

**[Report 1970] / Medical Officer of Health, Wellingborough U.D.C.**

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Wellingborough (England). Urban District Council.

**Publication/Creation**

1970

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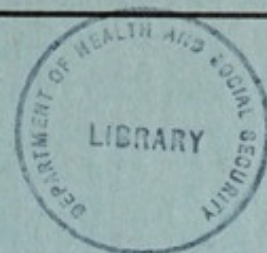
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# URBAN DISTRICT COUNCIL OF WELLINGBOROUGH



## ANNUAL REPORT

of the

## Medical Officer of Health

for the

## YEAR 1970

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Joan M. St. V. DAWKINS, M.B., B.S., D.P.H., D.C.H.  
Medical Officer of Health





URBAN DISTRICT COUNCIL  
OF WELLINGBOROUGH



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URBAN DISTRICT COUNCIL  
OF WELLINGTON

ANNUAL REPORT

Medical Officer of Health

YEAR 1950

THE CITY ENGINEERS DEPARTMENT  
CITY ENGINEER

WELLINGTON

## URBAN DISTRICT COUNCIL OF WELLINGBOROUGH

Chairman of the Council: Councillor H. G. Ransom

### Members of the Health Committee:

Chairman: Councillor F. W. Grundy, C. C.

Vice-Chairman: Councillor C. B. Brown

Councillors: J. L. H. Bailey, M. A., C. C. L. R. Higgs, J. P.  
G. M. Brown H. G. Ransom  
P. B. Chatwyn C. F. Robinson  
L. Coates L. R. Warner

Clerk of the Council: W. G. Palmer, LL. B., Solicitor

### Health Department Staff:

#### Medical Officer of Health:

F. R. N. Lynch, M. B., B. Ch., B. A. O., D. P. H. (to June 1970)

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

(from June 1970)

Also holds the appointment of Medical Officer of Health for:-

Boroughs of Brackley and Daventry; Rural Districts of Brackley,

Daventry, Brixworth, Northampton, Towcester and Wellingborough.

Senior Assistant County Medical Officer of Health

#### Chief Public Health Inspector:

\*A. J. Stroud, F. R. S. H., F. A. P. H. I.

#### Deputy Chief Public Health Inspector:

\*D. B. Hopkins, M. A. P. H. I.

#### Additional Public Health Inspectors:

\*J. Hick, M. A. P. H. I.

\*J. O. Hamilton, M. R. S. H., M. A. P. H. I.

\*B. S. Rumford, M. A. P. H. I.

\* Certified Inspector of Meat and other Foods.

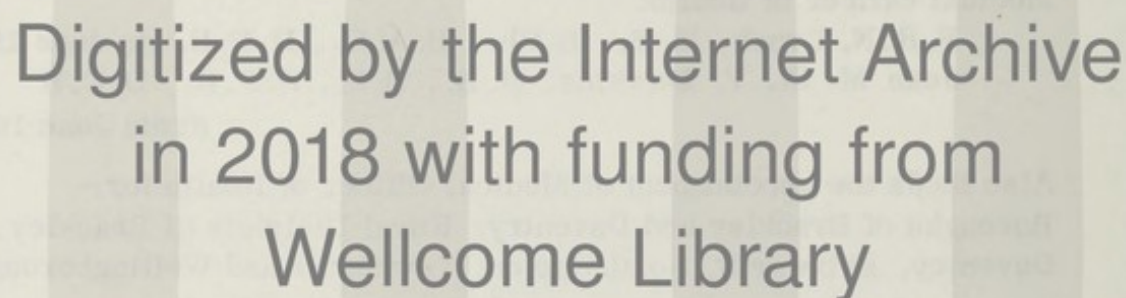
#### Meat Inspectors:

C. L. Knights

N. Sutton

#### Technical Assistant:

A. Ellis



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7 Cheyne Walk,  
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To the Chairman and Members of the  
Wellingborough Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report as Medical Officer of Health, which incorporates part of the report of the Chief Public Health Inspector from which certain sections are included.

The report is presented in seven 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 and the seventh contains a number of statistical tables. 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.

The vital statistics for the year show that there is an increase in population of 2,180 according to the Registrar General's mid-year estimate of 37,860. There were 436 deaths, an increase of 8 on last year's figure. This gives a standardised rate of 9.9 compared with the national figure of 11.7. Male deaths exceeded female deaths by 18. Details and comments on the causes of death are given in Section A. The total number of live births was 667, a decrease of 33 on last year and giving a standardised rate of 18.5 compared with the national figure of 16.0. Illegitimate births were 73, four more than in 1969. There were 17 deaths under the age of one year, twelve occurring in the first week of life.

271 cases of infectious disease were notified, showing a decrease of 53 compared with last year's figure. Thirteen cases of whooping cough were notified, six of infective hepatitis and six of food poisoning, and one each of scarlet fever and dysentery. This year 21 people died from pneumonia, 32 from bronchitis and none from tuberculosis. It is gratifying to record no deaths from a disease which fifteen years ago had not been vanquished. There were 244 cases of measles compared with 271 in 1969. Though measles



vaccination became generally available, the withdrawal of some vaccine resulted in a shortage and fewer children were immunised than was anticipated. It is to be hoped that from henceforward, with the availability of vaccines and the use of the computer, that a higher 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 following later. Towards the end of 1970, Rubella (German Measles) vaccination also became available to all girls between the ages of thirteen and fourteen.

The expansion of the town continued with 425 houses being completed in 1970 for Town Development purposes and a further 360 under construction. A total of 44 council houses and flats were built in Wellingborough, and 10 council flats in Finedon were completed. The number of houses built by private enterprise during the year was 109, the majority of them being on the Harrowden Heights and Hardwick Road Estates, and there were a further 82 under construction at the end of the year.

Slum clearance continued, 53 houses being demolished in 1970 giving a total of 645 since the war, and leaving 243 to be dealt with.

The control of food hygiene in the Urban District is maintained at a high standard. The inspection of meat continued to be satisfactory. There has been also adequate control of food supplies. While the district has been fortunate during the year in having only six isolated cases of food borne infection, the condition is generally far too prevalent. It is essential that there is 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 fail to observe the strictest methods of hygiene. The local authority, by constant inspection, exhortation and sampling, makes every effort to prevent food borne infection, but the ultimate responsibility lies with those who handle the food. A lapse by an individual either in food premises or in the home is often the cause of illness. The public themselves, when observing failure in food premises, should refuse to accept unsatisfactory practices. In the home, high standards among families should be a routine matter.

While it is evident that the environmental control of the district has been maintained satisfactorily throughout the year, and 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.

In general, nationally, both health and local government fields were under review. A change of government in mid-year required, inevitably, a deferral of the immediate plans proposed by the previous government. However the need for reform and change was agreed by both political parties and it can be expected that the National Health Service will be unified. In Local Government the small district councils will be merged to form larger units. During the interim period, which is a difficult one for all personnel in public health and local government, services must be maintained and expanded where necessary.

At such a time it is pertinent to review those matters which are most pressing in the field of prevention of ill health. Needs when defined, will have to be matched with available resources, and it will be necessary that priorities should be clearly assessed.

In the environmental field the intensive efforts of public health pioneers and civic authorities have given a secure basis of a sanitary environment and the availability of pure water, adequate disposal of refuse and sewage are taken for granted. It is vital that such services should continue to function smoothly. The present problem is less from man's



pollution of his environment than from products innocently introduced for man's convenience of which detergents are one instance. Other chemical factors requiring control are drugs and the use of antibiotics in animal feeding. While on the other hand the omission of the controlled addition of minute quantities of fluoride to our water because of the pressure of a small group on local authorities has resulted in the failure to prevent dental caries in children. After five years of fluoridation Birmingham can now prove the efficacy and harmlessness of the procedure.

