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URBAN DISTRICT COUNCIL
OF WELLINGBOROUGH



ANNUAL REPORT
of the
Medical Officer of Health
for the
YEAR 1971

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

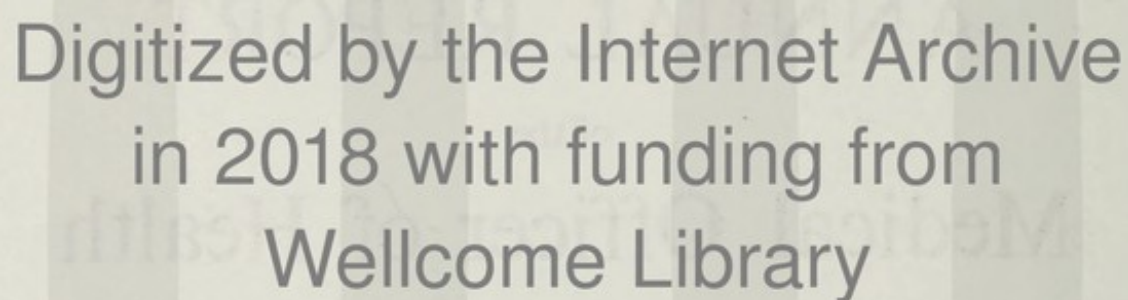
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URBAN DISTRICT COUNCIL OF WELLINGBOROUGH

Chairman of the Council: Councillor F.W. Grundy, J.P., C.C.

Members of the Health Committee:

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

Vice-Chairman: Councillor C. B. Brown

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

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

Health Department Staff:

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

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

Secretary:

Mrs. Erica Stevenson

Telephone:
Northampton 34833

Divisional Health Office,
7 Cheyne Walk,
Northampton NN1 5PT

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 once again in seven sections, each dealing with a separate aspect of environmental control: the first on natural and social conditions; the second on the 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 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 100 according to the Registrar General's mid-year estimate of 37,960. There were 427 deaths, a decrease of 9 on last year's figure. This gives a standardised rate of 9.6 compared with the national figure of 11.6. Female deaths exceeded male deaths by 15. Details and comments on the causes of death are given in Section 'A'. The total number of live births was 668, an increase of 1 on last year and giving a standardised rate of 18.5 compared with the national figure of 16.0. Illegitimate births were 55, 18 less than in 1970. There were 5 deaths under the age of one year, one occurring in the first week of life.

Infectious disease notifications were reduced from 271 last year to 198 for 1971; this showed a decrease of 73, and included 13 (13)* cases of whooping cough, 1 (6)* of infective hepatitis, 6 (6)* of food poisoning and 5 (1)* of dysentery. There were in addition 2 cases of meningitis and 1 of encephalitis. There were no notifications for scarlet fever. 15 (21)* people died from pneumonia, 22 (32)* from bronchitis and 2 (0)* from tuberculosis. There were 155 (244)* cases of measles. Measles

* the figure for last year

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, 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 in the early teens. Towards the end of 1970, Rubella (German Measles) vaccination also became available to all girls between the ages of thirteen and fourteen; this age limit has now been lowered to include eleven and twelve year old girls.

The expansion of the town continued with 360 houses being completed in 1971 for town development purposes and a further 90 under construction. A total of 6 Council flats were built in Wellingborough, and 22 Council houses and flats in Finedon were completed. The number of houses built by private enterprise during the year was 122.

Slum clearance continued, 115 houses being demolished in 1971, giving a total of 760 since the War, and leaving 127 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 have been few cases of food borne infection. These have 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, satisfactory 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, with an increase in throughput of the slaughterhouses. 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 reorganisation 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 advisers 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 adviser 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 adviser 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 legislation 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 2000 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 individual's 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 teeth 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 women's 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 cigarette smoking. Does smoking start by emulation of an admired elder 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 and 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 aggression, for discipline even endurance is removed, there would appear to be no lessening of mental illness. Instead aggression appears in the form of car accidents, vandalism and crime; lack of discipline in sexual promiscuity (with an increase in venereal 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 also again appointed to the Whitley Council Staff Side.

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 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.

ACKNOWLEDGMENTS

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

WOMEN'S ROYAL VOLUNTARY SERVICES

SUMMARY OF VITAL STATISTICS

Comprehensive Vital Statistics for the Five Year Period 1967 to 1971

	1967	1968	1969	1970	1971
Area of the Union District (square miles)	8,735	8,735	8,735	8,735	8,735
Population (Registrar General's Estimate)	32,300	34,400	35,500	37,000	37,900
Number of Live Births	541	517	500	487	465
Legitimate	481	459	451	434	413
Illegitimate	60	58	49	53	52
Birth Rate per 1,000 population	16.8	15.0	14.1	13.2	12.3
Number of Stillbirths	12	9	7	13	8
Legitimate	11	7	7	11	7
Illegitimate	1	2	0	2	1
Stillbirth Rate per 1,000 live births	2.2	1.7	1.4	2.7	1.7
Number of Deaths	436	438	424	436	427
Death Rate per 1,000 population	13.5	12.7	12.5	11.8	11.3
Deaths from					
Properly Registered Diseases	371	368	359	360	350
Accidents	11	13	15	17	8
Infant Mortality Rate	27.42	27.42	25.00	25.00	25.00
Perinatal Mortality Rate	10.00	10.00	8.27	10.00	5.00
Deaths under 1,000 live births	13.33	10.47	8.27	10.00	5.00
Deaths from All Causes	436	438	424	436	427
Deaths from Diseases	371	368	359	360	350
Deaths from Accidents	11	13	15	17	8
Deaths from Unknown Causes	54	57	50	59	69
Deaths from Unknown Causes (under two years of age)	2	2	2	2	1
Deaths from Acute Poliomyelitis and Polioencephalitis	0	0	0	0	0
Natural increase in population, i.e. increase of Births over Deaths	210	189	175	151	138

