, electricity, county landowners association and the forestry commission were invited to co-operate. The date of November 24th was selected for wholesale baiting to begin. In the interim local meetings and demonstrations were then held in all the Local Authority areas throughout the year, and a wide publicity campaign was mounted. This included press reports, advertisements, posters, demonstrations and reports and discussions on radio and television. These local meetings were at selected premises where talks were given, practical measures to control and destroy rats and mice were shown at farm premises together with a film demonstrating the damage to health, property and foodstuffs caused by rat and mice infestations. There was some co-operation from the farmers but the numbers attending were not high. The council's Public Health Inspector, in order to stimulate interest, notified all farmers in the district of demonstrations that were to take place.

The scheme came into operation as arranged on November 24th and considerable success was achieved, but the need for efforts to be maintained continuously cannot be over-emphasised, to keep continually on the alert for any sign of the presence of rats and to institute immediate action before they get established and start breeding. The establishment of permanent baiting points is essential. These should be so placed that domestic animals cannot gain access and need constant inspection and replenishment.



SECTION D

HOUSING

The building programme for the year was as follows:

No. of Council houses completed during the year	2
No. of Council flats completed during the year	-
No. of Council houses under construction at the end of the year	-
No. of private houses completed during the year	67
No. of private houses under construction at the end of the year	74





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 F

THE PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Health Services and Public Health Act, 1968  
Public Health (Infectious Diseases) Regulations  
Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:-

Acute encephalitis	Opthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Since 1968 notification of the diseases listed below is no longer required:-

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

THE PREVENTION OF THE TRANSMISSION OF INFECTIOUS AND ZOOLOGICAL DISEASES

Notifiable Diseases and Zoonoses (Regulation 1985)  
Notifiable Diseases and Zoonoses (Regulation 1985)  
Notifiable Diseases and Zoonoses (Regulation 1985)

All provisions governing the notification of infectious diseases and zoonoses are in Sections 1 to 4 of the Health Act 1985 and the Health Act 1985 (Infectious Diseases) Regulations 1985.

The infectious diseases to be notified to the Medical Officer of Health are:-

Acute encephalitis	Scarlet fever
Acute meningitis	Typhoid
Acute poliomyelitis	Typhus
Anthrax	Whooping cough
Cholera	Yellow fever
Diphtheria	
Erysipelas	
(Invasive or bacillary)	
Invasive pneumococcal	
Leptospirosis	
Measles	
Meningitis	
Scarlet fever	
Typhoid	
Typhus	
Whooping cough	
Yellow fever	

Since 1985 notification of the diseases listed below is no longer required:-

Acute infectious mononucleosis	Enteric fever
Acute viral pneumonia	Enteric fever
Acute viral pneumonia	Enteric fever

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.



The total number of infectious diseases notified during the year was 12 a decrease of 43 on last year's figure, due to the decline in measles notification.

MEASLES. There were 11 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

The total number of infectious diseases notified during the year was 12 a decrease of 2 on last year's figure, due to the decline in measles notification.

MEASLES There were 11 notified cases during the year.

This highly infectious illness has been the cause of almost exclusively during childhood. It usually follows a prodromal stage with high fever, cough, coryza, and conjunctivitis. The illness is usually accompanied by a rash, but complications which include otitis media, pneumonia, and very occasionally encephalitis do occur, and the illness itself is often severe. Notification can be effectively dealt with by the use of notification which are now available, but these drugs are themselves not all without side effects, and expensive and involve national supervision. An effective measles vaccine has 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 eliminated.

WHOOPING COUGH There were no cases during the year.

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

SCARLET FEVER There were no cases during the year.

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

POLIOHYELITIS No cases occurred.

This freedom can be regarded as confirmation as the decline in incidence has occurred concurrently with vaccination. The only form vaccine is now used which gives a longer lasting immunity than the old or inactivated vaccine. A dose of 0.5 ml. or a dose of 0.25 ml. is also now acceptable to the young patients than the previous smaller dose.

