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ANDOVER RURAL DISTRICT



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1955




ANDOVER RURAL DISTRICT COUNCIL

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MEDICAL OFFICER OF HEALTH

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ANDOVER RURAL DISTRICT COUNCIL

1955

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

Members

Mr. C.S. Sturgess	Mr. A.H. Gay
Mr. R.H.A. Knight	Major A.J. Hurst
Mr. E.T. LeLacheur	Mr. S. North
Mrs. D.M. French	Mr. W. Scambler
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The Hon. Mrs. Butler Henderson	Mr. G.H. Grinyer
Mr. H.R. Reynolds M.C.	Mr. N. Brook
Mr. H. May	Mr. C.W. Dickinson
Mr. W.N.C. Shearing	Mr. G.A. Capes (Died December)
Mr. W.B. Corbett	Mr. W.H. Irvin
Mrs. M.J. Marson	Mr. A.H. Lawrie
Lt. Comdr. P.H. Higginbotham	Mr. G.E. Evans
Mr. J.L. Morgan	

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.S.H., M.S.I.A. (Resigned
December 1955)

Additional Sanitary Inspectors

F. D. Franklin, A.R.S.H., M.S.I.A.

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

Medical Officer of Health's Secretary

Miss M. B. Lowman

Surveyor and Chief Sanitary Inspector's Chief Clerk

Miss M. E. M. Smith

Rodent Inspector

M. F. Taylor

Surveyor and Chief Sanitary Inspector

L. J. Timothy, M.I.Mun.E., A.R.S.H. (Appointed
January 1956)

RURAL DISTRICT OF ANDOVER

PUBLIC HEALTH DEPARTMENT

June, 1956.

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

Mr. Chairman, Ladies and Gentlemen,

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

In the pages of this report you will read of the wide scope of
community well-being which comes within the province of a Public Health
Department. Such work, through the approval and active support of the
Council to which it has been submitted, has resulted in a healthier,
happier life for the people of your District. The record for 1955
shows that the Council members have been alive to the standard of progress
demanded in this modern age, and it is greatly to their credit that
our planned efforts have met with considerable success. The extension of
the Regional Water Supply Scheme is a case in point. Many difficulties
in this work were encountered throughout the year and even up to the time
of writing this Report. But these have been surmounted and a large area
will be supplied with the essential amenity of piped water.

Preventive medicine seldom claims the headlines. It is a more dramatic occupation to be curing patients than to be preventing the disease for which the cure proves necessary. But by the work in 1955 a lot of people will have been saved the necessity of requiring to be "cured."

More people were vaccinated, than ever before.

More children were immunised, than ever before.

More people responded to the appeal to have a chest x-ray, than ever before.

It is on the basis of facts like these that a sound foundation for future health can be laid. It is, however, my duty to stress that a high standard is only a matter of credit as long as it is maintained. Every year's target should be made just that bit more difficult to achieve. That is the real meaning of progress.

The death rate in 1955, although slightly higher than in 1954, still showed a remarkably low level at 6.7 per 1,000, and is one of the lowest death rates in the land. Of the 143 deaths, by far the largest proportion was due to heart disease, a finding which is likely to be maintained in future years. Only one person died of tuberculosis - an indication of the victory which is being relentlessly gained over this disease. New drugs and new methods of treatment, combined with early diagnosis and the search for contacts, have paid rich dividends in this field.

Important too, is the drive for the rehousing of poorly accommodated families. In this the Council have gone to the limit of what has been permitted. More so, in the matter of improvement grants, the Council have approved the huge sum of £86,974 and granted £40,434 up to 31st December, 1955.

This effort, an achievement in itself, has resulted in the saving of property and in providing more accommodation over a wide area. In this respect, I have been impressed by the care with which each application has been studied and the discussion freely permitted over the merits of each case. I know that this sum, large though it is, has been money well spent. In any record of housing progress, this endeavour should not be glossed over - it has been one of the most successful examples of planned policy which any rural district has undertaken.

Throughout the year, I have had the assistance of and co-operation from, all officers of the Council, and I record my appreciation to them.