ACKNOWLEDGMENTS

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CLERK OF THE COUNCIL

ENGINEER AND SURVEYOR

CHIEF PUBLIC HEALTH INSPECTOR

HOUSING MANAGER

TREASURER

COUNTY MEDICAL OFFICER OF HEALTH

MANAGER, DEPARTMENT OF EMPLOYMENT

WOMEN'S ROYAL VOLUNTARY SERVICE

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CLERK OF THE COURT
ENGINEER AND SURVEYOR
CHIEF PUBLIC HEALTH INSPECTOR
HOUSING MANAGER
TREASURER
COUNTY MEDICAL OFFICER OF HEALTH
MANAGER, DEPARTMENT OF EMPLOYMENT
WOMEN'S ROYAL VOLUNTARY SERVICE

SUMMARY OF VITAL STATISTICS

Comparative Statistics for the Five Year Period 1967 to 1971

	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>
Area of the Urban District (acres)	8,738	8,738	8,738	9,147	9,147
Population (Registrar General's Estimate)	33,820	34,450	35,680	37,860	37,960
Number of Live Births	644	717	700	667	668
Legitimate	581	639	631	594	613
Illegitimate	63	78	69	73	55
Birth Rate per 1,000 population	19.0	20.81	19.61	17.6	17.6
Number of Stillbirths	10	12	9	12	9
Legitimate	8	11	7	11	9
Illegitimate	2	1	2	1	-
Stillbirth Rate per 1,000 total births	15.30	16.47	12.69	18.00	13.00
Stillbirth Rate per 1,000 population	0.29	0.35	0.25	0.32	0.24
Number of Deaths	434	408	428	436	427
Death Rate per 1,000 population	12.80	11.84	11.99	11.50	11.20
Deaths from Pregnancy, Childbirth and Abortion	-	-	-	-	-
Number of Infant Deaths	11	19	15	17	5
Infant Mortality Rate per 1,000 Live Births	17.00	26.50	21.42	25.00	7.00
Neonatal Mortality Rate per 1,000 Live Births	13.90	19.53	8.57	19.00	3.00
Perinatal Mortality Rate (Stillbirths and Deaths under one week combined per 1,000 total Live and Stillbirths)	24.46	28.81	18.33	35.00	15.00
Deaths from all forms of T. B.	1	-	-	-	2
Deaths from Respiratory T. B.	-	-	-	-	2
Deaths from Malignant Neoplasms	89	71	95	80	89
Deaths from Measles (all ages)	-	-	-	-	-
Deaths from Whooping Cough (all ages)	-	-	-	-	-
Deaths from Enteritis and Diarrhoea under two years of age	-	2	-	-	1
Deaths from Acute Poliomyelitis and Polioencephalitis	-	-	-	-	-
Natural increase in population, i.e. increase of Births over Deaths	210	309	272	231	241

Area (in acres)	9,147
Population (mid-year estimate by Registrar-General)	37,960
Number of inhabited houses	12,436
Rateable Value (as at 1.4.71)	£1,717,945
Sum represented by a penny rate (1971-72)	£16,930

	Male	Female	Total		Local Authority Area	England & Wales
<u>Live Births</u>				<u>Live Birth Rates, etc.</u>		
Total	351	317	668	Live births per 1,000 home population (crude rate)	17.60	16.00
Legitimate	324	289	613	Area comparability factor	1.05	1.00
Illegitimate	27	28	55	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	8.00	8.00
<u>Stillbirths</u>				<u>Stillbirth Rate</u>		
Total	7	2	9	Stillbirths per 1,000 total live and stillbirths	13.00	12.00
Legitimate	7	2	9			
Illegitimate	-	-	-			
<u>Total Live and Stillbirths</u>						
Total	358	319	677			
Legitimate	331	291	622			
Illegitimate	27	28	55			
<u>Deaths of Infants</u>				<u>Infant Mortality Rates</u>		
Under 1 year:	3	2	5	Deaths under 1 year per 1,000 live births	7.00	18.00
Legitimate	3	-	3	<u>Neonatal Mortality Rate</u>		
Illegitimate	-	2	2	Deaths under 4 weeks per 1,000 live births	3.00	12.00
Under 4 weeks:	2	-	2	<u>Early Neonatal Mortality Rate</u>		
Legitimate	2	-	2	Deaths under 1 week per 1,000 total live births	1.00	10.00
Under 1 week:	1	-	1			
Legitimate	1	-	1			
<u>Deaths - All Ages</u>	206	221	427	<u>Death Rates, etc. - All Ages</u>		
				Deaths per 1,000 home population (crude rate)	11.20	11.60
				Area comparability factor	0.86	1.00
				Local adjusted rate	9.60	11.60
				Ratio of local adjusted rate to national rate	0.83	1.00

