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URBAN DISTRICT COUNCIL
OF WELLINGBOROUGH



ANNUAL REPORT
of the
Medical Officer of Health
for the
YEAR 1972

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 H.E. Watson

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. L.R. Higgs, J.P.
G.M. Brown Mrs. P.E. Ritchie
P.B. Chatwyn C.F. Robinson
L. Coates

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.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, the first six each dealing with an aspect of the control of the environmental health of the town, and the seventh contains a number of statistical tables.

The first section (A) dealing with natural and social conditions indicates that the town continues to expand, though there was no housing built for town development in 1972. Council provision was made for the elderly and 249 houses were built by private enterprise. In addition six factories were opened during the year. In this section statistics of births and deaths are given, and consideration made of the causes of early and preventable morbidity and death. While the annual report relates to local environmental health, it would be incomplete without some reference to the personal health of individuals living in the area. The section includes comments on cancer, arterial disease, a study on road accidents and details of a ROSPA report on home accidents.

The second section (B) outlines health and social services, both statutory and voluntary, which are provided in the town. Services given, particularly to the elderly, on a voluntary basis make a valuable contribution to the community life, and gratitude to those who give so unstintingly of this constant help is expressed.

The third section (C) deals with sanitary circumstances, giving a description of water supplies, sewerage, refuse collection and disposal, offices and shops and other health functions. Construction of the new sewage disposal works commenced in September, 1972. Future environmental control, after reorganisation of services, is also considered.

The fourth section (D) is concerned with council housing, giving an account of slum clearance (106 unfit houses being demolished and 4 closed during

the year), council house applications, improvement grants and other matters. Following the expulsion from Uganda of the Asian community, approximately 200 persons came to Wellingborough, most of them temporarily, to stay with relations already living in the town. Under the arrangements for Long Stay Immigrants each family was visited by a Health Visitor for health checks and advice on health matters. In addition, the Resettlement Board notified the Council and public health inspectors visited the families to ascertain their living conditions. Some cases of over-crowding did occur, but were soon adjusted. A number of families required rehousing by the Council, and at the end of 1972 28 applications had been made involving 138 persons.

The fifth section (E) deals with food hygiene, which continues to be a major concern of health departments. Changes due to technical advances in the food industry, while greatly improving variety and keeping quality, do not lessen, but rather increase the need for vigilance in food control. Innovations in manufacture, storage and cooking, together with increasing mobility of the population (including travel abroad and the importation of infections), demand constant control. The ultimate responsibility, however, always remains with the actual food handlers, and the rapid turnover of employment, together with these other factors require supervision from both employer and inspector. Finally consumers, themselves on the alert, should refuse to accept unsatisfactory practices.

The sixth section (F) deals with control of infectious and other diseases in the town, and there were no cases of dysentery, 6 of food poisoning and 1 of infective hepatitis. 25 people died from pneumonia and 15 from bronchitis. There were 4 cases of measles compared with 115 in 1971. Measles vaccination increased considerably in the country. 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, should succeeding generations of parents fail to respond to the need for immunisation, recrudescence could occur. It remains vitally important therefore for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus and now measles, tuberculosis vaccination following later in the early teens. Rubella (German Measles) vaccination is also available to all girls between the ages of 11 and 14.

The year was notable for the proposed legislation for the reorganisation of local government, the National Health Service and the water authorities, which are timed to coincide in April 1974. The office of Medical Officer of Health will cease, and instead those at present practising in the public health field will join the National Health Service as part of the new discipline of community medicine. Local authorities will no longer employ doctors, but medical advice will be obtained from community physicians. As the envisaged changes are of historic importance, I have attached to this report an Appendix which outlines the future role of the community physician and gives some detail of the structure of the reorganised National Health Service,

considering also some of the perspective of the changes in health legislation during the century of the practice of public health.

While this report will be my last to this Council, and the penultimate one on the health of the town (which will be presented to the enlarged District Council in 1974), I considered it appropriate to present this detailed account of the changes, and at the same time to express the hope that with adequate collaboration arrangements the future medical advice which will be available to local authorities will be both sought and given as freely and with the same accessibility between doctor, officers and councils of local authorities as when the Medical Officer of Health held office as a statutory appointment.

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 fifth year, and represented that Region, again for the fifth year, on the Public Health Committee of the British Medical Association. I was also again appointed to the Whitley Council Staff Side.

I would like to pay my tribute to the Council, who have always sought high standards in public health and shown interest in the preventive health field. I give thanks for the personal kindness and co-operation I have received from Councillors and Officers. To my colleagues, the Public Health Inspectors, I express the wish that the long, cordial and successful association already established will be maintained in the same happy vein under reorganisation.

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.

Finally, I express my appreciation to the County Medical Officer of Health for his ready co-operation at all times.

I have the honour to be your
Obedient Servant,

JOAN M. ST. V. DAWKINS

Medical Officer of Health.

ACKNOWLEDGMENTS

WOMEN'S ROYAL VOLUNTARY SERVICE

SUMMARY OF VITAL STATISTICS

Comparative Statistics for the Five Year Period 1968 to 1972

	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>
Area of the Urban District (acres)	8,738	8,738	9,147	9,147	9,147
Population (Registrar General's Estimate)	34,450	35,680	37,860	37,960	38,440
Number of Live Births	717	700	667	668	640
Legitimate	639	631	594	613	572
Illegitimate	78	69	73	55	68
Birth rate per 1,000 population	20.81	19.61	17.6	17.6	16.6
Number of stillbirths	12	9	12	9	6
Legitimate	11	7	11	9	6
Illegitimate	1	2	1	-	-
Stillbirth rate per 1,000 total births	16.47	12.69	18.00	13.00	9.00
Stillbirth rate per 1,000 population	0.35	0.25	0.32	0.24	0.10
Number of deaths	408	428	436	427	413
Death rate per 1,000 population	11.84	11.99	11.50	11.20	10.70
Deaths from pregnancy, childbirth and abortion	-	-	-	-	1
Number of infant deaths	19	15	17	5	14
Infant mortality rate per 1,000 live births	26.50	21.42	25.00	7.00	22.00
Neonatal mortality rate per 1,000 live births	19.53	8.57	19.00	3.00	17.00
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	28.81	18.33	35.00	15.00	23.00
Deaths from all forms of T.B.	-	-	-	2	-
Deaths from respiratory T.B.	-	-	-	2	-
Deaths from malignant neoplasms	71	95	80	89	87
Deaths from measles (all ages)	-	-	-	-	-
Deaths from whooping cough (all ages)	-	-	-	-	-
Deaths from enteritis and diarrhoea under 2 years of age	2	-	-	1	1
Deaths from acute poliomyelitis and polioencephalitis	-	-	-	-	-
Natural increase in population, i.e. increase of births over deaths	309	272	231	241	227

Area (in acres)	9,147
Population (mid-year estimate by Registrar-General)	38,440
Number of inhabited houses	13,569
Rateable Value (as at 1.4.73)	£4,565,513
Sum represented by a penny rate (1972-73)	£18,160

	Male	Female	Total		Local Authority Area	England & Wales
<u>Live births</u>				<u>Live birth rates, etc.</u>		
Total	325	315	640	Live births per 1,000 home population (crude rate)	16.60	14.80
Legitimate	290	282	572	Area comparability factor	1.03	1.00
Illegitimate	35	33	68	Local adjusted rate	17.10	14.80
				Ratio of local adjusted rate to national rate	1.16	1.00
				Illegitimate live births as % of all live births	11.00	9.00
<u>Stillbirths</u>				<u>Stillbirth rate</u>		
Total	5	1	6	Stillbirths per 1,000 total live and stillbirths	9.00	12.00
Legitimate	5	1	6			
Illegitimate	-	-	-			
<u>Total live and stillbirths</u>						
Total	330	316	646			
Legitimate	295	283	578			
Illegitimate	35	33	68			
<u>Deaths of infants</u>				<u>Infant mortality rates</u>		
Under 1 year :	8	6	14	Deaths under 1 year per 1,000 live births	22.00	17.00
Legitimate	7	4	11			
Illegitimate	1	2	3	<u>Neonatal mortality rate</u>		
Under 4 weeks:	5	6	11	Deaths under 4 weeks per 1,000 live births	17.00	12.00
Legitimate	4	4	8			
Illegitimate	1	2	3	<u>Early neonatal mortality rate</u>		
Under 1 week:	3	6	9	Deaths under 1 week per 1,000 total live births	14.00	10.00
Legitimate	2	4	6			
Illegitimate	1	2	3			
<u>Deaths - all ages</u>	215	198	413	<u>Death rates, etc. - all ages</u>		
				Deaths per 1,000 home population (crude rate)	10.70	12.10
				Area comparability factor	0.99	1.00
				Local adjusted rate	10.60	12.10
				Ratio of local adjusted rate to national rate	0.88	1.00

