[Report 1954] / Medical Officer of Health, Andover R.D.C.

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ANDOVER RURAL DISTRICT

ANNUAL REPORT

of the

MEDICAL OFFICER of HEALTH

1954

ANDOVER RURAL DISTRICT COUNCIL

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ANDOVER RURAL DISTRICT COUNCIL

1954

Chairman

Mr. J.D. Threadgill, J.P.

Vice-Chairman

Mr. H.L. King

General Purposes Committee

Chairman

Mr. J.D. Threadgill, J.P.

Vice-Chairman

Mr. H.L. King

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ANDOVER RURAL DISTRICT COUNCIL

Public Health Department

Staff

Medical Officer of Health

F. H. M. Dummer, M.B., Ch.B.(St.And.), D.P.H.(Lond.).

Surveyor and Chief Sanitary Inspector

R. J. Richards, A.I.A.S., M.R.San.I., M.S.I.A.

Additional Sanitary Inspectors

P. D. Franklin, A.R.San.I., M.S.I.A.

B. H. Young, A.R.San.I., M.S.I.A.

Medical Officer of Health's Secretary

Miss M. B. Lowman

Surveyor and Chief Sanitary Inspector's Secretary

Miss M. E. M. Smith

Rodent Inspector

M. F. Taylor

RURAL DISTRICT OF ANDOVER

PUBLIC HEALTH DEPARTMENT

June, 1955.

To the Chairman and Members
of the Andover Rural District Council:

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my second Annual Report as your Medical Officer of Health.

Throughout the pages which follow, you will read something of the work which your Public Health Department, in conjunction with other related Departments of the Council, is doing to maintain the health and education of the public. I stress this latter educational aspect of our work, because it is by making people aware of the higher standards which can be achieved, that communal well-being will be advanced. This is essentially a slow and gradual process but we are planning not so much for our immediate requirements, but just a bit ahead of that aim.

An example of this kind of planning is the long term policy for the eradication of tuberculosis from cattle, and the consequent disappearance of the hitherto disfiguring scars one used to see on the necks of children through major operations for the incision of tuberculous glands.

There is a stage however, beyond which no official action can go - the next step is public demand. In this respect it is remarkable that the most prevalent disease in the world has met with very little clamour for eradication - dental disease. It is true that we have such agents as the school dental service and the facilities available under the provisions of the National Health Service Act. But in my schools and clinics, I see very little evidence of marked improvement in the dental condition of children.

Tooth-brushing, and possibly restriction in the consumption of concentrated sugar, can never be discarded in favour of other more dramatic agents. But these in themselves do not seem to have gone very far in solving this problem of prevalent dental caries. What we need is a measure, which without trouble to the community, will exert a gradual beneficial influence on the dentition of the child so that each generation will show an increasing number of dentally healthy citizens. The solution is not as academic or as idealistic as was once thought. We know now that the addition of fluorides to the public water supply will reduce the incidence of dental caries.

These substances are as cheap, as reliable, as harmless as those used today in chlorination - a measure which has rendered safe your water supply for decades. This is a fact which we would do well to use to our advantage as soon as we can.

One of the most remarkable advances of the last fifteen years has been the almost dramatic decrease in mortality due to tuberculosis. There has not however, been anything like the same decrease in the number of new cases being notified, although in your district, the number of new cases notified during last year is lower than in 1953. It may be that the increasing use of mass radiography has brought to light hitherto undiscovered sources of infection, but the fact remains that tuberculosis is an infectious disease which is very seriously influenced by the environmental conditions under which the people live.

New drugs and BCG go a long way towards the elimination of this disease, but housing standards, prevention of over-crowding, modern sanitation, and health education remain in the fore-front of our preventive measures. The accent is still on prevention which even from the purely economic view point, remains the cheapest and most effective way of ensuring that deep inroads are not made in the main wage earning section of the population - that section on which tuberculosis bears most heavily.

In the preparation of this Report I have had assistance from many of your officials. A great deal of the information contained here has been given by the Chief Sanitary Inspector. Much of the work of the Sanitary Inspector is routine and unspectacular, but it is nevertheless one of the mainstays reflecting the standard of living of the community, and I acknowledge my indebtedness to the vigilance and enthusiasm with which Mr. Richards, Mr. Franklin and Mr. Young have carried out their duties during the year.

I am grateful too, for the excellent work done by my secretary, Miss M.B. Lowman, particularly in connection with the increasing range of her work which has been occasioned by my duties undertaken on behalf of the County Council.

The Department has been fortunate in having a Public Health Committee which has on numerous occasions shown its interest in the work, and I am grateful to all members both of the Committee and of the Council for their kindness to myself and to my staff.

I am, Mr. Chairman,

Ladies and Gentlemen,

Your obedient Servant,

F. H. M. Dunner

Medical Officer of Health.

