

[Report 1949] / Medical Officer of Health, Holywell U.D.C.

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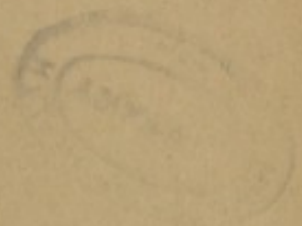
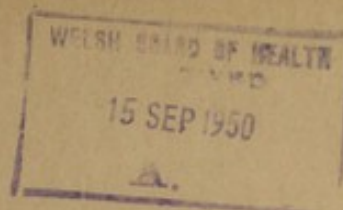
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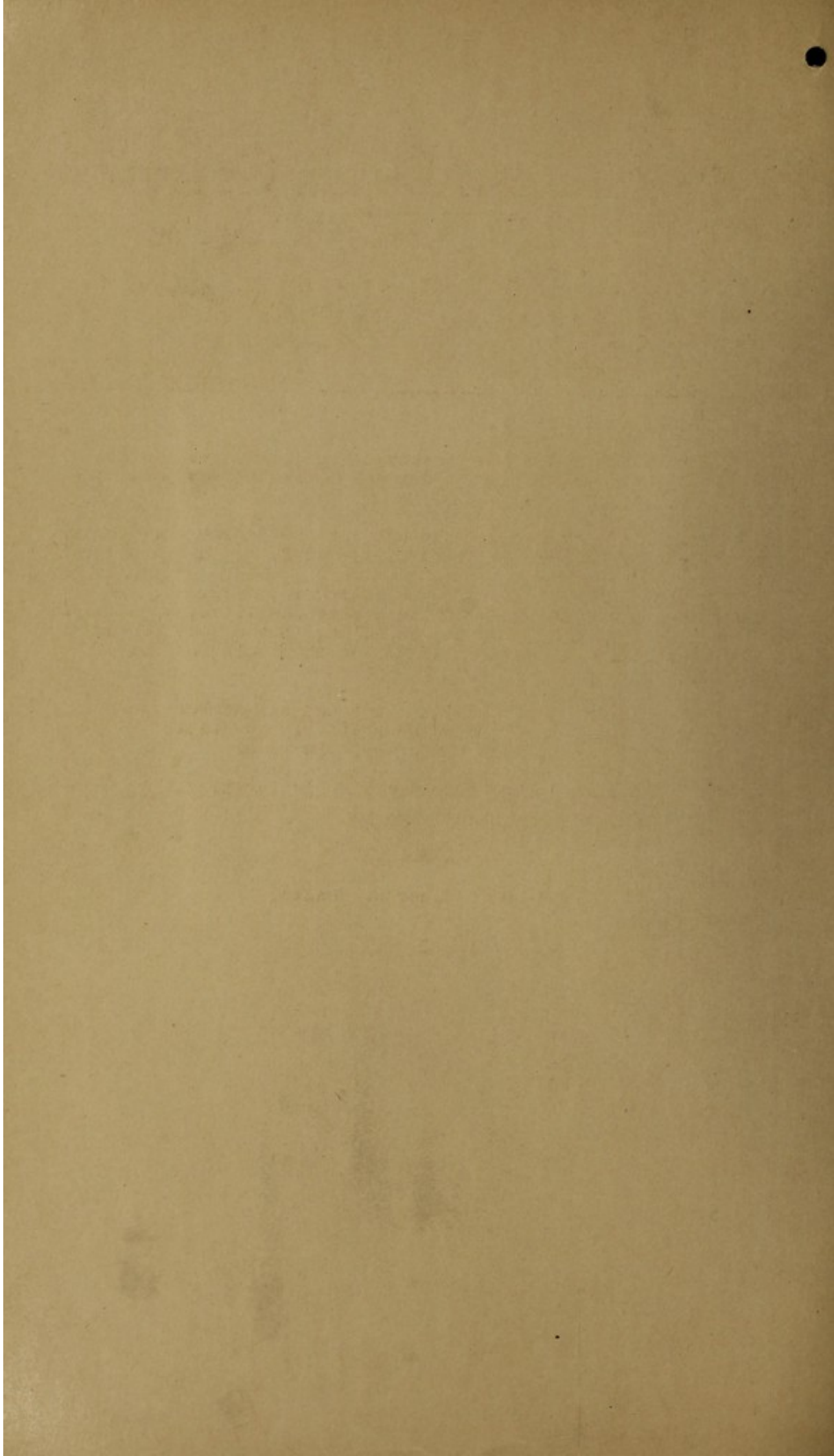
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HOLYWELL URBAN DISTRICT COUNCIL.

ANNUAL REPORT OF THE MEDICAL
OFFICER OF HEALTH FOR THE YEAR ENDING
31st DECEMBER, 1949.

Medical Officer :
Dr. T.W.Brindle, M.B.,CH.B.,D.P.H.,
Public Health Offices,
Town Hall,
HOLYWELL.



Holywell Urban District Council

Town Hall,

Holywell.

TWB/ES.

Medical Officer of Health.

Dr. T.W. BRINDLE, M.B., Ch.B., D.P.H.

TEL. HOLYWELL 76.

3rd August, 1950.

To the Chairman and Members of the Holywell Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my report on the health of the Urban District during the year ended 31st December, 1949.

I wish to acknowledge the help of the Sanitary Inspector in the preparation of Sections C, D, and E, of this Report.