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	
B4	Enteritis and other diarrhoeal diseases	M	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(1)	Malignant neoplasm, buccal cavity etc.	F	1	-	-	1	-	-	-	-	-	-	-	-	-
B19(2)	Malignant neoplasm, oesophagus	M	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	-	-
B19(3)	Malignant neoplasm, stomach	M	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	2	-	-	-	-	-	-	-	-	-	-	-	-
B19(4)	Malignant neoplasm, intestine	M	9	-	-	-	-	-	-	-	-	-	-	-	-
		F	4	-	-	-	-	-	-	-	-	-	-	-	-
B19(5)	Malignant neoplasm, larynx	M	6	-	-	-	-	-	-	-	-	-	-	-	-
		F	3	-	-	-	-	-	-	-	-	-	-	-	-
B19(6)	Malignant neoplasm, lung, bronchus	M	14	-	-	-	-	-	-	-	-	-	-	-	-
		F	3	-	-	-	-	-	-	-	-	-	-	-	-
B19(7)	Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	12	-	-	-	-	-	-	-	-	-	-	-	-
B19(8)	Malignant neoplasm, uterus ..	F	2	-	-	-	-	-	-	-	-	-	-	-	-
B19(9)	Malignant neoplasm, prostate ..	M	1	-	-	-	-	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(10)	Leukaemia ..	M	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	-	-

CLASSIFICATION OF CAUSES OF DEATH 1972

Continued

List No.	Causes of Death	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	Age in Years								
						1+	5+	15+	25+	35+	45+	55+	65+	75 & over
B19(11)	Other malignant neoplasms	M	12	-	-	1	-	-	-	-	2	2	4	3
		F	12	-	-	-	1	-	-	1	-	5	2	3
B20	Benign and unspecified neoplasms ..	M	2	-	-	-	-	-	-	-	-	-	1	1
		F	2	-	-	-	-	-	-	-	-	1	-	1
B21	Diabetes mellitus	M	3	-	-	-	-	-	-	-	-	-	1	2
		F	3	-	-	-	-	-	1	-	-	1	-	1
B46(1)	Other endocrine etc. diseases ..	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	2	-	-	-	-	-	-	-	-	-	-	2
B23	Anaemias ..	M	1	-	-	-	-	-	-	-	-	1	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
B46(4)	Multiple sclerosis	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	1	-	1	-
B46(5)	Other diseases of nervous system	M	3	-	1	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	1
B26	Chronic rheumatic heart disease	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	2	-	-	-	-	-	-	-	-	-	-	2
B27	Hypertensive disease	M	5	-	-	-	-	-	-	-	-	1	2	2
		F	8	-	-	-	-	-	-	-	-	-	2	6
B28	Ischaemic heart disease	M	58	-	-	-	-	-	1	2	4	8	24	19
		F	40	-	-	-	-	-	-	-	-	2	11	27
B29	Other forms of heart disease ..	M	4	-	-	-	-	-	-	1	-	-	-	3
		F	11	-	-	-	-	-	-	-	-	1	-	10

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
B30	Cerebrovascular disease	M	21	-	-	-	-	-	-	-	1	2	7	11
B46(6)	Other diseases of circulatory system	F	23	-	-	-	1	-	-	-	-	2	3	17
		M	18	-	-	-	-	1	-	-	-	1	4	12
B31	Influenza ..	F	26	-	-	-	-	-	-	-	-	3	3	20
		M	1	-	-	-	-	-	-	-	-	-	1	-
B32	Pneumonia ..	F	1	-	-	-	-	-	-	-	-	-	-	1
		M	18	1	-	-	-	-	-	1	-	3	3	10
B33(1)	Bronchitis and emphysema ..	F	7	-	-	-	-	-	-	-	-	-	4	3
		M	14	-	-	-	-	-	-	-	-	4	6	4
B33(2)	Asthma ..	F	1	-	-	-	-	-	-	-	-	-	1	-
		M	-	-	-	-	-	-	-	-	-	-	-	-
B46(7)	Other diseases of respiratory system	F	1	-	-	-	-	-	-	-	-	-	1	-
		M	1	-	-	-	-	-	-	-	-	-	-	1
B34	Peptic ulcer ..	F	5	-	-	-	-	-	-	-	-	1	4	-
		M	5	-	-	-	-	-	-	-	-	-	1	3
B35	Appendicitis ..	F	-	-	-	-	-	-	-	-	-	-	-	-
		M	1	-	1	-	-	-	-	-	-	-	-	-
B36	Intestinal obstruction and hernia ..	F	2	-	-	-	-	-	-	-	-	-	2	-
		M	2	-	-	-	-	-	-	-	-	-	-	1
B37	Cirrhosis of liver	F	-	-	-	-	-	-	-	-	-	-	-	-
		M	1	-	-	-	-	-	-	-	-	-	-	1

CLASSIFICATION OF CAUSES OF DEATH 1972

Continued

List No.	Causes of Death	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	Age in Years								
						1+	5+	15+	25+	35+	45+	55+	65+	75 & over
B46(8)	Other diseases of digestive system	M	5	-	1	-	-	-	-	-	-	1	1	2
B38	Nephritis and nephrosis ..	F	3	-	-	-	-	-	-	-	1	-	1	1
B46 (9)	Other diseases, genito-urinary system	M	2	-	-	-	-	-	-	-	-	1	-	1
B41	Other complications of pregnancy etc.	F	-	-	-	-	-	-	-	-	-	-	-	-
B46 (10)	Diseases of skin, subcutaneous tissue	M	1	-	-	-	-	-	1	-	-	-	-	-
B46 (11)	Diseases of musculo-skeletal system	F	-	-	-	-	-	-	-	-	-	-	-	-
B42	Congenital anomalies	M	3	3	-	-	-	-	-	-	-	-	-	-
B43	Birth injury, difficult labour etc. ..	F	1	1	-	-	-	-	1	-	-	-	-	-
B44	Other causes of perinatal mortality	M	-	-	-	-	-	-	-	-	-	-	-	-
B45	Symptoms and ill defined conditions	F	3	3	-	-	-	-	-	-	-	-	-	-
BE47	Motor vehicle accidents	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	2	-	-	-	-	-	-	-	-	-	-	2
		M	1	-	-	-	-	-	-	-	-	-	-	-
		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
BE48	All other accidents	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	2	-	-	-	-	-	-	-	-	-	1	1
BE49	Suicide and self-inflicted injuries	M	1	-	-	-	1	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	1
<u>TOTAL ALL CAUSES</u>						1	1	-	2	4	11	30	83	75
		M	215	5	3	1	1	-	2	4	11	30	83	75
		F	198	6	-	1	2	-	3	4	6	22	38	116
			413	11	3	2	3	-	5	8	17	52	121	191

NATURAL AND SOCIAL CONDITIONS

The area of the Urban District is 9,147 acres, giving an average of 4.2 persons per acre and 2.83 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 57 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 1972 ..	211	48	13	9
Registered unemployed in December 1971 ..	360	66	20	11

The rate of unemployment in December, 1972, was 1.3 per cent. The national percentage was 3.3 per cent.

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>Registered disabled persons</u>	<u>Men</u>	<u>Women</u>	<u>Boys</u>	<u>Girls</u>
April 1973	481	63	1	2
April 1972	504	52	2	1

<u>Unemployed disabled persons</u>	<u>Men</u>	<u>Women</u>	<u>Boys</u>	<u>Girls</u>
December 1972	36	5	-	-
December 1971	56	2	-	-

The Registrar General gives the mid-year estimated population for 1972 as 38,440, an increase of 400 on the population of the previous year. The natural increase in the population, that is the excess of births over deaths, was 227.

BIRTHS

The number of births was 640, a decrease of 28 compared with last year, giving a standardised rate of 7.1, calculated on the comparability factor of 1.16, as against 14.8 for England and Wales per 1,000 of the total population.

STILL BIRTHS

The total number of stillbirths in 1972 was 6, a decrease of 3 on 1971. The stillbirth rate is 9.00 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>
M	Antepartum haemorrhage
M (2)	Anencephaly
M	Intra-uterine asphyxia, abruptio placental pre-eclamptic toxæmia
F	Anencephaly
M	Placental insufficiency

ILLEGITIMATE BIRTHS

There were 68 illegitimate births in 1972, 13 more than in 1971.

MATERNAL MORTALITY

One death was recorded as being caused by "other complications of pregnancy" in a woman aged 32.

INFANT MORTALITY

The number of children under one year who died was 14, compared with 5 in 1971. Nine of these deaths occurred in the first week of life, which is known as early neonatal mortality ; the rate for 1972 is 14.00 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>
1 hour	F	Respiratory failure, prematurity, maternal antepartum haemorrhage
1 hour	F	Respiratory failure, prematurity
1 hour	F	Hydrocephaly, maternal toxæmia of pregnancy
2 hours	M	Cardio respiratory failure, prematurity
3 hours	F	Anencephaly
1 day	M	Respiratory distress, prematurity
3 days	F	Extreme prematurity
4 days	M	Staphylococcal bronchiolitis
5 days	F	Bronchopneumonia, Werdnig-Hoffman disease
1 week	M	Cardiac failure, coarctation of aorta
2 weeks	M	Meningo-myelocoele with hydrocephalus
4 months	M	Virus pneumonia
5 months	M	Dehydration, acute suppurative otitis media
10 months	M	Inhalation of vomit, otitis media, severe developmental retardation, infantile spasms (hypoarrhythmia)

DEATHS

There were 413 deaths from all causes in 1972. The figure for last year was 427 and the corresponding Crude Death Rates were 10.70 and 12.10. The standardised death rate was 10.60, compared with 12.10 for England and Wales. The standardised rate is calculated from the Registrar General's comparability factor for the district which is .99 ; 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 413 deaths, 101 died before the age of 65 and a further 121 between 65 and 74, making a total of 222 before the age of 75. Premature death is caused mainly by accidents, arterial disease and the cancers. In the town there were two deaths as a result of motor vehicle accidents (one male and one female) both before the age of 45. Of the total of 216 deaths from diseases of the heart and circulation, 22 males and 9 females died before the age of 65, 37 males and 19 females between the ages of 65 and 74. The cancers took a total of 87 deaths, 66 of these before the age of 75. 14 males and 3 females died from cancer of the lung.

