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WELLINGBOROUGH RURAL DISTRICT

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

JOAN M. ST.V. DAWKINS
M.B., B.S., F.F.C.M., D.P.H., D.C.H.

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WELLINGBOROUGH RURAL DISTRICT COUNCIL

Chairman of the Council:

COUNCILLOR B. A. J. TAYLOR

Members of the Public Health & House Management Committee:

Chairman:

COUNCILLOR MISS E. M. THOMAS

Vice Chairman:

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Clerk of the Council:

C. M. MAJOR, A.C.I.S.

Public Health Officers of the Council:

JOAN M. ST. V. DAWKINS, M.B., B.S., F.F.C.M., D.P.H., D.C.H.

Medical Officer of Health, Division 1, Northamptonshire.

(Boroughs of Brackley and Daventry; Urban District of Wellingborough; Rural Districts of Brackley, Brixworth, Daventry, Northampton, Towcester and Wellingborough)

Senior Assistant County Medical Officer of Health.

Secretary - Mrs. E. Stevenson.

Chief Public Health Inspector, Meat Inspector etc. :

G. H . COWLES, Certified S.I.B., M.A.P.H.I.

Additional Public Health Inspector:

L. A. SCHOFIELD, Certified S.I.E.J.B., M.A.P.H.I.

Telephone:
Northampton 34833
Ext. 335

Divisional Health Office,
7 Cheyne Walk,
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To: THE CHAIRMAN AND MEMBERS OF THE
WELLINGBOROUGH RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report as Medical Officer of Health, which also incorporates the Report of the Chief Public Health Inspector.

The Report is presented in eight sections, each dealing with a separate aspect of environmental control; the first on natural and social conditions; the second on the provisions 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; the seventh on the Factories Act, 1961, and Offices, Shops and Railway Premises Act, 1963 and the eighth contains a number of statistical tables. In addition, while increasingly the prevention of disease 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.

The vital statistics for the year show that there is an increase in population of 1,580 according to the Registrar General's mid-year estimate of 18,710. There were 193 deaths, a decrease of 19 on last year's figure. This gives a standardised rate of 9.8 compared with the national figure of 11.6. Male deaths exceeded female deaths by 11. Details and comments on the causes of death are given in Section A. The total number of live births was 398, an increase of 20 on last year and giving a standardised rate of 23.4 well above the national figure of 16.0 indicating that the new inhabitants of the district were young married couples. Illegitimate births were 19, five more than in 1970. There were 11 deaths under the age of one year, four occurring in the first week of life.

Infectious disease notifications were reduced from 89 last year to 61 for 1971, this showed a decrease of 28 and included 3 (5)* cases of whooping cough, 1 (5)* of infective hepatitis, 1 (1)* of food poisoning and 1 (0)* of dysentery. There were no notifications for scarlet fever. 8 (10)* people died from pneumonia, 15 (5)* from bronchitis and 1 (2)* from tuberculosis. There were 55 (73)* cases of measles. Measles vaccination increased considerably in the country, and it is to be hoped that from henceforward, with the availability of vaccines and the use of the computer, that a high percentage of children will be vaccinated. While at present the incidence of infectious illness remains satisfactorily low, (apart from measles), should succeeding generations of parents fail to respond to the need for immunisation, recrudescence of infectious illness could occur. It remains vitally important therefore, for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus and now measles, with tuberculosis vaccination in the early teens. Towards the end

*the figure for last year.

of 1970, Rubella (German Measles) vaccination also became available to all girls between the ages of 13 and 14, this age limit has now been lowered to include 11 and 12 year old girls.

During 1971 private enterprise building showed a steady progress. 350 houses were completed, 58 less than in the previous year, with a further 176 under construction.

Slum clearance continued and by the end of 1971 a total of 550 had been cleared, leaving 81 to be dealt with.

The maintenance of high standards in food hygiene control continues to form an important aspect of the work of the health department and technical innovations in the production, manufacture and storage of food, a more mobile population, resulting in an increase in the use of canteens and restaurants, place further pressures on staff. Foreign travel and the importation of intestinal infections, particularly in food handlers, now present another difficult problem. The district has been fortunate that there has been only one case of food borne infection. This has been described in detail later in the Report. Generally, food borne infection remains too high and constant vigilance is needed by our inspectors in all aspects of food control. However, satisfactor food hygiene is ultimately always dependent on the individual who handles the food. The need for adequate training and subsequent supervision of employees by employers cannot be too strongly stressed. The public are the final arbiters and should always be on the alert for poor practice, refusing to accept low standards. Finally all primary food hygiene starts in the home.

Full meat inspection was maintained in the district. During the year, the possibility of entry into the Common Market has caused the Ministry of Agriculture to press for an improvement in standards of slaughterhouse construction and meat hygiene in order to comply with E.E.C. requirements.

The year has been notable for the publication in the late summer of the Consultative Document on the re-organisation of the National Health Service and the date of April 1974 was fixed both for its implementation and that of local government. There has been much uncertainty during the year as to the future of the organisation of the environmental health services which are destined to remain under the control of the local authorities. Former statutory responsibilities will be relinquished and the title of Medical Officer of Health will cease. Medical staff will transfer to the National Health Service and it is assumed that medical advice shall be received from community physicians, designated as advisors to the local authority. The carefully built up structure evolved successfully over many years in the control of infectious disease will therefore cease to operate from April, 1974. It is to be hoped that satisfactory safeguards will be maintained in the reorganised structure. The Medical Officer of Health has the duty to ascertain, report and advise upon all aspects affecting the health of the community. He acts in fact as "watchdog" of his area and has the further function of advisor in occupational health to the employees of his authority. The need for these services will continue. The community physician as part of the National Health Service will be well placed to observe and report on all matters relating to health in his area, while his position as advisor to the local

authority can continue and could prove to be a valuable link with the health services, as through the elected representatives a two way communication with the public can be maintained.

While the achievements in the environmental field of the last half century have resulted in the availability of pure water, clean air, sewage disposal, refuse collection, adequate housing, schools and other institutions as well as control of infectious disease, it is ironic that having attained this secure sanitary environment developments during the last decade may now threaten it. While massive changes in administrative control are now envisaged, it might be profitable to consider those factors which the new administration will need to direct their attentions.

In the first instance a major problem is that of population control. For many years, while providing a National Health Service, family planning arrangements have been fragmented between the three branches of the service and voluntary organisations, with wide disparities in the degree of provision. The extension of family planning and abortion legalisation has not succeeded in standardising services throughout the country. The need is paramount, and it is as well to reflect on the figures. At present there are 300,000 excess of births over deaths annually and if the demographic projection for the year 2,000 A.D. is correct the current figure of 55 million will increase to 66.5 million. This means that each year there will be a population increase of a town double the size of Northampton, so that by the end of the century there will be the need to establish 56 such towns in population terms. It is estimated that 150,000 unwanted children are born annually: we know that the genesis of maladjustment, delinquency and crime lie in the early years of childhood, and one can assume that it is from this group of unwanted and often rejected children that such problems arise.

Inevitably, if population is not checked, those factors which already are causing anxiety will be increased, and pollution of air, water, land and sea, with the added hazard of chemical contamination, will ensue. The resulting overcrowding, creating traffic congestion, despoilation of the countryside and noise, need to be considered for their ultimate combined effects on mental health.

While local authorities are already confronted with an enhanced problem of dealing with the pollutants of their own environment, the steady demand for an increase in all services and the introduction of chemicals resulting in new toxic wastes, adds further to disposal problems. The recent dumping of cyanide in my own health division contributes another factor of concern as the demand for water supplies are requiring additional use of river water and thus to re-cycling of water through water supply and sewage disposal systems.

Factory farming methods introduce another innovation which require monitoring; noise, a hazard to health hitherto confined to specific entities, is now becoming a universal irritant that can ultimately erode mental tranquility.

While this report relates to the local environmental health it would be incomplete without some reference to the personal health of the individuals living in that area. Life either adapted to those surroundings or endangered by the misuse of its products are a part of that ambience. It is therefore as much our objective to observe (and hope to prevent) such personal habits which are inimical to health as it is to maintain a sanitary environment.

The concept of the welfare state, which with all its provisions should result in a lessening demand for and need of health services, has proved to be a chimera. Much has indeed been achieved, but already unanticipated results are evident. These are mostly related to the individuals choice of his way of life.