I should also like to place on record, my great appreciation to the Chairman of the Health Committee, Councillor A. Hugh Rutt, B.E.M., for his unfailing interest and ready co-operation in all matters affecting the health of the district.

In addition, I should like to thank all members and officers of the Council, and the staff of the Health Department for their help throughout the year.

I remain, Mr. Chairman and Gentlemen,

Very faithfully yours,

T. W. BRINDLE,

Medical Officer of Health.

Holywell Urban District Council

2nd July

1934

THE CHAIRMAN,
HOLYWELL TOWN HALL,
HOLYWELL, N.E., WALES, 27th July, 1934.

Dear Sir,

I have the pleasure to acknowledge the receipt of your letter of the 27th inst. in relation to the proposed alterations to the existing drainage system in the district of the Holywell Urban District Council, and in reply to inform you that the same have been referred to the Committee on the subject, and that the Committee have decided to refer the same to the Engineer, who is now preparing a report thereon.

I am, Sir, very respectfully,
Yours faithfully,
The Chairman.

W. J. HUGHES,
Chairman.

W. J. HUGHES,
Chairman.

ANNUAL REPORT 1949.

As over a year has passed since my appointment as Medical Officer of Health to the four Local Authorities comprising the Central Area of Flintshire, and Assistant County Medical Officer of Health, this report presents a suitable opportunity to comment briefly on the working of this joint arrangement.

‡ A central executive office has been established in Mold at the Urban Council Offices and the part-time services of a secretary-typist have been secured. This office serves the local authorities in the Central area for administrative purposes. A weekly routine visit is paid by the Medical Officer to the Health office of each authority. At this visit I am available for interview by anyone so desiring and also for discussion and consultation with the Sanitary Inspector.

In my opinion the greatest gain resulting from the joint appointment is the increased co-operation which is possible between the health services provided by the County Council on the one hand and the local authorities on the other. By virtue of his appointment as an Assistant County Medical Officer, the District Medical Officer of Health acts as an Assistant School Medical Officer in his own area and is in close contact with the Maternity and Child Welfare Service, immunisation service etc. This affords him added opportunities to establish personal contact with residents of the area and to increase his knowledge of the social conditions in the district. As the responsibility for immunisation has (since 5th July, 1948) passed entirely to the County Council, it is fortunate that this dual appointment enables the District Medical Officer to continue to make a part in this important preventive work. Already on matters affecting health, there is excellent co-operation between County Officials and District Officials. It may be that in the future by delegation of powers in day to day administration of service under Part III of the National Health Services Act, 1946, to divisional committees covering areas identical with the present county divisions and advised by the District Medical Officer (Divisional Medical Officer) even closer co-operation could be obtained.

Grave concern has been expressed by many at the deepening division which seems to exist between the general practitioner service, the hospital service and the public health service. It does appear that the District Medical Officer has a most important part to play in the co-ordination of the various health services, since he is the man 'on the spot' - in close contact with the people using the services and with the general practitioners in his area, with the local health authority and with the District council.

As is inevitable in the present circumstances, a large part of one's time has been occupied with problems concerning housing. No-one who has seen the deplorably overcrowded and insanitary conditions under which numbers of our people are condemned to live can remain unmoved. These conditions not only undermine public health but also inevitably help to lower moral standards and strike a heavy blow against our social structure. As Medical Officer of Health one feels at times powerless and hopeless when asked to assist to improve living conditions and one is amazed at the patience with which the large majority of people tolerate their hardships. The importance of the provision of good housing conditions in the prevention of ill-health was stressed by the Right Hon. The Earl de la Warr in his Presidential address to the Health Congress at Eastbourne when he pointed out that "In 1949 Exchequer and personal payments amounted to over £450 millions for the National Health Scheme and during the same period the sum of £9 millions was allowed for subsidising new permanent houses /

As over a year has passed since my appointment as Medical Officer of Health to the Local Authorities comprising the Central Area of Birmingham, and Assistant County Medical Officer of Health, this report presents a valuable opportunity to comment briefly on the working of this joint arrangement.

A central executive office has been established in which at the Urban Council Offices and the part-time services of a necessary staff have been secured. This office has been the focal authority in the Central Area for administrative purposes. A weekly routine visit is paid by the Medical Officer to the Health Office of each authority. At this visit I am available for interview by anyone so desiring and also for discussion and consultation with the Sanitary Inspector.

In my opinion the greatest gain resulting from the joint appointment is the increased co-operation which is possible between the health services provided by the County Council on the one hand and the local authorities on the other. By virtue of his appointment as an Assistant County Medical Officer, the Medical Officer of Health acts as an Assistant District Medical Officer in his own area and is in close contact with the Maternity and Child Welfare Services, Immunisation Service etc. This allows him added opportunities to assist in the knowledge of the local conditions in the district. As the responsibility for immunisation has (since July, 1943) passed entirely to the County Council, it is fortunate that this joint appointment enables the District Medical Officer to continue to take a part in this important preventive work. Although on matters affecting health, there is excellent co-operation between County Officers and District Officers. It may be that in the future by the action of power to day administration of services under Part III of the National Health Service Act, 1946, to District Councils covering areas identical with the present county divisions and defined by the District Medical Officer (District Medical Officer) even closer co-operation could be obtained.

Great credit has been awarded by many of the following divisions to exist between the former health services. It does appear that the District Medical Officer has a most important part to play in the co-ordination of the various health services, since he is the man "on the spot" in close contact with the people using the services and with the general medical staff in his area, with the local health authorities and with the District Council.