EARLY AND PREVENTABLE DEATH AND MORBIDITY

DEATHS FROM CANCER

Lung Cancer and Cigarette Smoking

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 (of which there were in 1972

31,649 - 25,754 males, 5,895 females), 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that 20 times more work days are lost through sickness from smoking than on industrial disputes.

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 curtailing of all forms of sales promotion that encourage the use of tobacco.

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

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

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

* Smoking and Health by Professor C.M. Fletcher and Dr. D. Horn.
WHO Publication.

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 arterial disease, particularly in men, has become the epidemic of civilisation, and presents with cancer the major challenge to medicine today. The condition is manifest in either strokes or coronary thrombosis, and strikes men in their prime and at the time of their greatest contribution to society. 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

Road Accidents

Definitions

A road accident is one involving personal injury, occurring on the public highway (including footpaths) in which a vehicle is concerned.

Killed means the person dies at the time of injury or within 30 days of the accident and because of it.

The various degrees of injury to a person depend upon the extent of the injury requiring hospital in-patient treatment and may be :-

- (i) serious - such as fractures, internal injuries, severe shock etc.
- (ii) slight - sprains, cuts and bruises.

Vehicles involved in accidents are those whose drivers or passengers are injured and vehicles which contribute to the accident, including horses being ridden at the time of the accident. Vehicles which collide after the initial impact are not included unless they aggravate the degree or amount of injury. Vehicles are classified according to their structural type:-

- (i) Pedal cycles - include children riding toy cycles and first riders of tandems (they make the decisions)
- (ii) Mopeds - two-wheeled motor vehicles of not more than 50 c.c. and equipped with pedals
- (iii) Motor Scooters - two wheels with a platform for feet, open frame and wheels smaller than the conventional motor cycle
- (iv) Motor Cycles - again with two wheels and includes side-car/combinations attached
- (v) Cars, taxis (including minibus), goods vehicles, public service vehicles and electric milk floats.

Incidence

In 1972, 359,792 were killed or injured on Britain's roads, an increase of 2 per cent on 1971. Broken down this shows :-

7,779 killed - 1 percent more than in 1971
 91,342 seriously injured - no significant change
 260,671 slightly injured - 3 percent more than in 1971

Motor traffic was estimated as 5 percent higher than in 1971 (measured in terms of vehicle mileage).

The number of accidents is related to the amount of traffic. The doubling of road casualties over the past 20 years is related to the fact that during this time road traffic has TREBLED. When considered in respect of population the trend has been far less happy as road deaths have increased by 57 percent while population increase was 10 percent. The individual risk has now increased from 150-1 to 100-1. Recent years have shown a growing proportion of casualties in the younger age groups :-

1:190 of 15-19 years killed each year
 1:790 of 40-49 years killed each year
 1:725 of 60-69 years killed each year

The incidence in the younger age groups therefore constitutes $33\frac{1}{3}$ percent of car driver casualties and 45 percent were riders or passengers of motor vehicles. The 40-49 age group were occupants, drivers and passengers, in cars (two thirds of total), and 60-69 were (four-wheel occupants) mostly as passengers in cars/buses.

Road Accidents involving Pedestrians

Pedestrians - including children (under 15 years) and adults - are children riding small cycles, people pushing bicycles or prams or other vehicles such as road sweepers, those leading or herding animals, occupants

of invalid chairs or prams, and those who alight from vehicles and are subsequently injured or killed. The figures of accidents to children cause particular concern. One pedestrian in ten killed or seriously injured is aged four or less (for the first 18 months of life they do not form part of the pedestrian population) indicating that nearly half the casualties are children.

The 60-69 group (elderly) suffer more than double the 40-49 years group. Compared with Western Europe, Britain has the highest pedestrian casualty rate, but for fatalities the figure is nearer the average. This factor is due to a great extent to the large number of pedestrians and the heavy traffic of built-up areas.

Causes of Accidents

1. Drinking alcohol to the extent of blurring judgment.
2. Not fastening seat belts when available.
3. Delaying repairs to vehicles and not performing routine checks on tyres, lights and brakes.
4. Driving too fast for road conditions - surface, lighting, type of area (30 mph), ice on roads, flooding, and in the summer polished road surfaces and skidding.
5. Leaving off lights well into the lighting-up time (half-an-hour after sunset and half-an-hour before sunrise). The accident rate is higher during the hours of darkness.
6. Getting impatient or starting a journey in a "bad temper".
7. Certain manoeuvres cause or contribute to accidents - e.g. turning right (particularly pedal cyclists - cause of 17 percent of these accidents); indicating the opposite direction to that intended to take; brake or acceleration failure; badly parked and unlit vehicles; dog or other animal in the path of the vehicle; automatic level crossings; a disobeyed junction control - a junction being any place at which two or more highways meet at whatever angle, including a roundabout and parts of such highways within 20 yards of the junction.

Action taken to improve Accident Rate

- | | |
|------|---|
| 1934 | Road Traffic Act, introduced driving tests, 30 mph speed limit and pedestrian crossings. |
| 1952 | There was a further reduction in accidents following the introduction of zebra stripes on crossings. |
| 1964 | Seat belts for the front seats of motor cars were introduced and to encourage greater use all new cars registered after 1st April, 1973, are required to have the latest design of seat belts available which can be fitted and fastened single handed. |

- 1967 Road Safety Acts - drinking and driving clauses stated for the first time that a person driving a motor vehicle would be guilty of an offence if he was shown to have a blood alcohol content above a prescribed level, that chosen being 80 mgm alcohol per 100 ml. blood. There was an immediate and remarkable drop in the accident rate following this legislation and the Act was continuing to have a marked effect at the end of 1972.
- 1971 The Department put forward proposals to make the wearing of safety helmets for motor cyclists compulsory (this is now law) and has been shown to represent the biggest life saver.

The roads are constantly under surveillance and better road surfaces are being investigated. A 70 mph speed limit is in operation on motorways and depending on the road and the area through which it runs there are speed limits of 30, 40 and 50 mph in operation. In cases of accidents, fog or other hazardous conditions provision has been made for alterations in the speed limit.

Pedestrian bridges across very busy roads are being built. The radio and television are now used to give relevant information regarding roads and road users.

The police in conjunction with parents, education departments and organisations such as the Boy Scout Movement, are teaching road safety. Child cyclists are encouraged to take proficiency tests.

Motor vehicle standards are improving and research is continuous. Recently, because of the number of bad tyres on vehicles, the police have been carrying out spot checks and individuals can be fined if the tread of a tyre is below the stated requirement. Every vehicle of three years and over must have an annual test by a certified garage and a statement issued indicating the vehicle is road worthy.

The Cost of Accidents

These are immeasurable in terms of pain, grief and suffering. Apart from this, they represent a quantifiable loss to the community in economic terms which includes loss of output, cost of medical treatment, the time taken by police and courts, and the damage to property - this was estimated for a fatal accident at £13,000.

Total Cost

Medical treatment, ambulance and funeral	-	£17 million
Police and administration	-	£28 million
Damage to vehicles and other property ..	-	£198 million
Lost output	-	£103 million
		<hr/>
		£346 million

On average road accidents result in an economic loss of approaching £1 million per day, plus the human suffering involved which in money terms is unquantifiable.

Home Accidents

During 1971 there were 6,245 accidental deaths in and around the home, 237 (or 3.7 percent) fewer than in the previous year. Further analysis shows that the number of people who died in private homes fell by 117, and the number in residential institutions by 120.

Summary

Cause of Death	Private Homes	Residential Institutions	Total Deaths
Poisoning	760	11	771
Falls	2,824	1,034	3,858
Burns and scalds	656	33	689
Suffocation and choking	483	78	561
Others	334	32	366
TOTAL	5,057	1,188	6,245

Every year more people die from falls than from all other accidents in the home, and as many as 62 percent of the 6,245 fatalities in 1971 resulted from falls. Poisoning accounted for a further 12 percent of the deaths, burns and scalds for 11 percent, and suffocation and choking for 9 percent. The remaining deaths were due to miscellaneous causes.

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	24	15	205	262	265	339	432	771
Falls	55	16	94	262	3,431	1,061	2,797	3,858
Burns and scalds	103	38	49	109	390	285	404	689
Suffocation and choking	301	18	77	82	83	333	228	561
Others	74	16	65	67	144	185	181	366
TOTAL	557	103	490	782	4,313	2,203	4,042	6,245
Death Rate *	14.2	1.3	2.6	6.6	67.4	9.3	16.1	12.8

* Deaths per 100,000 population

Elderly people are especially prone to domestic accidents and this is reflected in the statistics - over two thirds of the victims were aged 65 and over. Children under five years old accounted for a further 9 per cent of the total. An alternative analysis of the data indicates that 65 per cent of the victims in 1971 were female.