General Statistics

Area (in acres)	67,811	(67,811)
Registrar General's estimate of mid-year population	20,210	(20,670)
Number of inhabited houses	4,153	(3,915)
Rateable Value	£112,123	(£104,082)
Sum represented by penny rate	£460. 17s.	(£459)

The Registrar General's estimate of the population of this district at the end of June, 1954, was 20,210, a net loss of 460 under the estimate for 1953. The natural increase (births less deaths) was 203, and it will be seen that there was a net emigration from the district of 157.

The population trend of Andover Rural District is as follows:-

1947	11,680	1951	17,590
1948	12,510	1952	19,690
1949	15,020	1953	20,670
1950	14,900	1954	20,210

The population increase, based on the 1946 estimate is approximately 77%.

Vital Statistics

Births

	Male	Female
Total	164	163
Legitimate	159	155
Illegitimate	5	8

Birth Rate

	Andover Rural District	England & Wales
Live Births	16.2	15.2
Comparability factor	1.10	
Corrected rate	17.8	
Still Births	23.8	23.4

Deaths (All Causes)

	Male	Female
Total	69	55

Death Rate

	Andover Rural District	England & Wales
All Causes	6.1	11.3
Comparability factor	1.36	
Corrected rate	8.3	

Infant Mortality

Andover Rural District	England & Wales
27.5	25.5

Neonatal Mortality

Andover Rural District	England & Wales
15.3	17.7

(The Birth and Death Rates are calculated per 1000 of the population. The Infantile Mortality Rate is calculated per 1000 live births.)

The Death Rate

The local death rate for 1954 was 6.1 per 1,000, a decrease of 1.2 on last year's figures and 5.2 below the national average.

I said last year that your death rate at 7.3 was the lowest that I had found in any district with which I had been connected. This year, with the figure of 6.1 a new record has been established, which I doubt can be found in more than a handful of districts in the country. It is certainly the lowest that I have heard of. For comparative purposes, you will be interested to know that the death rate for the Borough of Andover is 11.2, which tends to show up your district in an extraordinarily favourable way. With a high birth rate of 16.2, a low death rate of 6.1, and a decrease in the number of new cases of tuberculosis, it is fair to say that statistically Andover Rural District is one of the healthiest in the country for residence.

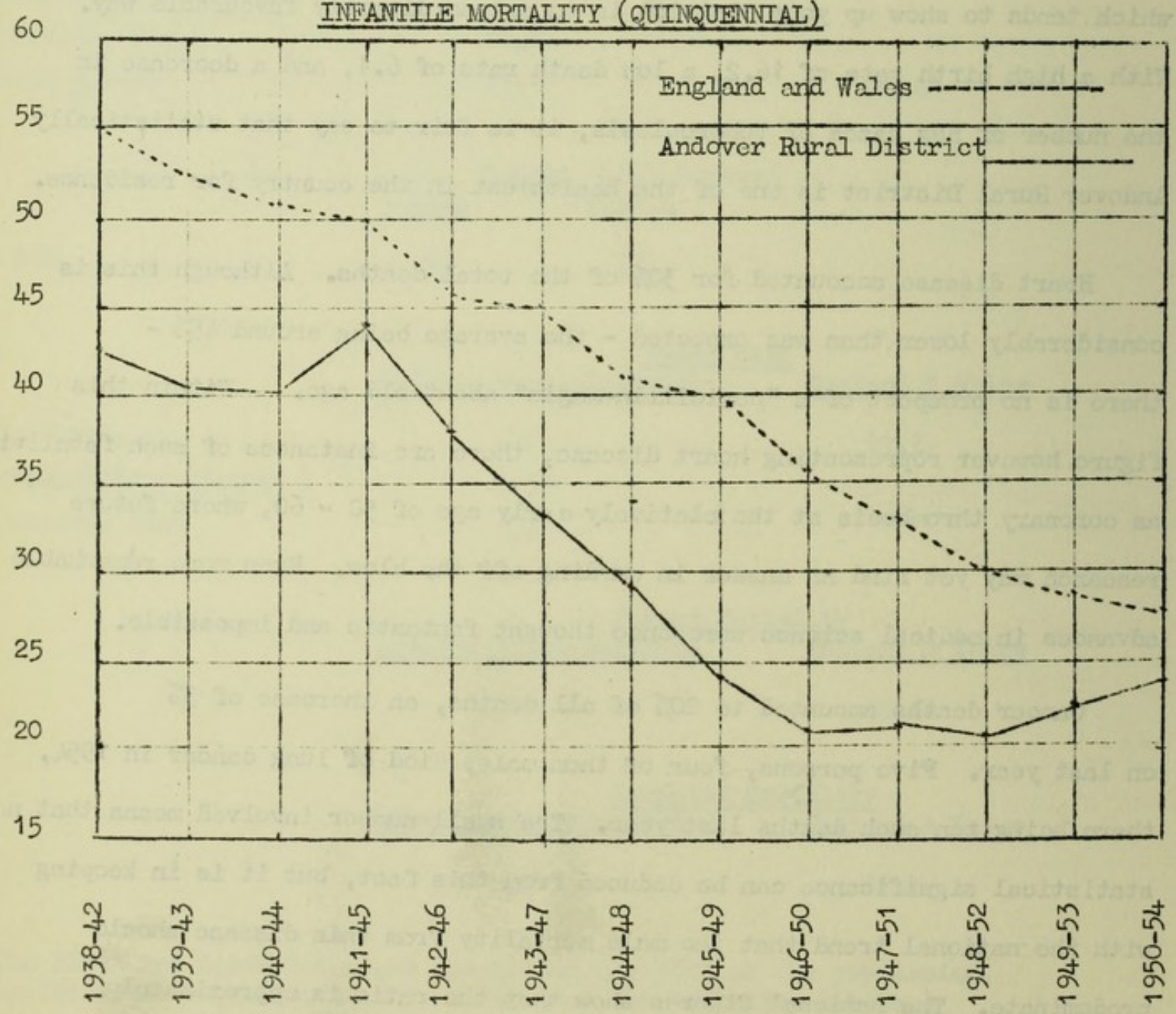
Heart disease accounted for 30% of the total deaths. Although this is considerably lower than was expected - the average being around 45% - there is no prospect of a "penicillin-magic" about old age. Within this figure, however representing heart disease, there are instances of such fatalities as coronary thrombosis at the relatively early age of 50 - 60, where future research may yet find an answer in warding off the blow. Even more remarkable advances in medical science were once thought fantastic and impossible.