As is inevitable in the present circumstances, a large part of one's time has been spent with problems concerning housing. No-one who has seen the conditions overcrowded and insanitary conditions under which many of our people are condemned to live can remain unmoved. These conditions not only undermine public health but also inevitably help to lower moral standards and strike a heavy blow against the social structure. As Medical Officer of Health one feels at times powerless and helpless when asked to assist in the improvement of living conditions and the health of the population. The importance of the provision of good housing conditions in the prevention of illness was stressed by the Right Hon. The Earl of Selkirk in his Presidential Address to the Health Congress at Brighton when he pointed out that in 1943 tuberculosis and other diseases accounted for over 250 million for the National Health Service and during the same period the sum of £3 millions was allowed for subsidising new permanent houses.

and just over £6 millions was allowed for the school health services." Ant further extensions of our social services should take second place to the provision of houses, and the provision of new school buildings appears to be of secondary importance when compared to the provision of new houses. One can only express the hope that both nationally and locally the provision of homes for the people will be treated as the most urgent problem confronting us and that consideration will be given to every possible means available, including the purchase of existing houses and the conversion of existing houses to flats, etc. The fullest possible use should also be made of the powers under the Housing Act, 1949. In view of the urgency of the present position the building of terrace type houses and a proportion of smaller houses cannot be overlooked, for the problem is not only to provide an adequate number of houses but to provide them at a reasonable rent.

During the year the Clwyd and Deeside Hospital Management Committee have decided to close the well equipped and long established infectious disease hospital at St. Asaph. Accommodation for cases of infectious diseases is to be provided at three smaller hospitals within the area of the Committee. Although the number of cases admitted to this type of hospital has decreased in recent years we cannot yet assume that we shall remain free from serious outbreaks of infectious illness in the future. The increased prevalence, for example, of infantile paralysis in recent years should serve as an effective warning in this direction. I should like to place on record regret at this decision. It is a somewhat anomalous position that the local authorities whilst retaining their responsibility for the control of infectious diseases should no longer have control of infectious disease hospitals, and should have no voice in determining policy in regard to numbers of beds, admission, etc.

It is felt that a closer link with the Hospital Services could be established if the District Councils could be represented through their Medical Officers on the Hospital Management Committee.

I should also like to draw attention to the great difficulty experienced in this area, in common with many other parts of the country, in obtaining satisfactory hospital accommodation for aged persons suffering from chronic illness and, on occasion, even acute illness. This is causing considerable hardship to such persons and their families. It is hoped that more adequate provision will be made in the near future.

As from 1st October, 1949, new legislation has modified the duties of local authorities in relation to the supervision of milk supplies. The local authority is responsible for the registration of all persons carrying on the trade of distributor in their district and of all premises within their district which are used as dairies, not being dairy farms. The local authority is also responsible for the provisions which apply to diseases which are communicable to man by the consumption of milk. Lastly, the Local Authority are responsible for supervising the conveyance and distribution of milk.

The increased number of cases of food-poisoning now notified throughout the country has drawn attention to the urgent need for improving our standards of hygiene in relation to food handling and considerable efforts have been made to secure improvement in this direction and a Clean Food Campaign has been launched,

The aims of this Campaign may be divided into two parts, the first being to improve the conditions of premises so as to conform with the requirements of Section 13 of the Food and Drugs Act, 1938, and the second and more difficult being to improve the general methods of food handling.

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There are special difficulties in regard to retail distribution of unwrapped foodstuffs and the only satisfactory solution of this problem would appear to be the insistence on all food being wrapped before delivery commences.

As a first step circulars and a letter have been addressed to all food handlers pointing out the need for effort on their part and appealing for their co-operation. Sanitary Inspectors have increased their efforts in the direction of inspections and by informal chats on the occasions of these visits, have sought to secure the interest and voluntary co-operation of food handlers. Plans for the future include meetings to which food handlers will be invited to see Ministry of Information films, to listen to short talks, and to enter into discussions concerning this problem. But I feel that in spite of all the improvement which can be effected by these campaigns it is the general public by their insistence on a high standard from their own tradesmen who can do most to bring about a rapid and permanent improvement. As a long term policy the part played in schools cannot be over-emphasised. With the majority of children taking school-meals the opportunity for practical health education in hygienic methods of food preparation and serving are enormous and the effects should be far reaching.

SECTION A.

Social Conditions including chief industries.

Employment within the Urban District is provided in the main in four industries - a paper making works, a wool factory, a shirt factory, and a large artificial silk works. A number of residents find employment in neighbouring districts at a steel works, an iron foundry, in quarrying and coal mining.

Area in acres-2532.4 Statutory acres.

Population (Registrar General's Estimate).	Mid Year. 1949.	7,870.
	Mid Year. 1948.	7,840.

Number of inhabited houses - 2,439

Rateable Value. - £40,799.

Product of a Penny-Rate. £153,796.

Vital Statistics.

These are presented in Tabular Form. For purposes of comparison figures for last year are given, and where appropriate, the rates for England and Wales as a whole are also given.

TABLE 1. Births.

Live-Births.

	Male.	Female.	Totals.
Legitimate.	70.	65.	135.
Illegitimate.	4.	3.	7.
TOTAL:	74.	68.	142.

Live-Birth Rate per 1,000 population.

1949 - 18.64.