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	2	-	-	-	-	-	-	-	-	1	-	1
B6(1)	Late effects of Respiratory T. B.	F	-	-	-	-	-	-	-	-	-	-	-	-
B18	Other infective and parasitic diseases	M	1	-	-	-	-	-	-	-	-	-	1	-
B19(2)	Malignant Neoplasm, Oesophagus	F	-	-	1	-	-	-	-	-	-	-	-	-
B19(3)	Malignant Neoplasm, Stomach	M	1	-	-	-	-	-	-	-	-	-	-	1
B19(4)	Malignant Neoplasm, Intestine	F	-	-	-	-	-	-	-	-	-	-	-	-
B19(6)	Malignant Neoplasm, Lung, Bronchus	M	7	-	-	-	-	-	-	-	1	-	2	5
B19(7)	Malignant Neoplasm, Breast	F	7	-	-	-	-	-	-	-	-	-	-	6
B19(8)	Malignant Neoplasm, Uterus	M	9	-	-	-	-	-	-	-	-	1	4	4
B19(9)	Malignant Neoplasm, Prostate	F	5	-	-	-	-	-	-	-	1	-	-	4
B19(10)	Malignant Neoplasm, Leukaemia	F	10	-	-	-	-	-	-	-	-	-	5	-
B19(11)	Other Malignant Neoplasms	F	3	-	-	-	-	-	-	-	-	1	1	1
B20	Benign and unspecified Neoplasms	M	7	-	-	-	-	-	-	-	-	-	3	4
B21	Diabetes Mellitus	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	1	1	4	1
		M	9	-	-	-	-	-	2	-	1	1	3	3
		F	10	-	-	-	-	-	-	1	1	1	-	-
		M	1	-	-	-	-	-	-	-	1	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
		M	4	-	-	-	-	-	-	-	1	1	-	2
		F	1	-	-	-	-	-	-	-	-	-	-	1

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(1)	Other Endocrine etc.	M	1	-	-	-	-	-	-	-	-	-	1	-
B23	Diseases	F	1	-	-	-	-	-	-	-	-	-	-	-
	Anaemias	M	-	-	-	-	-	-	-	-	-	-	-	-
B46(5)	Other Diseases of Nervous System	F	1	-	-	-	-	-	-	-	-	-	-	1
B26	Chronic Rheumatic Heart Disease	M	2	-	-	-	1	-	-	-	-	-	-	1
		F	2	-	-	-	-	-	-	-	-	1	-	1
B27	Hypertensive Disease	M	2	-	-	-	-	-	-	-	-	-	1	1
		F	1	-	-	-	-	-	-	-	-	-	-	1
B28	Ischaemic Heart Disease	M	6	-	-	-	-	-	-	-	-	2	2	2
		F	10	-	-	-	-	-	-	-	-	-	4	6
B29	Other forms of Heart Disease	M	60	-	-	-	-	-	-	-	8	14	20	18
		F	42	-	-	-	-	-	-	-	-	2	14	26
B30	Cerebrovascular Disease	M	7	-	-	-	1	-	-	-	-	1	1	4
		F	19	-	-	-	-	-	-	1	-	1	2	15
B46(6)	Other Diseases of Circulatory System	M	22	-	-	-	1	-	-	1	3	5	6	6
	Influenza	F	30	-	-	-	-	-	-	-	1	1	9	19
B31	Pneumonia	M	8	1	-	-	-	-	-	-	-	-	2	5
		F	32	-	-	-	-	-	-	-	-	-	7	25
B32	Bronchitis and Emphysema	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	1	-	-	-	-	-	-	-	-	-
B33(1)	Asthma	M	6	-	-	-	-	-	-	-	2	1	1	2
		F	9	-	-	-	-	-	-	-	-	1	-	8
B33(2)	Other Diseases of Respiratory System	M	16	-	-	-	-	-	-	-	1	-	11	4
		F	6	-	-	-	-	-	-	-	-	-	1	5
B46(7)		M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	1	-
		M	2	1	-	-	-	-	-	-	-	1	-	-
		F	4	-	-	-	-	-	-	-	-	-	-	4

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
B34	Peptic Ulcer	M	1	-	-	-	-	-	-	-	-	-	-	1
B36	Intestinal Obstruction and Hernia	F	-	-	-	-	-	-	-	-	-	-	-	-
B37	Cirrhosis of Liver	M	3	-	-	-	-	-	-	-	-	1	-	2
B46(8)	Other Diseases of Digestive System	F	1	-	-	-	-	-	-	-	-	1	-	-
B38	Nephritis and Nephrosis	M	-	-	-	-	-	-	-	-	-	-	-	-
B39	Hyperplasia of Prostate	M	2	-	-	-	-	-	-	-	-	1	-	1
B46(9)	Other Diseases, Genito-Urinary System	M	1	-	-	-	-	-	-	-	-	-	1	2
B46(10)	Diseases of Skin, Subcutaneous Tissue	F	3	-	-	-	-	-	-	-	-	-	-	-
B46(11)	Diseases of Musculo-Skeletal System	M	-	-	-	-	-	-	-	-	-	-	-	1
B42	Congenital Anomalies	F	1	-	-	-	-	-	-	-	-	-	-	-
BE47	Motor Vehicle Accidents	M	2	-	1	-	1	-	-	-	-	1	-	-
BE48	All Other Accidents	F	4	-	-	-	-	-	-	-	-	-	-	-
BE50	All Other External Causes	M	4	-	-	-	-	-	-	2	-	2	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	1
TOTAL ALL CAUSES			206	2	1	-	2	6	3	17	38	65	72	
		F	221	-	2	1	2	-	1	6	12	51	146	
			427	2	3	1	2	6	4	23	50	116	218	