While diet is adequate and there is little evidence of undernourishment, malnutrition still exists in the considerable over consumption of carbohydrates, with resulting tooth decay and obesity. While the deleterious effect on tooth could be mitigated by the addition of a harmless modicum of fluoride to drinking water, clamant pressures by a minority have succeeded in preventing this, while Governments have been reluctant to legislate. (In our own county the two major health authorities exchanged their decisions of dissent and assent creating a further farcical stalemate)

As well as misuse of diet and alcohol , there is no lessening of the practice of cigarette smoking. I write annually concerning the habit which is a major danger to health; I repeat the facts without hesitation. Cigarette smoking is the greatest single avoidable cause of death in this country at the present time with a probable 50,000 deaths a year from lung cancer, chronic bronchitis and heart disease. Success in the achievement of a sanitary environment is being eroded by the personal choice of individuals. Few can now claim ignorance of its ultimate effect and the acceptance of this health hazard is a voluntary one; yet a national campaign was mounted by the majority of womens' organisations to promote a cytology service (to prevent cervical cancer - causing less than 3,000 deaths a year); one asks why such organisations do not promote campaigns whose objectives are directed at the major killer? It is therefore necessary to continue relentlessly to press for the need for every means to be exerted in the spreading of information concerning the effects of cigaretts smoking. Does smokin start by emulation of an admired older person? I believe it does, and parents, teachers, pop stars, television personalities, footballers and perhaps doctors have the responsibility of setting an example to young people. The facts and the figures relating to smoking are in Section A of the Report, and I make no excuse for my annual repetition of this necessary information.

Though the harm caused by cigarette smoking is now obvious, other factors inimical to personal health are not so apparent. In the light of present knowledge it is our aim to consider what mortality and morbidity can be prevented. Prevention can be divided into three stages and in each decade of life this discipline can be used. Primary or absolute, as for example in the immunisation to infectious disease, secondary in the early detection and therefore elimination of an illness already evident as in early cancer, and finally tertiary, the amelioration of, or delay in deterioration in the chronic diseases such as those affections of bones and joints that cause so much long term suffering and crippling, and finally to anticipate the needs of the elderly early and prevent breakdown.

There still remains a heavy toll of early unnecessary death, particularly from arterial disease resulting in coronary thrombosis and strokes; from accidents in the home and on the road; and in the need to detect early cancer. Details on these subjects are included in Section A of the Report. Finally research into the causation of disease proceeds concurrently, and for this adequate resources are required.

In the field of mental illness while many material anxieties have been removed there is no lessening of this affliction. Is the occurrence of mental illness higher or lower in countries where individual freedom is curtailed, where life has to be endured rather than enjoyed? We know that during the war there was little neurotic illness. When the need for agression, for discipline even endurance is removed, there would appear to be no lessening of mental illness. Instead agression appears in the form of car accidents, vandalism and crime; lack of discipline in sexual promiscuity (with an increase in veneral disease) and drug taking, and perhaps the elimination of the need to endure hardship in neurosis and depression. The etiology of mental illness is a perplexing one, and while many are employed in endeavouring to alleviate sickness already established few are yet considering its primary prevention.

I recollect at the inception of the National Health Service hearing the view that full provision of medical care together with advances in techniques would soon eliminate the need for that branch of the profession whose practice was devoted to prevention. It would appear instead that, though the objectives may change, the challenge is as great as ever.

On a personal note I had the honour to hold office as Chairman of the Northampton division of the British Medical Association; was appointed Chairman of the Oxford Region of Public Health Medical Officers for the fourth year, and represented that region, again for the fourth year, on the Public Health Committee of the British Medical Association. I was again appointed to the Whitley Council Staff Side.

In conclusion, I wish to thank the members of the Public Health Department for their excellent work during the year, and for their help in the compilation of this report. In addition, I wish to extend my grateful thanks to the Chairman of the Council and the Chairman and Members of the Public Health and House Management Committee for their help and encouragement. I also express my appreciation 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

Medical Officer of Health.

A C K N O W L E D G E M E N T S

I wish to express my thanks to the following for information supplied and contained in this Report:-

CLERK OF THE COUNCIL

SURVEYOR AND ENGINEER

TREASURER

CHIEF PUBLIC HEALTH INSPECTOR AND HOUSING OFFICER

ENGINEER TO THE HIGHAM FERRERS AND RUSHDEN WATER BOARD.

SUMMARY OF VITAL STATISTICS

Comparative Statistics for the Five Year Period 1967 to 1971

	1967	1968	1969	1970	1971
Area of the Rural District (acres)	33,116	33,116	33,116	32,707	32,707
Population (Registrar General's Estimate)	14,780	15,720	16,350	17,130	18,710
Number of Live Births	280	288	319	378	398
Legitimate	267	275	306	364	379
Illegitimate	13	13	13	14	19
Birth rate per 1,000 pop.	18.9	18.32	19.5	22.10	21.3
Number of Stillbirths	7	2	2	6	6
Legitimate	7	1	2	5	6
Illegitimate	-	1	-	1	-
Stillbirth rate per 1,000 total births	24.0	6.9	6.2	16.00	15.00
Stillbirth rate per 1,000 population	0.47	0.13	0.12	0.35	0.32
Number of Deaths	142	182	188	212	193
Death rate per 1,000 population	9.60	11.58	11.49	12.40	10.30
Deaths from Pregnancy, Childbirth and Abortion	-	-	-	-	-
Number of Infant Deaths	4	6	4	4	11
Infant Mortality rate per 1,000 Live Births	14.0	20.83	12.53	11.00	28.00
Neonatal Mortality rate per 1,000 Live Births	14.0	13.89	12.53	8.00	13.00
Perinatal Mortality rate (Stillbirths and deaths under one week combined per 1,000 total Live and Stillbirths) ..	35.0	17.24	18.69	23.00	25.00
Deaths from all forms of Tuberculosis	-	-	1	1	1
Deaths from Respiratory Tuberculosis	-	-	1	1	1
Deaths from Malignant Neoplasms ..	32	36	42	49	31
Deaths from Measles (all ages) ..	-	-	-	-	-
Deaths from Whooping Cough (all ages)	-	-	-	-	-
Deaths from Enteritis and Diarrhoea under two years of age	-	1	-	-	-
Deaths from Acute Poliomyelitis and Polioence phalitis	-	-	-	-	-
Natural increase in population, i.e. increase of Births over Deaths	138	106	131	166	205

S E C T I O N A

Statistics and Social Conditions of the Area

Area (acres)		32,707
Census Population:		
	1951	13,002
	1961	13,647
Population (Registrar General's Mid-Year Estimate 1971)		18,710
Number of Inhabited Houses:		
	1931	3,558
	1971	6,810
Rateable Value		£716,022
Product of a penny rate		£6,910

EXTRACTS FROM VITAL STATISTICS, 1971

LIVE BIRTHS

	Males	Females	Total
Legitimate	211	168	379
Illegitimate	8	11	19
Total	219	179	398

Crude Birth Rate per 1,000 estimated population 21.3

Adjusted Birth Rate (Comparability factor 1.10) 23.4

STILLBIRTHS

	Males	Females	Total
Legitimate	2	4	6
Illegitimate	-	-	-
Total	2	4	6

Rate per 1,000 total births (live and still) 15

DEATHS

	Males	Females	Total
Number registered all causes ..	102	91	193
Crude Death Rate per 1,000 estimated population			10.3
Adjusted Death Rate (Comparability factor 0.95)			9.8
Deaths from Maternal causes			-
Maternal Mortality Rate per 1,000 live and stillbirths			-

	Males	Females	Total
Deaths of Infants (under 1 year) ..	6	5	11
Infant Mortality Rate per 1,000 live births			28
Legitimate Infants per 1,000 legitimate live births ..			29
Illegitimate Infants per 1,000 illegitimate live births			-

	Males	Females	Total
Deaths of Infants (under 4 weeks) ..	1	4	5
Neonatal Mortality Rate per 1,000 live births			13
Perinatal Mortality Rate per 1,000 live and stillbirths (stillbirths and deaths of infants under 1 week combined)			25

CLASSIFICATION OF CAUSES OF DEATH, 1971

List No.	Causes of Death	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS								
						1+	5+	15+	25+	35+	45+	55+	65+	75 & over
B5	Tuberculosis of Respiratory System	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	1	-
B18	Other Infective and Parasitic Diseases	M	1	-	-	-	1	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
B19(2)	Malignant Neoplasm, Oesophagus	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	1
B19(3)	Malignant Neoplasm, Stomach	M	3	-	-	-	-	-	-	-	1	-	1	1
		F	1	-	-	-	-	-	-	-	-	-	1	-
B19(4)	Malignant Neoplasm, Intestine	M	3	-	-	-	-	-	-	-	1	1	1	-
		F	4	-	-	-	-	-	-	-	-	-	2	2
B19(6)	Malignant Neoplasm, Lung, Bronchus	M	9	-	-	-	-	-	-	-	-	2	4	3
		F	-	-	-	-	-	-	-	-	-	-	-	-
B19(7)	Malignant Neoplasm, Breast	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	2	-	-	-	-	-	-	-	-	1	-	1
B19(9)	Malignant Neoplasm, Prostate	M	1	-	-	-	-	-	-	-	-	-	1	-
B19(10)	Leukaemia	M	1	-	-	-	-	-	-	-	-	-	-	1
		F	-	-	-	-	-	-	-	-	-	-	-	-
B19(11)	Other Malignant Neoplasms	M	2	-	-	-	-	-	-	-	-	-	1	1
		F	4	-	-	-	-	-	-	-	1	-	1	2