Unforeseen circumstances increased considerably the burden on your Sanitary Inspectors before the appointment of Mr. L.J. Timothy as Chief Sanitary Inspector and Surveyor. I am grateful too for the good work done by Mr. K. J. W. Burnett, whose duties in the interim brought him prominently into the scope of the Public Health Department.

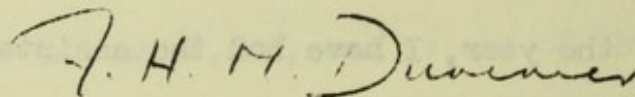
I am grateful too, for the excellent work done by my secretary, Miss M. B. Lowman, particularly in connection with the increasing range of her work which has been occasioned by my duties undertaken on behalf of the County Council.

The Department has been fortunate in having a Public Health Committee which has on every occasion 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,



Medical Officer of Health.

General Statistics

Area (in acres)	67,811	(67,811)
Registrar General's estimate of mid-year population	21,240	(20,210)
Number of inhabited houses	4,355	(4,153)
Rateable Value	£113,664	(£112,123)
Sum represented by penny rate	£456.9s.3d.	(£460.17s)

The Registrar General's estimate of the population of this district at the end of June, 1955, was 21,240. The net gain for 1955 of births over deaths was 168.

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

1948	12,510	1952	19,690
1949	15,020	1953	20,670
1950	14,900	1954	20,210
1951	17,590	1955	21,240

Vital Statistics

	<u>Births</u>	
	<u>Male</u>	<u>Female</u>
Total	167	144
Legitimate	165	142
Illegitimate	2	2

	<u>Birth Rate</u>	
	<u>Andover Rural District</u>	<u>England and Wales</u>

Live Births	14.7	15.0
Still Births	22.	23.1

Deaths (All Causes)

	<u>Male</u>	<u>Female</u>
	Total	77

	<u>Death Rate</u>	
	<u>Andover Rural District</u>	<u>England and Wales</u>

All Causes	6.7	11.7
Comparability Factor	1.42	
Corrected Rate	8.5	

	<u>Infant Mortality</u>	
	<u>Andover Rural District</u>	<u>England and Wales</u>

	35.3	24.9
--	------	------

	<u>Neonatal Mortality</u>	
	<u>Andover Rural District</u>	<u>England and Wales</u>

	28.9	17.3
--	------	------

(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 crude death rate for 1955 was 6.7 per 1,000 of the population, an increase of 0.6 on last year's figure. Even when corrected on an age and sex basis to 8.5, this is considerably below the national average.

As usual, the main cause of death was heart disease, which accounted for 35% of the total. It is unlikely that this figure will diminish in any way in future years, and indeed the conquest of other diseases will tend to increase the percentage dying from the most natural cause.

A great deal of research is going on on the origin of heart disease, with particular reference to coronary fatalities at comparatively early ages.

Cancer deaths amounted to 18% of the total, a decrease of 2% on last year. 3 people died of cancer of the lung, a decrease of 2 on last year. The possible relationship of such cases to cigarette smoking is being investigated nationally, but present evidence is enough to indicate that the risk of contracting lung cancer is associated with excessive cigarette smoking.

It is gratifying to report that no death occurred due to illnesses incidental to childhood, nor was there any fatality associated with pregnancy or childbirth.

These are simple statements but they underline the enormous advances which have been made in the prevention of infectious diseases, and a consequent diminution in the complications arising from such serious diseases, especially in infancy, as whooping cough. The fact that childbirth no longer is associated with measurable risks to life is an indication of the progress which has been made in this field of care over the past 50 years.

The average age at death was 64 for males and 72 for females, figures which compare quite well with the national average.

The infantile mortality rate at 35.3 per 1,000 live births, even allowing for the fact that a small number of deaths can make a disproportionate amount of difference to this figure, is too high to be viewed with complacency. Except for one case of illness contracted at 6 months, all the deaths were due either to prematurity or to malformations. Very little can be done about the latter, but the former - prematurity - may, on investigation, lend itself to improvement in the future.

Last year, I showed in graphical form how on a quinquennial basis infant mortality in Andover Rural District had steadily fallen, and the rate of this fall has always given the result that the District's infant mortality figures have kept well below those of England and Wales as a whole.