1948. - 20.03.

England and Wales. Live-Birth Rate per 1,000 population.

1949 - (Provisional) 16.7

1948.- 17.8

The birth rate within the Urban area thus remains higher than the corresponding rate for England and Wales. It will be

There are special difficulties in regard to retail distribution of unprocessed commodities and the only satisfactory solution of this problem would appear to be the installation of self-loading storage devices.

As a first step, therefore, and a factor have been addressed to all food handling personnel and the need for action on their part and equipment for daily self-loading. Similarly, large-scale food handling personnel are being advised in the direction of large-scale food handling personnel on the occasion of these visits, and by individual classes on the occasion of these visits, have sought to educate the interested and voluntary co-operation of food handling personnel. Plans for the future include meetings to which food handlers will be invited to see Ministry of Information films, to discuss their sales, and to enter into discussions concerning their product. But I feel that in spite of all the improvement which can be effected by these measures it is the general public by its insistence on a high standard of their own food which can do most to bring about a rapid and permanent improvement. As a long term policy the part played in schools cannot be over-emphasized. With the majority of children taking school meals the opportunity for practical health education in hygienic methods of food preparation and serving are enormous and the effects should be far-reaching.

SECTION A General Conditions including child population

Employment within the Urban District is provided in the main in four industries - a paper making works, a wool factory, a shirt factory, and a large electrical works. A number of residents find employment in neighbouring districts at a steel works, an iron foundry, in quarrying and coal mining.

Area is about 2500 acres.

Population (Registered Electors' Statistics)
 1931 1936 1941
 1,800 1,900 2,000

Number of inhabited houses - 2,400
 Rateable Value - £10,700
 Product of a Penny-Rate - £25,750

Vital Statistics

These are presented in tabular form. For purposes of comparison figures for last year are given, and where appropriate, the rates for England and Wales as a whole are also given.

TABLE 1. Births

Live-Births

No. of Births		Rate per 1,000	
1940	1939	1940	1939
100	105	4.2	4.4
100	105	4.2	4.4
100	105	4.2	4.4
100	105	4.2	4.4
100	105	4.2	4.4
100	105	4.2	4.4
100	105	4.2	4.4
100	105	4.2	4.4
100	105	4.2	4.4
100	105	4.2	4.4

Live-Birth Rate per 1,000 population

1940 - 4.2
 1939 - 4.4
 1938 - 4.5

England and Wales, Live-Birth Rate per 1,000 population

1940 - 4.2
 1939 - 4.4
 1938 - 4.5

The birth rate within the Urban District is higher than the average for England and Wales.

noted also that there has again been a fall in the birth-rate in the urban area and that this fall is in keeping with the national trend.

TABLE 11. Still-births.

	MALE.	FEMALE.	TOTAL
Legitimate.	3.	3.	6.
Illegitimate.	-.	-.	-.
TOTAL	3.	3.	6.

Still-Birth rate per 1,000 total live and still-births.

1949 - 40.54
1948 - 54.21

Still-Birth rate per 1,000 population.

1949 - 0.76
1948 - 1.15

England and Wales Still-Birth rate per 1,000 population.

1949 (Provisional) - 0.39
1948 - 0.42

In spite of the improvement in the still-birth rate in the year under review, as compared with the rate for the previous year, it is still considerably in excess of the rate for England and Wales as a whole.

TABLE 111. Deaths (General) Rate.

	<u>MALES.</u>	<u>FEMALES.</u>	<u>TOTALS.</u>
All ages. (All causes)	47.	45.	92.

Death-rate per 1,000 population.

1949 - 11.69
1948 - 9.18

England and Wales Death rate per 1,000 population.

1949 - (prov). 11.7
1948 - - - 10.8

In common with the Country as a whole there has been an increase in the death-rate for the year 1949 as compared with that for 1948. The crude death-rate for the Urban District is identical with that for the country as a whole. However, in order to make the necessary allowance for the difference in composition of the population as regards sex, age, etc., in various districts, the Registrar General gives an Area Comparability Factor. The use of this factor enables a more accurate comparison to be made between the death rate for any districts. The factor for Holywell is 1.01 and the use of this factor converts the rate from 11.69 to 11.80 .

Noted also that there has been a fall in the birth-rate in the urban areas and that this fall is in keeping with the national trend.

TABLE 11. Fertility-births

	MALE	FEMALE	TOTAL
1949	2.1	2.1	4.2
1948	2.1	2.1	4.2
1947	2.1	2.1	4.2

Fertility-births rate per 1,000 total live and still-births.

1949 - 40.24
1948 - 39.21

Birth-birth rate per 1,000 population.

1949 - 2.15
1948 - 2.15

England and Wales fertility-birth rate per 1,000 population.

1949 (Provisional) - 0.38
1948 - 0.42

In view of the improvement in the still-birth rate in the past years, it is suggested that the rate for the previous year, 1948, is the still-birth rate in view of the rate for England and Wales as a whole.

TABLE 12. Deaths (General) rate

	MALE	FEMALE	TOTAL
1949	11.1	10.1	10.6
1948	11.1	10.1	10.6

Deaths-rate per 1,000 population.

1949 - 10.60
1948 - 10.60

England and Wales death-rate per 1,000 population.