SECTION 'A'

NATURAL AND SOCIAL CONDITIONS

The area of the Urban District is 9,147 acres, giving an average of 4.14 persons per acre and 3.05 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 continued to be primarily a market town, with the majority of the inhabitants employed in the footwear industry, though other occupations included foodstuffs, clothing, building and civil engineering. However, in September, 1962, a Nomination Agreement with the London County Council (superceded in 1967 by the Agency Agreement with the Greater London Council) undertook to receive a further 35,000 persons from London. As a result many new industries have been attracted to the town and the population is expanding.

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 fifty one 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 1971	360	66	20	11
Registered unemployed in December 1970	259	53	14	5

The rate of unemployment in December, 1971, was 2.1%. The national percentage was 4.0%.

The register of Disabled Persons kept by the Department of

Employment 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 1972	556	52	2	1
April 1971	515	51	3	4

Unemployed disabled persons

December 1971	56	2	-	-
December 1970	44	4	-	-

The Registrar General gives the mid-year estimated population for 1971 as 37, 960, an increase of 100 on the population of the previous year. The natural increase in the population, that is the excess of births over deaths, was 241.

BIRTHS

The number of births was 668, an increase of 1 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 1971 was 9, a decrease of 3 on 1970. The stillbirth rate is 13. 00 per 1, 000 total births, compared with 12. 00 for England and Wales. Particulars of these stillbirths are given below:

<u>Sex</u>	<u>Cause</u>
F	Placental insufficiency
M	Macerated foetus (cause not known)
M	Asphyxia, cord tightly round neck
M	Macerated foetus (cause not known)
M	Placental insufficiency
M	Foetal anoxia, antepartum haemorrhage, breech presentation
M	Intra uterine death, maternal acute small bowel

<u>Sex</u>	<u>Cause</u>
M	Macerated foetus, very twisted cord (triplets)
F	Foetal asphyxia, antepartum haemorrhage

ILLEGITIMATE BIRTHS

There were 55 illegitimate births in 1971, 18 less than in 1970.

MATERNAL MORTALITY

No death was recorded.

INFANT MORTALITY

The number of children under one year who died was 5, compared with 17 in 1970. One of these deaths occurred in the first week of life, which is known as early neonatal mortality; the rate for 1971 is 1.00 per 1,000 live births; the current rate for England and Wales is 10.00.

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

<u>Age</u>	<u>Sex</u>	<u>Cause of Death</u>
5 days	M	Sudden death in infancy
1 week	M	Intestinal obstruction, prematurity
3 weeks	F	Acute gastroenteritis
6 weeks	F	Meningomyelocele
10 months	M	Cerebral oedema, viral encephalitis

DEATHS

There were 427 deaths from all causes in 1971. The figure for last year was 436 and the corresponding Crude Death Rates were 11.20 and 11.50. The standardised death rate was 9.60, compared with 11.60 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 427 deaths, 93 died before the age of 65 and a further 116 between 65 and 74, making a total of 209 before the age of 75. Premature death is caused mainly by accidents, arterial disease and the

cancers. In the town there were four motor vehicle accidents, three of them (all male) before the age of 45. Of the total of 239 deaths from diseases of the heart and circulation, 37 males and 6 females died before the age of 65, 32 males and 36 females between the ages of 65 and 74. The cancers took a total of 89 deaths, 49 of these before the age of 75. 16 males and 3 females 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 are 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 30,746 deaths - 25,137 males, 5,609 females) chronic bronchitis, emphysema, coronary disease, cancer of mouth, larynx and oesophagus and certain other cancers which are commoner to 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 and 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 chemo-therapeutic 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 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.

ACCIDENTS

The yearly toll of injury and death from road accidents mounts steadily. In an over-populated island with congested roads, and with an anticipated increase in numbers of vehicles annually, it must be expected that inevitably

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, as 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 10 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.

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

Since April, 1971, this service is the responsibility of the Social Services Department of 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 2-4 p. m. and Monday and Wednesday 10 - 12.

Relaxation Classes - Mondays 7 p. m. and Wednesdays 2.30 p. m. by appointment.

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

Family Planning Clinic - second Monday in each month (afternoon) and third and fourth Thursday in each month - 5.30 - 7.30 p. m. by appointment.

Cytology Clinics are also held on Friday mornings at approximately 6-weekly intervals.

St. Andrew's Hall, Croyland Estate

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

Queensway Health Centre

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

Relaxation Class - Monday at 2.30 p. m.

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

School Assessment Clinic - Tuesday at 2 p. m.

Hearing Assessment Clinic - 2 Thursdays per month at 2 p. m.