Infectious Diseases

1955 was a dominant year in measles, and 356 cases were notified.

I show below a Table which brings out the two-yearly cycle of the disease very clearly.

1955	356	1953	202	1951	313	1949	149
1954	4	1952	10	1950	30	1948	18

The cases were uniformly of a mild nature, but I would repeat the warning which I gave last year that although measles is not of such significance as a killing disease in modern days, there is a possibility of serious consequences such as vision defects, ear trouble and dental caries, which may take a considerable time to show up. By means of regular inspection of school children and children attending our welfare clinics, we are able to detect these sequelae at a fairly early stage, and treatment can be instituted without delay. It is one of the dividends paid through regular inspection.

Whooping cough was not very much in evidence during 1955, and only 10 cases were notified. We are reasonably optimistic that we shall see fewer serious cases of whooping cough and possibly fewer in number in all of this disease, through the wide-spread use of whooping cough vaccine, which in your District is being employed in an increasing degree.

There were 44 cases of scarlet fever notified during the year, all of a relatively mild nature. The hospital services are seldom used for scarlet fever nowadays, except in cases where social conditions make it advisable that admission should be sought.

There were no notifications of cases of diphtheria. Other notifications included those for acute pneumonia, malaria (contracted abroad) and poliomyelitis.

1955 was a relatively bad year for Andover Rural District as far as notifications of poliomyelitis were concerned. Seven cases in all were admitted to hospital, two of them being of a paralytic nature.

The first two cases were notified in February - not a time of year during which we have previously had poliomyelitis in this District. These patients were infants and recovered fairly rapidly. There was then a gap until late September and notifications followed evenly throughout the remainder of the year. It should be noted that in no instance did a "secondary" case follow from a known primary notification. One case, in particular, occurring in a school, called for supervision of contacts of a wide area, but no outbreak resulted.

As I have pointed out before, the phrase "infantile paralysis" is a complete misnomer and although the weight of infection is certainly borne in a large degree by children up to the age of 15 years, there is a considerable number of cases occurring in adult life, and under circumstances which make the resulting disability even more tragic.

Vaccination and Immunisation

At 31st December, 1955, 374 persons had been vaccinated or re-vaccinated during the current year. This is a welcome increase on last year's figure, and it is to be hoped that it will be maintained and improved upon in 1956.

Of the 374, 233 were infants under one year of age, an increase of 113 on last year, which represents nearly 75% of the total births for the year. The figure for re-vaccinations however is not good - 68 - which although an increase of 47 on the 1954 figure, is an indication of the low degree of community protection which exists. It is not enough that infants should be vaccinated in the first year of life; unless that protection is given at an early age and repeated at least once in adult life, the resultant barrier to infection has not been maintained.

There has been an improvement in the administrative arrangements for vaccination throughout the County in that facilities are now available at Infant Welfare Centres. This has increased the range of choice for parents and we have found that this method has been fairly well used in centres in rural areas.

Again, no case of diphtheria has been reported in the District. The provisional number of cases notified for England and Wales for 1955 was 161 with 11 deaths. When one compares these figures with those of 1945, during which there were 18,596 notifications with 722 deaths, the measure of progress is clearly demonstrated. These results are only possible through the maintenance over the country as a whole of diphtheria protection through immunisation.

Immunisation against both diphtheria and whooping cough is now made easy in that the one course of injections covers both diseases. In 1955 in Andover Rural District, 234 children completed a full course of primary immunisation, including 141 who were protected against both whooping cough and diphtheria. There also has been a very marked increase in the number of children receiving "booster" doses for diphtheria and whooping cough immunisation - 353 children received the "booster" dose for diphtheria and 24 against both diseases. The combined figure of 378 compares very favourably with the 75 who received this service in 1954.

The scheme which was introduced last year in which all entrants to junior schools were offered a reinforcing dose during the first term, has worked very well, and has resulted in the increased response. Children in Andover Rural District are also offered this facility at monthly immunisation clinics held at the Child Welfare Centres, where primary or reinforcing doses are given.

It is by these means that we hope to increase still further the effective barrier against infection. The protection which immunisation gives against diphtheria has now been so clearly shown over the past 20 years, that it is surprising that all children, especially infants in the first year of life, are not given this aid to health as a normal birth-right.