1949 - (Provisional) 11.1
1948 - 10.6

In common with the country as a whole there has been an increase in the death-rate for the year 1949 as compared with that for 1948. The death-rate for the urban districts is increased with that for the country as a whole. However, in order to make the necessary adjustment for the difference in the extent of the population as recorded, the rate for the urban districts, the birth-rate, the death-rate, the rate for the country as a whole. The rate for the urban districts is 11.1, the rate for the country as a whole is 10.6, and the rate for the urban districts is 11.1. This table shows the death-rate for the year 1949.

TABLE IV. Deaths (General) Analysis.

	<u>Male.</u>	<u>Females.</u>	<u>Total.</u>	<u>Rate per 1,000</u> <u>population.</u>
Tuberculosis of Respiratory System.	-	2	2	0.25
Tuberculosis (Other Forms).	-	-	-	-
Acute Infectious Encephalitis.	-	4	4	0.13
Cancer of the Buccal Cavity and Oesophagus (M)	1	-	1	0.13
Uterus (F)	-	-	-	-
Cancer of Stomach and Duodenum.	1	1	2	0.25
Cancer of Breast.	-	2	2	0.25
Cancer of all other sites.	2	4	6	0.76
Diabetes.	1	-	1	0.13
Intra-Cranial Vascular Lesions.	5.	4	9	1.14
Heart-Diseases.	18.	15	33	4.19.
Other diseases of the circulatory System.	2	2	4	0.51
Bronchitis.	2	3	5	0.64
Pneumonia.	5	2	7	0.89
Other Respiratory Diseases.	-	1	1	0.13
Ulcer of the stomach and duodenum.	1	-	1	0.13
Diarrhoea under 2 years.	1	-	1	0.13
Appendicitis.	-	2	2	0.25
Other Digestive Diseases.	-	2	2	0.25
Nephritis.	2	-	2	0.25
Puerperal and Post abortive sepsis.	-	-	-	-
Other maternal causes.	-	-	-	-
Premature birth.	-	-	-	-
Gonital Malformation.	-	-	-	-
Injuries, infantile diseases.	-	-	-	-
Suicide.	1	-	1	0.13
Road Traffic Accidents.	1	-	1	0.13
Other Violent Causes.	2	-	2	0.25
All other causes.	2	4	6	0.76
TOTAL:	<u>47</u>	<u>45</u>	<u>92</u>	<u>11.69</u>

TABLE V. Deaths Maternal Causes.

Puerperal and Post Abortive Sepsis.	-
Other Maternal Causes.	-
Total.	<u>Nil</u>

It is pleasing to report that there were no deaths during the year attributed to childbirth.

TABLE VI. Death rates (Infantile). i.e. Infants under 1 Year of
Age.

	<u>Male.</u>	<u>Female.</u>	<u>Totals.</u>
Legitimate.	4.	3.	7.
Illegitimate.	-	-	-
TOTALS.	<u>4.</u>	<u>3.</u>	<u>7.</u>

Infantile Death-rate of legitimate babies per 1,000 legitimate births.

1949	-	51.86
9148	-	12.99

Infantile Death-rate of Illegitimate babies per 1,000 Illegitimate births.

1949 - There was no death among illegitimate babies.
1948 - There was no death among illegitimate babies.

Infantile Death-rate per 1,000 Live-Births. (Legitimate & Illegitimate.)

1949 - 49.29
1948 - 12.74

England and Wales. Infantile Death-Rate per 1,000 live-births.

1949 (Provisional) - 32.
1948 - 34.

There has been a considerable increase in the infantile death-rate as compared with the rate for the previous year. It must, however, be noted that the rate for 1948 was abnormally low and it is doubtful if reliable conclusions can be deduced from rates based on such small numbers. It is encouraging to note the continued decrease in the infantile death-rate for England and Wales.

SECTION B. General Provision of Health Services for the Area.

Officers: Medical Officer of Health : Doctor C.E. Morris, until 28th February, 1949.
T.W. Brindle, M.B., Ch.B.,
D.P.H., from March 1st, 1949.

Sanitary Inspector & Surveyor: John Topham.

Laboratory Facilities:

Laboratory investigations were carried out at the Public Health Laboratory, at Conway.

Ambulance Facilities.

Flintshire County Council (the Local Health Authority) are responsible for the Ambulance Service. An ambulance is stationed in Holywell and a 24 hour service is available. Sitting-case cars are available by arrangement with the County Council Welfare Officer.

Nursing and Midwifery in the Home.

These services are both provided under arrangements made by Flintshire County Council, (the Local Health Authority).

Home Help Service.

This service is also provided by the County Council.

Treatment Clinics.

	<u>Situation.</u>	<u>Date and times of opening.</u>
Tuberculosis (Provided by the Regional Hospital Board.)	Cottage Hospital, Holywell.	Every Tuesday 10.30 a.m.
School Clinic (Provided by the County Council.)	The Clinic, Holywell.	Every Friday 9.30 a.m.
Ante Natal Clinic (Provided by the County Council.)	The Clinic, Holywell.	Second and fourth Thursdays of each month. 9.30 a.m.-12 noon.
Infant Welfare Clinic (Provided by the County Council.)	The Clinic, Holywell.	Every Thursday 9.30 a.m. - 4.30 p.m.
Orthopaedic Clinic (Provided by Regional Hospital Board.)	Holywell Cottage Hospital.	Second and fourth Friday each month. 10.0 a.m.- 12 noon.
Immunisation Clinic (Provided by the County Council.)	The Clinic, Holywell.	Once monthly.