(continued)

List No.	Causes of Death	Sex	Total All Ages	Under 4 weeks	4 Weeks & under 1 year	AGE IN YEARS								
						1+	5+	15+	25+	35+	45+	55+	65+	75 & over
B21	Diabetes Mellitus	M	1	-	-	-	-	-	-	-	-	-	1	-
		F	2	-	-	-	-	-	-	-	-	-	1	1
B22	Avitaminoses, etc.	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	1	-	-
B46(1)	Other Endocrine etc. Diseases	M	3	-	2	-	-	-	-	1	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	1
B46(5)	Other Diseases of Nervous System	M	1	-	-	-	1	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
B26	Chronic Rheumatic Heart Disease	M	2	-	-	-	-	-	-	-	-	1	1	-
		F	2	-	-	-	-	-	-	-	-	1	-	1
B27	Hypertensive Disease	M	1	-	-	-	-	-	-	-	-	1	-	-
		F	2	-	-	-	-	-	-	-	-	-	2	-
B28	Ischaemic Heart Disease	M	21	-	-	-	-	-	-	1	2	2	10	6
		F	19	-	-	-	-	-	-	-	1	-	7	11
B29	Other forms of Heart Disease	M	6	-	-	-	-	-	-	-	1	-	1	4
		F	5	-	-	-	-	-	-	-	-	-	3	2
B30	Cerebrovascular Disease	M	6	-	-	-	-	-	-	-	-	1	3	2
		F	16	-	-	-	-	-	-	-	-	-	9	7
B46(6)	Other Diseases of Circulatory system	M	9	-	-	-	-	1	-	-	-	-	4	4
		F	9	-	-	-	-	-	-	-	-	1	-	8
B32	Pneumonia	M	6	-	-	-	-	-	-	-	-	1	1	4
		F	2	-	-	-	-	-	-	-	-	-	1	1
B33(1)	Bronchitis and Emphysema	M	13	-	-	-	-	-	-	-	-	1	2	10
		F	2	-	-	-	-	-	-	-	-	-	1	1

(continued)

List No.	Causes of Death	Sex	Total All Ages	Under 4 weeks	4 Weeks & under 1 year	AGE IN YEARS								
						1+	5+	15+	25+	35+	45+	55+	65+	75 & over
B46(7)	Other Diseases of Respiratory system	M	1	-	-	-	-	-	-	-	-	1	-	-
		F	1	-	1	-	-	-	-	-	-	-	-	-
B34	Peptic Ulcer	M	3	-	-	-	-	-	-	-	-	-	2	1
		F	2	-	-	-	-	-	-	-	1	-	-	1
B36	Intestinal Obstruction and Hernia	M	1	-	-	-	-	-	-	-	-	-	-	1
		F	1	-	-	-	-	-	-	-	-	-	-	1
B37	Cirrhosis of Liver	M	1	-	-	-	-	-	-	-	-	-	1	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
B46(8)	Other Diseases of Digestive system	M	1	-	-	-	-	-	-	-	-	-	-	1
		F	6	-	-	-	-	-	-	-	-	1	4	1
B38	Nephritis and Nephrosis	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	1
B46(9)	Other Diseases, Genito-Urinary system	M	1	-	1	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	1
B42	Congenital Anomalies	M	2	-	2	-	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
B43	Birth Injury, Difficult Labour, etc.	M	1	1	-	-	-	-	-	-	-	-	-	-
		F	1	1	-	-	-	-	-	-	-	-	-	-
B44	Other Causes of Perinatal Mortality	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	3	3	-	-	-	-	-	-	-	-	-	-
B47	Motor Vehicle Accidents	M	1	-	-	-	-	-	-	1	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
B48	All other Accidents	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	1
B49	Suicide and Self-Inflicted Injuries	M	1	-	-	-	-	-	-	-	-	-	1	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
	TOTAL ALL CAUSES	M	102	1	5	-	2	1	-	3	5	11	35	39
		F	91	4	1	-	-	-	-	-	3	5	33	45

S E C T I O N A

NATURAL AND SOCIAL CONDITIONS

The rural district situated on the eastern side of Northamptonshire with the River Nene flowing through its area, has in its centre the growing urban district of Wellingborough. There has been a marked population increase in the last five years. The main occupations of the inhabitants are boot and shoe manufacture, tanning, manufacture of plastics, flour milling, the manufacture of animal feeding stuffs, fertilisers, light industry and agriculture.

The area of the district is 32,707 acres, giving an average of one person to 1.7 acres and the housing factor is 2.74 persons per house.

The Registrar General's Mid-Year Estimate gives the population for 1971 as 18,710 an increase of 1,580 on the population of the previous year, due mainly to the rise in private enterprise building. The natural increase in the population, that is the excess of births over deaths was 205.

BIRTHS:

The number of births was 398 an increase of 20 compared with last year, giving an standardised rate of 23.4 calculated on the comparability factor of 1.10, as against 16.00 for England and Wales per 1,000 of the total population.

STILLBIRTHS:

The total number of stillbirths in 1971 was 6, the same as in 1970. The stillbirth rate is 15.00 per 1,000 total births compared with 12.00 for England and Wales. Particulars of these stillbirths are given below.

Sex	Cause
F	Foetal asphyxia, antepartum haemorrhage
F	Hydramnios, anencephaly and spina bifida
M	Essential hypertension
F	Anencephaly
M	Intra uterine asphyxia, antepartum haemorrhage
F	Eclampsia

ILLEGITIMATE BIRTHS:

There were 19 illegitimate births in 1971, 5 more than in 1970.

MATERNAL MORTALITY:

No death was recorded.

INFANT MORTALITY:

The number of children under one year who died was eleven, in 1970 there were four. Four of these deaths occurred in the first week of life, which

is known as Early Neonatal Mortality, the rate for 1971 is 10.00 per 1,000 live births, being the same as the current rate for England and Wales.

The causes of Infant Deaths with age and sex were as follows:

Age	Sex	Cause of Death
22 minutes	F	Neonatal asphyxia
8 hours	F	Extreme prematurity (twin)
4 days	F	Cardio-respiratory failure
6 days	F	Extreme prematurity (twin)
1 week	M	Cardio-respiratory failure
4 weeks	F	Cot death (acute bronchiolitis)
7 weeks	M	Pneumonia (mongolism)
3 months	M	Acute renal failure, haemolytic-uraemia syndrome
6 months	M	Fibrocystic disease of pancreas
7 months	M	Congenital biliary atresia
9 months	M	Fibrocystic disease

DEATHS:

There were 193 deaths from all causes in 1971. The figure for last year was 212 and the corresponding Crude Death Rates are 10.30 and 12.40. The standardised rate is calculated from the Registrar General's comparability factor for the district which is 0.95, this makes an allowance for age and sex distribution of the population in different areas and is adjusted specifically to take into account the presence of any residential institutions in the area.

Out of a total of 193 deaths, 41 died before the age of 65 and a further 68 between 65 and 74, making a total of 109 before the age of 75. Of these 109 deaths, 63 were males and 46 were females. Premature death is caused mainly by accidents, arterial disease and the cancers. In the district there was one motor vehicle accident involving a male aged between 35 and 44. Of the total 98 deaths from diseases of the heart and circulation, 10 males and 3 females died before the age of 65, 19 males and 21 females between the ages of 65 and 74. The cancers took a total of 31 deaths, 19 of these before the age of 75. Nine males died from cancer of the lung.

DEATHS FROM CANCER:

Cancer of the Lung
Cigarette Smoking

The recently published report of the Royal College of Physicians on Smoking and Health Now, states that premature death and disabling illness caused by cigarette smoking have reached epidemic proportions and present the most challenging of all opportunities for preventive medicine in this country. It maintains that the challenge remains unanswered and that the Government has done little to curb smoking.

The fatal effects of tobacco smoking are almost restricted to cigarette smokers and increase with the amount smoked. Cigarette smokers are about twice as likely to die in middle age as non-smokers. It is said that 50,000 deaths

a year can be attributed to cigarette smoking either from cancer of the lung (of which there were in 1971 30,747 deaths, 25,137 males, 5,609 females), chronic bronchitis, emphysema, coronary disease, cancer of the mouth, larynx and oesophagus and certain other cancers which are commoner in cigarette smokers.