As I pointed out in last year's Annual Report, there is yet another disease which can very simply and easily be protected against - tetanus - and we are hopeful that in the very near future, facilities will be included for this as well. There is no reason why a single course of injections, should not now protect against these three diseases, diphtheria, whooping cough and tetanus.

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. There has again been an increase in the number of respiratory cases in both sexes, and the total is 77 compared with 64 last year. Some of these cases are accounted for by the fact that they were discovered by Mass Radiography when the Unit visited Andover in April, 1955.

The public response to the visit of the Unit was described by the Organising Secretary of the Mass Radiography Centre as "quite remarkable." It is in fact worthwhile giving the peak figures in some detail:-

April 19th	-	722 in 5 hours
April 20th	-	933 in $5\frac{1}{2}$ hours
April 21st	-	1,245 in $5\frac{1}{2}$ hours

Altogether, 5,232 people attended the Unit, giving an average of 152 per hour, which is well above the recognised standard of sustained effort for a Mass Radiography Unit normally gauged at 120 per hour. Another point which is worth mentioning is that the above figures were not artificially boosted up by organised groups of school children, as the schools were closed during the visit of the Unit, and there were very few people included in any organised industrial arrangements.

This was probably one of the most successful efforts at demonstrating the facilities for, and the response of the public towards, community health, and it reflects great credit on the people of Andover and district, for of course, a certain percentage of those attending came from the Rural District and any credit must be shared.

From the statistics appended you will see that 8 people were referred to the Chest Clinic as suffering from probable tuberculous disease. In addition, 12 people were discovered to have non-tuberculous pulmonary conditions. It should be stressed that these examinations do give an opportunity to the individual for a general check-up on chest conditions, and are extremely valuable quite apart from the discovery or exclusion of tuberculosis itself.

One of the main points of attack in tuberculosis is still good housing, and your District's record in this field is very good.

During the year BCG vaccination has been operating in the County, but this area is still not one of those at present included in the scheme. This work is at a preliminary stage, and I have no doubt that at a slightly later date Andover Rural District will also be offered these facilities.

Administration of Health Services

National Health Service Act, 1946.

In last year's Report, I gave a detailed description of the operation of this Act as far as the devolution of health services by the County Council to districts was concerned.

During the year a considerable amount of work has been undertaken in these services, but the work has not often called for any major decision to be taken by the Sub-Committee. It still however is true that the value of such a committee lies in the fact that it can interpret the needs of the communities which are served, and has, although small, some say in the administration of the county services.

Reports are submitted on infectious diseases, vital statistics, midwifery and home nursing, immunisation and vaccination, the home help service, and the financial implications of the work of these services.

During the year, a child minders scheme was put into operation due to the closure of the Drove Day Nursery which was closed on the 31st March, 1955. Up to date, there has been very little call on this arrangement.

One of the most important functions of the Sub-Committee is the appointment of district nurses and arranging for accommodation.

National Assistance Act, 1948 - Section 47

No formal action was taken under this Section during the year.

Water Supplies

Stage 1 of the water scheme was continued during the year, Hurstbourne Tarrant, Ibthorpe, Upton and Vernham Dean being supplied with water from the Ibthorpe Pump. The mains were laid at Wildhern, Hatherden, Penton Mewsey, Upper Clatford and proceeding to Goodworth Clatford. The Abbotts Ann area has yet to be completed. On completion of the reservoir a supply can be given to these villages and it is envisaged that this will be available in July, 1956.

The reservoir at Pill Heath is 60% completed.

Stage 11A of the scheme was commenced and pipes laid from Penton Corner to Thruxton and proceeding towards Fyfield and Clanville.

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

	<u>No. of Dwellings supplied from mains</u>	<u>Population supplied by standpipe</u>
Appleshaw, part Fyfield, Kimpton	217	60
Vernham Dean and Upton	125	20
Shipton Bellinger (Cholderton Water Co.)	208	-
Barton Stacey and Bullington	214	-
Longparish	94	-

Bacteriological Examination of all Water Supplies
Private and Public

No. of samples taken	110
No. of samples reported satisfactory	82
No. of samples reported not entirely satisfactory	8
No. of samples reported unsatisfactory	20

Drainage and Sewerage

Work on a sewage scheme for Shipton Bellinger was commenced during the year and it is estimated that 60% of the population of this village will be served on completion.