Cancer deaths amounted to 20% of all deaths, an increase of 3% on last year. Five persons, four of them male, died of lung cancer in 1954, there being ten such deaths last year. The small number involved means that no statistical significance can be deduced from this fact, but it is in keeping with the national trend that the male mortality from this disease should predominate. The national figures show that the ratio is approximately 6 to 1.

In the table of deaths from various causes it will be seen that no child died from the infectious diseases normally associated with infancy. No death occurred in pregnancy or child birth.

Nine infants died last year under the age of twelve months, five of them dying below the age of four weeks. The infant mortality of the district is 27.5 which is comparable with that of England and Wales at 25.5.

It will be seen from the following graph that there has been a very steady decline in the national rate and the satisfactory point as far as this district is concerned is that the rate is well below that of England and Wales taken over the same five yearly periods.



Infectious Diseases

1954 was not a dominant year in the cycle of measles. The trend of the disease is shown in the following table:-

1954	4	1952	10	1950	30	1948	18
1953	202	1951	313	1949	149	1947	90

The two-yearly cycle is well discerned. Although measles is not of such significance as a killer these days, one must never forget some of the serious sequelae of an attack of this deceptive disease, e.g. vision defects, ear trouble, dental caries. One sees the result of measles in the inspection of school children, and there is no doubt in my mind that a quick follow-up of these cases, would, if not prevent, at least enable early treatment to be instituted and save a considerable amount of future ill-health.

The number of cases of whooping cough, 32, was relatively small this year, but the disease s none the less important for that fact. Today whooping cough is one of the most dangerous infectious diseases of infancy and childhood, although it is true that remarkable improvement has been made in reducing mortality. One tremendous advance has been the introduction of an anti-pertussis vaccine, which, although its use is not as wide-spread as it should be, is becoming more and more to be looked upon as a normal preventive measure in infancy.

Taken as a whole, 1954 produced relatively few notifications of infectious diseases. It should not be thought however, that other infectious diseases, not notifiable, remained dormant. Mumps and chickenpox, various forms of tonsillitis, the common cold and many respiratory illnesses, all took their toll in absence from work and school, and incapacity over a considerable period.

Individual measures such as early isolation, are still as important as ever, and the general level of community health in this respect, is largely governed by the commonsense of people who are able and willing to recognise the harm that can be done by bravado. The child at school with eyes and nose streaming from the signs of the common cold, the industrial worker who "carries on" with a sore throat, the shop girl who sneezes over the bacon slicing machine (or more important, the pre-cooked foods contraption), the typist who bravely sits and shivers in the first stages of influenza - all these people constitute a menace to the public at large, a menace which can be largely obviated by a little thought and consideration.

There were 7 cases of scarlet fever notified throughout the year. These were of a mild nature and gave no cause for alarm. The incidence of scarlet fever throughout the country has been surprisingly high, and the District figure at 0.34 per 1,000 of the population is comparable with the national figure of 0.97 per 1,000. Scarlet fever is today seldom admitted to hospital except for social conditions in which it would be inadvisable to nurse cases at home.