In spite of all the publicity, and few smokers indeed must now not be aware of the harmful effects of smoking, the only group of individuals who have stopped smoking are doctors, and only one third of doctors smoked cigarettes compared with two thirds of other men. In fact among women the smoking habit has increased.

It is essential that those who already smoke must be persuaded to give up smoking, but the greatest challenge is to succeed in convincing young people that they should never start to smoke, and the need for doctors, teachers and others who have contact and influence with children, to set an example cannot be over-emphasised.

Many other measures are needed, such as the restriction of smoking in public places and at work, limitation of advertising and gift coupon schemes, the printing of warning notices on cigarette packets and ever widening publicity of the dangers on the mass media.

Those who already smoke need special advice and clinics should be established to assist them. They should be advised to turn to the less harmful pipe and cigar. To smoke few cigarettes, inhale less, to smoke less of each cigarette, take fewer puffs and use cigarettes with a lower tar and nicotine content.

Other Cancers

The causes of cancer, apart from cancer of the lung, remain still to be ascertained. However, some progress is being made and different methods of controlling the cancerous diseases have greatly increased in effectiveness in recent years. Research is providing information which will help in prevention, in early detection and treatment. New techniques for detection including mammography and xerography, cytology and immunodiagnosis are being used and further improved, while chemotherapy with carcinostatic drugs and hormones and perhaps immunotherapy in the future, may all prove to be new and effective chemotherapeutic agents. At present early detection and new and more effective treatment have restored numerous patients to lives of good quality for many years.

ARTERIAL DISEASE:

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 greatest 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.

ACCIDENTS

The yearly toll of injury and death from road accidents mounts steadily. In an overpopulated island with congested roads, and with 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 1971, 7,696 were killed on the roads compared with 7,500 in 1970.

Deaths from accidents in the home are also continuing at a rate which is far too high. Elderly people are by far the most frequent victims of fatal home accidents, and in 1970 more than two-thirds of the people who died in this way were aged 65 and over. Seventy-eight per cent of the deaths in this particular age-group were caused by falls. Children under five years old accounted for over ten per cent of the total.

In England and Wales during 1970 a total of 6,482 people died as a result of accidents in and around the home. This is 25 (or 0.4 per cent) fewer than in the previous year. Further analysis indicates that although 116 more people died in residential institutions, the number of deaths which occurred in private homes fell by 141.

S E C T I O N B

GENERAL PROVISION OF HEALTH AND WELFARE SERVICES

LABORATORY FACILITIES:

The Public Health Laboratory Service operating at the General Hospital, Northampton, was available for the diagnosis and analysis of specimens relative to infectious disease, and also for the bacteriological examination of water samples and was free of cost to the Authority. A helpful and efficient service was provided and we thank Dr. Hoyle for his constant co-operation.

AMBULANCE SERVICE:

Local ambulances under the control of the County Council are used for cases occurring in the District.

NURSING IN THE HOME, MIDWIVES AND HEALTH VISITOR SERVICES:

These are provided directly by the County Council, who have their nurses living in various parishes in the District.

CHILD WELFARE CENTRES AND CLINICS:

The County Council provide these services as follows:

Bozeat - Church Hall, 2 p.m. Fourth Wednesday of the month.
Gt. Doddington - Parish Hall, 2 p.m. Second Thursday of the month.
Earls Barton - Baptist School Rooms, 2 p.m. Second and fourth Friday of the month.
Irchester - Parsons Hall, 2 p.m. First and third Friday of the month.
Wollaston - Village Hall, First Thursday of the month.

Pytchley, Isham, Harrowden and Orlingbury are served by the Mobile Clinic on the first Monday of the month and Overstone and Sywell on the first Wednesday of the month.

HOSPITAL ACCOMMODATION:

The Oxford Regional Hospital Board is responsible for these services which are as follows:

General Hospitals - Northampton and Kettering
Gynæcological - Wellingborough Hospital
Acute Medical Cases, Skins & Children - Highfield Hospital, Wellingborough
Chronic Sick, the Aged and Persons in Need of Care and Attention - Park Hospital, Wellingborough, St. Mary's Hospital, Kettering.
Maternity - Park Hospital, Wellingborough.
Tuberculosis - Rushden Hospital
Infectious Diseases - Harborough Road Hospital, Northampton
Orthopoedic - Manfield Orthopædic Hospital, Northampton
Out-Patient facilities are available at the two General Hospitals and also at the Rushden Memorial Hospital, The Hayway, Rushden.

VENERAL DISEASES:

Out-patient Department, Kettering General Hospital. Tuesday of each week. Female 4.30-5.30 p.m. Male 5.30-6.30 p.m.

Northampton General Hospital:

Males	Wednesday	2-3 p.m.
	Friday	5-6.30 p.m.
Females	Monday	5.15-6.30 p.m.
	Friday	2.15-3.30 p.m.

WELFARE OF THE AGED:

National Assistance Act, 1948, and Section 47, National Assistance (Amendment) Act, 1951.

Under this section the Council is responsible for the removal to suitable premises of persons needing care and attention. No action was necessary under this Act this year.

SERVICES FOR OLD PEOPLE:

The following provide services for old people:-

1. The National Health Service

   (a) General Practitioner Service
   (b) Hospital and Specialist Services.

2. The County Council

   (a) The Health Department

   1..District Nurses
   2. Health Visitors
   3. Chiropody Services
   4. Certain home equipment

   (b) The Social Services Department

   From the 1st April, 1971, the Social Services Department was established in accordance with the requirements of the Local Authority Social Services Act, 1970. In Northamptonshire the department was formed by the amalgamation of the former Childrens' and Welfare Departments, together with several functions which were previously the responsibility of the Health Department including certain child health functions, care of the handicapped, and Mental Health and Home Help sections.

   The following services are now provided for the elderly by this Department:-

   1. Home Help Service - This is of inestimable value in the prevention of breakdown in the aged, and many are able

to remain in their own homes who would otherwise have to be removed to institutions.

2. Residential Accommodation.

3. Holidays for the elderly.

4. Special services for the blind and deaf, and home fittings where necessary.

3. Department of Health and Social Security

Financial help where necessary.

4. The District Council

Homes for the aged, flats and in some cases flatlets with Warden supervision.

5. Voluntary Organisation

These are many and services vary in different areas. They include holiday schemes in which old people are taken on seaside holidays in off-season times; the Darby and Joan Clubs; "Meals on Wheels" Service; the Home Visiting. The Women's Royal Voluntary Service often undertakes many of the above duties, while in other areas local voluntary committees run the various organisations. The Rural Communities' Council, together with the Old People's Welfare Committee provide co-operation between the various services.

Your Medical Officer of Health, having a special interest in the welfare of the aged, and by virtue of her appointment both to the District and the County Council, and by her relationship with other medical colleagues, endeavours to fulfil the function of co-operation and co-ordination between these many agencies. Many cases of breakdown can be prevented by early application of these services.

The following villages have Old People's Clubs:-

Bozeat, Earls Barton, Ecton, Irchester, Isham, Mears Ashby, Orlingbury, Wilby and Wollaston.

S E C T I O N C

SANITARY CIRCUMSTANCES OF THE DISTRICT

WATER SUPPLY

Water for the Wellingborough Rural District is supplied by two Boards, the Mid-Northamptonshire Water Board and the Higham Ferrers and Rushden Water Board. All parishes in the area have a piped and treated supply.

The following parishes receive a supply from the Mid-Northamptonshire Water Board: Isham, Hardwick, Lt. Harrowden, Gt. Harrowden, Orlingbury and Sywell.

The Higham Ferrers and Rushden Water Board supply: Bozeat, Wollaston, Easton Maudit, Gt. Doddington, Earls Barton, Ecton, Mears Ashby, Wilby, Grendon, Irchester, Lt. Irchester, Strixton and Newton Bromswold.

The sources of supply for the Mid-Northamptonshire Water Board are from reservoirs situated at Pitsford, Cransley, Thorpe Malsor and Hollowell. The gathering grounds cover about nineteeen square miles and are mostly agricultural land with a certain amount of ironstone quarrying. The main reservoir, Pitsford, has a capacity of 4,000 million gallons and this reservoir is now supplemented by Grafham Water.

Treatment consists of the raw water flowing to a pumping station below the dam from where it is pumped to the treatment works. These works consist of a chemcial block, reaction tanks, filters, filtered water tank and pumping station. The water is first softened and then passed through open rapid gravity filters and then to the filtered water tank for sterilisation by chlorine. Water thus treated is pumped to three trunk mains for distribution.