Public Cleansing

A weekly collection of refuse was maintained, refuse being satisfactorily tipped at Appleshaw. A joint tender by the Andover Rural District Council and the Andover Borough Council for collection of refuse from R.A.F. Ampert and Monxton was considered and accepted.

General Inspection of the Area

Inspection for Nuisances	107
Drainage Tests	75
Rooms Disinfected	4
Inspection of Water Supplies	212
Dairy Inspections	Nil
Inspections of Moveable Dwellings	45

There are 38 licensed moveable dwellings in the Rural District and 2 licensed sites.

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.

	<u>Premises</u>	<u>No.</u>	<u>No. of Inspections</u>
(i)	Factories in which Sections 1, 2, 3, 4 or 6 are to be enforced by Local Authority	8	14
(ii)	Factories not included in (i) in which Section 7 is enforced by the Local Authority	29	21
(iii)	Other premises in which Section 7 is enforced by Local Authority (excluding outworkers premises.)	Nil	Nil
	TOTAL	37	35

Cases in which defects were found - Nil

Housing

Housing Repairs and Rents Act, 1954.

	<u>No. of applic- ations</u>	<u>No. of resultant dwellings</u>	<u>"Estimated Expense"</u>	<u>Amount of Grant</u>
Conversions	1	2	£1,999 - 0 - 0	£800
Improvements	53	83	£52,565 -10 - 7	£23,940
Refusals	2	3	N/A	N/A
	56	88	£54,564 -10 - 7	£24,740

Work in respect of 47 dwellings was completed.

Local Authority Housing

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

Permanent Traditional Houses (pre war)	148	(<u>31.12.54.</u>) (156)
Permanent Traditional Houses (post war)	603	(533)
Prefabricated Temporary Bungalows	32	(32)
Requisitioned Houses (family units)	Nil	(0)
Converted ex-service hutments	62	(112)
	<u>845</u>	<u>(833)</u>

It will be seen that the figure for Permanent Traditional Houses (pre war) is reduced by 8 from that of the previous year, this is due to the fact that 8 Agricultural Houses were included in the 1954 figure and are now included in the Permanent Traditional Houses (post war) figures.

Good progress has been made during the year with the building of 62 new dwellings and the abandonment of 50 converted ex-service hutments.

Housing Inspections

- (1) (a) Total number of dwelling houses inspected for housing defects (Public Health and Housing Acts) 3,821
- (b) No. of inspections made for the purpose 4,221
- (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 401
- (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 757

Informal Action

No. of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers 58

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

(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 | 1 |

The figures for housing inspections include the number of inspections made for the survey carried out under the Housing Repairs and Rents Act, 1954.

Housing Act, 1936. Part IV. Overcrowding

(a)	(i)	No. of dwellings overcrowded at end of year - estimated	9
	(ii)	No. of families dwelling therein - estimated	13
	(iii)	No. of persons dwelling therein - estimated	50
(b)		No. of new cases of overcrowding reported during the year	Nil
(c)	(i)	No. of cases of overcrowding relieved during the year	8
	(ii)	No. of persons concerned in such cases	38

Inspection and Supervision of Food

(a) Milk Supply

No. of Registered Distributors Nil

No. of Registered Distributors outside area selling milk within the area 8

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

(b) Slaughterhouses

There were no licensed slaughterhouses in the district during 1955.

(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) 54

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

(a) Miscellaneous canned food	60 tins
(b) Imported Meat	16 lb. (tinned)
	48 lb. beef

In addition to this 58 meat pies were condemned and 1 1/2 lb. cheese.