Falls

Cause of death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 & +	Male	Female	
Falls on stairs	10	5	45	118	497	276	399	675
Falls from ladders	-	-	4	18	22	37	7	44
Falls from buildings	12	4	22	14	46	55	43	98
Other falls from one level to another	23	5	8	17	274	95	232	327
Falls on same level	-	-	4	12	352	72	296	368
Other and unspecified falls	10	2	11	83	2,240	526	1,820	2,346
TOTAL	55	16	94	262	3,431	1,061	2,797	3,858

Accidental falls caused 3,858 deaths in the home during 1971. This is three more than in the previous year, but 34 fewer than in 1959 and 87 fewer than in 1968. Women accounted for 76 per cent of the deaths among the over 65's, but less than half the deaths in the remaining age-groups.

Cause of Death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 & +	Male	Female	
Falls on stairs	10	5	45	118	497	276	399	675
Falls from ladders	-	-	4	18	22	37	7	44
Falls from buildings	12	4	22	14	46	55	43	98
Other falls from one level to another	23	5	8	17	274	95	232	327
Falls on same level	-	-	4	12	352	72	296	368
Other and unspecified falls	10	2	11	83	2,240	526	1,820	2,346
TOTAL	55	16	94	262	3,431	1,061	2,797	3,858

Poisoning

Cause of death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 & +	Male	Female	
Barbiturates	-	-	78	148	104	123	207	330
Analgesics and antipyretics	4	1	16	8	2	14	17	31
Other sedatives	-	-	15	12	8	11	24	35
Nervous system and psychotherapeutic drugs ..	5	2	20	9	3	19	20	39
Other and unspecified drugs ..	4	2	12	13	6	18	19	37
Alcohol ..	-	-	9	15	5	16	13	29
Other solids and liquids ..	5	-	4	3	3	10	5	15
Total solids and liquids ..	18	5	154	208	131	211	305	516
Piped gas	1	6	30	34	98	79	90	169
Motor vehicle and exhaust gas	-	-	9	7	1	17	-	17
Other carbon monoxide gases	4	3	12	10	32	29	32	61
Other gases and vapours ..	1	1	-	3	3	3	5	8
Total gases and vapours ..	6	10	51	54	134	128	127	255
TOTAL ..	24	15	205	262	265	339	432	771

A total of 771 people died from accidental poisoning during 1971. This is 48 fewer than in 1970, 55 fewer than in 1969 and 107 fewer than in 1968.

A total of 169 people were accidentally poisoned by ordinary domestic gas in 1971, compared with 407 in 1968. The main reason for this improvement is the gradual introduction of natural gas which is non-toxic.

Burns and Scalds

Cause of death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 & +	Male	Female	
Ignition of clothing	4	7	5	18	108	38	104	142
Burns from controlled fire	3	1	1	9	65	31	48	79
Conflagration	79	28	30	49	111	144	153	297
Other and unspecified burns	7	-	11	28	73	55	64	119
TOTAL fire and flames	93	36	47	104	357	268	369	637
Hot substance, corrosive liquid and steam	10	2	2	5	33	17	35	52
TOTAL	103	38	49	109	390	285	404	689

There were 689 deaths from accidental burns and scalds during 1971, 111 fewer than in 1970, 76 fewer than in 1969 and 92 fewer than in 1968. At least 77 of the 637 deaths from fire and flames were caused by matches and cigarettes etc.

Suffocation and Choking

Cause of death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 & +	Male	Female	
Inhalation and ingestion of food	170	4	43	58	71	193	153	346
Inhalation and ingestion of other objects	12	1	2	6	7	15	13	28
Suffocation in bed or cradle	92	-	3	3	1	57	42	99
Other and unspecified suffocation	27	13	29	15	4	68	20	88
TOTAL	301	18	77	82	83	333	228	561

A total of 561 people died from accidental suffocation and choking in 1971. This compares with 635 deaths in 1970, 651 deaths in 1969 and 649 deaths in 1968. Nearly a third of the 561 deaths were caused by young children under five years of age choking over their food.

Other Causes

Cause of death	Age-group					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 & +	Male	Female	
Drowning and submersion *	33	2	14	12	24	46	39	85
Electric current †	7	5	31	15	12	47	23	70
Excessive cold	-	-	1	4	33	13	25	38
Hunger, thirst, exposure and neglect ..	13	-	1	9	23	16	30	46
Struck by falling object ..	5	2	4	3	5	12	7	19
Striking against or struck by object	4	2	3	3	7	10	9	19
Cutting or piercing instruments	2	1	-	8	4	10	5	15
Other and unspecified	10	4	11	13	36	31	43	74
TOTAL	74	16	65	67	144	185	181	366

* A total of 529 people were accidentally drowned in England and Wales during 1971. Although only 85 of these accidents occurred at home, the majority of the remaining deaths were associated with everyday leisure activities.

† Excludes burns by heat from electrical appliances.

The remaining 366 accidental deaths which occurred in and around the home during 1971 were attributed to other miscellaneous causes.

'Open Verdict' Deaths

In addition to the 6,245 fatal accidents, 475 people died in or around the home, but it was impossible to determine whether death was accidental or purposely inflicted. Such cases are classified as 'open verdict' deaths.

As many as 358 of the 475 deaths were attributed to poisoning by various solids and liquids, and a further 28 deaths to gas poisoning. 25 people died by drowning and 21 people by hanging, strangulation or suffocation.

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 the laboratory staff for their 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.

Family Planning Clinics - 3rd Monday in each month 9.30-11 a.m. 2nd, 3rd and 4th Monday in each month 1.30-3.00 p.m. and 3rd and 4th Thursday in each month 5.30-7.30 p.m. - by appointment.

Cytology Clinics are also held twice a month on Friday mornings.

St. Andrew's Hall, Croyland Estate

Child Welfare - 2nd Friday in each month at 2 p. m.

Queensway Health Centre

Well Baby Clinics - Monday and Friday at 1.30 p. m. by appointment.

Relaxation Class - Monday at 2.30 p. m.

Family Planning Clinics - 1st and 3rd Thursday in each month, 5.30-7.30 p. m. by appointment.

Pre-school Assessment Clinic - 1st and 3rd Tuesdays at 2 p. m. by appointment.

Hearing Assessment Clinics - 2nd and 4th Tuesdays per month at 2 p. m. by appointment.

Finedon, Orchard Road School

Child Welfare - 4th Monday in each month at 2 p. m.

HOSPITAL ACCOMMODATION AND OUT-PATIENTS CLINICS

General Hospitals:	Northampton and Kettering
Gynaecological and Children:	Isebrook Hospital
Acute Medical Cases, Skins and Children:	Highfield Hospital, Wellingborough
Chronic Sick, the Aged and Persons in need of care and attention:	Isebrook Hospital, Wellingborough St. Mary's Hospital, Kettering
Maternity:	Isebrook 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. Out-patient Department, 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.

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 Children's 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.

In Finedon the Council provide 26 units of Warden supervised accommodation and 8 bungalows. In Wellingborough there are 75 single room flatlets with Warden supervision provided in three separate locations at Bassetts Court, Hattondale and Hearnden Court, together with 22 Warden supervised units at Knights Court and a further 32 under construction. There are also 8 bungalows in Henshaw Road attached to Hearnden Court. In addition there are numerous blocks of flats in the town of which the ground-floor flat is used for the elderly.

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 120 meals per week are supplied and during 1972 the total number of meals delivered was 5,816. From January to June the Finedon Women's Royal Voluntary Service delivered about 45 meals per week. In June they were presented with a Van which enabled them to open another route and the number of meals delivered each week was then increased to about 72. Deliveries are still made three times a week and the total number of meals supplied in 1972 was 2,893.

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. Chemical analyses of source waters from both Pitsford Reservoir and Grafham Water are given below :

	<u>Pitsford Reservoir</u>	<u>Grafham Water</u>
Appearance	Clear and bright	Clear and bright
Taste/Odour	None	None
Colour (⁰ Hazen)	Less than 5	Less than 5
Turbidity (Fullers Earth)	Nil	Nil
pH	8.1	7.6
Electrical conductivity (micromhos)	496	680
Suspended solids	Nil	Nil
Total dissolved solids	365	440
Total hardness (CaCO ₃)	210	240
Temporary hardness (CaCO ₃)	140	160
Calcium hardness (CaCO ₃)	145	200
Chloride (Cl)	36	52
Sulphate (SO ₄)	110	142
Permanganate value (4 hrs.)	1.2	1.5
Ammoniacal nitrogen (N)	0.01	0.01
Albuminoid nitrogen (N)	0.12	0.12
Nitrate (N)	3.9	3.6
Nitrite (N)	Nil	Nil
Iron (Fe)	Less than 0.04	0.01
Manganese (Mn)	Nil	Nil
Residual chlorine (Cl ₂)	0.6 at source	0.4
Heavy metals (Cu, Zn, Pb)	Nil	Nil
Fluoride (F)	0.3	0.3
Silica (SiO ₂)	3	3.7

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 is not plumbosolvent and contains between 0.2 and 0.3 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

20.34 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>	<u>1972</u>
20.24	18.67	22.94	16.92	28.13	28.58	25.53	30.34	22.69	22.10	20.91	20.34

SEWERAGE AND SEWAGE DISPOSAL

The annual flow of sewage pumped for treatment on the sewage farm was estimated to be 722 million gallons.