The sources of supply for the Higham Ferrers and Rushden Water Board are as follows:-

Sywell Reservoir - which has a capacity of approximately 236 million gallons. The catchment area is approximately 2,000 acres and the reservoir receives its supply from springs, two small brooks and surface rainwater. Treatment consists of filtration by means of slow sand filters, rapid gravity filtration and chlorination.

Hardwater Crossing, Wollaston - The source of supply is from wells sunk in the Nene river gravels. Treatment consists of mechanical filtration followed by chlorination.

Ditchford - This source is from gravels adjacent to the river at Ditchford. Collector ducts are laid in the gravels and the water extracted is brought to the treatment works. Treatment consists of rapid gravel filtration, partial softening, aeration and chlorination.

Further sources of supply are from springs and a gravel well at Earls Barton and springs at Grendon.

WATER CONSUMPTION

Consumption of water supplied by the Higham Ferrers and Rushden Water Board to the Wellingborough Rural Area was as follows:

Water used for domestic purposes	155,181,000 galls.
Therefore, average daily consumption	425,153 galls.
Water used for trade purposes	61,463,000 galls.
Therefore average daily consumption	168,419 galls.
Domestic purposes per head per day	22.7 galls.
Trade purposes per head per day	9.01 galls.
Total consumption per head per day	31.7 galls.

QUALITY OF WATER

Chemical analyses of water taken by the Higham Ferrers and Rushden Water Board during the year gave the following results:

Chemical Analysis

Samples Contained	parts per 100,000		
	Sywell (treated)	Earls Barton (treated)	Wollaston (treated)
Ammoniacal Nitrogen	0.0084	0.0020	0.0484
Albuminoid Nitrogen	0.0112	0.0056	0.0064
Nitrous Nitrogen	absent	absent	absent
Nitric Nitrogen	0.30	0.35	0.70
Permanganate Figure	0.1188	0.0429	0.0991
Calcium	8.8	11.4	12.6
Magnesium	0.91	0.97	0.95
Chloride	3.6	3.6	5.3
Poisonous Metals	absent	absent	absent
Alkalinity	11.5	22.2	25.0
Total Hardness	17.8	24.9	26.6
Temporary Hardness	5.8	12.6	13.4
Permanent Hardness	12.0	12.3	13.2
Microscopic examination of Deposit	None	None	None
Bacteriological examination	C.O.absent	C.O.absent	C.O.absent

RAINFALL

	1971	1970	1969	1968	1967	1966	1965	1964	
Sywell	23.58	25.95	22.13	28.29	25.23	28.96	28.98	16.35	inches
Wollaston	20.95	25.07	20.12	26.88	21.71	26.31	25.56	16.61	inches

FLUORIDE CONTENT OF THE WATER SUPPLY

The water supply contains 0.24 parts of naturally occurring Fluoride per million parts of water.

SEWERAGE AND SEWAGE DISPOSAL

During the year the Earls Barton Surface Water Scheme was completed and work continued on the Irchester Phase II Scheme.

The Scheme for the enlargement of the Earls Barton Works and for the re-sewering of Mears Ashby was approved by the Department of the Environment.

Towards the end of the year the Council's Consulting Engineers prepared a draft regional scheme for sewerage from Bozeat, Easton Maudit and Grendon to be taken to an enlarged works at Wollaston. As can be seen from the table of sewage effluent sample results below both Bozeat and Grendon works are in need of attention, but this should be solved when the above Regional Scheme comes into operation.

Samples of sewage effluent were taken and the results are as follows:-

	Satisfactory	Unsatisfactory	Total
Bozeat	7	11	18
Earls Barton	15	3	18
Great Doddington	12	5	17
Grendon	7	9	16
Irchester	8	3	11
Little Irchester	6	-	6
Mears Ashby	3	1	4
Sywell	10	7	17
Wollaston	15	50	65

Comment must be made on the erratic working of the Wollaston works. Of the 50 unsatisfactory samples 30 were unsatisfactory as regards both suspended solids and B.O.D., 5 as regards B.O.D. and and 15 as regards suspended solids. During the whole of the year these works have been extremely problematic and the mystery load of B.O.D. still occurs, its exact source has not yet been traced.

A change was made in the method of emptying septic tanks and cesspits. The occupiers of properties are now allowed two free emptyings per year. 485 septic tanks were emptied and 91 drains and 95 sewers cleansed.

SWIMMING POOLS

There is one public swimming pool in the area situated at Sywell. There are also swimming pools at the Secondary School, Wollaston, Grendon Hall and Earls Barton and Great Doddington County Primary Schools.

Results of samples taken for bacteriological examination during the year were as follows:-

	Number of Samples	Very Satisfactory	Unsatisfactory
Sywell	8	8	-
Wollaston School	5	5	-
Grendon Hall	4	4	-
Earls Barton School	2	2	-
Great Doddington School	2	2	-

DISINFECTION

Arrangements have been made over the years with the Rushden Urban District Council for the disinfection of articles of clothing or bedding associated with infectious diseases. It is understood however, that this machine is now no longer available, but as no use has been made of these facilities for some years and disinfection is carried out domiciliary, no difficulties are likely to arise.

PREVENTION OF DAMAGE BY PESTS ACT

165 domestic and other premises were treated during the year. Test baiting and treatment of sewers were carried out in the Spring and Autumn.

Northamptonshire Rat Control Campaign

In order to further co-ordinate rodent control activities within the County, five District Rat Control Committees were formed in April, 1970. The Kettering and Wellingborough Committee consists of representatives of eight local authorities, six representatives of the N.F.U. and officers of the Ministry of Agriculture. Two meetings were held during the year.

For a third year an intensive county-wide campaign was organised with the aim of concentrating attention on the wholesale destruction of rats on farms and in other places, especially in rural areas. Following similar lines it consisted of full-scale baiting, following surveys undertaken during the preceding weeks. It is recognised that the best method of keeping cleared areas free from re-infestation is to maintain permanent baiting points in and around harbouring places.

REFUSE AND SALVAGE COLLECTION

Following the introduction of a Work Study Scheme in June, 1970, the refuse collection system settled down with only a few minor adjustments to routes being necessary. The tipping facilities at Gipsy Lane, Irchester, are expected to last until January, 1972, and steps are being taken to find an alternative site for tipping for a temporary period until the new system of disposal by the use of a

Pulverising Plant comes into operation. It is hoped that the introduction of this plant into the District will encourage other Authorities to share the facilities and a weighbridge is being provided.

The refuse collection was maintained throughout the year on the following days:-

Monday	-	Irchester, Pt. Great Doddington.
Tuesday	-	Grendon, Easton Maudit, Bozeat, Ecton, Sywell, Hardwick, Mears Ashby.
Wednesday	-	Pt. Gt. Doddington, Wilby, Pt. Earls Barton, Pt. Wollaston, Strixton.
Thursday	-	Lt. Irchester, Pt. Wollaston, Gt. Harrowden, Orlingbury, Pt. Lt. Harrowden, Pt. Earls Barton.
Friday	-	Pt. Lt. Harrowden, Isham, Pt. Earls Barton, Newton Bromswold.

PETROLEUM REGULATIONS

The number of licences held in the District was 91.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

There are seven licensed residential sites in the area. There are also two holiday sites. One of these is situated partly in the Northampton Rural District. The other holiday site at Overstone Solarium has had its total of caravans increased to 650 and the licence conditions were modified by the Council during the year to allow for this and other matters. Generally, no difficulties were encountered with any of the sites.

S E C T I O N D

HOUSING

The Ministry of Housing and Local Government in their post-war housing schemes have approved the erection of 1044 houses for the Rural District. At the end of the year under review 1026 had been completed. Two houses were completed during the year, as compared with eight in 1970. Work commenced on the two one-bedroomed, two person, bungalows at Little Irchester and on the sixteen flats at Wollaston.

Private enterprise building showed a steady progress during the year. 350 houses being completed, a decrease of 58 over the previous year. At the end of 1971 there were 176 under construction, a decrease of 53 on 1970.

During the year 31 Improvement Grants were approved, an increase of 16 over the previous year. Four Standard Grants were made, a decrease of 7 over 1970. Twelve Improvement Grants and 10 Standard Grants were completed in 1971.

At the end of the year there were 242 persons on the Housing List, although during the year 33 houses became available for re-letting. Whilst the number is obviously not increasing greatly, it is equally obvious that the demand is at present not being satisfied and some future building will be required in order to reduce the Waiting List to a reasonable figure.