The present position with regard to notification of the disease is rather unsatisfactory and has been the subject of much comment in medical circles. In the present variety of fever, the rash is often transient or even absent, and other factors may well have to be considered before a diagnosis can be established.

Poliomyelitis

No case of poliomyelitis was notified throughout 1954. In this we can only count ourselves as fortunate for this disease certainly has presented many a problem to communities during the past twelve months. Intensive research is being carried on, especially on possible vaccines, to try to find a solution to the increasing prevalence of poliomyelitis. It is too early yet to say whether a really effective vaccine has been produced, but all reports show that there is real hope in this field which has brought so much suffering and disfigurement to many thousands of young adults and children. I think it is worth-while to repeat the warning I gave in my 1953 Report on the avoidance of over-tiredness in children, especially during the summer months. This is not an easy thing to accomplish, but the following signs and symptoms of strain should be carefully watched, viz. fretfulness, lack of appetite, headache, sore throat, muscle pains, and, perhaps most important of all, inordinate disobedience. It is important to remember that by no means all cases of poliomyelitis are paralytic in type, but delay in getting medical advice may well prejudice the chances of preventing the onset of serious paralytic consequences.

National Assistance Act, 1948 - Section 47

No formal action was taken under this Section in 1954.

Vaccination and Immunisation

At December 31st, 1954, 206 persons had been vaccinated or re-vaccinated during the current year. Of these, 110 were infants under 1 year, (327 babies were born in 1954.) Only 47 people were re-vaccinated. In 1954, the county rate for vaccination of babies born in that year varied greatly from place to place. For the Rural District of Andover the 1952 figure was 31.0%, for 1953 40.9%, and for 1954 48%.

In my opinion, this low estimate, although showing a steady improvement over the past 3 years, does not provide a safe "barrier of protection" for the community. The Chief Medical Officer of the Ministry of Health in his Report for 1952, states that "the total numbers of school-children re-vaccinated over the whole country suggest that not more than 1 in 25 of the children entering or leaving school who had been primarily vaccinated in infancy were re-vaccinated."

This dangerous position must not be perpetuated and local authorities, through advice in child welfare centres, instructions to health visitors and district nurses, publicity posters and leaflets, are doing all in their power to persuade people to use the services of general practitioners for this purpose. In this case, as in so many others, family practice and local authority, work together towards the one great ideal of community health - safety through prevention.

It is however, one of the defects in our present arrangements, that both immunisation and vaccination are not carried out in the same scheme. One of the basic reasons for the general acceptance of immunisation against diphtheria is the fact that multiple facilities are offered, e.g. clinics, schools, and family doctors.

The astonishing progress in the prevention of diphtheria has been well maintained. The provisional record of deaths for England and Wales in 1954 is 9 and 182 cases were notified. In 1944 there were 934 deaths and 23,199 notifications. These are remarkable figures and show a wonderful sense of public responsibility. Is it too much to hope that the public now feel that a child cannot only "do with" immunisation, but in fact is "entitled" to his freedom from disease ? I hope so, because it is only by sustained effort that we can improve even the present position. In 1954, in Andover Rural District, 222 children completed a full course of primary immunisation and 75 children received "boosting" doses. The number of children receiving a primary course of injections has increased but the "booster dose" has been very poorly received. We have introduced a scheme into all schools in the area whereby reinforcing doses will be offered to entrants - and ages beyond when requested - as a part of the routine medical examination in schools. By these means, we hope to increase the effective barrier against diphtheria and, in particular cases, against whooping cough as well.

The position with regard to immunisation against whooping cough was very unsatisfactory in 1954, but now we hope that with the introduction of the combined vaccine throughout the county, a very much improved protection will be afforded against this disease. The great advantage of the combined vaccine is that protection against diphtheria as well as whooping cough can be obtained by the same course of injections. Multiple barrier protection is coming into its own, and we can even give a triple protection to include tetanus as well as the other two diseases. The incidence of tetanus is low but nevertheless it is an extremely dangerous disease and this combination of safety is to be welcomed even in a relatively remote possibility.

Tuberculosis

In an Appendix to this Report you will find details of the cases of tuberculosis notified during the year and the present position of the Register. You will see that the number of male respiratory cases has increased, making the total of respiratory cases on the Register now 64 as compared with 54 last year.

The more satisfactory position in bovine tuberculosis is due to the fact that the vast majority of milk now either comes from T.T. herds or at least is pasteurised. It has been well said that if we sought after the source of respiratory tuberculosis with the same enthusiasm which follows a notified case of diphtheria or smallpox, the situation would be vastly different. The truth is that there are always one or two contacts who escape the net of detection. This is not surprising considering how widespread the amount of contact a tuberculous adult has with the general population. In the case of an infant, it is very different where the immediate circle is likely to be restricted to his own family and it is relatively easy to trace a potential victim or the actual source.