All food for which condemnation certificates are issued is 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.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Agriculture and Fisheries	1,154	163	1,317
Distributive	548	602	1,150
Building etc.	1,026	39	1,065
Vehicle Manufacture and repair	827	120	947
National and Local Government	592	135	727
Professional Services	178	494	672
Transport, Communications and Warehousing	471	59	530
Paper and Printing	307	158	465
Food, Drink and Tobacco	236	149	385
Wood and Wood Manufacturing	299	85	384
Engineering	219	17	236
Gas, Electric and Water	144	15	159
Insurance, etc.	69	45	114
Mining and Mining Products	33	2	35
Chemicals, etc.	24	4	28
Clothing	12	1	13
Metal Goods	4	-	4
Textiles	4	-	4
Amusements, laundry, hotel, domestic service and miscellaneous services.	291	1,339	1,630
Total	6,438	3,427	9,865

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 Facombe, due South to and including Facombe 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 Witchurch, 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 0.6% against the nation's 1.2%.

Carcases and Offal inspected and condemned in whole or in part

	Cattle Excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed (if known)	-----	-----	NIL	-----	-----	-----
Number inspected	-----	-----	NIL	-----	-----	-----
<u>All diseases except Tuberculosis & Cysticerci</u>						
Whole carcasses condemned	-----	-----	NIL	-----	-----	-----
Carcases of which some part or organ was condemned	-----	-----	NIL	-----	-----	-----
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	-----	-----	NIL	-----	-----	-----
<u>Tuberculosis only</u>						
Whole carcasses condemned	-----	-----	NIL	-----	-----	-----
Carcases of which some part or organ was condemned	-----	-----	NIL	-----	-----	-----
Percentage of the number inspected affected with tuberculosis	-----	-----	NIL	-----	-----	-----
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned	-----	-----	NIL	-----	-----	-----
Carcases submitted to treatment by refrigeration	-----	-----	NIL	-----	-----	-----
Generalised and totally condemned	-----	-----	NIL	-----	-----	-----

Tuberculosis

<u>Age Periods</u>	<u>New Cases and Transfers</u>						<u>Deaths</u>					
	<u>Respiratory</u>			<u>Non-Respiratory</u>			<u>Respiratory</u>			<u>Non-Respiratory</u>		
	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>
0 -												
1 -												
5 -		1	1									
15 -	1	5	6									
25 -	1	2	3	1		1						
35 -	1	2	3									
45 -	1		1	1		1						
55 -	2		2				1		1			
65 and upwards							1	*	1			
<u>TOTAL</u>	6	10	16	1	1	2	2		2			

* Due to cardiac failure.

Number of Cases on the Tuberculosis Register on 31st December, 1955
(31st December, 1954 in brackets)

	<u>Males</u>		<u>Females</u>		<u>Total</u>	
Respiratory	43	(39)	34	(25)	77	(64)
Non-Respiratory	4	(3)	11	(10)	15	(13)
<u>TOTAL</u>	47	(42)	45	(35)	92	(77)

During the year the number of cases on the Tuberculosis Register has increased by 15 as shown in the second Table. There were 13 new cases, 5 transfers and 2 deaths as shown in the first Table. In addition, 1 case moved from the district.

Mass Radiography Survey 19th-28th April, 1955.
Guildhall, Andover.

Number of Persons Examined

<u>Adults</u>		<u>Schoolchildren</u>		<u>Total</u>
<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
1944	2444	410	434	5232

Statistics

The following gives briefly the main results:-

Number examined	5232	
Recalled for full size film	78	(1.50%)
Recalled for clinical examination	17	(0.32%)
Referred to chest clinic	10	(0.19%)
a) probably tuberculous	8	(0.15%)
b) probably non-tuberculous	2	(0.04%)
Referred to private doctor or hospital	13	(0.25%)

Number referred to chest clinic as probably tuberculous 8

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Number of cases diagnosed as active pulmonary tuberculosis			
a) unilateral disease	2	1	3
b) bilateral disease	2	-	2
2. Occasional supervision	2	-	2
3. No further action	1	-	1

Non-tuberculous Cases

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Referred to chest clinic		2	2
Referred to hospital or private doctor	8	5	13
Cardiovascular lesions	1	2	3
Non-tuberculous pulmonary conditions	7	5	12

Mass Radiography SurveyAge Groups Examined and Incidence of Active Pulmonary TuberculosisMales

	<u>Under 14</u>	<u>14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-59</u>
Number examined	352	30	166	181	518	478	328	111
Active Cases						2		
Rate per 1000						4.18		