The modernisation of the 20 houses in Irchester and one each in Grendon and Orlingbury was completed. Tenders were received for the modernisation of 2 houses each at Bozeat, Ecton and Mears Ashby. These last six complete the initial programme of modernisation of the 302 pre-war houses.

POST-WAR SLUM CLEARANCE PROGRAMME

(1) Dwellings improved and made fit:

(a)	Closing Orders determined	65
(b)	Demolition Orders revoked	13
(c)	Following undertakings being given by owners	14
(d)	Informally	8
		100

(2) Dwellings demolished:

(a)	Clearance Orders	95
(b)	Demolition Orders	314
(c)	Closing Orders	72
(d)	M.O.H. Certificates	29
(e)	Informally	38
(f)	Undertakings	2
		550

(Continued)

(3) Dwellings still not demolished:

(a) Clearance Orders		-	
(b) Demolition Orders		13	
(c) Closing Orders -			
(i) approved for other uses	20		
(ii) not approved for other uses	39		
		59	
(d) Undertakings given by owners not to re-let for human habitation		9	
			81
			731

Houses dealt with during the year ended 31st December, 1971:

Closing Orders made			2
Demolition Orders made			5
Houses (subject to orders) made fit			10
Undertakings not to re-let			4
Houses demolished -			
(a) Informally	2		
(b) Demolition Orders	6		
(c) Closing Orders	-		
			8

S E C T I O N E

INSPECTION AND SUPERVISION OF FOOD

MILK SAMPLES

Nine milk samples were taken during the year and the results were as follows:

	No. of Samples	Results: Satisfactory	Unsatisfactory
Pasteurised	9	9	-

Routine sampling of milk is carried out by the authorities in whose areas pasteurisation plants are situated. Although there is no pasteurisation plant in the area it is advisable to take routine samples as the authority is responsible for the milk in the area.

ICE CREAM

Forty-eight premises are registered for the sale of ice cream. Thirty-six samples of ice cream were taken for examination and the results were as follows:

No. of Samples	Grade I	Grade II	Grade III	Grade IV
36	33	3	-	-

These results are satisfactory.

FOOD PREMISES

During the year 89 inspections of food premises were carried out. It is only by such inspections that a high standard of hygiene can be maintained and this is one of the most important duties of the Public Health Inspectors.

Table No. 9 in Section H gives a summary of the work carried out by the Inspectors during the year.

SLAUGHTERHOUSES

There are two slaughterhouses licensed in the area. Under the Meat Inspection Regulations, 1963, all carcases are now required to be inspected and to be suitably marked when this is done. A charge is also made for this service. During the year 157 visits to slaughterhouses were made by the Public Health Inspectors. The following table gives details of the number of beasts slaughtered and the results of inspections:

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	232	-	-	1004	-	-
Number inspected ..	232	-	-	1004	-	-
All diseases except Tuberculosis and Cysticerci:						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned ..	38	-	-	40	-	-
Percentage of the number inspected affected with disease other than cysticerci and T.B.	16.4	-	-	4.0	-	-
Tuberculosis only: Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned ..	-	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis ..	-	-	-	-	-	-
Cysticercus Bovis: Carcasses of which some part or organ was condemned ..	-	-	-	-	-	-
Carcasses submitted to treatment by refrigeration ..	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

The quantity of food condemned as unfit for human consumption was:

Meat .. .. 493 lb.

Tinned and other foods 2,500 lb.

SERVICES UNDER THE FOOD AND DRUGS ACT, 1955

(a) Milk Supplies - Brucella Abortus

(i) Number of samples of raw milk examined .. .. .. -
(ii) Number of positive samples found .. .. -
(iii) Action taken in respect of positive samples .. .. -

(b) The Liquid Egg (Pasteurisation) Regulations, 1963

(i) Number of egg pasteurisation plants in the District -
(ii) Number of samples of liquid egg submitted to the Alpha-Amylase test and their results .. .. .. -
(iii) Comments on the year's administration of these Regulations .. .. -

(c) Food Hygiene (General) Regulations, 1960

(i) Number of food premises subject to Regulations .. 90

	No. of premises fitted to comply with Reg. 16	No. of premises to which Reg. 19 applies	No. of premises fitted to comply with Reg. 19
Licensed Premises	23	23	23
Fish Shops	4	4	4
Bakehouses	5	5	5
Butchers	7	7	7
Grocers	45	37	37
Catering Premises	5	5	5
Wholesalers	1	-	-
	90	81	81

(d) Poultry Inspection

Number of poultry processing plants in the District .. 1

The following report has been received from Mr. F. J. Evans, Chief Inspector, Weights & Measures Department, and is acknowledged with thanks.

SAMPLES TAKEN IN WELLINGBOROUGH RURAL DISTRICT IN THE TWELVE MONTHS ENDING 31st MARCH, 1972

Meat products	10	brought forward	95
Spirits	19	Health drink	1
Ice cream	1	Cake covering	1
Cream	1	Milk pudding	1
Milk	51	Cereal	1
Alcohol Dispersant	1	Butter	1
Jam	1	Fish products	1
Soft drinks	4	Biscuits	2
Lard	2	Vegetables	2
Coconut	1	Beverages	1
Evaporated milk	2	Custard	1
Jelly	1	Sugar	1
Yoghurt	1	Chocolate	3
		Sauce	1
Carried forward	95	TOTAL	112

REMARKS

Only one sample taken in the Rural District during the year was found to be unsatisfactory by the Public Analyst.

A sample of milk was submitted for analysis following a complaint by a buyer about milk delivered to him by a large dairy. The Analyst reported the presence of only 5.14% of solids-not-fat, indicating that the milk contained at least 41.6% of added water.

This was the only complaint received about the day's production from the dairy in question and although the complainant signed a witness statement to the effect that he had not interfered with the milk, there was certain disturbing features about the case. In the circumstances, it was decided not to take legal proceedings against the dairy owners but they were advised of the position and asked to take special care about the deliveries made generally and to the complainant in particular.

Six samples of pasteurised milk were submitted to the Public Health Laboratory and were subjected to the methylene blue and phosphatase tests. Three samples failed to satisfy the methylene blue test which indicates keeping quality and appropriate advice was given to the dealers concerned.

WEIGHTS AND MEASURES ACT, 1963

Of the 7,427 articles which were checked for weight or measure during the year, 40 were found to be deficient and 27 were incorrect in other respects.

Following a complaint by a shopkeeper in Earls Barton, a meat products firm were prosecuted for the sale of seriously short weight goods. The proceedings were in respect of two "rings" of black pudding in a polythene bag and sold as a quantity of 2 lb., whereas the actual weight was only fractionally over 1½ lb. Subsequent investigation showed that there was a complete failure of the firm in question to take reasonable precautions to safeguard their customers and when the case was heard by the Wellingborough Magistrates a guilty plea was entered and a fine of £25 was imposed.

S E C T I O N F

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

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

Acute influenzal pneumonia
Acute primary pneumonia
Acute rheumatism
Erysipelas
Membranous croup
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.

There was a decrease in the notification of infectious disease from 89 last year to 66 this year.

MEASLES

The incidence of measles notification decreased. There were 55 cases as compared with 73 in 1970. While measles is no longer a major cause of morbidity in Britain, it is an unpleasant illness and few reach adult life without having contracted it. In addition in the five years preceding 1968 there were 467 deaths. An infection of such universality may result in complications, including neurological sequaelae and respiratory, eye and aural infections, and during an epidemic year as many as 8,000 hospital admissions may occur.

The regular biennial cycle of epidemics of measles failed to occur in the 1968-69 winter and again in the winter of 1969-70 there was no national epidemic, due probably to the programme of immunisation which began in 1968. The suspension of vaccination in March 1969 of a certain batch of vaccine led to a shortage and the rate of immunisation has been less than sufficient to prevent the number of susceptible children increasing with the new births each year. It was evident by the middle of 1970 that the incidence of measles would be high as notifications markedly increased and continued throughout the year. By mid-1970 sufficient supplies of vaccine were available and vaccination was resumed, however during late 1970 and throughout 1971 there was a significant rise of measles notifications nationally and a campaign, initiated by the Chief Medical Officer of the Department of Health, to promote further measles vaccination was successful and there was a considerable increase in the numbers of children vaccinated.

It is to be hoped that a sufficient number of susceptibles will now be vaccinated and that 1971 will be the last year when a high incidence of measles is recorded.

RUBELLA

Rubella vaccination became available in November, 1970, and this was offered to all girls in their 14th year of life, i.e. aged 13. Following the increased availability of the vaccines this age limit has now been lowered to include 11 and 12 year old girls.