Finedon, Orchard Road School

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

HOSPITAL ACCOMMODATION AND OUT-PATIENTS 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 St. Mary's Hospital, Kettering
Maternity:	Park Hospital, Wellingborough
Tuberculosis:	Rushden Hospital
Out-patient facilities are available at:	2 General Hospitals and Rushden Memorial Hospital, The Hayway, Rushden.
Infectious Disease:	Harborough Road Hospital, Northampton

Venereal Disease:

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.

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 Organisations

These are many and services vary in different areas. In the Urban District there are several Old People's 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 112 meals per week are supplied, and during 1971 the total number of meals delivered was 4,516.

SECTION 1

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 1971 was 2,192.

The Urban District receives its water supply from the Mid-Northamptonshire Water Board, and the main sources of supply for this Board are from reservoirs situated at Wellingborough, Cranley, Thurns Mill, Raveley, and Raveley. The Raveley Reservoir is situated about 8 miles west of Wellingborough in a valley in a tributary of the Great Ouse, and is the source of the River Nene. The reservoir is about 100 acres in area, and is mostly agricultural land, with a certain amount of woodland. The reservoir is about 100 feet deep, and the water is pumped out of the reservoir into the town of Wellingborough.

Treatment consists of the water being pumped to a pumping station at the town, where it is pumped to the treatment works. There are two main pumping stations, one at the town and one at the works. The water is pumped to the works by gravity, and then to the town by gravity. The water is then pumped to the town by gravity, and then to the town by gravity. The water is then pumped to the town by gravity, and then to the town by gravity.

Apart from the local supply from the town, the water is pumped to the town by gravity, and then to the town by gravity. The water is then pumped to the town by gravity, and then to the town by gravity.

SECTION 2

Water supply to the town is by gravity.

SECTION 3

The water supply to the town is by gravity, and the water is pumped to the town by gravity.

1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
23.24	18.67	22.64	16.92	25.13	20.66	23.52	30.34	23.69	22.16	20.21

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

20.91 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>	<u>1971</u>
20.24	18.67	22.94	16.92	28.13	28.58	25.53	30.34	22.69	22.10	20.91

SEWERAGE AND SEWAGE DISPOSAL

It is anticipated that construction of the new sewage disposal works, designed to cater for a population of 60,000 and produce an effluent of 20 SS and 15 B.O.D., will be commenced in the autumn of 1972, with a construction period of two years.

Sewage Analysis

Regular samplings of sewage effluent were made at the sewage farm outlets at Spike Island and Overschool. Forty samples were taken by the Wellingborough Urban District Council, and periodic samples were taken by the River Authority. The results of the chemical analyses taken at Spike Island and Overschool were as follows:-

Analytical Results (milligrams per litre)

	<u>Spike Island</u>	<u>Overschool</u>
Suspended solids	10.0	12.0
Chlorides	106.0	106.0
Ammonia - free and saline	0.6	1.1
- albuminoid	-	-
Nitrite	nil	0.18
Nitrate	13.5	11.0
Permanganate value 4 hours	3.2	4.6
B.O.D. 5 days	0.9	2.6
pH value	7.0	6.5

Appearance - clear colourless liquor, brown suspended solids.

Odour - none.

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

Cattle Market Pumping Station	282 million gallons
Irthlingborough Road Pumping Station	438 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	13,750	2,200
Number of Loads	3,676	2,940

SWIMMING BATHS

In addition to the town's indoor swimming baths in Croyland Road, five of the local schools, i.e. The School, Girls' High School, John Lea Secondary, Croyland Road Junior and Brookfield Schools have their own smaller open-air pools. The water of all of them is efficiently treated by continuous filtration and chlorination. The children's paddling pools at the Embankment are fed by chlorinated well water without re-circulation.

The pools are kept under surveillance by the Department, particularly during the summer months when they are regularly used, and 'on the spot' tests are made as to the purity of the water. In addition twenty-four bacteriological samples were taken, of which one - from the paddling pool - was unsatisfactory.

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

There are five small residential caravan sites in the Urban District, accommodating a total of eight caravans. The sites in St. John Street and Jacksons Lane also continue to be used as winter quarters by travelling showmen. Conditions were satisfactorily maintained.

Itinerants

For many years a small number of families have frequented the outlying areas of the Urban District, camping on road-side verges for periods of a week or more at a time. Usually travelling within a fairly small area, they carry on itinerant trading mostly in scrap metal. During the latter half of the year, between twenty and thirty families with their caravans and other vehicles, took unauthorised occupation of land on the Council's Finedon Road Industrial Estate, causing considerable damage and pollution of the area.

With the problem continuing into 1972, the provision of a suitable permanent site for gypsies and other itinerants to serve the surrounding area is now urgently necessary.

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	16,459	41
2.	(a) Total number of properties (including nearby premises) inspected as a result of notification or for other reasons	479	10
	(b) Number infested by		
	(i) Rats	180	4
	(ii) Mice	178	-
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		341
5.	Total visits made by Rodent Operatives		1,934
B.	<u>Annual Servicing Agreements</u>		
	Number in force (31.12.71)	15	
	Total value	£192	

362 properties were found to be infested by rats or mice, slightly more than in 1970. The increase was mainly due to continuing infestations by mice which were difficult to control as a result of their resistance to Warfarin. Experimental treatments using alphachloralose

and water-soluble Warfarin have only been partially effective, but the use more recently of a 50% gamma BHC preparation as a tracking dust has been most encouraging.