Hospitals.

The provision of all types of hospital accommodation is now the responsibility of the Clwyd and Deeside Hospital Management Committee. There are two general hospitals within the Urban area.

SECTION C. Water Supply.

1. The supply of water through the Council's mains, at present is inadequate for the needs of the district and throughout the whole of the summer, it was necessary to cut off the supply on 3 or 4 evenings of each week. It was impossible to supply houses in the higher parts of the area at times, because the demand for water in the lower lying areas caused a reduction in pressure. Temporary and partial relief was gained by connecting the Council's mains with those of a neighbouring authority. It is gratifying to learn that progress is being made with the plans for the new trunk main - which should provide a complete and permanent solution to these difficulties.

2. There are still about 36 houses in the urban area which are not supplied by the Council's mains, and whose present water supply is unsatisfactory. It is hoped that it will be found possible to remedy this in the near future.

$\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{4}$

3. During the year 34 samples were taken from the Council's main supply and submitted for bacteriological examination. Of these, 21 samples were Class 1. One was Class III and 12 were Class IV.

4. Of the samples falling into Class III and Class IV. two were taken whilst work on the main was in progress and Class I samples were obtained as soon as this work was completed. The other samples were from two small areas in the district where in both cases for special reasons the main water was stored in a service reservoir. From these reservoirs a small number of houses in each area is supplied. As a result of the Class IV samples, in both cases, the service reservoirs were emptied, cleaned and repair work carried out where necessary. Temporary instructions to boil all drinking water were issued to the occupants of the houses concerned and in one case a temporary chlorinator was improvised. It has since been possible to discontinue the use of one of these reservoirs.

REFUSE DISPOSAL.

This is carried out by direct labour and there is a weekly collection from every house in the urban area. The refuse is disposed of by tipping. It has been difficult to maintain the tip in satisfactory condition at all times because of the absence of an attendant to supervise.

SANITARY INSPECTION OF THE AREA.

Particulars of Notices and Inspections during the year ended 31st December, 1948, (required by Statute to be included in the Medical Officer's Report).

8A

The following information was obtained from the records of the Bureau of the Census, Department of Commerce, for the years 1947 and 1948.

At the beginning of the year 1947, the Bureau of the Census reported that the number of persons in the United States was 146,000,000. This number was based on the 1946 Census, which was the first census taken since 1940. The Bureau of the Census reported that the number of persons in the United States for the year 1948 was 147,000,000. This number was based on the 1947 Census, which was the first census taken since 1940. The Bureau of the Census reported that the number of persons in the United States for the year 1949 was 148,000,000. This number was based on the 1948 Census, which was the first census taken since 1940. The Bureau of the Census reported that the number of persons in the United States for the year 1950 was 149,000,000. This number was based on the 1949 Census, which was the first census taken since 1940.

REMARKS

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TABLE VII.

<u>No. of Notices.</u>		<u>Nature.</u>	<u>Result.</u>
<u>Informal.</u>	<u>Formal.</u>		
32.	26.	Notice to provide dustbins.	Dustbins provided.
58.	31.	Nuisances.	Nuisance abated.
18.	-	Notice to School Managers, Employers &c., of the occ- urrence of Infectious Dis- eases.	

TABLE VIII.

Inspections.

<u>Number.</u>	<u>Nature.</u>
380.	Inspections of Dwelling Houses for the purposes of the Housing Acts and Public Health Acts.
12.	Inspection of Slaughterhouses.
68.	Inspection of Dairies and Cowsheds.
89.	Inspection of new buildings for the purposes of Building Bye-laws.
76.	Inspections of Foodshops.
32.	Inspection of Bakehouses.

Shop Acts. 27 Inspections.

Smoke Abatement. No action taken.

Swimming Baths. No change.

Eradication of Bed Bugs.

No. of Council houses found to be infested...	-
No. of Council houses disinfested....	-
No. of other houses found to be infested. ...	2.
No. of other houses disinfested.. ...	2.

SECTION D.

Housing.

As already mentioned in the introduction, housing remains a major problem. There were 300 applicants for houses at the end of the year and a large proportion of these applicants are in urgent need of re-housing because of the unsatisfactory state of their present accommodation and because of overcrowding.

During the year 44 Council houses were completed and no private houses were built.

TABLE IX.

1. Inspection of dwellinghouses during the year.

- 1 (a) Total number of dwellinghouses inspected for housing defects under Public Health Acts - 184.
- (b) No. of inspections made for the purposes 380.
- 2 (a) (i) No. of dwellinghouses (included under sub-head above) which were included and recorded under the housing Consolidated Regulations 1925 and 1932. Nil.
- (ii) No. of inspections made for this purpose. Nil.

(iii) No. of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. Nil.

(iv) No. of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects, reasonably fit for human habitation. 47.

TABLE X.

2. Remedy of defects during the year without service of Formal Notice.

No. of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers. 105.

TABLE XI.