The number of deaths occurring from tuberculosis in England and Wales in 1954 was provisionally about 8,000, but notifications are still being received at the rate of over 800 per week. This is certainly an improvement in the last six or seven years, but there is no room for complacency in this picture. Even if tuberculosis no longer kills with the same intensity as in former days, it still takes an immense toll of the young life of the nation. The most minor attack of tuberculosis may still require prolonged hospital treatment or at least absence from work, and this is something which is very vividly reflected in the standard of life of the afflicted family.

There are now 70 Mass X-ray Units operating in this country and approximately 15,000,000 people have been examined. Only 3.3 per 1,00 were discovered with active conditions. This is an extremely satisfactory result, but would be more so if the frequency of Mass X-rays were very greatly increased and if the response of the public were even greater. The true picture in tuberculosis can never be fully assessed unless there is a 100 per cent response from the public to such diagnostic measures as miniature radiography.

The one really satisfactory result which has emerged since the operation of the National Health Service Act has been, in the last two years, the greatly diminishing waiting list for beds in sanatoria. This is now about half of what it was in 1952.

The role of housing is still large and vital and the priority which most Councils give in this respect to a tuberculous patient is well rewarded from the public health view point. The repercussions in health due to bad housing in this condition especially are very considerable.

There has been during the year an extension of BCG vaccination to older school children. Although this area is not included at present in the scheme, the trials already being carried out in parts of Hampshire may result in the wider application of the use of this vaccine, which has been used very widely abroad with success and growing confidence.

Administration of Health Services
National Health Service Act, 1946.

As noted in last year's Report, the Local Health Authority, that is the Council of the County of Southampton, has delegated to the Councils of the Borough of Andover, Andover Rural District, and Kingsclere and Whitchurch Rural District, certain of their functions with regard to:-

(a) Care of Mothers and Young Children

(b) Midwifery

(c) Health Visiting

(d) Home Nursing

(e) Vaccination and Immunisation

(f) Prevention of illness, care and after-care (except tuberculosis)

(g) Home Help

The scheme came into operation on the 1st December, 1953, and the work of the Committee has gone ahead smoothly during the past year. I spoke last year of the executive powers of the body as being severely restricted. I think I can report in all fairness that there has recently been a relaxation of this restriction, and that more work is now coming before the Committee for decision. The present position is that reports are submitted to me from the County Nursing Superintendent, the Divisional Home Help Organiser, and previously, the Matron of the Drove Day Nursery, and these are presented as a consolidated report at the monthly meeting of the Committee. The Committee also has before it, information on infectious diseases, vital statistics, and all Sections of the functions under the National Health Service Act, 1946, which have been devolved.

It was decided at the District Health Sub-Committee meeting on the 16th December, 1954, that the staff of the Day Nursery be given notice terminating their appointment as at 31st March, 1955, and that the Nursery be closed from that date. This Nursery, which has been performing a useful function since 1944, was proving too uneconomic for the small numbers admitted during the year. In its place, the County Council decided that a child minders scheme could well meet the needs of the district. Up to the time of writing this Report, there has been very little call on the scheme.

The Home Help Service has increased its scope during the year and the following table gives a brief survey of the work carried out. The cases assisted include maternity, general sickness, child care, chronic sickness, aged sickness, aged infirm, tuberculosis and convalescent cases.

Home Help Service - 1954

	Number of Applications received		Number of Cases Completed	Number of Helpers on Register
	Total	Assisted		
Andover Municipal Borough & Rural District	81	57	47	25
Kingsclere & Whitchurch Rural District	78	54	51	30

The value of the Committee lies in the fact that it is composed of people who know and can interpret the needs of the communities which are served, and as such, should have a firm place in the administration of our health services.

Water Supplies

The laying of mains for the public supply of water for the parish of Longparish was completed during the year, and provision of services therefrom was proceeded with.

Work was commenced on Stage 1 of the major scheme of water supply from the Ibthorpe source. This stage will enable the parishes of Hurstbourne Tarrant, (including Upton for which a supply was available in September), Tangley, Penton Mewsey, Penton Grafton (Hamlet), Abbotts Ann, Upper and Goodworth Clatfords to be served.

Particulars of properties supplied from water mains are as follows:-

	No. of Dwellings supplied from mains	Population supplied by standpipe
Appleshaw, part Fyfield, Kimpton	214	60
Vernham Dean and Upton.	123	20
Shipton Bellinger (Cholderton Water Co.)	208	-
Barton Stacey and Bullington.	207	-
Longparish.	88	-

Bacteriological Examination of all Water Supplies Private and Public

No. of samples taken	158
No. of samples reported satisfactory	128
No. of samples reported not entirely satisfactory	5
No. of samples reported unsatisfactory	30

Drainage and Sewerage

The construction of the sewerage scheme for the village of Barton Stacey was completed during the year.