	<u>60-64</u>	<u>60 & over</u>	<u>TOTAL</u>
Number examined	75	115	2354
Active Cases			2
Rate per 1000			0.850

Females

	<u>Under 14</u>	<u>14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-59</u>
Number examined	360	47	309	298	591	536	397	130
Active Cases			2			1		
Rate per 1000			6.47			1.87		

	<u>60-64</u>	<u>60 & over</u>	<u>TOTAL</u>
Number examined	99	111	2878
Active Cases			3
Rate per 1000			1.042

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, 1955:-

	<u>Scarlet Fever</u>			<u>Whooping Cough</u>			<u>Measles</u>			<u>Acute Poliomyelitis</u>					
										<u>Paralytic</u>			<u>Non Paralytic</u>		
	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>
Under 1 year							8	6	14						
1 - 2 years	3		3	1	1	2	30	35	65	1		1	1		1
3 - 4 years	4	3	7	3		3	39	40	79	1		1			
5 - 9 years	7	13	20	3	3	6	85	81	166				1		1
10 -14 years		8	8				10	10	20				2		2
15 -24 years	4		4				6		6						
25 and over	1		1				2	4	6				1		1
Age Unknown	1		1												
Total(All Ages)	20	24	44	6	4	10	180	176	356	2		2	4	1	5

	<u>Acute Pneumonia</u>			<u>Dysentery</u>			
	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>	
Under 5 years							
5 - 14 years							
15 - 44 years	2		2	2		2	<u>Malaria(Contracted Abroad)</u>
45 - 64 years							14 Male
65 and over							
Age Unknown							
Total(All Ages)	2		2	2		2	

Table of Deaths

	Male		Female		Total	
Tuberculosis, respiratory	1	(2)	0	(0)	1	(2)
Tuberculosis, other	0	(0)	0	(0)	0	(0)
Syphilitic disease	0	(1)	0	(0)	0	(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	(0)	0	(0)	0	(0)
Malignant neoplasm, stomach	1	(3)	1	(1)	2	(4)
Malignant neoplasm, lung, bronchus	3	(4)	0	(1)	3	(5)
Malignant neoplasm, breast	0	(0)	3	(1)	3	(1)
Malignant neoplasm, uterus	0	(0)	1	(1)	1	(1)
Other malignant and lymphatic neoplasms	10	(6)	6	(6)	16	(12)
Leukaemia, aleukaemia	0	(2)	2	(0)	2	(2)
Diabetes	0	(0)	1	(0)	1	(0)
Vascular lesions of nervous system	9	(6)	11	(9)	20	(15)
Coronary disease, angina	12	(10)	6	(5)	18	(15)
Hypertension with heart disease	1	(2)	2	(1)	3	(3)
Other heart disease	11	(4)	13	(12)	24	(16)
Other circulatory disease	4	(1)	1	(2)	5	(3)
Influenza	1	(0)	0	(0)	1	(0)
Pneumonia	6	(2)	1	(4)	7	(6)
Bronchitis	3	(4)	0	(1)	3	(5)
Other diseases of respiratory system	0	(0)	1	(0)	1	(0)
Ulcer of stomach and duodenum	1	(2)	0	(0)	1	(2)
Gastritis, enteritis and diarrhoea	0	(0)	1	(0)	1	(0)
Nephritis and nephrosis	1	(0)	0	(1)	1	(1)
Hyperplasia of prostate	2	(4)	0	(0)	2	(4)
Pregnancy, childbirth, abortion	0	(0)	1	(0)	1	(0)
Congenital malformations	0	(1)	2	(0)	2	(1)
Other defined and ill-defined diseases	4	(10)	10	(9)	14	(19)
Motor vehicle accidents	4	(2)	2	(0)	6	(2)
All other accidents	3	(3)	1	(0)	4	(3)
Suicide	0	(0)	0	(1)	0	(1)
Homicide and operations of war	0	(0)	0	(0)	0	(0)
All causes	77	(69)	66	(55)	143	(124)

County Council ServicesHealth Visitors

Miss M. L. Collins
 Miss N. White
 Miss D. D. Woodcock

District Nurse/MidwivesAbbotts 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