While this report is largely concerned with the environmental health of the area, health needs cannot be compartmentalized, and though the population may live in a satisfactory environment if personal habits are unsound then all our efforts are wasted. It is therefore necessary to consider those factors which are also contributing to early and unnecessary death and disability.

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). 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, or diabetes, the prevention and alleviation of rheumatic disease 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.

The Chief Public Health Inspector, Mr. A.J. Stroud, and his staff are thanked for their helpful co-operation during the year. Mr. Stroud provides the Council with a separate Annual Report of which certain passages are quoted in this report and which are acknowledged with thanks.

In addition I wish to extend my grateful thanks to the Clerk of the Council and his department, the Chairman of the Council and the Chairman and Members of the Health Committee for all 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.



## SUMMARY OF VITAL STATISTICS

Comparative Statistics for the Five Year Period 1966 to 1970

	1966	1967	1968	1969	1970
Area of the Urban District (in acres)	8,735	8,735	8,735	8,735	9,147
Population of Greater Council's Wards	33,150	33,670	34,450	35,040	37,500
Number of Live Births	635	644	677	700	657
Legitimate	581	591	628	652	634
Illegitimate	54	53	49	48	23
Birth Rate per 1,000 population	18.14	18.9	19.92	19.41	17.5
Number of Stillbirths	9	10	12	9	12
Stillbirth Rate per 1,000 population	2.7	2.9	3.47	2.57	3.2
Number of Deaths	430	437	403	425	436
Death Rate per 1,000 population	13.27	12.98	11.94	12.13	11.59
Deaths from and Accidents	2	3	3	2	1
Number of Infant Mortality	13	11	10	13	17
Infant Mortality Rate per 1,000 live births	20.63	17.08	14.78	18.57	25.89
Deaths from all forms of T. B.	7	7	-	-	-
Deaths from Respiratory T. B.	1	-	-	-	-
Deaths from Malignant Neoplasms	65	80	71	55	80
Deaths from Malaria (all ages)	-	-	-	-	-
Deaths from Whooping Cough (all ages)	-	7	-	-	17
Deaths from Enteritis and Diarrhoea under two years of age	-	-	2	-	-
Deaths from Acute Poliomyelitis and Poliomyelitis	-	-	-	-	-
Natural increase in population, i.e. excess of Births over Deaths	175	130	269	273	231

## ACKNOWLEDGEMENTS

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

CLERK OF THE COUNCIL

ENGINEER AND SURVEYOR

CHIEF PUBLIC HEALTH INSPECTOR

HOUSING MANAGER

TREASURER

COUNTY MEDICAL OFFICER OF HEALTH

MANAGER, DEPARTMENT OF EMPLOYMENT  
AND PRODUCTIVITY

WOMEN'S ROYAL VOLUNTARY SERVICE



## SUMMARY OF VITAL STATISTICS

### Comparative Statistics for the Five Year Period 1966 to 1970

	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
Area of the Urban District (acres)	8,738	8,738	8,738	8,738	9,147
Population (Registrar General's Estimate)	33,130	33,820	34,450	35,680	37,860
Number of Live Births	635	644	717	700	667
Legitimate	585	581	639	631	594
Illegitimate	50	63	78	69	73
Birth Rate per 1,000 population	19.16	19.0	20.81	19.61	17.6
Number of Stillbirths	9	10	12	9	12
Legitimate	9	8	11	7	11
Illegitimate	-	2	1	2	1
Stillbirth Rate per 1,000 total births	13.97	15.30	16.47	12.69	18.00
Stillbirth Rate per 1,000 population	0.27	0.29	0.35	0.25	0.32
Number of Deaths	460	434	408	428	436
Death Rate per 1,000 population	13.88	12.80	11.84	11.99	11.50
Deaths from Pregnancy, Childbirth and Abortion	-	-	-	-	-
Number of Infant Deaths	13	11	19	15	17
Infant Mortality Rate per 1,000 Live Births	20.47	17.00	26.50	21.42	25.00
Neonatal Mortality Rate per 1,000 Live Births	14.10	13.90	19.53	8.57	19.00
Perinatal Mortality Rate (Stillbirths and Deaths under one week combined per 1,000 total Live and Stillbirths)	26.39	24.46	28.81	18.33	35.00
Deaths from all forms of T. B.	2	1	-	-	-
Deaths from Respiratory T. B.	1	-	-	-	-
Deaths from Malignant Neoplasms	96	89	71	95	80
Deaths from Measles (all ages)	-	-	-	-	-
Deaths from Whooping Cough (all ages)	-	-	-	-	-
Deaths from Enteritis and Diarrhoea under two years of age	-	-	2	-	-
Deaths from Acute Poliomyelitis and Polioencephalitis	-	-	-	-	-
Natural increase in population, i.e. increase of Births over Deaths	175	210	309	272	231



Area (in acres)	9,147
Population (mid-year estimate by Registrar-General)	37,860
Number of inhabited houses	12,752
Rateable Value (as at 1.4.71)	£1,717,945
Estimated product of a penny rate (1970-71)	£6,800

	Male	Female	Total		Local Authority Area	England & Wales
<u>Live Births</u>				<u>Live Birth Rates, etc.</u>		
Total	316	351	667	Live births per 1,000 home population (crude rate)	17.60	16.00
Legitimate	284	310	594	Area comparability factor	1.05	1.00
Illegitimate	32	41	73	Local adjusted rate	18.50	16.00
				Ratio of local adjusted rate to national rate	1.16	1.00
				Illegitimate live births as % of all live births	11.00	8.00
<u>Stillbirths</u>				<u>Stillbirth Rate</u>		
Total	4	8	12	Stillbirths per 1,000 total live and stillbirths	18.00	13.00
Legitimate	3	8	11			
Illegitimate	1	-	1			
<u>Total Live and Stillbirths</u>						
Total	320	359	679			
Legitimate	287	318	605			
Illegitimate	33	41	74			
<u>Deaths of Infants</u>				<u>Infant Mortality Rates</u>		
Under 1 year:	8	9	17	Deaths under 1 year per 1,000 live births	25.00	18.00
Legitimate	7	6	13			
Under 4 weeks:	4	9	13	<u>Neonatal Mortality Rate</u>		
Legitimate	4	6	10	Deaths under 4 weeks per 1,000 live births	19.00	12.00
Under 1 week:	4	8	12			
Legitimate	4	5	9	<u>Early Neonatal Mortality Rate</u>		
				Deaths under 1 week per 1,000 total live births	18.00	11.00
<u>Deaths - All Ages</u>				<u>Death Rates, etc. - All Ages</u>		
	227	209	436	Deaths per 1,000 home population (crude rate)	11.50	11.70
				Area comparability factor	0.86	1.00
				Local adjusted rate	9.90	11.70
				Ratio of local adjusted rate to national rate	0.85	1.00

CLASSIFICATION OF CAUSES OF DEATH, 1970

List No.	Causes of Death	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	Age in Years								
						1+	15+	25+	35+	45+	55+	65+	75 & over	
B18	Other infective and parasitic diseases	M	-	-	-	-	-	-	-	-	-	-	-	-
B19(1)	Malignant neoplasm, buccal cavity etc.	F	1	-	-	-	-	-	-	-	-	-	-	1
B19(2)	Malignant neoplasm, oesophagus	M	1	-	-	-	-	-	-	-	1	-	-	-
B19(3)	Malignant neoplasm, stomach	F	2	-	-	-	-	-	-	-	1	1	-	-
B19(4)	Malignant neoplasm, intestine	M	1	-	-	-	-	-	-	-	-	1	-	-
B19(6)	Malignant neoplasm, lung, bronchus	M	5	-	-	-	-	-	1	1	1	3	-	2
B19(7)	Malignant neoplasm, breast	F	4	-	-	-	-	-	-	-	-	-	3	1
B19(8)	Malignant neoplasm, uterus	M	5	-	-	-	-	-	-	-	1	1	3	1
B19(9)	Malignant neoplasm, prostate	F	6	-	-	-	-	-	-	-	-	-	2	4
B19(10)	Leukaemia	M	3	-	-	-	-	-	1	1	5	5	4	4
B19(11)	Other malignant neoplasms	F	5	-	-	-	-	-	-	-	-	-	3	1
B20	Benign and unspecified neoplasms	M	6	-	-	-	-	-	-	-	-	-	-	-
B21	Diabetes Mellitus	F	3	-	-	-	-	-	-	-	-	-	-	-
B46(1)	Other endocrine etc. diseases	M	1	-	-	-	-	-	-	-	-	-	-	-
B23	Anaemias	F	1	-	-	-	-	-	-	-	-	-	-	-