3. Action under Statutory Powers during the year.

- (a) Proceedings under section 9, 10 and 16, of the Housing Act, 1936.
 - (i) No. of dwellinghouses in respect of which notices were served requiring repairs. Nil.
 - (ii) No. of dwellinghouses rendered fit after serving of formal notices.
 - (a) by owners. Nil.
 - (b) By Local Authority. Nil.
- (b) Proceedings under Public Health Acts.
 - (i) No. of houses in respect of which notices were served, requiring defects to be remedied. 31.
 - (ii) No. of dwellinghouses in which defects were remedied after serving of formal notices.
 - (a) by owners. 29.
 - (b) By Local Authority in default of owners. Nil.
- (c) Proceedings under Section 11 and 13 of the Housing Act, 1936.
 - (i) No. of dwellinghouses in respect of which demolition orders were made. Nil.
 - (ii) No. of dwellinghouses demolished in pursuance of demolition orders. Nil.
- (d) Proceedings in respect of Section 2, Housing Act, 1936.
 - (i) No. of separate tenements or underground rooms in respect of which closing orders were made. Nil.
 - (ii) No. of separate tenements or underground rooms in respect of which closing orders were determined. Nil.

TABLE XII.

4. Housing Act, 1936. Part 4 - Overcrowding.

- (a) (i) No. of dwellinghouses overcrowded at end of year - Unknown.
- (ii) No. of families dwelling therein - Unknown.
- (iii) No. of persons dwelling therein - Unknown.
- (iv) (b) No. of new cases of overcrowding reported during the year - Unknown.
- (c) No. of cases of overcrowding relieved during the year - Unknown.
- No. of persons concerned in such cases - Unknown.

SECTION E. Inspection and Supervision of Food.

Milk Supply. The milk supply was maintained at its usual standard throughout the year. Inspections of farms were carried out as time permitted.

(1) The Commission shall be in a state to
begin its work on the first day of
January, 1955.

(2) The Commission shall be in a state to
begin its work on the first day of
January, 1955.

Section 1. Short title.

(a) This Act may be cited as the
"Atomic Energy Act of 1954."

Section 2. Findings and purposes.

(a) The Commission under section 2 of the Atomic
Energy Act of 1954, as amended, in respect of which
provisions are contained in section 2 of the Atomic
Energy Act of 1954, as amended, shall be in a state to
begin its work on the first day of January, 1955.

(b) The Commission under section 2 of the Atomic
Energy Act of 1954, as amended, in respect of which
provisions are contained in section 2 of the Atomic
Energy Act of 1954, as amended, shall be in a state to
begin its work on the first day of January, 1955.

(c) The Commission under section 2 of the Atomic
Energy Act of 1954, as amended, in respect of which
provisions are contained in section 2 of the Atomic
Energy Act of 1954, as amended, shall be in a state to
begin its work on the first day of January, 1955.

(d) The Commission under section 2 of the Atomic
Energy Act of 1954, as amended, in respect of which
provisions are contained in section 2 of the Atomic
Energy Act of 1954, as amended, shall be in a state to
begin its work on the first day of January, 1955.

Section 3. Definitions.

(a) The Commission under section 2 of the Atomic
Energy Act of 1954, as amended, in respect of which
provisions are contained in section 2 of the Atomic
Energy Act of 1954, as amended, shall be in a state to
begin its work on the first day of January, 1955.

Section 4. Construction.

(a) The Commission under section 2 of the Atomic
Energy Act of 1954, as amended, in respect of which
provisions are contained in section 2 of the Atomic
Energy Act of 1954, as amended, shall be in a state to
begin its work on the first day of January, 1955.

TABLE XIII.

Carcases inspected and condemned.

	Cattle incl- uding Cows.	Calves.	Sheep & Lambs.	Pigs.
Number killed.	887.	385.	6,989.	43.
Number inspected.	887.	385.	6,989.	43.
All diseases except Tuber- culosis Whole Carcases con- demned.	4.	5.	4.	Nil
Carcases of which some part or organ was condemned.	87.	-	59.	-
Percentage of number insp- ected affected with disease other than Tuberculosis.	9.8	-	.09	-
Tuberculosis only. Whole carcases condemned.	15.	-	-	-
Carcases of which some part or organ was condemned.	161.	-	-	-
Percentage of number insp- ected affected with tuber- culosis.	18.1	-	-	-

TABLE XIV.

<u>Food Poisoning Outbreaks.</u>				
<u>Total number</u> <u>of outbreaks.</u>	<u>No. of</u> <u>cases.</u>	<u>No. of</u> <u>deaths.</u>	<u>Organisms or other</u> <u>agents responsible</u> <u>with number of out-</u> <u>breaks of each.</u>	<u>Foods involved</u> <u>with number of</u> <u>outbreaks of</u> <u>each.</u>
NIL.	NIL.	NIL.	NIL.	NIL.

TABLE XV.

FACTORIES ACTS, 1937 and 1948.Part I of the Act.INSPECTIONS.

<u>Premises.</u>	<u>M/c</u> <u>line</u> <u>No.2.</u>	<u>Number</u> <u>on reg-</u> <u>ister.</u>	<u>Number of</u>		<u>Occup-</u> <u>iers</u> <u>prosec-</u> <u>uted.</u>	<u>M/c</u> <u>line</u> <u>No.7.</u>
			<u>Inspect</u> <u>tions.</u>	<u>Written</u> <u>Notices.</u>		
(i) Factories in which Sections 1, 2,3,4, & 6, are to be enforced by Local Authorities.	1.	8.	16.	2.	-	1.
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	2.	6.	12.	2.	-	2.
(iii) Other prem- ises in which Section 7 is en- forced by the Local Authority (excluding out- workers premises).	3.	-	-	-	-	3.
TOTAL:		14.	28.	4.	-	