Public Cleansing

The weekly collection of refuse was maintained, refuse being satisfactorily tipped at Appleshaw.

Sanitary Inspection of the Area

Inspection for Nuisances	55
Drainage Tests	102
Rooms Disinfected	6
Inspection of Water Supplies	300
Dairy Inspections	4
Inspections of Moveable Dwellings	40

There are 28 licensed moveable dwellings in the Rural District and 1 licensed site.

Shops

No statutory action was taken during the year.

Factories

Inspections for purpose of provisions as to health and of sanitary accommodation in the case of power factories.

Premises	No.	No. of Inspections
(i) Factories in which Sections 1, 2, 3, 4 or 6 are to be enforced by Local Authority	5	2
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	26	8
(iii) Other premises in which Section 7 is enforced by Local Authority (excluding outworkers premises.)	Nil	Nil
TOTAL	31	10

Cases in which defects were found - Nil

Housing

Housing Repairs and Rents Act, 1954.

	No. of applic-ations	No. of resultant dwellings	"Estimated Expense"	Amount of Grant
Conversions	5	9	£7,646 - 13 - 0	£3,441 - 0 - 0
Improvements	27	38	£21,944 - 11 - 9	£10,301 -15 - 0
Refusals	1	3		N/A
TOTAL	33	50	£29,591 - 4 - 9	£13,742 -15 - 0

Work in respect of 17 dwellings was completed.

The Council has been extremely anxious to encourage the improvement of dwellings by this means.

Local Authority Housing

At the end of the year properties under the control of the Council were as follows:-

		(31.12.53.)
Permanent Traditional Houses (pre-war)	156	(156)
Permanent Traditional Houses (post-war)	533	(433)
Prefabricated Temporary Bungalows	32	(32)
Requisitioned Houses (family units)	-	(9)
Converted ex-service hutments	112	(158)
	833	(788)

It will readily be seen that considerable progress has been made by the abandonment of 46 converted ex-service hutments as housing accommodation and by the completion of 100 new dwellings in the year.

All requisitioned houses have been relinquished.

28 new houses were erected by private enterprise.

Housing Inspections

(1)	(a) Total number of dwelling houses inspected for housing defects (Public Health and Housing Acts)	120
	(b) No. of inspections made for the purpose	230
(2)	(a) No. of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	4
(3)	No. of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	60

Informal Action

No. of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	61

Statutory Action

(a) Proceedings under Sections 9, 10 and 16, Housing Act 1936.

(1)	No. of dwelling houses in respect of which notices were served requiring repairs	Nil
(2)	No. of dwelling houses which were rendered fit after service of formal notice	
	(i) by owners	Nil
	(ii)by Local Authority in default of owners	Nil

(b) Proceedings under Sections 11 and 13 Housing Act, 1936.

(1)	No. of dwelling houses in respect of which Demolition Orders were made	Nil
(2)	No. of dwelling houses demolished in pursuance of Demolition Orders or by formal action	1
(3)	No. of representations made to the Local Authority with a view to	
	(a) the serving of notices requiring the execution of works	Nil
	(b) the making of Demolition or Closing Orders	4
(4)	The No. of houses in respect of which an undertaking was accepted under sub-section 2 of Section 11 of the Housing Act, 1930	Nil

(c) Proceedings under Section 12 of the Housing Act, 1936.

(1)	No. of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil
(2)	No. of separate tenements or underground rooms in respect of which Closing Orders were made	Nil

Housing Act, 1936. Part IV. Overcrowding

(a)	(i) No. of dwellings overcrowded at end of year - estimated	20
	(ii) No. of families dwelling therein - estimated	35
	(iii) No. of persons dwelling therein - estimated	120
(b)	No. of new cases of overcrowding reported during the year	Nil
(c)	(i) No. of cases of overcrowding relieved during the year	5
	(ii) No. of persons concerned in such cases	25

Inspection and Supervision of Food

(a) Milk Supply

No. of Registered Distributors	1
No. of Registered Distributors outside area selling milk within the area	7

There have been no fresh applications for licences in the year.

(b) Slaughterhouses

There is one licensed slaughterhouse in the district, but it is not now in use.

The reorganisation of slaughtering procedure has resulted in the supply of meat being generally through the public slaughterhouses at Andover and Salisbury.

(c) Ice Cream - Retail Premises

Of the 33 premises registered for the sale and storage of pre-packed ice cream, none has given cause for action to be taken in the past year, and all continue to be maintained at a satisfactory standard.