Construction of the new Sewage Disposal Works (Broadholme Treatment Works - approximate cost £3.5 million) commenced in September, 1972, and has a two year construction programme. The Works will be capable of producing an effluent of 20 mg/l suspended solids and 15 mg/l B.O.D. for a population of 60,000 and design is being put in hand for tertiary treatment plant which will increase the capacity of the Works to cater for a 90,000 population.

Sewage Analysis

Regular samplings of sewage effluent were made at the sewage farm outlets at Spike Island and Overschool. 40 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	13.0	13.0
Chlorides	-	-
Ammonia - free and saline	3.7	1.0
- albuminoid	-	-
Nitrite	0.06	nil
Nitrate	6.8	22.4
Permanganate value 4 hours	6.8	4.4
B.O.D. 5 days	3.0	3.0
pH value	6.8	6.5

Appearance - clear colourless liquor, brown solids.

Odour - none.

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	13,200	2,800
Number of loads	3,466	3,694

SWIMMING BATHS

In addition to the town's indoor swimming baths in Croyland Road, 5 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 38 bacteriological samples were taken.

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

There are 7 small residential caravan sites in the Urban District, accommodating a total of 10 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.

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

		<u>Type of Property</u>	
		<u>Non-Agricultural</u>	<u>Agricultural</u>
A.	<u>Surface Infestation</u>		
1.	Number of properties in district	16,800	41
2.	(a) Total number of properties (including nearby premises) inspected as a result of notification or for other reasons	691	22
	(b) Number infested by		
	(i) Rats	275	3
	(ii) Mice	234	-
3.	Total treatments including re-treatments carried out		481
4.	Total visits made by Rodent Operatives		2,409
B.	<u>Annual Servicing Agreements</u>		
	Number in force (31.12.72)	20	
	Total value	£297	

512 properties were found to be infested by rats or mice, an increase of 70 per cent over 1971. The increase was mainly due to continuing infestations by mice which were difficult to control as a result of their resistance to Warfarin.

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 and signs of infestation were negligible.

CLEAN AIR ACTS 1956 AND 1968

During the year 21 complaints of smoke nuisance and industrial emissions were investigated. They included industrial chimney emissions, burning of trade waste (including car bodies and tyres), stubble burning and domestic bonfires. Informal action was taken in each case, including the issue of warnings where appropriate.

SCRAP METAL DEALERS ACT 1964

10 persons were registered with the District Council under the Scrap Metal Dealers Act 1964, in respect of 14 Scrap Metal Yards and Stores sited in the Urban District. There were also 6 registered itinerant dealers operating in the district.

NOISE CONTROL

13 complaints were received during the year in respect of 12 separate activities: they included industrial - 6, commercial - 3, domestic - 1, and others - 2.

FACTORIES ACT 1961

The number of registered factories and other works in the Urban District as at 31st December, 1972, was 238, a net increase of 2 during the twelve months.

72 visits of inspection were made by the Public Health Inspectors. Few defects were found and no matters were referred to 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	No. on Register	No. 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	1	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	199	69	1	-
(iii) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises)	21	2	-	-
TOTAL	238	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	-	-	-	-	-
(b) Unsuitable or defective	3	4 *	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
TOTAL	3	4	-	-	-

* One defect carried over from 1971.

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	118	-	-	-	-	-
cleaning & washing	-	-	-	-	-	-
Curtains and furniture hangings	1	-	-	-	-	-
Furniture and upholstery	-	-	-	-	-	-
Lampshades	-	-	-	-	-	-
Carding etc. of buttons etc.	-	-	-	-	-	-
The making of boxes or parts thereof made wholly or partially of paper	-	-	-	-	-	-
Household linen	-	-	-	-	-	-
TOTAL	119	-	-	-	-	-

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, 22 written notifications of deficiencies and other contraventions were sent to employers or owners.

Only 11 minor accidents were notified compared with 5 during 1971.

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

Registrations and General Inspections

Class of premises	No. of premises newly registered during the year	Total no. of registered premises at end of year	No. of registered premises receiving a general inspection during the year
Offices	8	85	80
Retail shops	17	197	178
Wholesale shops, warehouses	5	26	24
Catering establishments open to the public, canteens	2	31	21
Fuel storage depots	-	1	1
TOTALS	32	335	304

Number of visits of all kinds by inspectors to registered premises - 510.

Analysis of Persons Employed in Registered
Premises by Workplace

Class of workplace	No. of persons employed
Offices	1,125
Retail shops	948
Wholesale departments, warehouses	373
Catering establishments open to the public	187
Canteens	19
Fuel storage depots	9
TOTAL	2,661
TOTAL : Males	1,302
Females	1,359

THE DEPOSIT OF POISONOUS WASTE ACT 1972

This Act placed a general prohibition on the depositing of poisonous and other dangerous waste, made it a civil liability to do so, and laid the duty of those wishing to deposit to notify the responsible authorities prior to removal or deposition. Operators of commercial tips had also responsibility for notification and duties of local authorities were outlined in relation to enforcement of the Act.

FUTURE PROBLEMS IN ENVIRONMENTAL HEALTH

While the foregoing is a report on the year 1972, at this historic time it is relevant to consider some of the problems which will face the reorganised department of environmental health in 1974.

The disposal of refuse, and the overall control of sewage works will become the responsibility of County Councils and Water Authorities respectively. District Councils will retain their responsibility for sewerage, and collection of refuse. The need for co-operation between the authorities will be paramount. Likewise while the personal health services will be part of the National Health Service, environmental health together with the control of infectious diseases remains a District Council duty.

Successful environmental control can, however, never be achieved without consideration of the personal co-operation of the individuals living in the community. This is evident in its most pressing form in the need for population control. Unless achieved within the remaining years of the century the task of those endeavouring to maintain environmental health will be overwhelming. Already the environment is threatened by congestion on roads and countryside, noise, pollution of air, land, waterways and sea,

housing shortages and the need for more services in many fields. The effect of this on the mental health of the people can be inferred by the increase in crime, delinquency, drug taking, alcoholism and child cruelty. The reorganised health services will have the responsibility for providing contraceptive services and plans to expand are already afoot. However, in the acceptance by the population of these measures an enlightened health education service will have a vital part to play.

Other aspects of health education will be shared by both authorities, Local Government accepting the need to provide instruction, particularly in safety at home, at work and on the road, and in food hygiene. It is vital that the secure basis already achieved in the sanitary field is maintained, and the need for the prevention of further pollution, often from products innocently introduced for man's convenience, will be a major function. In rural areas, mass production methods of farming are creating further problems, particularly of smell and pollution and will ultimately require a system of national standards of control.

SECTION 'D'

HOUSING

The building programme for the year was as follows :-

Flats completed for General Needs in 1972 :-

Wellingborough

<u>Type</u>	<u>Number</u>
Bedsitters	24
1 bedroom	15
2 bedroom	17
3 bedroom	1
	—
Total	57
	—

Under construction during 1972 :-

<u>Type</u>	<u>Number</u>
Warden controlled flatlets	32
Warden 3 bedroom flat	1
	—
Total	33
	—

The total number of dwellings completed by the Council in the post-war period up to the end of 1972 was 4,157 to let, 34 for sale, making a total of 4,191.

COUNCIL HOUSE APPLICATIONS

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

Wellingborough

<u>Present accommodation of applicants</u>	<u>31st December 1972 Awaiting consideration</u>	<u>Selected but not housed</u>
Persons occupying tenancies in area	113	60
Persons living outside area	45	49
Persons occupying rooms in the area	475	70
Persons resident in clearance areas	-	22
Persons in various types of aged persons' accommodation	125	151
	<hr/>	<hr/>
TOTAL	758	352
	<hr/>	<hr/>

Finedon

<u>Present accommodation of applicants</u>	<u>31st December 1972 Awaiting consideration</u>	<u>Selected but not housed</u>
Persons occupying tenancies in area	5	6
Persons living outside area	5	2
Persons occupying rooms in the area	27	5
Persons resident in clearance areas	-	12
Persons in various types of aged persons' accommodation	2	9
	<hr/>	<hr/>
TOTAL	39	34
	<hr/>	<hr/>

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 costs :
- (i) Demolition Orders made - None.
 - (ii) Closing Orders made - 4.

(b) Clearance Areas :

49 unfit houses were reported upon and included in Clearance Areas.

(c) Re-housing :

43 persons displaced from condemned houses were rehoused by the District Council. They included 14 families and 2 single occupants.