List No.	Causes of Death	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	Age in Years								
						1+	15+	25+	35+	45+	55+	65+	75 & over	
B46(3)	Mental Disorders	M	-	-	-	-	-	-	-	-	-	-	-	-
B46(5)	Other diseases of nervous system	F	1	-	-	-	-	-	-	-	-	-	-	1
B26	Chronic Rheumatic Heart Disease	M	2	-	-	-	-	-	-	-	1	-	1	-
B27	Hypertensive Disease	F	1	-	-	-	-	-	-	-	-	-	-	1
B28	Ischaemic Heart Disease	M	2	-	-	-	-	-	-	-	-	-	2	-
B29	Other forms of Heart Disease	F	3	-	-	-	-	-	-	1	-	-	1	1
B30	Cerebrovascular Disease	M	6	-	-	-	-	-	-	-	-	-	-	6
B46(6)	Other diseases of circulatory system	F	4	-	-	-	-	-	-	-	-	-	-	2
B31	Influenza	M	54	-	-	-	-	1	2	4	14	17	16	16
B32	Pneumonia	F	33	-	-	-	-	-	-	-	3	11	19	19
B33(1)	Bronchitis and Emphysema	M	6	-	-	-	-	-	-	-	-	2	4	4
B46(7)	Other diseases of respiratory system	F	13	-	-	-	-	1	-	-	-	2	10	10
B34	Peptic Ulcer	M	28	-	-	-	-	-	-	-	1	3	17	17
B35	Appendicitis	F	35	-	-	-	-	-	-	-	-	2	4	4
B36	Intestinal obstruction and hernia	M	14	-	-	-	-	-	-	-	-	1	2	2
		F	6	-	-	-	-	-	-	-	-	-	7	7
		M	11	1	1	-	-	-	-	-	1	3	3	3
		F	10	1	-	-	-	-	-	-	3	10	11	11
		M	24	-	-	-	-	-	-	-	3	10	11	11
		F	8	-	-	-	-	-	-	-	3	10	11	11
		M	2	-	-	-	-	-	-	-	-	-	-	4
		F	1	-	-	-	-	-	-	-	-	-	-	-
		M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	1
		M	1	-	-	-	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
		M	1	-	-	-	-	-	-	-	-	-	-	1
		F	-	-	-	-	-	-	-	-	-	-	-	-



List No.	Causes of Death	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	Age in Years								
						1+	15+	25+	35+	45+	55+	65+	75 & over	
B37	Cirrhosis of Liver	M	-	-	-	-	-	-	-	-	-	-	-	-
B46(8)	Other diseases of digestive system	F	2	-	-	-	-	-	-	-	1	-	-	1
B38	Nephritis and Nephrosis	M	1	1	-	1	-	-	-	-	-	-	-	1
B46(9)	Other diseases, genito-urinary system	F	1	-	-	-	-	-	-	-	-	1	-	-
B46(11)	Diseases of musculo-skeletal system	M	1	-	-	-	-	-	-	-	-	-	-	-
B42	Congenital Anomalies	F	4	-	-	-	-	-	-	-	-	-	1	2
B43	Birth injury, difficult labour, etc.	M	2	-	2	-	-	-	-	-	-	-	-	-
B44	Other causes of perinatal mortality	F	4	1	-	-	-	-	-	-	-	-	-	-
B45	Symptoms and ill defined conditions	M	5	2	-	-	-	-	-	-	-	-	-	-
BE47	Motor vehicle accidents	F	1	-	-	1	-	-	-	-	-	-	-	1
BE48	All other accidents	M	5	-	-	2	-	-	-	-	1	-	-	-
BE49	Suicide and self-inflicted injuries	F	1	-	-	-	-	-	-	1	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
		M	227	4	4	2	4	7	8	38	72	87		
	TOTALS	F	209	9	-	2	1	3	11	23	45	113		





## SECTION 'A'

### NATURAL AND SOCIAL CONDITIONS

The area of the Urban District is 9,147 acres, giving an average of 4.01 persons per acre and 2.9 persons per house.

The town of Wellingborough situated in the valley of the River Nene, which flows along its edge, has an ancient history. There was a substantial Roman Settlement at Irchester and the Vikings are reputed to have sailed up the Nene and landed at Wellingborough and nearby villages. A local Board of Health was set up in 1855; the Urban District Council created in 1894, to which Finedon was transferred in 1935.

Wellingborough remained primarily a market town with the majority of its inhabitants employed in the footwear industry (other occupations included foodstuffs, clothing, building and civil engineering) until the Nomination Agreement with the London County Council in September 1962 (which was superceded by an Agency Agreement with the Greater London Council in 1967 which undertook to receive a further 35,000 persons from London), when many new industries were attracted to the town and the population expanded.

The local authority has embarked on three industrial estates, Denington - 66 acres, Mill Road - 13 acres and the third, Finedon Road Industrial Estate - 174 acres. So far forty-five factories are completed.

The state of unemployment was as follows:-

	<u>Men</u>	<u>Women</u>	<u>Boys</u>	<u>Girls</u>
Registered unemployed in December 1970	259	53	14	5
Registered unemployed in December 1969	259	47	13	5

The rate of unemployment in December 1970 was 1.5%. The national percentage was 2.7%.

The register of Disabled Persons kept by the Department of Employment and Productivity contains the names of persons who are substantially handicapped yet capable of working. There follows an extract from the register:

<u>Employed Disabled Persons</u>	<u>Men</u>	<u>Women</u>	<u>Boys</u>	<u>Girls</u>
April 1970	535	67	2	2
April 1969	469	80	2	-

#### Unemployed Disabled Persons

December 1970	44	4	-	-
December 1969	46	-	-	-

The Registrar General gives the mid-year estimated population for 1970 as 37,860, an increase of 2,180 on the population of the previous year. The natural increase in the population, that is the excess of births over deaths, was 231.

#### Births

The number of births was 667, a decrease of 33 compared with last year, giving a standardised rate of 18.5, calculated on the comparability factor of 1.05, as against 16.00 for England and Wales per 1,000 of the total population.

#### Stillbirths

The total number of stillbirths in 1970 was 12, an increase of three on 1969. The stillbirth rate is 18.00 per 1,000 total births, compared with 13.00 for England and Wales. Particulars of these stillbirths are given below:

<u>Sex</u>	<u>Cause</u>
F	Macerated foetus (cause not known)
M	Intra uterine death, placenta insufficiency
F	Intra uterine asphyxiation, cord compression
M	Unknown, breech presentation
F	Accidental haemorrhage
M	Premature onset of labour, appendicectomy
F	Umbilical cord round neck
F	Antepartum haemorrhage
F	Foetal anoxia
F	Rhesus incompatibility
F	Anencephaly
M	Prematurity

#### Illegitimate Births

There were 73 illegitimate births in 1970, four more than in 1969.



### Maternal Mortality

No death was recorded.

### Infant Mortality

The number of children under one year who died was 17, compared with 15 in 1969. 12 of these deaths occurred in the first week of life, which is known as early neonatal mortality; the rate for 1970 is 18.00 per 1,000 live births; the current rate for England and Wales is 11.00.