The town's refuse tips and sewage farm were subject to continuous treatment with permanent baiting points. The public sewers were test-baited twice during the year. Signs of infestation were negligible.

NORTHAMPTONSHIRE RAT CONTROL CAMPAIGN

Two meetings of the Kettering/Wellingborough District Rat Control Committee were held to co-ordinate the activities of the local authorities within the district in conjunction with the Ministry of Agriculture. Arising from organisational changes the active participation by the Ministry's staff in pest control work such as rat campaigns has been reduced, but their technical advisory service is still available to local authorities.

CLEAN AIR ACTS 1956 AND 1968

During the year eighteen complaints of smoke nuisance and industrial emissions were investigated. They included chimney emissions - 6; burning of trade waste (including car bodies and tyres) - 9; domestic bonfires - 3. Informal action was taken in each case, including the issue of warnings in the case of three occurrences involving the burning of bitumen and rubber in the open.

SCRAP METAL DEALERS ACT 1964

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

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

NOISE CONTROL

Twenty-one complaints were received during the year in respect of seventeen separate activities: they included industrial - 5, commercial - 4, road works - 3 and domestic - 4. The principal sources of complaint were noise and vibration by factory machinery, use of un-muffled road breakers, use of loudspeaker system at a supermarket, early morning deliveries by large wholesale commercial vehicles and barking dogs. Thirteen of the

occurrences were confirmed as constituting nuisances under S.1 of the Noise Abatement Act 1960, and eleven were remedied informally.

PETROLEUM (REGULATIONS) ACTS 1928 AND 1936

At the end of the year there were 99 premises licensed by the District Council for the storage of petroleum spirit, petroleum mixtures and carbide of calcium.

FACTORIES ACT 1961

The number of registered factories and other works in the Urban District as at 31st December, 1971 was 236, a net increase of 4 during the twelve months. They included (figures for 1970 in brackets):-

Factories with mechanical power	197	(193)
Factories without mechanical power	18	(18)
Other registrable works (building operations etc.)	21	(21)
New registrations	15	(15)
Deletions from the register	11	(10)

116 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	2	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	197	102	5	-
(iii) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises)	21	12	-	-
TOTAL	236	116	5	-

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	-	-	-	-	-
(b) Unsuitable or defective	5	4	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL	5	4	-	-	-

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 un-whole-some premises	Notices served	Prosecutions
Wearing Apparel --						
Making, etc.	238	-	-	-	-	-
Cleaning & Washing	-	-	-	-	-	-
Curtains and Furniture hangings	1	-	-	-	-	-
Furniture & Upholstery	-	-	-	-	-	-
Lampshades	-	-	-	-	-	-
Carding, etc. of buttons etc.	-	-	-	-	-	-
The making of boxes or parts thereof made wholly or partially of paper	-	-	-	-	-	-
Household linen	-	-	-	-	-	-
TOTAL	239	-	-	-	-	-

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. 82 per cent of the registered premises received at least one inspection. Apart from verbal requests made at the time of inspection, 37 written notifications of deficiencies and other contraventions were sent to employers or owners.

Only five minor accidents were notified, the same number as for 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	4	80	57
Retail shops	20	197	188
Wholesale shops, warehouses	5	23	9
Catering establishments open to the public, canteens	3	36	22
Fuel storage depots	-	1	1
TOTALS	32	337	277

Number of visits of all kinds by inspectors to registered premises - 455

Analysis of Persons Employed in Registered
Premises by Workplace

Class of Workplace	Number of Persons Employed
Offices	1,104
Retail shops	984
Wholesale departments, warehouses	346
Catering establishments open to the public	215
Canteens	17
Fuel storage depots	8
TOTAL	2,674
TOTAL: Males	1,212
Females	1,462

SECTION 'D'

HOUSING

The building programme for the year was as follows:

Houses completed on the Town Development Estate in 1971:

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

Houses and Flats completed for General Needs in 1971:

Wellingborough :

<u>Type</u>	<u>Number</u>
2 bedroom flats	6
TOTAL	6

Finedon:

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

Under construction during 1971:

Wellingborough :

<u>Type</u>	<u>Number</u>
2 bedroom flats	19
1 bedroom flats	15
bed/sitter flatlets	56
TOTAL	90

The total number of dwellings completed by the Council in the post-war period up to the end of 1971 was 4,100 to let, 34 for sale, making a total of 4,134.

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 1971 Awaiting consideration	Selected but not housed
Persons occupying tenancies in area	88	39
Persons living outside area	49	31
Persons occupying rooms in the area	145	65
Persons resident in Clearance Areas	-	42
Persons in various types of Aged Persons' accommodation	48	155
TOTAL	330	332

Finedon:

Present Accommodation of Applicants	31st December 1971 Awaiting consideration	Selected but not housed
Persons occupying tenancies in area	-	7
Persons living outside area	1	2
Persons occupying rooms in the area	5	6
Persons resident in Clearance Areas	-	18
Persons in various types of Aged Persons' accommodation	3	8
TOTAL	9	41

HOUSING ACTS 1957 AND 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:

Forty-three unfit houses were reported upon and included in Clearance Areas.

(c) Re-housing:

133 persons displaced from condemned houses were re-housed by the Council. They included 32 families and 9 single occupants.