(d) Food Premises

The number of food premises in the area is as follows:-

(i) Grocers and General Stores	38
Bakers	9
Butchers	3
Cafes	13
Licensed Public Houses and Inns	36
(ii) No. of food premises registered under Section 14 of the Food and Drugs Act, 1938.	
Sale of pre-packed ice cream	33
Preparation and manufacture of sausages etc.	3

(e) Food Inspection

(i) No. of visits for the purpose of inspection of food premises (retail and preparation) 40

(ii) The following foods were condemned during the year -

(a) Miscellaneous canned food	49 tins
(b) Imported Meat	1 tin (12 lb.)
(c) Home Killed Meat	35 lb.

All food for which condemnation certificates were issued was buried.

(f) Adulteration

The Council is not a Food and Drugs Authority under the Food and Drugs Act, 1938.

(g) Food Poisoning Outbreaks

There were no recorded cases of food poisoning during the year.

Distribution of Industry

The local office of the Ministry of Labour and National Service has supplied me with the following figures relating to the distribution of industry on the basis of the number of insured persons in the area.

Industry Group	Males	Females	Total
Agriculture and Fisheries	1,064	136	1,200
Building etc.	1,144	33	1,177
Distributive	554	622	1,176
Vehicle Manufacture and Repair	794	106	900
National and Local Government	697	134	831
Professional Services	168	503	671
Transport, Communications and Warehousing	575	65	640
Paper and Printing	292	119	411
Food, Drink and Tobacco	249	132	381
Wood and Wood Manufacturers	290	67	357
Engineering	215	17	232
Gas, Electric and Water	124	14	138
Insurance, etc.	71	37	108
Mining and Mining Products	34	3	37
Chemicals, etc.	18	4	22
Clothing	15	1	16
Metal Goods	8	-	8
Textiles	-	4	4
Amusements, laundry, hotel, domestic service and miscellaneous services.	331	1,264	1,595
Total	6,643	3,261	9,904

The area covered by the Andover Employment Exchange is defined by the following:-

From a point on the Hants/Wilts county boundary due East of Newton Tony, follow the boundary in a northerly direction to a point North of and including Faccombe, due South to and including Faccombe Wood, then East South East to but excluding Ashmansworth and Crux Easton. North East to but excluding Burghclere and Sydmonton. Due South to and including Litchfield and Whitchurch, but excluding Freefolk and Hunton. West South West to but excluding Wonston, including Egypt, North North West to a point North of but excluding Bullington, then South West to and including Barton Stacey, West to but excluding Chilbolton, including Wherwell, Saxley Farm and Grateley, then South West to the starting point of the County boundary.

This district compares very favourably with the country as a whole, as far as unemployment is concerned. The local figure is 0.9% against the nation's 1.3%.

APPENDIX 'A'

Tuberculosis

Age Periods	New Cases and Transfers: Respiratory M	F	Total	Non-Respiratory M	F	Total	Deaths: Respiratory M	F	Total	Non-Respiratory M	F	Total
0 -												
1 -					1	1						
5 -					1	1						
15 -	1	1	2		1	1						
25 -	1		1									
35 -	2		2		1	1						
45 -	1	1	2				1		1			
55 -	3		3									
65 and upwards	1		1									
TOTAL	9	2	11		4	4	1		1			

Number of Cases on the Tuberculosis Register on 31st December, 1954.
(31st December, 1953 in brackets.)

	Males		Females		Total	
Respiratory	39	(29)	25	(25)	64	(54)
Non-Respiratory	3	(3)	10	(6)	13	(9)
TOTAL	42	(32)	35	(31)	77	(63)

During the year the number of cases on the Tuberculosis Register has increased by 14 as shown in the second table. There were 13 new cases, 2 transfers and 1 death as shown in the first table.

After checking the Register with the Andover Chest Clinic, the following additional alterations were made, the total figures remaining as above.

Additions	Deductions
8	1 Diagnosis not established
	7 left district

APPENDIX 'B'

Prevalence of and Control Over Infectious and Other Diseases

Final numbers according to Sex and Age after corrections of cases of Infectious and other notifiable diseases notified during the year ended 31st December, 1954:-

	Scarlet Fever			Whooping Cough			Measles		
	M	F	Total	M	F	Total	M	F	Total
Under 1 year				2	1	3	1		1
1 - 2 years				2	3	5		1	1
3 - 4 years	1	2	3	3	3	6	1		1
5 - 9 years	1	2	3	11	6	17			
10 -14 years									
15 -24 years	1		1		1	1	1		1
25 and over									
Age Unknown									
Total (All Ages)	3	4	7	18	14	32	3	1	4

	Acute Pneumonia			Dysentery			Enteric or Typhoid Fever			Erysipelas		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Under 5 years												
5 -14 years		1	1									
15 -44 years	10		10	2		2	1		1			
45 -64 years										1		1
65 and over												
Age Unknown												
Total (All Ages)	10	1	11	2		2	1		1	1		1

Malaria (Contracted Abroad)

23 Male

APPENDIX 'C'