The causes of infant deaths with age and sex were as follows:-

<u>Age</u>	<u>Sex</u>	<u>Cause of Death</u>
1 hour	F	Multiple Congenital Abnormalities
2 hours	F	Cardio Respiratory Failure - Prematurity
6 hours	F	Respiratory Distress Syndrome
7 hours	M	Prematurity
15 hours	F	Respiratory Failure, extreme Prematurity
1 day	M	Aspiration Pneumonia, Brain damage
1 day	F	Partial Anencephaly
1 day	F	Respiratory Distress Syndrome
2 days	M	Cardio Respiratory Failure
5 days	F	Bronchopneumonia
2 weeks	F	Heart Failure
2 months	M	Pneumonia
3 months	M	Congenital Heart Disease
4 months	M	Sudden death in infancy
6 months	M	Heart Failure
16 months	M	Acute Bronchiolitis
1 year	F	Cerebral Oedema

### Deaths

There were 436 deaths from all causes in 1970. The figure for last year was 428 and the corresponding Crude Death Rates were 11.50 and 11.99. The standardised death rate was 9.90, compared with 11.70 for England and Wales. The standardised rate is calculated from the Registrar General's comparability factor for the district which is .86; 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 the total of 436 deaths, 119 died before the age of 65 and a further 117 between 65 and 74, making a total of 236 before the age of 75. Premature death is caused mainly by accidents, arterial disease and the cancers. In the town there were six motor vehicle accidents, four of them (all male) before the age of 45. Of the total of 218 deaths from diseases of the heart and circulation, 25 males and 10 females died before the age of 65, 35 males and 23 females between the ages of 65 and 74. The cancers took a total of 80 deaths, 61 of these before the age of 75. 16 males and 5 females died from cancer of the lung.

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 1970 approximately 75% of the male population and 41% of the female population smoked. Between 1956 and 1968 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.)

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



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 two fifths of the national figure.)
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 overpopulated 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 1970 7,500 were killed on the roads, as compared with 7,383 in 1969.



Deaths from accidents in the home are also continuing at a rate which is far too high. Almost three quarters of the fatalities occur in elderly people or in children under 5 years of age.

In England and Wales during 1969 a total of 6,507 people died as a result of accidents in and around the home. This is 107 (or 1.6 per cent) fewer than in the previous year. Further analysis indicates that although 29 more people died in residential institutions, the number of deaths which occurred in private homes fell by 136.

#### Summary of Accidents in 1969

Cause of Death	Private Homes	Residential Institutions	Total Deaths
Poisoning	813	13	826
Falls	2,873	1,019	3,892
Burns and Scalds	733	32	765
Suffocation and Choking	561	90	651
Others	335	38	373
TOTAL	5,315	1,192	6,507

Every year more people die from falls than from all other accidents in the home - as many as 60 per cent of the fatalities in 1969 resulted from falls. Poisoning is the second major cause, accounting for 13 per cent of the total. About 12 per cent of the deaths were due to burns and scalds, while accidental suffocation and choking resulted in a further 10 per cent.

#### Cause, Age-group and Sex

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65+	Male	Female	
Poisoning	28	13	198	251	336	345	481	826
Falls	71	7	78	273	3,463	1,072	2,820	3,892
Burns and Scalds	133	37	56	129	410	288	477	765
Suffocation and Choking	428	21	57	62	83	413	238	651
Others	86	8	71	59	149	170	203	373
TOTAL	746	86	460	774	4,441	2,288	4,219	6,507
Death Rate*	18.2	1.2	2.4	6.5	71.0	9.6	16.8	13.3

\* Deaths per 100,000 population.



Elderly people are by far the most frequent victims of fatal home accidents, and in 1969 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 11 per cent of the total.

According to the data, about 65 per cent of the victims in 1969 were women or girls.

### Falls

Compared with 1968, the number of people who died as a result of accidental falls in the home fell by 53 to 3,892.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65+	Male	Female	
Falls on stairs	13	-	37	114	482	263	383	646
Falls from ladders	-	1	7	10	16	27	7	34
Falls from buildings	16	4	17	14	39	60	30	90
Other falls from one level to another	32	1	5	29	316	111	272	383
Falls on same level	1	-	2	16	389	83	325	408
Other and unspecified falls	9	1	10	90	2,221	528	1,803	2,331
TOTAL	71	7	78	273	3,463	1,072	2,820	3,892

Women accounted for three-quarters of the deaths in the 65 and over age-group, but only 40 per cent of the fatalities among the younger age-groups.

### Poisoning

There were 826 deaths from accidental poisoning in 1969, six per cent fewer than in the previous year.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65+	Male	Female	
Barbiturates	3	-	73	135	65	107	169	276
Analgesics and antipyretics	2	1	14	6	3	17	9	26
Other sedatives	-	-	15	10	8	10	23	33
Nervous system and psychotherapeutic drugs	6	3	16	11	4	19	21	40
Other and unspecified drugs	6	1	12	20	8	11	36	47
Alcohol	-	-	5	7	1	9	4	13
Other solids and liquids	4	-	2	3	-	5	4	9
<b>TOTAL, solids and liquids</b>	<b>21</b>	<b>5</b>	<b>137</b>	<b>192</b>	<b>89</b>	<b>178</b>	<b>266</b>	<b>444</b>
Piped gas	-	4	36	36	213	110	179	289
Motor vehicle exhaust and other carbon monoxide gases	7	4	22	22	34	53	36	89
Other gases and vapours	-	-	3	1	-	4	-	4
<b>TOTAL, gases and vapours</b>	<b>7</b>	<b>8</b>	<b>61</b>	<b>59</b>	<b>247</b>	<b>167</b>	<b>215</b>	<b>382</b>
<b>TOTAL</b>	<b>28</b>	<b>13</b>	<b>198</b>	<b>251</b>	<b>336</b>	<b>345</b>	<b>481</b>	<b>826</b>

The number of people who died from poisoning by ordinary domestic piped gas fell by 29 per cent, while there was an 18 per cent increase in deaths involving drugs and medicaments - from 358 to 422.

### Burns and Scalds

Accidental burns and scalds resulted in 765 deaths during 1969, compared with 781 fatalities in 1968.



Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65+	Male	Female	
Burns by clothing	7	9	10	26	142	39	155	194
Burns from controlled fire	10	2	2	13	96	41	82	123
Conflagration	85	23	27	36	61	115	117	232
Other and unspecified burns	18	2	17	40	75	74	78	152
<b>TOTAL, fire and flames</b>	<b>120</b>	<b>36</b>	<b>56</b>	<b>115</b>	<b>374</b>	<b>269</b>	<b>432</b>	<b>701</b>
Hot substance, corrosive liquid and steam	13	1	-	14	36	19	45	64
<b>TOTAL</b>	<b>133</b>	<b>37</b>	<b>56</b>	<b>129</b>	<b>410</b>	<b>288</b>	<b>477</b>	<b>765</b>

Of the 194 deaths from clothing catching light, 37 were attributed to open fires, 34 to electric fires and 27 to matches and cigarettes, etc. The majority of the 194 victims were women aged 65 and over.

#### Suffocation and Choking

Accidental suffocation and choking caused 649 deaths in 1968 and 651 deaths in 1969. Babies and young children are particularly susceptible to accidents of this kind, accounting for two-thirds of the deaths every year.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65+	Male	Female	
Inhalation and ingestion of food	234	6	28	52	74	227	167	394
Inhalation and ingestion of other objects	19	1	2	2	5	19	10	29
Suffocation in bed or cradle	154	1	3	1	-	105	54	159
Other and unspecified suffocation	21	13	24	7	4	62	7	69
TOTAL	428	21	57	62	83	413	238	651

Choking over food resulted in more than half the fatalities among the under-fives.