Summary of Formal Action under the Housing Act, 1957

(Figures for 1971 for comparison)

	<u>1971</u>	<u>1972</u>
Houses demolished (Clearance Areas)	115	106
Houses demolished (not in Clearance Areas)	-	-
Unfit houses closed	2	4
Parts of buildings closed	-	-
Closing Orders determined	-	-
Demolition Orders substituted for Closing Orders	-	-
Persons displaced	161	51
Families displaced	39	15
Single occupants displaced	10	2

(d) Housing Improvements :

(i) Standard Grants (Provision of Amenities)

89 applications for grants were received compared with 102 in 1971 and 79 in 1970; 82 per cent were in respect of owner-occupied houses.

(ii) Improvement Grants

36 applications were received and approved during the year, and 8 grants were paid ; total amount £2,587.

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

(i) Qualification Certificates

Applications received	13
Applications granted	1
Applications refused	5
Applications withdrawn	7

(ii) Certificates of provisional approval

Applications received	11
Applications granted	4
Applications refused	-
Applications outstanding	7

45 units houses were reported upon and included in Clearance Areas.

42 persons displaced from condemned houses were reported by the District Council. They included 14 families and 2 single occupants.

Summary of Formal Action under the Housing Act, 1957

(Figures for 1971 for comparison)

1971	1972
101	101
101	101
101	101

Houses demolished (Clearance Areas)

Houses demolished not in Clearance Areas

101 houses closed

Part of outlying closed

Closing Orders determined

Demolition Orders substituted for Closing Orders

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

Persons displaced

INSPECTION AND SUPERVISION OF FOOD

The production and distribution of food has undergone major changes in the last quarter of the century. Technical advances, which have resulted in the manufacture of an increasing variety of food, with an improved keeping quality, quick transport, pure water, carefully controlled milk supply, and food hygiene legislation have all contributed to the raising of standards. However, many of the innovations have generated further problems of control and the increasing mobility of a rising population have added to, rather than lessened, the need for food hygiene supervision.

Many more premises are now vending food, some for immediate consumption. The almost universal use of refrigerator cabinets, while greatly improving hygiene, nevertheless requires careful stock rotation. There is an increase in the purchase of already cooked food for home consumption. The majority of the working population, including schoolchildren, take their midday meal at a canteen or cafe. Travel at home and abroad is general, the latter sometimes resulting in the importation of intestinal infections, not endemic in the local population, which in food handlers can cause grave concern. The rapid changes in personnel in the food industry need supervision and education from employers and inspectors.

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

The one pasteurisation plant in the town closed down in October. There are 45 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	45

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	84	-	-
Pasteurised	Methylene Blue	84	-	-
Sterilised	Turbidity	8	-	-
Ultra Heat Treated	U.H.T. Test	5	-	-
Untreated	Methylene Blue	-	-	-

MILK BOTTLE RINSES

78 (13 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	12	1	-

ICE CREAM

During the year 34 samples of ice cream/water ices were taken; of these 29 samples were satisfactory and 5 were unsatisfactory.

FOOD HYGIENE

The number of food premises in the Urban District at 31st December, 1972, was 347 as follows :

Retail Shops

Bread and Confectionery	16
Butchers	28
Fish - Wet (5), Fried (13)	18
Fruit and Greengrocery	15
Grocery and General Stores	92
Sweets and Ice Cream	15

Catering Premises

Cafes, Restaurants, Hotels	29
Works Canteens	29
Schools and Hospital Kitchens	30

Public Houses

Total number	37
Serving food	28
Licensed/Registered Clubs	16

Food Manufacturers

	12
--	----

Warehouses and Cold Stores

	10
--	----

In addition to the above there were 30 retail food traders on the general market.

Mr. A.J. Stroud, Chief Public Health Inspector, writes in his Annual Report the following :

"Much of the public health inspector's work in promoting satisfactory standards of hygiene in food premises is of an advisory nature, it is time consuming and persuasion is frequently used to remedy unsatisfactory conditions.

"Particular attention is paid to the conditions under which food is prepared in school and hospital kitchens, and in works canteens, and on the whole excellent co-operation has existed between the responsible staff and the public health inspectors.

"Hospitals within the National Health Service have Crown exemption from food hygiene and other national legislation, and public health inspectors have not the same rights of entry and powers as with other premises in which food is prepared. However, at the request of the Group Secretary some years ago, the kitchens of the Wellingborough hospitals have been regularly inspected, and the advice given and recommendations made from time to time have been accepted and applied.

"During the year 1,067 visits of inspection were made to the various classes of premises, market stalls, mobile shops and delivery vehicles. In addition to verbal requests made at the time of inspection, 35 written notifications were sent to occupiers in respect of contraventions of the Food Hygiene Regulations. No legal proceedings were instituted."

MEAT INSPECTION

There are two private slaughterhouses in the Urban District. One became under new management in August, and before commencing slaughtering extensive alterations and improvements were carried out to the slaughterhouse, which included the installation of a single mechanised line-dressing system. The alterations increased considerably the slaughtering potential as regards both speed and throughput. At the end of the year it was expected that the slaughterhouse would receive approval for the export of meat to countries within the EEC. 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
1972	14,689	25,319	1,035	12

The number of whole carcasses condemned as totally unfit was 178 (0.4 per cent). In addition there were 18,797 (45.8 per cent) 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 334 pigs (1.3 per cent) localised lesions resulted in the rejection of part of the carcass or organs only. These figures compare favourably with those of recent years.

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.
1972	126 tons. 7 cwts. 102 lbs.

The Department continued to assist the Ministry of Agriculture in connection with a national survey into the incidence of trichinosis in pigs referred to in last year's report. The result of the investigation for the first twelve months was negative.

Routine monthly inspections continued by Divisional Veterinary Officers of the Ministry of Agriculture of slaughterhouses having a potential throughput exceeding 100 cattle units per week.

THE LIQUID EGG (PASTEURISATION) REGULATIONS 1963

There is no Egg Pasteurisation Plant in the Urban District.

FOOD AND DRUGS ACT 1955

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

Samples taken in Wellingborough Urban District
in the twelve months ending 31st March, 1973

Milks	85	brought forward	174
Soft drinks	11	Ice pops	2
Flour	7	Salt	1
Meat products	25	Suet	1
Cakes	2	Cheese	1
Fish fingers	4	Corn oil	1
Beef with meat mesh	1	Baby food	6
13% Xanthophyll extract	1	Pickled herrings	1
Beer	9	Biscuits	1
Marzipan	1	Cereals	1
Butter	1	Apples	5
Jam	1	Dried fruit	3
Table jelly	2	Sweets	1
Chickens	3	Malt loaf	2
Cream	13	Evaporated milk	2
Ice cream	4	Spirits	10
Creamed coconut	1	Fish products	5
Salad cream	1	Hot toddy	2
Mayonnaise	1	Slimmers chocolate	1
Bread	1	Tinned fruit	2
	—		—
carried forward	174	TOTAL	222
	—		—

REMARKS

7 of the samples which were procured in the Urban District during the period under review were the subject of comment by the Public Analyst.

Although adverse reports were received on 3 samples of milk submitted on the same occasion, there was good reason to believe that deficiencies in solids-not-fat resulted from the samples having been affected by delay in transit due to a one-day rail strike. This was confirmed by a comparison with checks made on similar samples tested in the department's own laboratory and also at the dairy from which the milk was supplied. As a precaution the Public Analyst applied a freezing-point test and this confirmed that the solids-not-fat deficiency was not due to the presence of added water. In the circumstances no further action was taken.

A sample of pickled herrings flavoured with wine sauce was found to contain such a small amount of wine as not to justify the use of the description "wine sauce". The matter was taken up with the manufacturers in an endeavour to secure an alteration of the description of this particular food.

A sample of Supers (Bakers) flour was found to have a creta content of 150 mg per 100 g compared with 235 mg per 100 g required by the

Regulations. Investigation on the premises of the packers revealed that, although the total addition of creta to the flour stream was accurate, the distribution was uneven and produced variation when the stream was divided for direction to two filling points. The packers agreed to revise their checking system to ensure that all their production complied with the Regulations.

On display in Wellingborough in a heated water bath were cartons of a beverage described as "Hot Toddy enriched with Vitamin C". Because there appeared to be a labelling irregularity, two samples were procured and the Public Analyst reported that the liquid consisted of a flavoured soft beverage, whereas, in his opinion, the name "toddy" would normally be associated with a hot alcoholic drink. The matter has been taken up with the manufacturers and correspondence is continuing.

The maker of a food colouring, described as "13% Xanthophyll Extract", produced from marigold petals, was advised that it was not a colouring matter approved by the Colouring Matters in Food Regulations 1966 and could not therefore be used. He was also informed that some extracts of vegetable origin could be dangerous and that such a source was no guarantee of safety.

2 samples of pasteurised milk supplied to schools in the Urban District were submitted to the Public Health Laboratory and were subjected to the methylene blue and phosphatase tests. One sample failed the methylene blue test, indicating that the keeping quality had been adversely affected, and the matter was taken up with the dairy concerned.

WEIGHTS AND MEASURES ACT 1963

24,211 articles were checked for weight or measure during the year and of these 174 were found to be deficient and 176 were incorrect in other respects.