WHOOPING COUGH

Three cases of whooping cough were notified during the year, there were five cases in 1970. This is another condition which is becoming largely more benign, but in some cases can be distressing and in infancy, a serious illness. Protection to this disease is often by triple vaccination, together with tetanus and diphtheria.

SCARLET FEVER

No cases were notified as compared with five last year. This disease continues in its mild phase. Its principal interest is that it gives a rough indication of the amount of streptococcal infection in the community.

SMALLPOX

There were no cases. It has recently been recommended by the Department of Health and Social Security that vaccination against smallpox need no longer be carried out as a routine procedure in early childhood as the risk of exposure to infection is far less likely than at any previous time since the disease was first recorded in this country.

It is however, emphasised that all travellers to and from areas of the world where smallpox is endemic or countries where eradication programmes are in progress, and health service staff who come into contact with patients, should be offered vaccination and re-vaccination.

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 can be kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so, they neglect their welfare.

POLIOMYELITIS

Once again there have been no cases, and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

DYSENTERY

There was one case of Flexner dysentery notified.

FOOD POISONING

The one case of food poisoning notified was a young male who was suffering from the infection on his return from Majorca. It was later typed as Salmonella Enteritis. There was no illness amongst his family or friends, a number of whom had also visited Majorca at the same time.

Food poisoning is usually caused by one of the Salmonella organisms, the commonest being the Typhimurium strain or paratyphoid A or B. The Staphylococcus gaining entry to food from an infected spot or boil on the hands, arms or face of a food handler may also be an occasional cause. More rarely typhoid fever or botulism may occur. However, the commonest germ causing food poisoning is the Salmonella gaining entry into food by the faulty hygiene of food handlers. The sources of infection can be numerous, uncooked contaminated (often imported) meat being today, one of the most frequent.

RESPIRATORY INFECTIONS AND INFLUENZA

Eight deaths are recorded this year from pneumonia, 15 from bronchitis and none from influenza.

Other respiratory infections are now seldom a cause of death, except as a terminal event, but remain a considerable cause of ill-health. These are still the highest cause of loss of working hours and bronchitis, nasal catarrh and sinus infections are still a cause of much disability.

INFECTIVE JAUNDICE

One case was notified compared with five in 1970. The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other local authorities this also became operative in Northamptonshire. Under the Health Services and Public Health Act, 1968, infective jaundice became nationally notifiable.

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, 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 afterwards. 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 steralised equipment used by doctors, dentists and nurses, drug addicts and in the various tattooing processes. The clinical groups of these two groups of hepatitis are indistinguishable. There is no specific treatment and jaundiced adults may be away from work from six weeks to two months and sometimes may not feel really fit for a year. Quarantine measures are of little value and patients can be treated at home or in hospital, provided that adequate hand-washing techiniques are practised, and concurrent disinfection of excreta. Serum hepatitis could be virtually abolished if disposable equipment were generally introduced. In the County, disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of great value for the protection of close contacts and pregnant women during epidemics.

TUBERCULOSIS

Six names were added to my Register during the year including one transfer in. One name was removed, being now healed. The following table shows the number of known cases of Tuberculosis in the District as at 31st December, 1971:-

	Males	Females	Total
Respiratory	15	13	28
Non-respiratory	3	11	14
Totals:	18	24	42

S E C T I O N G

FACTORIES ACT, 1961

There are 84 factories in the Rural District. Eleven inspections were made. Table No. 10 in Section H gives further information.

The number of Outworkers on the August list was 100. No action was necessary in respect of Sections 133 and 134 which concerned homework.

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963

Class of premises	Premises newly registered during the year	Total number of premises at end of year	Number of general inspections during the year
Offices	-	3	1
Retail Shops	1	20	8
Wholesale shops, warehouses	2	9	3
Catering establishments, canteens	-	4	1
Fuel storage depots	-	1	-
TOTALS	3	37	13

Number of visits of all kinds by Inspectors to registered premises - 18

ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of workplace	Number of persons employed
Offices	23
Retail shops	114
Wholesale departments, warehouses	107
Catering establishments	26
Canteens	-
Fuel storage depots	2
TOTAL	272
TOTAL MALES	169
TOTAL FEMALES	103

S E C T I O N H

DEATHS FROM SELECTED CAUSES

Table No. 1

Year	Non-Pulmonary Tuberculosis		Pulmonary Tuberculosis		Cancer		Diseases of Heart and Blood Vessels		Bronchitis Pneumonia and other Respiratory Diseases	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1946	2	.15	5	.39	22	1.75	61	4.86	20	1.59
1947	2	.16	3	.23	25	1.96	93	7.31	17	1.33
1948	-	-	5	.39	19	1.48	87	6.81	13	1.01
1949	-	-	3	.23	16	1.23	89	6.86	22	1.69
1950	2	.15	4	.30	29	2.18	89	6.71	18	1.35
1951	-	-	3	.23	22	1.69	75	5.76	29	2.23
1952	3	.23	3	.23	24	1.69	101	7.76	9	0.69
1953	-	-	-	-	15	1.04	75	5.21	9	0.62
1954	-	-	-	-	35	2.45	68	4.76	12	0.84
1955	-	-	1	.07	32	2.27	85	6.04	9	0.63
1956	1	.07	-	-	36	2.64	97	7.13	8	0.58
1957	-	-	-	-	33	2.42	86	6.32	6	0.44
1958	-	-	3	.21	40	2.85	87	6.21	6	0.42
1959	-	-	1	.07	26	1.83	92	6.48	13	0.93
1960	-	-	1	.06	18	1.21	90	6.07	17	1.14
1961	-	-	1	.07	19	1.39	72	5.27	19	1.39
1962	-	-	-	-	25	1.82	66	4.80	18	1.30
1963	-	-	-	-	29	2.09	82	5.92	26	1.87
1964	-	-	-	-	28	2.08	81	5.82	12	0.86
1965	-	-	1	.07	34	2.40	68	4.80	22	1.55
1966	-	-	-	-	36	2.50	82	5.70	17	1.18
1967	-	-	-	-	32	2.16	72	4.87	13	0.87
1968	-	-	-	-	36	2.29	93	5.92	21	1.33
1969	-	-	1	.06	42	2.56	93	5.68	21	1.28
1970	-	-	1	.05	49	2.86	107	6.25	27	1.58
1971	-	-	1	.05	31	1.65	98	5.23	25	1.38

COMPARISON OF STILLBIRTHS, ILLEGITIMATE BIRTHS AND MASCULINITY OF BIRTH

Table No. 2

Year	Stillbirths per 1,000		Illegitimate Births per 1,000 live births	Male births per 1,000 live female births
	Population of all ages	Total Births (Live and Still)		
1946	.39	22.32	105.02	1,027
1947	.39	22.02	58.55	1,055
1948	.54	30.56	72.07	947
1949	.38	23.80	51.28	1,029
1950	.15	10.81	32.78	1,033
1951	.69	48.38	39.54	1,082
1952	.15	10.36	47.12	1,122
1953	.34	25.51	36.64	989
1954	.14	10.86	65.93	1,246
1955	.49	37.03	71.42	1,166
1956	.22	15.38	31.25	828
1957	.29	23.39	35.92	1,287
1958	.50	37.43	16.66	1,090
1959	.14	10.15	20.51	875
1960	.26	17.85	45.45	1,136
1961	.36	22.52	55.29	990
1962	.07	4.10	41.66	967
1963	.14	9.25	74.67	1,229
1964	.14	8.03	56.68	1,075
1965	.56	29.00	48.98	1,205
1966	.14	7.66	46.33	773
1967	.47	24.39	46.43	1,022
1968	.13	6.90	45.13	972
1969	.12	6.23	40.75	1,278
1970	.35	16.00	36.96	1,185
1971	.32	15.00	47.73	1,215

VITAL STATISTICS FOR 1971 AND PREVIOUS YEARS

Table No. 3

Year	Estimated Population	Births		Deaths			
				Under 1 year		All ages	
		No.	Rate per 1,000 pop.	No.	Rate per 1,000 Live Births	No.	Rate per 1,000 pop.
1946	12,530	219	17.47	15	68.49	152	12.13
1947	12,720	222	17.45	7	31.49	189	14.85
1948	12,760	222	17.39	13	58.55	153	11.99
1949	12,960	205	15.81	8	39.02	172	13.27
1950	13,250	183	13.81	7	38.25	170	12.83
1951	13,000	177	13.61	7	39.54	186	14.30
1952	13,000	191	14.69	3	15.18	174	13.38
1953	14,370	191	13.29	6	31.45	128	8.90
1954	14,270	182	12.76	2	10.98	144	10.09
1955	14,070	182	12.93	6	32.96	153	10.87
1956	13,600	192	14.11	4	20.83	176	12.94
1957	13,590	167	12.28	2	11.97	156	11.47
1958	14,000	180	12.85	2	11.11	161	11.50
1959	14,180	195	13.75	4	20.51	160	11.28
1960	14,820	220	14.84	7	31.81	161	10.86
1961	13,660	217	15.88	4	18.43	137	10.02
1962	13,770	240	17.42	4	16.66	139	10.09
1963	13,840	214	15.49	6	28.03	159	11.48
1964	13,950	247	17.69	3	12.15	139	9.99
1965	14,140	247	17.68	3	12.15	154	10.89
1966	14,380	259	17.32	5	19.30	173	12.03
1967	14,780	280	18.9	4	13.94	142	9.60
1968	15,720	288	18.32	6	20.83	182	11.58
1969	16,350	319	19.51	4	12.53	188	11.49
1970	17,130	378	22.10	4	11.00	212	12.40
1971	18,710	398	21.30	11	28.00	193	10.30