#### Other Causes

During 1969 there were an additional 373 deaths in England and Wales from miscellaneous accidents in and around the home.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65+	Male	Female	
Drowning and submersion*	27	3	20	15	17	31	51	82
Electric current - /	8	-	28	11	11	35	23	58
Excessive cold	1	-	-	5	59	10	55	65
Hunger, thirst, exposure and neglect	16	-	3	9	16	18	26	44
Struck by falling object	14	3	3	5	7	24	8	32
Striking against or struck by object	5	-	1	2	11	9	10	19
Other and unspecified**	15	2	16	12	28	43	30	73
TOTAL	86	8	71	59	149	170	203	373



- \* Altogether 523 people were accidentally drowned during 1969. Although only 82 of these occurred at home, the majority of the remaining deaths were associated with everyday leisure activities.
- ✧ Excludes burns by heat from electrical appliances.
- \*\* Includes cutting or piercing instruments (13 deaths), foreign body in orifice (12 deaths), explosive material (7 deaths) and firearms (7 deaths).

As many as 50 of the 65 people who died from excessive cold were women aged 65 or over.

### Disposal of the Dead

Of the 436 deaths during the year 267 bodies were disposed of by cremation at Kettering Crematorium giving a percentage of 61.24.





## SECTION '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 is 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 area.

#### NURSING IN THE HOME, MIDWIVES AND HEALTH VISITOR SERVICE:

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

#### THE HOME HELP SERVICE:

This is also provided by the County Council. It is a very necessary service and affords considerable benefit to the community, both to domiciliary maternity cases, and in the case of old people who can remain comfortably at home, and who, without this help, would be in institutions.

#### CHILD WELFARE CENTRES AND CLINICS:

The County Council provide these services as follows:-

##### Oxford Street Clinic:

Child Welfare - each Tuesday and Thursday at 2 p.m. and second Monday at 9.30 a.m. - by appointment.

Relaxation Classes - Mondays 7.00 p.m. and Wednesdays 2.30 p.m. - by appointment.

Immunisation Clinic - second Thursday in each month at 9.30 a.m. - by appointment.

Eye Clinic - Fridays at 2 p.m. - by appointment.

Family Planning Clinic - third and fourth Thursday in each month, 5.30 p.m. - 7.30 p.m. - by appointment.

St. Andrew's Hall, Croyland Estate:

Child Welfare - second and fourth Friday in each month at 2 p.m.

Queensway Health Centre:

Child Welfare - Monday to Friday at 2 p.m. - by appointment.

Family Planning Clinic - second Thursday in each month, 5.30 - 7.30 p.m. - by appointment.

Finedon, Orchard Road School:

Child Welfare - fourth Monday in each month at 2 p.m.

HOSPITAL ACCOMMODATION AND OUT-PATIENT CLINICS:

General Hospitals - Northampton and Kettering.

Gynaecological and Children - Wellingborough Hospital.

Acute Medical Cases, Skins and Children - Highfield Hospital, Wellingborough.

Chronic Sick, the Aged and Persons in need of Care and Attention -

Park Hospital, Wellingborough and St. Mary's Hospital, Kettering.

Maternity - Park Hospital, Wellingborough.

Tuberculosis - Rushden Hospital.

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

Infectious Disease - Harborough Road Hospital, Northampton.

Orthopaedic - Rock Street Clinic - second and fourth Wednesday afternoons.

Venereal 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 -

Male: Wednesday 2-3 p.m. and Friday 5-6.30 p.m. Female:

Monday 5.15-6.30 p.m. and 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 including the Almoner Service.

2. The County Council

(a) The Health Department

- 1. District Nurses
- 2. Health Visitors
- 3. Home Helps
- 4. Chiropody Service
- 5. Certain home equipment

(b) The Welfare Department

- 1. Part III Accommodation and Homes
- 2. Special services for the blind, etc. 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. In the Urban

District there are several old peoples' clubs including Darby and Joan and Senior Citizens' Friendship Association. The ladies and gentlemen who run these clubs provide a service to the community which is of immense value, and are to be thanked for their constant and untiring effort.

6. 'Meals on Wheels' Service

The Women's Royal Voluntary Service arranged for the delivery of 'meals on wheels' twice a week in appropriate cases. At the present time about 96 meals per week are supplied and during the year the total number of meals delivered was 4,560.

The Finedon Women's Voluntary Service delivers about 45 meals per week. In Finedon the delivery is made three times per week and the total number of meals supplied in 1970 was 2,027.



## SECTION 'C'

### SANITARY CIRCUMSTANCES OF THE DISTRICT

The Urban District receives its water supply from the Mid-Northamptonshire Water Board and the chief sources of supply for this Board are from reservoirs situated at Pitsford, assisted by Cransley, Thorpe Malsor, Ravensthorpe and Hollowell. Pitsford is situated about 8 miles west of Wellingborough in a valley on a tributary of the Brampton branch of the River Nene. The gathering grounds cover about 19 square miles and are mostly agricultural land with a certain amount of ironstone quarrying. When full this reservoir holds about 4,000 million gallons. The reservoir is now supplemented from Grafham Water.

Treatment consists of the raw water flowing to a pumping station below the dam where it is pumped to the Treatment Works. These consist of a chemical 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 water supply contains 0.25 parts of naturally occurring fluorine per million parts of water.

Apart from one isolated farm supplied by a local spring, all the dwellinghouses in the Urban District have an internal water supply from the public mains.

#### Water Samples

Routine samples are taken by the Board.

#### Rainfall

22.10 inches of rain were recorded at Swanspool Gardens and the following table gives records over a number of years:-

<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
20.24	18.67	22.94	16.92	28.13	28.58	25.53	30.34	22.69	22.10

#### SEWERAGE AND SEWAGE DISPOSAL

It was anticipated that the Minister of Housing and Local Government

would give approval for the construction of the new sewage Treatment Works in 1971.

### Sewage Analysis

Regular samplings of sewage effluent were made from the Sewage Farm outlets at Spike Island and Overschool. Forty samples were taken. The result of a chemical analysis taken at Spike Island was as follows:-

#### Analytical Results

Suspended solids	8.0 mg/1
Chlorides	-
Ammonia - free and Saline	4.5 mg/1
- albuminoid	-
Nitrite	0.4 mg/1
Nitrate	22.6 mg/1
Permanganate value 4 hours	3.8 mg/1
B. O. D. 5 days	1.0 mg/1
pH value	6.9
Appearance - clear colourless liquor, brown suspended solids.	
Odour - none.	

The annual flow of sewage pumped to irrigation on the sewage farm was estimated to be as follows:-

Cattle Market Pumping Station	282 million gallons
Irthlingborough Road Pumping Station	432 million gallons

### PUBLIC CLEANSING

The amount of household and trade refuse disposed of during the year at Sidegate Lane Tip was estimated to be as follows:-

	<u>Domestic Refuse</u>	<u>Trade Refuse</u>
Tonnage	11,800	2,500
Number of Loads	3,667	3,323

### SWIMMING BATHS

The town's new indoor swimming baths in Croyland Road were officially opened on 14th May, 1970, by the Minister of Housing and Local



Government. They have already proved a great attraction and a valuable amenity, serving both the residents of the Urban District and the surrounding area. The baths water is maintained at a high level of purity by continuous filtration and chlorination under the supervision of the Baths Manager.

Four of the local schools, i.e. The School, Girls' High, John Lea Secondary and Croyland Road Junior Schools, have their own smaller open-air pools, each of which has a satisfactory treatment plant. The children's paddling pool at the Embankment, belonging to the Urban Council, is supplied by well water which is treated by intermittent chlorination. The pool at the Zoo Park was discontinued during the year.

The pools are kept under surveillance by the Department during the summer months when they are regularly used and 'on the spot' tests are made as to the purity of the water. Altogether twenty-two bacteriological samples were taken, of which five - all from the paddling pools - were unsatisfactory.

MOVEABLE DWELLINGS - Public Health Act 1936 and The Caravan Sites and Control of Development Act 1960.

There are four small sites for residential caravans in the Urban District, accommodating a total of seven caravans, i.e. Well Street, Finedon -2; St. John Street - 2; Jacksons Lane - 2; and Burrows Bush - 1. The sites in St. John Street and Jacksons Lane also continue to be used as winter quarters by travelling showmen. Conditions on the whole were satisfactorily maintained.