TOXOPHYTOSIS There were no cases during the year.

The condition is usually caused by one of the coccidial organisms of which there are a large number. The organism is being dealt with by notification. Notification is common in bovines, and the incidence of infection in fowls is now notified by the

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

Other causes of food poisoning are staphylococcus which may gain entry to food from an infected spot on the face, hands or arms of a food handler which may cause a severe form of the illness. As the symptoms result from a toxin which is unaffected by heat, cooking the infected food, in this cases, 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. 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 transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattooing processes.



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

Other causes of food poisoning are enterobacteria which may enter in food from an infected spot on the face, hands or side of a food handler which may cause a severe form of the illness. As the symptoms usually begin within 12 hours of infection, the infected food, in this case, does not prevent the illness. Some people acquire fever, vomiting or diarrhoea containing any poison. However the commonest cause is the salmonella which gains entry into food because of the failure of hygienic control of food handlers. The sources of infection are numerous probably uncounted contaminated (often reported) meat being one of the most frequent.

SHALLON There were no cases.

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

DIPTHERIA There have been no cases of diphtheria in Westmoreland since 1935.

There is therefore with each successive year of freedom from infection, a diminishing possibility of the dangers of this illness. However with the knowledge of the disease and a fair security and may not have their children immunised. This is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the number 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.

SCARLET No cases of scarlet were notified during the year.

INFECTIVE MONONUCLEOSIS There were no cases notified during the year.

Acute Infective Mononucleosis is a disease caused by a virus, which attacks the liver and causes jaundice. It is mainly an infection of young people of school-age, and with an incubation period of 12 - 20 days. The characteristic features of infection are from food handlers, water and children to their mothers. The virus is present in faeces 10 days before jaundice and up to 6 days after. Some hepatitis, which is another form of infective hepatitis, has a longer incubation period of 30 - 100 days and affects mainly adults and can be spread by direct transmission and occasionally by contact with urine and 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 disposable 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 is now nationally notifiable.

ERYSIPELAS There were no cases during the year.

TUBERCULOSIS. There was one case of respiratory tuberculosis notified during the year.

	Register	Inspections	Written Notices	Compliers
(1) Factories in which Sections 1, 2, 3, 4 and 5 are to be enforced by local authorities	-	-	-	-
(2) Factories not included in (1) in which Section 7 is enforced by the local authorities	15	4	-	-
(3) Other premises in which Section 7 is enforced by the local authority (excluding out-workers' premises)	-	-	-	-
Total	15	4	-	-



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 Authorities	16	4	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total	16	4	-	-

THE FACTORY ACT

Transferred to the administration of the  
Ministry of Health, 1921

TABLE 4 OF THE ACT

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

Provision	Number of Factories	Number of	
		Inspections	Factories Inspected
(1) Factories in which Sections 1, 2, 3, 4 and 5 are to be enforced by Local Authorities	-	-	-
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authorities	10	-	-
(3) Other provisions in which Section 7 is enforced by the Local Authorities (excluding factories, premises)	-	-	-
Total	10	-	-



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	-	-	-	-	-

2. A CASE IN WHICH DEFECTS WERE FOUND

Number of cases in which defects were initiated	Number of cases in which defects were found				Particulars
	Initiated		Number of cases in which defects were found	Number of cases in which defects were initiated	
	By N.M. Inspection	By other inspector			
					Sanitary Conveniences (S.V.)
					(a) Insufficient
					(b) Unstable or defective
					(c) Not separate for males
					Total

PART V111 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	-	-	-	-	-	-

# TABLE VIII OF THE ACT

## OUTWARD

(Sections 133 and 134)

Nature of work	Section 133			Section 134	
	No. of out- workers in August last reported by Section 133 (1) (a)	No. of cases of delinquency in working hours for which the company is liable	No. of delinquency cases for which the company is liable	No. of delinquency cases for which the company is liable	Delinquency cases for which the company is liable
Working - general	-	-	-	-	-
Stalled toys	-	-	-	-	-
Total	-	-	-	-	-