TUBERCULOSIS

New Cases and Mortality During 1971

Table No. 4

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 1	-	-	-	-	-	-	-	-
1 - 4	-	-	-	-	-	-	-	-
5 - 14	-	-	-	-	-	-	-	-
15 - 24	-	-	-	1	-	-	-	-
25 - 34	-	-	-	-	-	-	-	-
35 - 44	1	*1	-	1	-	-	-	-
45 - 54	-	-	-	-	-	-	-	-
55 - 64	-	-	-	-	-	-	-	-
65+	1	⊖1	-	-	-	1	-	-
TOTALS	2	2	-	2	-	1	-	-

* Transfer-in

⊖ Died month later

MONTHLY INCIDENCE OF NOTIFIABLE DISEASES

(Other than Tuberculosis) 1971

Table No. 5

Disease	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	17	4	30	-	3	-	-	-	-	-	1	-	55
Whooping Cough	1	-	1	-	-	-	-	-	-	-	1	-	3
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	1	-	-	-	-	1
Food Poisoning	-	-	-	-	-	-	-	1	-	-	-	-	1
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	-	-	-	-	-	-	-	1	-	-	-	-	1
TOTAL	18	4	31	-	3	-	-	3	-	-	2	-	61

AGE INCIDENCE OF NOTIFIABLE DISEASES

(Other than Tuberculosis) 1971

Table No. 6

Disease	0+	1+	2+	3+	4+	5+	10+	15+	20+	35+	45+	65+	All ages	Removed to hospital	Deaths
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	6	7	4	7	7	24	-	-	-	-	-	-	55	-	-
Whooping Cough	-	-	-	-	1	2	-	-	-	-	-	-	3	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	1	-	-	-	-	-	-	-	-	-	1	1	-
Food Poisoning	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Para-typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-
TOTAL	6	7	5	7	8	26	-	-	2	-	-	-	61	1	-

INCIDENCE OF NOTIFIABLE DISEASES

(other than Tuberculosis)

IN INDIVIDUAL PARISHES, 1971

Table No. 7

Parish	Scarlet Fever	Meningitis	Measles	Whooping Cough	Tetanus	Leptospirosis	Diphtheria	Poliomyelitis	Food Poisoning	Dysentery	Infective Hepatitis	Para-typhoid	Malaria	TOTAL
Bozeat	-	-	19	-	-	-	-	-	-	-	-	-	-	19
Doddington, Great	-	-	4	1	-	-	-	-	-	-	-	-	-	5
Earls Barton	-	-	11	-	-	-	-	-	-	-	-	-	-	11
Easton Maudit	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ecton	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Grendon	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Hardwick	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Harrowden, Great	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Harrowden, Little	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Irchester	-	-	4	-	-	-	-	-	1	-	-	-	-	5
Irchester, Little	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Isham	-	-	1	-	-	-	-	-	-	1	-	-	-	2
Mears Ashby	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Newton Bromswold	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Orlingbury	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Strixton	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sywell	-	-	4	-	-	-	-	-	-	-	-	-	-	4
Wilby	-	-	5	-	-	-	-	-	-	-	-	-	-	5
Wollaston	-	-	4	2	-	-	-	-	-	-	-	-	-	6
TOTALS	-	-	55	3	-	-	-	-	1	1	1	-	-	61

HOUSING PROGRAMME UP TO 31st DECEMBER, 1971

Table No. 8

1. Number of houses proposed to be erected as approved by the Ministry of Housing & Local Government to date — 1,044

2. (a) Number of sites concerning which layout plans and house plans have been approved by the Ministry of Housing & Local Government — 58

3. Superficial area plans approved, determined in accordance with paragraph 4 of the Standards of New Houses adopted by the Joint Committee :

(a) Non-parlour types	2 bedrooms	X	type square feet		846
	2 "	R	" " "		868
	2 "	I	" " "		872
	3 "	M	" " "		916
	3 "	N	" " "		952
	3 "	O	" " "		965
	3 "	P	" " "		972
	3 "	J	" " "		946
	3 "	H	" " "		937
	3 "	G	" " "		914
	3 "	F	" " "		912
	3 "	K	" " "		850
	3 "	L	" " "		927
	3 "	B	" " "		900
Convertible	3 to 4 "	V	" " "		903
(b) Parlour type	3 bedrooms	D	type square feet		800
	Duplex	E	" " "		840
(c) Bungalow	2 bedrooms	Q	" " "		745
	2 "	T	" " "		635
	2 "	Y	" " "		616
	1 bedroom 2 persons	U	" " "		564
	1 " 1 "	S	" " "		349
	1 " 1 "	Z	" " "		384
	1 " 2 "	PM7	" " "		569
(d) Flats	2 " 4 "	A	" " "		718
	1 " 2 "	PM3	" " "		548
	2 " 3 "	PM6	" " "		785

4. Number of houses for which tenders have been invited — 257

5. Number of houses the erection of which have begun — 1,044
   Number of houses approved but not erected — -

SUMMARY OF SANITARY INSPECTIONS, ETC.

Table No. 9

Number of visits and inspections	1,487	
Slaughterhouses on Register	2	
Number of Slaughtermen licensed	7	
Visits to slaughterhouses	157	
Visits to Butcher's shops	3	
Number of Bakehouses	5	
Visits to Bakehouses	5	
Food condemned as unfit for human consumption	2,993	lb.
Premises licensed to sell Ice Cream	48	
Blocked sewers and drains	186	
Cesspools cleansed	485	
Offensive accumulations	-	
Smoke and Dust Nuisance	2	
Premises infested with flies, etc.	70	
Animals kept as to be a nuisance	17	
Inspection of Food Premises	89	
Housing Act Inspections	178	
Licences issued under Milk (Special Designation) Regs. '63	5	
Offensive Trades	55	
Infectious Diseases investigations	43	
Samples of water taken	6	
Caravan Sites Act, 1960	8	
Noise Abatement Act	22	
H.C.N. Fumigation Regulations	-	
Animal Boarding Establishments	2	
Offices, Shops and Railway Premises Act, 1963	18	

Table No. 10

Prescribed particulars on the administration of the Factories Act, 1961.

Section 153(1), for the year 1971

PART I OF THE ACT

1. INSPECTIONS for the purpose 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 s.7 is enforced by the Local Authority	84	11	-	-
(iii) Other Premises in which s.7 is enforced by the Local Authority (Excluding outworkers' premises)	-	-	-	-
TOTAL	84	11	-	-

Table No. 10 - continued

2. Cases in which DEFECTS were found.

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (s.1)	-	-	-	-	-
Overcrowding (s.2)	-	-	-	-	-
Unreasonable temperature (s.3)	-	-	-	-	-
Inadequate ventilation (s.4)	-	-	-	-	-
Ineffective drainage of floors (s.6)	-	-	-	-	-
Sanitary Conveniences (s.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	2	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	-	2	-	-	-

PART VIII OF THE ACT - OUTWORK

Table No. 10 - continued

Nature of Work	SECTION 133			SECTION 134		
	No. of out-workers in August list required by Sect. 110(1)(c)	No. of cases of default in send-ing lists to the Council	No. of prosecu-tions for failure to supply lists	No. of instances of work in unwhole-some premises	Notices served	Prosecu-tions
Wearing apparel: Making, etc.	100	-	-	-	-	-
Cleaning and Washing	-	-	-	-	-	-
Curtains and furniture hangings	-	-	-	-	-	-
Furniture and Upholstery	-	-	-	-	-	-
Lampshades	-	-	-	-	-	-
Carding, etc. of Buttons etc.	-	-	-	-	-	-
The making of boxes or parts thereof made wholly or partially of paper	-	-	-	-	-	-
Household Linen	-	-	-	-	-	-
TOTAL	100	-	-	-	-	-