RODENT CONTROL - Prevention of Damage by Pests Act, 1949.

		<u>Type of Property</u>	
		<u>Non-Agricultural</u>	<u>Agricultural</u>
A.	<u>Surface Infestations</u>		
1.	Number of properties in district	15,684	41
2.	(a) Total number of properties (including nearby premises) inspected following notification	502	5
	(b) Number infested by		
	(i) Rats	184	3
	(ii) Mice	99	-

		<u>Type of Property</u>	
		<u>Non-Agricultural</u>	<u>Agricultural</u>
3.	(a) Total number of properties inspected for rats and/or mice for reasons other than notification	24	2
	(b) Number infested by		
	(i) Rats	26	2
	(ii) Mice	2	-
4.	Total treatments including re-treatments carried out		263
5.	Total visits made by Rodent Operatives		1,483

B. Annual Servicing Agreements

Number in force (31.12.70)	19
Total value	£240

292 properties were found to be infested by rats or mice, slightly less than the previous year, but twice the number of mouse infestations were treated compared with 1969, and during the latter part of the year considerable difficulty was experienced in eradicating infestations in certain premises. Various standard blood anti-coagulant baits were used without success and it became evident that a resistance to these rodenticides had developed in the mice. Pending further investigation of the situation, the only success obtained was by the use of the old-fashioned break-back trap. Towards the end of the year, following consultation with the Ministry's regional advisory office, a more recent preparation "Alphachloralose" was tried, and has fortunately proved to be effective.

The usual attention was given to potential sources of infestation including the town's refuse tip and sewage farm, ditches and watercourses. The public sewers were test-baited and treated as necessary. Initially 23 per cent of the baited manholes showed some evidence of infestation, principally in the older areas, i.e. between Mill Road and Midland Road, and in the Oxford Street/Hill Street area. The sewers in the remainder of the district including Finedon, were virtually clear.



### 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. Three meetings were held during the year.

For a second 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 on 23rd November 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.

### CLEAN AIR ACTS 1956 AND 1968

During the year nineteen complaints of smoke nuisance were received and investigated, compared with seventeen the previous year. The occurrence related to industrial chimneys and domestic bonfires. Informal action was taken in each case.

### SCRAP METAL DEALERS ACT 1964

Ten persons were registered with the District Council under the Scrap Metal Dealers Act 1964, in respect of fourteen Scrap Metal Yards and Stores sited in the Urban District. There were also ten registered itinerant dealers operating in the district.

A few complaints in respect of noise and smoke nuisance from certain of the Scrap Yards were dealt with by informal action.

### NOISE CONTROL

Fourteen noise complaints were received and investigated during the year: they included industrial - 8, commercial - 2, and domestic - 4. The principal sources of complaint were noisy compressors and pumping equipment, a telephone klaxon hooter, a mechanical saw, road breakers and barking dogs.

### PETROLEUM (REGULATIONS) ACTS 1928 AND 1936

At the end of the year there were 95 premises licensed by the District Council for the storage of petroleum spirit and petroleum mixtures.

## FACTORIES ACT 1961

The number of registered factories and other works in the Urban District as at 31st December, 1970 was 232, a net decrease of 9 during the twelve months. They included (figures for 1969 in brackets):-

Factories with mechanical power	193	(202)
Factories without mechanical power	18	(18)
Other registrable works (building operations etc.)	21	(21)
New registrations	10	(15)
Deletions from the register	19	(10)

Seventy-two visits of inspection were made by the Public Health Inspectors. Few defects were found and no matters were referred by H. M. Inspector.

### 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	18	6	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	193	59	1	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	21	7	-	-
TOTAL	232	72	1	-



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	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	1	1	-	-
(b) Unsuitable or defective	-	-	-	-
(c) Not separate for sexes	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-
TOTAL	1	1	-	-

Part VIII of the Act - Outwork

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 sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel- Making, etc.	313	-	-	-	-	-
Cleaning & Washing Curtains and Furniture hangings	-	-	-	-	-	-
Furniture & Upholstery	1	-	-	-	-	-
Lampshades	-	-	-	-	-	-
Carding, etc. of Buttons, etc.	-	-	-	-	-	-
The making of boxes or parts thereof made wholly or partially of paper	-	-	-	-	-	-
Household Linen	-	-	-	-	-	-
TOTAL	314	-	-	-	-	-

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act deals with the health, welfare and safety of persons employed in shops and offices.

The following statistics on the administration of the Act during the year do not relate to offices in factories or other buildings which are the responsibility of H. M. Inspector of Factories. 94 per cent of the registered premises received at least one inspection. Apart from verbal



requests made at the time of inspection, 41 written notifications of deficiencies and other contraventions were sent to employers or owners.

Only five minor accidents were notified compared with ten during the previous year. It must again be stressed that employers have a statutory responsibility to notify every accident which prevents an employee from following his normal work for more than three days. The official circular states that "... the purpose of notification is to help enforcing authorities to detect breaches of the Act, and to enable them to advise occupiers on measures to prevent the recurrence of similar accidents. Notification also makes it possible to collect statistical and other information about different types of accidents and their causes; this information enables the Ministry to assess the effectiveness of the Act's safety provisions and to determine whether there is a need for further preventive measures." Having regard to the small number, it is probable that more accidents occur than those which are notified.

No applications for Certificates of Exemption under Section 46 were received.

#### Registrations and General Inspections

Class of Premises	Number of premises newly registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	10	87	75
Retail Shops	16	202	213
Wholesale shops, warehouses	2	23	16
Catering establishments open to the public, canteens	3	35	22
Fuel storage depots	-	2	3
Totals	31	349	329

Number of visits of all kinds by inspectors to registered premises - 566

Analysis of Persons Employed in Registered  
Premises by Workplace

Class of Workplace	Number of Persons Employed
Offices	1,137
Retail Shops	869
Wholesale departments, warehouses	368
Catering establishments open to the public	214
Canteens	12
Fuel Storage depots	9
<b>Total</b>	<b>2,609</b>
<b>Total : Males</b>	<b>1,243</b>
<b>Females</b>	<b>1,366</b>



## SECTION 'D'

### HOUSING

The building programme for the year was as follows:

Houses completed on the Town Development Estate in 1970:

<u>Type</u>	<u>Number</u>
4 bedroom houses	19
3 bedroom houses	389
1 bedroom flats	7
1 bedroom bungalows	10
	<hr/>
TOTAL	425
	<hr/>

Under construction during 1970: Hemmingwell I and Hardwick I:

<u>Type</u>	<u>Number</u>
1 bedroom flats	48
1 bedroom bungalows	51
3 bedroom houses	239
4 bedroom houses	22
	<hr/>
TOTAL	360
	<hr/>

Houses and Flats completed for General Needs in 1970:

Wellingborough:

<u>Type</u>	<u>Number</u>
3 bedroom houses	28
1 bedroom flats	16
	<hr/>
TOTAL	44
	<hr/>

Finedon:

<u>Type</u>	<u>Number</u>
1 bedroom flats	10

Under construction during 1970:

Wellingborough:

<u>Type</u>	<u>Number</u>
2 bedroom flats	25
1 bedroom flats	15
bed/sitter flatlets	56
	—
TOTAL	96
	—

Finedon:

<u>Type</u>	<u>Number</u>
4 bedroom houses	2
2 bedroom flats	8
1 bedroom flats	12
	—
TOTAL	22
	—

The total number of dwellings completed by the Council in the post-war period up to the end of 1970 was 3,712 to let, 34 for sale, making a total of 3,746.