Summary of Formal Action under the Housing Act 1957

(Figures for 1970 for comparison)

	<u>1970</u>	<u>1971</u>
Houses demolished (Clearance Areas)	53	115
Houses demolished (not in Clearance Areas)	-	-
Unfit houses closed	4	2
Parts of buildings closed	-	-
Closing Orders determined	-	-
Demolition Orders substituted for Closing Orders	-	-
Persons displaced	324	161
Families displaced	91	39
Single occupants displaced	22	10

(d) Housing Improvements:

(i) Standard Grants (Provision of Amenities)

102 applications for grants were received compared with 79 in 1970 and 44 in 1969; 86 per cent were in respect of owner/occupied houses.

(ii) Improvement Grants

Eleven applications were received and approved during the year, and six grants were paid; total amount £2,356.

(e) **Housing Act 1969 - Part 3 - Rent of dwellings in good repair and provided with standard amenities:**

(i) **Qualification Certificates**

Applications received	11
Applications granted	5
Applications refused	6

(ii) **Certificates of provisional approval**

Applications received	4
Applications granted	4
Applications refused	-

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 37 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 the Regulations is detailed below:

Milk (Special Designation) Regulations 1963 and 1965

Dealers (Pasteuriser's) Licence	1
Dealers (Pre-packed) Milk Licences	38

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	71	-	-
Pasteurised	Methylene Blue	68	3	-
Sterilised	Turbidity	8	-	-
Ultra Heat Treated	U.H.T. Test	2	-	-
Untreated	Methylene Blue	-	-	-

MILK BOTTLE RINSES

89 (15 batch samples) 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	14	1	-

ICE CREAM

During the year 27 samples of ice cream/water ices were taken; of these 26 samples were satisfactory and 1 was unsatisfactory.

FOOD HYGIENE

The number of food premises in the Urban District at 31st December, 1971, was 333 as follows:-

Retail Shops:

Bread and Confectionery	16
Butchers	27
Fish - Wet (5), Fried (12)	17
Fruit and Greengrocery	14
Grocery and General Stores	96
Sweets and Ice Cream	17

Catering Premises:

Cafes, Restaurants, Hotels	24
Works Canteens	26
Schools and Hospital Kitchens	21

Public Houses:

Total Number	37
Serving Food	28
Licensed/Registered Clubs	13

<u>Food Manufacturers</u>	12
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<u>Warehouses and Cold Stores</u>	13
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MEAT INSPECTION

There are two private slaughterhouses in the Urban District. One is approved for export to countries within the E.E.C. Current E.E.C. requirements however necessitate the carrying out of considerable alterations and improvements to this establishment, which were under consideration by the company at the end of the year.

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
1971	27,100	26,095	1,416	26

The number of whole carcasses condemned as totally unfit was 261 (0.5%). In addition there were 32,080 (58.2%) in respect of which some part of the carcass or organs were condemned. No case of tuberculosis in cattle was found during the year, but in 399 pigs (1.5%) localised lesions resulted in the rejection of part of the carcass or organs only. 96% of the slaughtered cattle were cows, which have a higher incidence of disease and other abnormalities than other animals. This, as in previous years, largely accounted for the comparatively large quantity of meat condemned (251 tons).

All unfit meat is removed from the slaughterhouses in locked vehicles or containers by authorised contractors to processing plants, for sterilization or destruction in accordance with the Meat (Sterilization) Regulations 1969.

The amount of meat and offal condemned as unfit for human consumption since 1963 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	292 tons. - cwts. 98 lbs.
1970	213 tons. 5 cwts. 23 lbs.
1971	251 tons. 16 cwts. 47 lbs.

The Department is currently assisting the Ministry of Agriculture in connection with a national survey into the incidence of trichinosis in pigs, initiated in November. This is a parasitic condition transmissible to man as the result of consuming raw or partly-cooked pork. It is to be found on the continent and in America, but hitherto somewhat rare in this country.

During the year the Ministry of Agriculture introduced routine monthly inspections, by their Divisional Veterinary Officers, of slaughterhouses having a potential throughput exceeding 100 cattle units per week. Both premises in the Urban District are covered by these instructions. These visits are taking place in order that the Minister shall have full information within his Department to enable him to deal with parliamentary questions arising on slaughterhouse matters.

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 1972:

		Brought forward	212
Milk	105	Mayonnaise	1
Meat Products	47	Chocolate Sauce	1
Cream	13	Egg Noodle	1
Ice Cream	3	Tomato Puree	1
Spirits	13	Flour	3
Tinned Fruit	10	Sugar	2
Fish Products	4	Soft Drink	4
Brown Sugar	2	Jelly	1
Fruit and Nuts	1	Ravioli in Tomato Sauce	1
Buttermilk	1	Chutney	1
Water	1	Yoghurt	5
Marzipan	1	Spaghetti	1
Dried Fruit	2	Potatoes, Chipped	1
Cheese	4	Pastry Mix	1
Olive Oil	1	Marmalade	1
Lemon Juice	1	Chocolate	10
Rice	2	Beer	1
Healthfoods and drink	1		
Carried forward	212	TOTAL	248

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 (amoebic or bacillary)	Tetanus
Infective Jaundice	Tuberculosis
Leprosy	Typhoid Fever
Leptospirosis	Typhus
Malaria	Whooping Cough
Measles	Yellow Fever

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 271 last year to 198 this year.