Legal proceedings were taken in a rather unusual case resulting from the sale of gram flour (a flour made from chick peas) in quantities other than those set out in the Weights and Measures Act 1963. The Act requires that all flour shall be sold in certain specified quantities, a provision designed to facilitate the comparison of prices and quality. The Wellingborough retailer had obtained the packs in question from London importers, who had previously been warned that the metric quantity of 800 grams (equivalent to about $1\frac{3}{4}$ lb.) was not one of the approved quantities of 1 lb., $1\frac{1}{2}$ lb. or 2 lb. As they had continued to distribute these packs they were taken before the Wellingborough Magistrates' Court and were fined a total of £15 with £5 costs.

Serious errors, amounting to more than 10 lb. in the worst cases, were found in sacks of coal carried for sale in Wellingborough. As a result the sellers were prosecuted and the Wellingborough Magistrates

imposed total fines of £60 with an advocate's fee of £10. The errors found in other articles were of a less serious nature and were dealt with by advice or caution to the traders concerned.

CONTROL OVER INFECTIOUS AND OTHER DISEASES

Health Services and Public Health Act, 1963 Public Health Infectious Diseases Regulations Notification of Food Poisoning and Infectious Diseases

All provisions governing the notification of infectious diseases and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1963 and the Public Health Infectious Diseases Regulations, 1969.

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

Acute Enteritis	Cryptosporidiosis
Acute Meningitis	Paratyphoid Fever
Acute Polyneuritis	Plague
Actinomyces	Relapsing Fever
Cholera	Scarlet Fever
Diphtheria	Syphilis
Dysentery (amoebic or bacillary)	Tetanus
Infective Mononucleosis	Tuberculosis
Leptospirosis	Typhoid Fever
Leptospirosis	Typhus
Malaria	Whooping Cough
Meninges	Yellow Fever

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

Acute Infectious Paronychia	Erysipelas
Acute Primary Pyaemia	Membranous Croup
Acute Rheumatism	Puerperal Pyrexia

The person responsible 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 185 last year to 21 this year.

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 198 last year to 31 this year.

MEASLES

The incidence of measles notification decreased. There were 4 cases as compared with 155 in 1971. 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 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. During 1972 the figures continued to rise and in the county 5,752 children were vaccinated between the ages of 1 and 7 years. 72 per cent of children born between 1st January, 1968, and December, 1971, were 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. Vaccination is also offered to female teachers of child bearing age because of the likelihood of their coming into contact with the infection in school. In the county 279 took up the offer, but only 31 had negative haemagglutination inhibition titres, who were vaccinated. Female members of the health department staff were offered similar facilities and 18 of 47 needed protection.

INFECTIVE JAUNDICE

1 case was recorded, the same as in 1971. 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

25 deaths were recorded this year from pneumonia, 15 from bronchitis and 2 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

12 cases of respiratory tuberculosis were notified during the year. 7 cases of non-respiratory tuberculosis were also notified; these included 1 transfer-in case. 9 names were removed from the register being now healed. There were no deaths during the year. 15 patients were admitted to and 12 were discharged from Rushden Hospital during 1972. The following table shows the number of new cases since 1948:

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
11	19	17	23	11	24	16	17	15	15	26
1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
23	23	6	24	10	9	11	11	9	9	9
1970	1971	1972								
15	14	19								

The following table shows the number of known cases of tuberculosis in the district as at 31st December, 1972 :

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Respiratory	48	35	83
Non-respiratory	19	20	39
	—	—	—
TOTAL	67	55	122
	—	—	—

WHOOPING COUGH (Pertussis)

There were no cases notified as compared with 13 in 1971. 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. The County Council are participating in a survey on the efficacy of pertussis vaccination with the Public Health Laboratory Service. Details of notifications together with (where possible) the vaccinal state of the child are provided. The surveillance will include an analysis of the attack rate in vaccinated and unvaccinated children in areas with computer facilities.

SCARLET FEVER

There were no cases notified in 1972. 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

There were no cases notified, as compared with 5 last year.

FOOD POISONING

6 cases were notified. There were 2 isolated cases notified in February. The first was a male who worked as an industrial cleaner in a food store. He was asked to discontinue work until six consecutive negative samples were received. The source of infection was never found and the organism was later typed as *Salmonella* Typhimurium.

The second case to be notified in February was a 2½ week old baby boy. He was removed to an isolation hospital where he remained for almost a month. The organism was typed as *Salmonella* Infantis and the child continued to carry the infection until June when the family moved away from the District.

There were 3 cases in one family notified in October - a mother, father and 2 year old son. The organism was typed as *Salmonella* Saint-Paul. The mother was a carrier until January and the child until March, 1973.

The last case was notified in December in a woman aged 34 who had recently returned from Spain. The organism was *Salmonella* Enteritidis.

Description of Food Poisoning

The condition is usually caused by one of the Salmonella organisms, the commonest being the Typhimurium strain or paratyphoid A or B. The Staphylococcus gaining an entry to food from an infected spot or boil on the hands, arm or face of a food handler may also cause a severe form of food poisoning. Occasionally food may be chemically contaminated. Typhoid fever is a rare condition, but like the other salmonellae may gain entry into food by faulty hygiene of food handlers. The sources of infection can be numerous, uncooked contaminated (often imported) meat or poultry being today some of the commonest. Travel abroad resulting in the importation of infections is another source and can cause problems of hygiene in food handlers.

PLANTAR WARTS

During the early months of 1972 parents, teachers and general practitioners reported an incidence of verrucae in schoolchildren which appeared to be excessive. Some members of the public related the infection to attendance at the public swimming baths run by the Wellingborough Urban Council.

As Medical Officer of Health I reported the matter to the Council who agreed that any necessary measures to deal with the infection be taken in relation to their pool. While the baths, which were modern and of a high standard, had already satisfactory hygiene procedures, additional measures of disinfection, inspection and general supervision were instituted.

The County Medical Officer's co-operation was sought and freely given, and all schools were visited by health visitors where health education, inspections where necessary, and hygiene precautions were undertaken. In order to assess the degree of incidence it was decided to open a temporary foot clinic, and after consultation and agreement with the dermatologists and general practitioners the clinic operated at the Oxford Street Clinic at Wellingborough with a doctor, chiropodist and health visitor in attendance.

In all 131 children were seen, of which 108 were found to be suffering from plantar warts ; 65 were treated by their general practitioners ; 16 had either seen the dermatologist or were being treated themselves elsewhere ; while 27 were untreated. These latter were all referred to their practitioners.

Of those children attending the clinic suffering from verrucae, less than half (50) had used the public baths. The other half (47) had not been swimming at all, while a further 11 affected had a history of using the school pool.

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
1972	- -	- -	87 2.24	216 5.56	45 1.17

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
1971	.21	13.00	79.17	1,095
1972	.12	9.00	106.24	1,032

VITAL STATISTICS FOR 1972 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
1971	37, 960	668	17.60	5	7.00	427	11.20
1972	38, 440	640	16.60	14	22.00	413	10.70

TUBERCULOSIS

New Cases and Mortality during 1972

Age Periods	New Cases				Deaths			
	Respiratory		Non- respiratory		Respiratory		Non respiratory	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 1	-	-	-	-	-	-	-	-
1 - 4	-	2	-	-	-	-	-	-
5 - 14	2	2	-	1	-	-	-	-
15 - 24	1	-	-	1	-	-	-	-
25 - 34	-	2 *	-	1	-	-	-	-
35 - 44	1	-	-	1	-	-	-	-
45 - 54	2	-	1	-	-	-	-	-
55 - 64	-	-	-	1	-	-	-	-
65 +	-	-	-	1	-	-	-	-
TOTALS	6	6	1	6	-	-	-	-

* Includes one inward transfer.

MONTHLY INCIDENCE OF NOTIFIABLE DISEASES

(Other than Tuberculosis) 1972

Disease	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	1	1	2	-	-	-	4
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	2	-	-	-	-	-	-	-	3	1	-	6
Meningitis	-	-	-	-	-	1	-	-	-	-	1	-	2
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	-	-	-	-	1	-	-	-	-	-	-	-	1
TOTAL	-	2	-	-	1	1	1	1	2	3	2	-	13

AGE INCIDENCE OF NOTIFIABLE DISEASES

(Other than Tuberculosis) 1972

Disease	0+	1+	2+	3+	4+	5+	10+	15+	20+	35+	45+	Age Unknown	All Ages	Removed to hospital	Deaths
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	1	-	-	1	2	-	-	-	-	-	-	4	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	1	-	1	-	-	-	-	-	2	-	-	2	6	1	-
Meningitis	-	1	-	-	-	-	-	-	1	-	-	-	2	2	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Para- typhoid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-
TOTAL	1	2	1	-	1	2	-	-	3	-	1	2	13	3	-

The Role of the Community Physician in the
reorganised National Health Service

Community medicine is that function of medicine which concerns itself with populations, rather than with single individuals. A community is all the people living within a defined geographical area whether at home, in school, at work, or in hospital. There has been some semantic misinterpretation implying that community was separate from hospital.

In the introduction to the Standing Orders of the Faculty of Community Medicine, Royal College of Physicians (1972) the specialty is defined as "that branch of Medicine which deals with populations or groups rather than with individual patients. In the context of a national system of medical care, it, therefore, comprises those doctors who try to measure accurately the needs of the population both sick and well. It requires to bring to this study special knowledge of the principles of epidemiology, of the organisation and evaluation of medical care systems, of the medical aspects of the administration of health services, and of the techniques of health education and rehabilitation which are comprised within the field of social and preventive medicine. Community Medicine thus brings together within the one discipline those who are presently engaged in the practice of public health, in the administration of the health services whether in hospital, local authority, or central government, in relevant research, and those responsible for undergraduate and postgraduate education in the University departments of social medicine."