#### COUNCIL HOUSE APPLICATIONS

The number of applications for Council houses at the end of the year was as follows:



# Wellingborough:

Present Accommodation of Applicants	31st December 1970 Awaiting consideration	Selected but not housed
Persons occupying tenancies in area	13	51
Persons living outside area	25	36
Persons occupying rooms in the area	69	165
Persons resident in Clearance Areas	-	63
Persons in various types of Aged Persons accommodation	21	161
	<hr/>	<hr/>
TOTAL	128	476
	<hr/>	<hr/>

## Finedon:

Present Accommodation of Applicants	31st December 1970 Awaiting consideration	Selected but not housed
Persons occupying tenancies in area	-	16
Persons living outside area	1	3
Persons occupying rooms in the area	3	18
Persons resident in Clearance Areas	-	-
Persons in various types of Aged Persons accommodation	2	16
	<hr/>	<hr/>
TOTAL	6	53
	<hr/>	<hr/>

## HOUSING ACTS, 1957 & 1969

During the year the following action was taken by the Council under the above Acts.

### (a) Unfit Houses beyond Repairs at Reasonable Cost:

- (i) Demolition Orders made - None.
- (ii) Closing Orders made - 2.

(b) Clearance Areas:

- (i) No areas were declared or Orders made during the year.
- (ii) Proposals for dealing with Unfit Houses - The District Council approved proposals by the Health Committee for dealing with 172 unfit houses under Part 3 of the Housing Act, 1957 during the four years 1970-1973.

(c) Re-housing:

241 persons displaced from condemned houses were re-housed by the Council. They included 65 families and 18 single occupants.

Summary of Formal Action under the Housing Act 1957

(Figures for 1969 for comparison)

	1969	1970
Houses demolished (Clearance Areas)	21	53
Houses demolished (not in Clearance Areas)	4	-
Unfit houses closed	2	4
Parts of buildings closed	-	-
Closing Orders determined	-	-
Demolition Orders substituted for Closing Orders	2	-
Persons displaced	251	324
Families displaced	77	91
Single occupants displaced	22	22



## SECTION 'E'

### INSPECTION AND SUPERVISION OF FOOD

#### INSPECTION AND SUPERVISION OF FOOD PREMISES

The routine inspection of food premises was carried out under the supervision of the Chief Public Health Inspector.

#### MILK SUPPLY

There is one large dairy in the town which has its own pasteurisation plant. There are 38 Milk Distributors. The Northamptonshire County Council, as the Food and Drugs Authority, have delegated their duties under the Milk (Special Designation) Regulations, 1963, to this Council. Licences under these Regulations are valid for a period of five years and at the end of the year the number of licences issued under these Regulations is detailed below:

#### MILK (SPECIAL DESIGNATION) REGULATIONS, 1963 and 1965

Dealers (Pasteuriser's) Licence	1
Dealers (Pre-packed) Milk Licences	39

The following samples were tested by the Public Health Laboratory during the year:

<u>Type of Milk</u>	<u>Test</u>	<u>Passed</u>	<u>Failed</u>	<u>Void</u>
Pasteurised	Phosphatase	123	1	-
Pasteurised	Methylene Blue	121	3	-
Sterilised	Turbidity	21	-	-
Ultra Heat Treated	U.H.T. Test	5	-	-
Untreated	Methylene Blue	-	-	-

#### MILK BOTTLE RINSES

168 Milk bottle rinses were taken during the year and the results were as follows:

<u>Type of Rinse</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>Void</u>
Milk Bottles	160	8	-

## ICE CREAM

During the year 26 samples of ice cream/water ices were taken; of these 22 samples were satisfactory and 4 were unsatisfactory.

## FOOD HYGIENE

The number of food premises in the Urban District at 31st December 1970 was 341 as follows:

### Retail Shops:

Bread and Confectionery	14
Butchers	30
Fish - Wet (4), Fried (12)	14
Fruit and Greengrocery	13
Grocery and General Stores	95
Sweets and Ice Cream	13

### Catering Premises:

Cafes, Restaurants, Hotels	36
Works Canteens	26
Schools and Hospital Kitchens	22

Licensed Premises (including Public Houses and Clubs) 58

Food Manufacturers 11

Warehouses and Cold Stores 9

## MEAT INSPECTION

There are two slaughterhouses in the district. One is for the slaughter of pigs only and one for the slaughter of all animals. The following table shows the number of animals slaughtered:

	<u>Cattle</u>	<u>Pigs</u>	<u>Sheep</u>	<u>Calves</u>
1963	-	22,798	1	1
1964	5,651	27,220	222	3
1965	19,594	32,302	1,916	19
1966	29,131	27,716	5,576	20
1967	30,642	25,365	1,939	328
1968	29,297	26,039	1,134	233
1969	25,172	30,394	639	208
1970	20,909	25,593	1,161	35



The amount of meat and offal condemned as unfit for human consumption was as follows:

1963	7 tons. 16 cwts. 90 lbs.
1964	34 tons. 12 cwts. 60 lbs.
1965	120 tons. 12 cwts. 108 lbs.
1966	271 tons. 11 cwts. 8 lbs.
1967	292 tons. 5 cwts. 81 lbs.
1968	272 tons. 2 cwts. 101 lbs.
1969	293 tons. - 98 lbs.
1970	213 tons. 5 cwts. 23 lbs.

#### THE LIQUID EGG (PASTEURISATION) REGULATIONS 1963

There is no Egg pasteurisation plant in the Urban District.

FOOD AND DRUGS ACT 1955 - Samples taken in Wellingborough Urban District in the twelve months ending 31st March 1971:

		Brought forward	144
Milks	105	Fruit and Vegetables	17
Almond Marzipan etc.	2	Ice Cream	8
Beverages	2	Jams and Marmalades	2
Bread	4	Lard, Dripping etc.	1
Butter	3	Meat and Fish Pastes	1
Cakes, Puddings and		Meat Products	39
Biscuits	7	Miscellaneous	10
Cheese	1	Soft Drinks	9
Condiments	2	Soups	2
Cream	12	Water	1
Flour	6	Wines and Spirits	24
	<hr/>		<hr/>
Carried forward	144	TOTAL	258
			<hr/>





## SECTION '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 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	Ophthalmia 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.

There was a decrease in the notification of infectious disease from 324 last year to 271 this year.

## MEASLES

The incidence of measles notification decreased. There were 244 cases as compared with 271 in 1969. 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 sequelae 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. It is to be hoped that this will be the last measles epidemic.

## 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. A comprehensive campaign was launched by the County Health Department in the form of letters to general practitioners and parents, informing them of the availability of the vaccine and urging as many girls as possible to have the vaccination. It is hoped to lower the age limit to cover 12 year old girls as soon as further supplies of the vaccine are available.

## INFECTIVE JAUNDICE

Six cases were recorded; there were seven cases last year. The Minister of Health gave sanctions that this disease should be made locally notifiable as from 1st July, 1962. By arrangements 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 sterilised 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 techniques 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.

#### RESPIRATORY INFECTIONS AND INFLUENZA

21 deaths are recorded this year from pneumonia, 32 from bronchitis and 14 from influenza, though at the end of 1969 and the beginning of 1970 there was a severe outbreak of influenza which placed a heavy burden on the health services, the major part being on the general practitioners. The care provided during the four weeks of the outbreak was exemplary and was evidence of the value of the general practitioner care of the community.

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.

#### TUBERCULOSIS

11 cases of respiratory tuberculosis were notified during the year, one of these cases transferred into the District. Four cases of non-respiratory tuberculosis were also notified; these included one transfer-in case. 12 names were removed from the Register, being now healed. There were no deaths during the year but 3 patients died from other causes. 13 patients were admitted to and 11 were discharged from Rushden Hospital during 1970. The following table shows the number of new cases since 1948:

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
11	19	17	23	11	24	16	17	15	15
1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
26	23	23	6	24	10	9	11	11	9
1968	1969	1970							
9	9	15							

The following table shows the number of known cases of tuberculosis in the district as at 31st December, 1970:

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	48	31	79
Non-respiratory	22	15	37
	—	—	—
Total	70	46	116
	—	—	—

### WHOOPING COUGH

13 cases were notified, compared with 4 last year. 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

1 case of this illness was notified. 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

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

1 case was notified, as compared with 34 last year. It was Sonne Dysentery and the patient soon recovered.