MEASLES

The incidence of measles notification decreased. There were 155 cases as compared with 244 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 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. 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 fourteenth 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.

INFECTIVE JAUNDICE

One case was recorded; there were six cases last year. The Minister of Health gave sanction 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 types 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 in 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

15 deaths are recorded this year from Pneumonia, 22 from Bronchitis and 1 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 the highest cause of loss of working hours, and there is still much disability as a result of Bronchitis, Nasal Catarrh and sinus infections.

TUBERCULOSIS

10 cases of Respiratory Tuberculosis were notified during the year. Four cases of Non-Respiratory Tuberculosis were also notified; these included one transfer-in case. Six names were removed from the register being now healed. There were two deaths during the year. 13 patients were admitted to and nine were discharged from Rushden Hospital during 1971. 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	1971						
9	9	15	14						

The following table shows the number of known cases of tuberculosis in the district as at 31st December, 1971:-

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	46	33	79
Non-respiratory	21	17	38
	—	—	—
Total	67	50	117
	—	—	—

WHOOPING COUGH

13 cases were notified, the same as 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

There were no cases notified in 1971. 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 emphasised, however, 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

5 cases were notified, as compared with one last year. There were four cases of Sonne Dysentery and one case of Flexner Dysentery.

FOOD POISONING

Six cases were notified. Two cases of Salmonella Typhimurium were notified in August in a young couple; the husband was a teacher and his wife a nurse. They both discontinued work until three negative samples were received from each of them. The source of infection was not traced. Another Salmonella case (not typed) was notified in August in a young boy; no other member of the family was infected and once again the source was not discovered. The child's mother worked in a school canteen, and she was excluded from work until six successive negative samples were received from her son. The child was also excluded from school. The boy's mother received compensation for loss of earnings from the Urban District Council.

In October a case of Salmonella Blockley was confirmed in a lady who

had recently returned from Spain. She lived alone, but worked in an office, where arrangements were made for a separate toilet to be set aside for her use. The patient received antibiotics at the beginning of her illness, and it was mid-December before three consecutive negative samples were received.

The remaining two cases were infants (both aged 14 months) who were patients in a local hospital. They were removed to an isolation hospital. This infection was later typed as Infantis. As both children lived outside the Urban District the follow-up, after discharge from hospital, was carried out by the Health Department of the district concerned. The staff of the hospital where the children were originally patients were all tested and found to be negative.

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
1971	-	-	2	.05	89	2.35	239	6.29	45	1.18

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.,96
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
1971	.21	13.00	79.17	1,095

VITAL STATISTICS FOR 1971 AND PREVIOUS YEARS

Year	Estimated Population	Deaths					
		Births		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
1971	37,960	668	17.60	5	7.00	427	11.20

TUBERCULOSIS

New Cases and Mortality during 1971

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	1	4	1	1	-	-	-	-
25 - 34	2	-	-	-	-	-	-	-
35 - 44	-	-	-	-	-	-	-	-
45 - 54	-	-	1	-	1	-	-	-
55 - 64	1	-	-	1*	-	-	-	-
65 +	1 [‡]	-	-	-	1	-	-	-
TOTALS	6	4	2	2	2	-	-	-

* Inward Transfer ‡ Posthumous notification

MONTHLY INCIDENCE OF NOTIFIABLE DISEASES

(Other than Tuberculosis) 1971

Disease	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	63	18	19	9	16	23	2	4	-	-	1	-	155
Whooping Cough	3	10	-	-	-	-	-	-	-	-	-	-	13
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis	-	-	-	-	-	1	-	-	-	-	-	-	1
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	1	-	1	-	-	1	-	-	-	-	2	-	5
Food Poisoning	-	-	-	-	-	-	-	3	-	1	2	-	6
Meningitis	-	-	-	-	-	-	-	-	2	-	-	-	2
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	-	-	-	-	-	-	-	-	1	-	-	-	1
TOTAL	67	28	20	9	16	25	2	7	3	1	5	-	183

AGE INCIDENCE OF NOTIFIABLE DISEASES

(Other than Tuberculosis) 1971

Disease	0+	1+	2+	3+	4+	5+	10+	15+	20+	35+	45+	Age Unknown	All Ages	Removed to Hospital	Deaths
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	10	14	19	33	26	47	1	-	-	-	-	5	155	-	-
Whooping Cough	1	1	5	2	1	2	1	-	-	-	-	-	13	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	2	-	1	-	1	-	-	1	-	-	-	5	-	-
Food Poisoning	-	2	-	-	-	-	1	-	-	-	1	2	6	-	-
Meningitis	-	-	-	-	-	-	-	-	1	1	-	-	2	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Para-typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-
TOTAL	11	20	24	36	27	50	3	-	2	2	1	7	183	-	-

AGE FREQUENCY IN MICHIGAN 1901-1902

CHAS. C. TAYLOR, 1903

	0-	1-	2-	3-	4-	5-	6-	7-	8-	9-	10-	11-	12-	Age Unknown	All Ages	Admitted to Hospital	Deaths
White	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Colored	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Chinese	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Japanese	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Portuguese	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Italian	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
German	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
French	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Irish	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
English	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Scottish	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Welsh	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Polish	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Czech	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Slovak	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hungarian	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Rumanian	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Serbian	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Croatian	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Slovene	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Yugoslavian	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
TOTAL	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