The reorganised National Health Service, including the new discipline of community medicine, will end the century of practice of public health as a responsibility of local government authorities.* The era was one of major progress in eliminating the gross environmental abuses to human health, and developing the personal preventive services in school health, maternal and child health. The National Health Service Act, 1948, with its deliberate tripartite structure, excluded these services allowing them to remain the responsibility of the local authorities. This decision was a compromise and permitted central government to concentrate on developing therapeutic services, particularly the building up of hospital provisions, which were already crumbling and in some areas non-existent. The achievement of this latter objective has been notable. After twenty years the sharp edges of the tripartite system were becoming blurred, and the need for reorganisation was increasingly evident. These changes, many of which evolved as a result of initiative from the public health service, are now recognised and given impetus by legislation. As in 1948, the 1974 reorganisation will result in a

*(The Local Government Board was created in 1871; in 1874 the office of medical officer of health was created; and the first D. P. H. exam was held in Cambridge in 1875.)

similar (and deliberate) amalgam of compromise and concessions. While the personal health services will cease to be the responsibility of the local authorities, school and environmental health will remain with them, and arrangements will be necessary to maintain co-operation with the social services which retain many functions complementary to health.

Reorganisation of health services are timed to coincide with and relate geographically to the boundaries of local government.

The 1974 Reorganisation Structure

Central government will maintain overall control with strengthened regional divisions at the Department of Health and Social Security. Finance will be centrally determined, and priorities, national standards, and objectives will be decided and resources allocated (unlike local government who first consider needs) to regions, which will largely follow, geographically, the present 14 Regional Hospital Boards. Within the regions there will be 90 Area Health Authorities co-terminus with the county and metropolitan councils of the reorganised local government. General practitioners will retain their independent status, executive councils being replaced by family practitioner committees (a part of the area structure). Central control is envisaged as tight, and regions "will co-ordinate activity and monitor performances at area to ensure that national and regional objectives are achieved".

While the structure of the reorganised health services is not considered in detail it is useful to sketch the broad framework in which community physicians will function. Each Regional Health Authority will have a Chairman (nominated by the Secretary of State) and a Committee selected for their managerial skills. At officer level, the regional team of officers will consist of a Medical Officer, Nurse, Administrator and Treasurer, each with their staffs. The regional authority will be responsible for the general planning of all health services, allocation of finance at region and area, and for a number of specialist services including neuro, plastic and thoracic surgery, radiotherapy and blood transfusion, together with undergraduate teaching.

There will be 90 Area Health Authorities, each having a Chairman (nominated by the Secretary of State) and 14 members. Areas will contain from one to five (or more) district general hospitals within their boundaries and have overall responsibility for providing all health services for the population. As stated the area will relate geographically to the boundary of the reorganised local authority. Exact co-terminosity cannot always be achieved and there will be overlap areas the servicing of which is a necessary part of forward planning. The area will also be responsible for the setting up of Community Health Councils, which will serve the constituent districts and who will represent the consumer use of the National Health Service.

The area medical officer will be a member of the area team of officers, consisting of nurse administrator and treasurer and will have a staff of community physicians responsible for various administrative and preventive medical functions.

At both region and area Joint Liaison Committees have been established for the purpose of coordinating the preparatory work required prior to reorganisation, and with the responsibility of collating information, defining districts and making preliminary assessment of matters requiring decision by the shadow authorities.

General Activities of the Community Physician

Community physicians will function within these administrative units, the regional and area medical officer with their individual teams of community medicine specialists, while at district (the real operational level) there will be a district community physician, who will also be a member of a district team of officers, which will include clinicians from general practice and hospitals.

At all levels community physicians will be responsible for a wide spectrum of activities which will include planning, particularly at area and regional level; the measurement and evaluation of health programmes; the development of information systems which will include record linkage, the use of statistics, computers, morbidity and mortality indices. Planning will require rational coordination between hospital and community and here assessment of priorities will be vital. In the field of preventive medicine, child health (including the school health service), health education, identification of vulnerable groups, screening, and a grasp of the effects of advances in medical knowledge will all have a part, and will need skills to anticipate and deploy resources to achieve success.

Community physicians will be members of teams. This function will require new skills and success will depend on being able to convince colleagues, by the careful building up of information systems based on data, of population needs, the evaluation of existing services and the assessment of options, to accept policies and achieve agreement, then setting out successfully to implement those policies. The term 'accountability upwards and delegation downwards' if it is to work successfully will require full understanding and cooperation between officers at all levels.

The Community Physician at District Level

It is at this level that advice on environmental health to the local authorities will be required, and either the district community physician, or more likely a designated specialist in community medicine, will act as the 'proper officer' to advise district councils on environmental health.

The health service district will be that area served by the district general hospital, involving populations varying in size from 150,000 to 300,000. Services cannot be organised on a strict geographical basis as choice of specialist will remain the prerogative of the general practitioners. Patient flows may vary with specialty. The defined boundaries enjoyed by local authorities will not therefore be applicable for health services and flexible overlap arrangements will be required.

The basic unit of the reorganised health service is the district in which primary care services supplied by family practitioners, either working in group practices, or in health centres, will be supported by the secondary specialist services based in the district general hospital. The community physician at this level will have many functions ; as a member of the district medical team (the only team on which clinicians will serve) ; as co-ordinator of health care teams for children, the elderly, maternity, mental and mentally handicapped services, together with any other ad hoc team locally organised. He may also act as adviser to the local district councils on environmental health. He will be required to provide information and advice on all aspects of health needs and on the best deployment of resources to meet those needs.

The district will be the optimum level at which to plan and provide a substantially comprehensive service, in which the community physician will have a vital role in organising operational policies and developing district plans.

Collaboration with Local Authorities

Collaboration Committees are to be established which will include members from both local authorities and the National Health Service, with the responsibility to initiate and maintain the strongest links between the two services. Medical advice will be provided by community physicians and their staffs. Thus a major function of the community physician will be in his role as link between the local authorities and the reorganised National Health Service. His success in maintaining the relationship with them will be a major factor in sustaining domiciliary services. The social services departments will retain their responsibility for the home help services, for mental health, the elderly, care of children, the handicapped and other services. The need for the strongest of ties in co-operation in planning for all these needs requires no emphasis.

School and environmental health services, including the control of infectious diseases (requiring special arrangements with district councils) should continue at their present satisfactory standards. The time honoured office of medical officer of health will cease, together with the many statutory functions, and while those already employed in the public health service are acquainted both with local authority staffing and structure and have established a relationship with its officers, unless a strong and workable system of collaboration is initiated and maintained from the outset, there could be a deterioration when doctors lacking any local authority experience take their place as community physicians.

Training for Reorganisation

Immediately preceding reorganisation short courses in medical administration and integration of medical care have been set up by the Department of Health and Social Security for those already employed in administration of health services. The former, as recommended by the Working Party on Medical Administration, 1970 (Hunter Committee) are for doctors, while the latter include all those disciplines involved in health care.

The New Statutory Bodies responsible for NHS Administration

<u>Title</u>	<u>Main Functions</u>	<u>Method of Appointment</u>	<u>Accountability</u>
1 Regional Health Authorities (RHAs)	a. Regional planning and policies ; b. Allocation of resources between AHAs ; c. Monitoring of performance of AHAs ; d. Executive and operational functions which need to be undertaken on a wider basis than area (inc. responsibility for major capital works, metropolitan county ambulance services, computer services) ; e. Employment of medical consultants and senior registrars except in "teaching areas" (see 3 below)	Chairman: by Secretary of State Members: by Secretary of State after consultation with l.a.'s, universities, health professions, TUC, voluntary organisations, other interested bodies	Secretary of State

<u>Title</u>	<u>Main Functions</u>	<u>Method of Appointment</u>	<u>Accountability</u>
2 Area Health Authorities (AHAs)	a. Area planning policies ; b. Operation of all services except for those referred to at 1 d.) c. Collaboration with local authorities d. Employment of staff for those purposes (except for those at 1 e.) e. Arrangements with family practitioners	Chairman: by Secretary of State Members (usual pattern local authority(ies) (statutory minimum) 1 by RHA on nomination of university 9 by RHA after consultation with professions and interested organisations (including federations of workers or organisations)	RHA (except for 2e, for which accountability is to the Secretary of State)
3 Area Health Authorities (Teaching) (AHA(T)s)	a. As for other AHAs b. Provision for university of substantial clinical teaching facilities c. Employment of consultants and senior registrars	As for other AHAs but with 1 or 2 additional members appointed on the nomination of universities and with additional appointments of members with teaching hospital experience	As for other AHAs
4 Family Practitioner Committees (FPCs)	Administration of arrangements for family practitioner services	Chairman appointed by and from among members 11 members appointed by AHA (at least 1 to be a member of the AHA) 4 members appointed by matching local authority(ies) 15 members appointed by the professions involved.	Secretary of State AHA