### FOOD POISONING

6 isolated cases were notified. 2 cases occurred in the spring in a father aged 47 and his son aged 12, which were never confirmed bacteriologically. The 4 further cases were all confirmed Salmonella infections.

In July an Italian male employed in a motor works, was notified as suffering from Salmonella (which was later typed as Enteritidis).

In August the Proprietor of a greengrocery store was found to be suffering from a Salmonella infection (later typed as Typhimurium). Arrangements were made to exclude him from his occupation; strict hygiene precautions were instituted and all contacts investigated and tested. There was no spread of infection, and return to work was permitted after six successive negative samples.

The source of infection was again not confirmed, though there was a possibility of infection from rodents.

In September a young male, who had contracted a Salmonella infection outside the district, was notified. His mother, with whom he lived, was employed in the school meals service and was excluded from her work. She was paid compensation. The infection was later typed as Salmonella Typhimurium.

In October a girl of five years contracted a Salmonella (Livingstone) infection outside the district. No other member of the family was infected, and the case remained isolated.



# SECTION 'G'

## DEATHS FROM SELECTED CAUSES

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	.07	6	.21	66	2.38	149	5.37	25	.90
1947	1	.03	7	.24	53	1.88	173	6.14	24	.85
1948	1	.03	9	.31	50	1.77	166	5.87	35	1.23
1949	1	.03	7	.24	61	2.16	183	6.48	32	1.13
1950	-	-	7	.24	68	2.40	204	7.21	33	1.16
1951	1	.03	10	.35	54	1.90	133	4.69	35	1.23
1952	-	-	6	.21	53	1.87	199	7.04	28	.99
1953	1	.03	6	.21	58	2.03	229	8.02	30	1.05
1954	-	-	4	.13	56	1.95	200	6.97	34	1.18
1955	-	-	5	.17	45	1.56	193	6.70	21	.72
1956	-	-	3	.10	62	2.15	194	6.73	26	.90
1957	-	-	2	.06	68	2.33	191	6.56	30	1.03
1958	1	.03	1	.03	62	2.10	234	7.94	37	1.25
1959	-	-	2	.06	65	2.18	198	6.65	54	1.81
1960	-	-	3	.09	60	1.99	227	7.56	51	1.69
1961	-	-	2	.06	70	2.28	224	7.30	42	1.36
1962	-	-	1	.03	81	2.60	226	7.27	37	1.19
1963	-	-	1	.03	54	1.71	235	7.48	50	1.59
1964	-	-	1	.03	74	2.31	218	6.83	43	1.31
1965	-	-	2	.06	71	2.29	187	5.75	44	1.35
1966	1	.03	1	.03	96	2.89	214	6.45	73	2.23
1967	1	.03	-	-	89	2.63	218	6.45	42	1.24
1968	-	-	-	-	71	2.06	209	6.06	57	1.65
1969	-	-	-	-	95	2.66	211	5.91	62	1.74
1970	-	-	-	-	81	2.14	218	5.76	56	1.48

COMPARISON OF STILLBIRTHS, ILLEGITIMATE  
BIRTHS AND MASCULINITY OF BIRTH

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	.54	29.29	62.37	1,004
1947	.53	12.98	65.72	1,022
1948	.46	13.63	49.40	1,000
1949	.21	22.93	41.66	1,111
1950	.42	12.34	40.38	1,136
1951	.56	25.04	60.53	1,096
1952	.21	22.93	34.56	1,333
1953	.17	37.29	35.00	1,285
1954	.34	27.71	39.90	1,206
1955	.38	26.63	44.77	1,138
1956	.24	16.00	40.09	972
1957	.24	14.92	45.45	1,000
1958	.47	16.40	57.97	1,215
1959	.33	19.96	69.24	903
1960	.46	25.04	56.88	960
1961	.32	18.72	82.00	912
1962	.25	13.69	100.69	1,013
1963	.25	14.21	88.28	1,070
1964	.31	16.34	79.73	1,000
1965	.15	7.89	82.80	1,150
1966	.27	13.97	78.74	984
1967	.29	15.30	97.82	1,019
1968	.35	16.47	108.78	1,048
1969	.25	12.69	98.57	1,065
1970	.32	18.00	108.77	900



# VITAL STATISTICS FOR 1970 AND PREVIOUS YEARS

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	27,740	497	17.91	14	28.16	345	12.43
1947	28,170	639	22.68	23	35.99	346	12.28
1948	28,240	506	17.91	15	29.64	335	11.86
1949	28,200	456	16.20	15	32.89	366	12.97
1950	28,290	421	14.88	15	35.62	381	13.46
1951	28,380	413	14.55	12	29.05	361	12.72
1952	28,250	434	15.36	10	23.04	334	11.82
1953	28,520	400	14.02	7	17.5	388	13.60
1954	28,670	426	14.85	10	23.47	349	12.10
1955	28,780	402	13.96	5	12.43	329	11.43
1956	28,810	424	14.71	9	21.22	346	12.00
1957	29,110	462	15.87	9	19.48	362	12.43
1958	29,440	483	16.40	7	14.49	416	14.13
1959	29,740	491	16.50	16	32.58	387	13.01
1960	30,020	545	18.15	10	18.34	416	13.85
1961	30,670	524	17.08	9	17.17	409	13.33
1962	31,050	576	18.55	15	26.04	428	13.78
1963	31,410	555	17.66	8	14.41	407	12.95
1964	31,910	602	18.86	14	23.25	401	12.56
1965	32,500	628	19.32	11	17.51	387	11.90
1966	33,130	635	20.11	13	20.47	460	13.88
1967	33,820	644	19.00	11	17.00	434	12.8
1968	34,450	717	20.81	19	26.5	408	11.84
1969	35,680	700	19.61	15	21.42	428	11.99
1970	37,860	667	17.60	17	25.00	436	11.50

## TUBERCULOSIS

### New Cases and Mortality during 1970

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	-	1	-	-	-	-	-	-
15 - 24	4*	1	-	-	-	-	-	-
25 - 34	1	-	-	-	-	-	-	-
35 - 44	1	-	-	1	-	-	-	-
45 - 54	-	1	-	1	-	-	-	-
55 - 64	2	1	-	-	-	-	-	-
65 +	-	-	-	1	-	-	-	-
TOTALS	8	4	-	3	-	-	-	-

\* Including 2 Inward Transfers



# MONTHLY INCIDENCE OF NOTIFIABLE DISEASES

(Other than Tuberculosis) 1970

Disease	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Scarlet Fever	-	-	-	-	-	-	1	-	-	-	-	-	1
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	3	6	4	-	8	41	7	10	44	24	97	244
Whooping Cough	-	-	-	-	-	-	-	-	-	-	5	8	13
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	1	-	-	1
Food poisoning	-	-	-	-	2	-	1	2	-	-	1	-	6
Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	1	1	2	-	-	1	-	-	-	-	1	-	6
TOTAL	1	4	8	4	2	9	43	9	10	45	31	105	271

# AGE INCIDENCE OF NOTIFIABLE DISEASES

(Other than Tuberculosis) 1970

Disease	0+	1+	2+	3+	4+	5+	10+	15+	20+	35+	45+	Age Unknown	All Ages	Removed to Hospital	Deaths
Scarlet Fever	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	11	17	30	38	27	117	-	-	-	-	-	4	244	-	-
Whooping Cough	1	2	2	-	-	6	-	1	-	-	1	-	13	1	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-
Food Poisoning	-	-	-	-	1	-	1	1	-	-	3	-	6	-	-
Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Para-typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	-	-	-	1	-	1	1	-	1	1	1	-	6	-	-
TOTAL	12	20	33	39	28	124	2	2	1	1	5	4	271	1	-