Table of Deaths

	Male		Female		Total	
Tuberculosis, respiratory	2	(0)	0	(0)	2	(0)
Tuberculosis, other	0	(1)	0	(0)	0	(1)
Syphilitic disease	1	(0)	0	(1)	1	(1)
Diphtheria	0	(0)	0	(0)	0	(0)
Whooping cough	0	(0)	0	(0)	0	(0)
Meningococcal infections	0	(0)	0	(0)	0	(0)
Acute poliomyelitis	0	(0)	0	(0)	0	(0)
Measles	0	(0)	0	(0)	0	(0)
Other infective and parasitic diseases	0	(2)	0	(0)	0	(2)
Malignant neoplasm, stomach	3	(3)	1	(0)	4	(3)
Malignant neoplasm, lung, bronchus	4	(9)	1	(1)	5	(10)
Malignant neoplasm, breast	0	(0)	1	(3)	1	(3)
Malignant neoplasm, uterus	0	(0)	1	(0)	1	(0)
Other malignant and lymphatic neoplasms	6	(4)	6	(6)	12	(10)
Leukaemia, aleukaemia	2	(0)	0	(0)	2	(0)
Diabetes	0	(0)	0	(0)	0	(0)
Vascular lesions of nervous system	6	(9)	9	(9)	15	(18)
Coronary disease, angina	10	(13)	5	(5)	15	(18)
Hypertension with heart disease	2	(2)	1	(4)	3	(6)
Other heart disease	4	(8)	12	(16)	16	(24)
Other circulatory disease	1	(1)	2	(6)	3	(7)
Influenza	0	(1)	0	(0)	0	(1)
Pneumonia	2	(1)	4	(3)	6	(4)
Bronchitis	4	(6)	1	(2)	5	(8)
Other diseases of respiratory system	0	(1)	0	(1)	0	(2)
Ulcer of stomach and duodenum	2	(3)	0	(0)	2	(3)
Gastritis, enteritis and diarrhoea	0	(1)	0	(0)	0	(1)
Nephritis and nephrosis	0	(1)	1	(1)	1	(2)
Hyperplasia of prostate	4	(0)	0	(0)	4	(0)
Pregnancy, childbirth, abortion	0	(0)	0	(0)	0	(0)
Congenital malformations	1	(2)	0	(0)	1	(2)
Other defined and ill-defined diseases	10	(4)	9	(12)	19	(16)
Motor vehicle accidents	2	(2)	0	(1)	2	(3)
All other accidents	3	(4)	0	(1)	3	(5)
Suicide	0	(2)	1	(0)	1	(2)
Homicide and operations of war	0	(0)	0	(0)	0	(0)
All causes	69	(80)	55	(72)	124	(152)

APPENDIX 'D'

Diphtheria Immunisation

Annual Return for Year ended 31st December, 1954.

Age
At date of final injection (as regards A)
Or of reinforcing injection (as regards B)

	Under 1	1	2	3	4	5-9	10-14	TOTAL
A. Number of children completing full course of primary immunisation.	41	130	33	10	8			222
B. Number of children receiving a reinforcing injection.						54	21	75

Immunisation in Relation to Child Population

Number of children at 31st December, 1954, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1940).

Age at 31.12.54. Born in Year	Under 1 1954	1 - 4 1953-1950	5 - 9 1949-1945	10 - 14 1944-1940	Under 15 TOTAL
Last complete course of injections (whether primary or booster)					
A. 1950 - 1954	42	709	566	186	1,503
B. 1949 or earlier			126	17	143

Vaccination Return for the Year ended 31st December, 1954.

Number vaccinated	Under 1	1	2 - 4	5 - 14	15 or over	TOTAL
1st January - 30th June	60	6	7	3	4	80
1st July - 31st December	50	5	7	11	6	79
Number re-vaccinated						
1st January - 30th June	-	-	1	6	19	26
1st July - 31st December	-	-	-	4	17	21
						206

APPENDIX 'E'

County Council Services

Health Visitors

Miss M. L. Collins

Miss N. White

Miss D. D. Woodcock

District Nurse/Midwives

Abbotts Ann

Miss M. L. Hibbert, S.R.N., S.C.M., Q.N.

Barton Stacey

Miss V. J. Benson, S.R.N., S.C.M., Q.N.

Shipton Bellinger

Miss J. Powell, S.R.N., S.C.M., Q.N.

Weyhill

Miss E. Huscroft, S.C.M., S.E.A.N.

Bourne Valley

Mrs. E. Dean, S.R.N., S.C.M.

Child Welfare Clinics

Amport	The Hut	1st Monday
Appleshaw	Church Hall	3rd Wednesday
Barton Stacey	Garrison Club	2nd & 4th Mondays
Chilbolton	The Hall	1st Wednesday
Longparish	The Hall	2nd Thursday
Shipton Bellinger	Church Hall	4th Wednesday
Upper Clatford	The School	1st Tuesday