Inventory of the collection

Section I		Section II		Section III	
1	2	3	4	5	6
101	102	103	104	105	106
107	108	109	110	111	112
113	114	115	116	117	118
119	120	121	122	123	124
125	126	127	128	129	130
131	132	133	134	135	136
137	138	139	140	141	142
143	144	145	146	147	148
149	150	151	152	153	154
155	156	157	158	159	160
161	162	163	164	165	166
167	168	169	170	171	172
173	174	175	176	177	178
179	180	181	182	183	184
185	186	187	188	189	190
191	192	193	194	195	196
197	198	199	200	201	202
203	204	205	206	207	208
209	210	211	212	213	214
215	216	217	218	219	220
221	222	223	224	225	226
227	228	229	230	231	232
233	234	235	236	237	238
239	240	241	242	243	244
245	246	247	248	249	250
251	252	253	254	255	256
257	258	259	260	261	262
263	264	265	266	267	268
269	270	271	272	273	274
275	276	277	278	279	280
281	282	283	284	285	286
287	288	289	290	291	292
293	294	295	296	297	298
299	300	301	302	303	304
305	306	307	308	309	310
311	312	313	314	315	316
317	318	319	320	321	322
323	324	325	326	327	328
329	330	331	332	333	334
335	336	337	338	339	340
341	342	343	344	345	346
347	348	349	350	351	352
353	354	355	356	357	358
359	360	361	362	363	364
365	366	367	368	369	370
371	372	373	374	375	376
377	378	379	380	381	382
383	384	385	386	387	388
389	390	391	392	393	394
395	396	397	398	399	400
401	402	403	404	405	406
407	408	409	410	411	412
413	414	415	416	417	418
419	420	421	422	423	424
425	426	427	428	429	430
431	432	433	434	435	436
437	438	439	440	441	442
443	444	445	446	447	448
449	450	451	452	453	454
455	456	457	458	459	460
461	462	463	464	465	466
467	468	469	470	471	472
473	474	475	476	477	478
479	480	481	482	483	484
485	486	487	488	489	490
491	492	493	494	495	496
497	498	499	500	501	502
503	504	505	506	507	508
509	510	511	512	513	514
515	516	517	518	519	520
521	522	523	524	525	526
527	528	529	530	531	532
533	534	535	536	537	538
539	540	541	542	543	544
545	546	547	548	549	550
551	552	553	554	555	556
557	558	559	560	561	562
563	564	565	566	567	568
569	570	571	572	573	574
575	576	577	578	579	580
581	582	583	584	585	586
587	588	589	590	591	592
593	594	595	596	597	598
599	600	601	602	603	604
605	606	607	608	609	610
611	612	613	614	615	616
617	618	619	620	621	622
623	624	625	626	627	628
629	630	631	632	633	634
635	636	637	638	639	640
641	642	643	644	645	646
647	648	649	650	651	652
653	654	655	656	657	658
659	660	661	662	663	664
665	666	667	668	669	670
671	672	673	674	675	676
677	678	679	680	681	682
683	684	685	686	687	688
689	690	691	692	693	694
695	696	697	698	699	700
701	702	703	704	705	706
707	708	709	710	711	712
713	714	715	716	717	718
719	720	721	722	723	724
725	726	727	728	729	730
731	732	733	734	735	736
737	738	739	740	741	742
743	744	745	746	747	748
749	750	751	752	753	754
755	756	757	758	759	760
761	762	763	764	765	766
767	768	769	770	771	772
773	774	775	776	777	778
779	780	781	782	783	784
785	786	787	788	789	790
791	792	793	794	795	796
797	798	799	800	801	802
803	804	805	806	807	808
809	810	811	812	813	814
815	816	817	818	819	820
821	822	823	824	825	826
827	828	829	830	831	832
833	834	835	836	837	838
839	840	841	842	843	844
845	846	847	848	849	850
851	852	853	854	855	856
857	858	859	860	861	862
863	864	865	866	867	868
869	870	871	872	873	874
875	876	877	878	879	880
881	882	883	884	885	886
887	888	889	890	891	892
893	894	895	896	897	898
899	900	901	902	903	904
905	906	907	908	909	910
911	912	913	914	915	916
917	918	919	920	921	922
923	924	925	926	927	928
929	930	931	932	933	934
935	936	937	938	939	940
941	942	943	944	945	946
947	948	949	950	951	952
953	954	955	956	957	958
959	960	961	962	963	964
965	966	967	968	969	970
971	972	973	974	975	976
977	978	979	980	981	982
983	984	985	986	987	988
989	990	991	992	993	994
995	996	997	998	999	1000

Section I. This section contains the names of the donors of the collection. The names are arranged in alphabetical order. The names are: [illegible]

Section II. This section contains the names of the donors of the collection. The names are arranged in alphabetical order. The names are: [illegible]

Section III. This section contains the names of the donors of the collection. The names are arranged in alphabetical order. The names are: [illegible]

Section IV. This section contains the names of the donors of the collection. The names are arranged in alphabetical order. The names are: [illegible]

Section V. This section contains the names of the donors of the collection. The names are arranged in alphabetical order. The names are: [illegible]

Section VI. This section contains the names of the donors of the collection. The names are arranged in alphabetical order. The names are: [illegible]

CASES IN WHICH DEFECTS WERE FOUND.

Particulars.	M/c line No.	Number of cases in which defects were found.					No. of cases in which prosecutions were instituted.	M/c line No.
		Found.	Remedied.	Referred to H.M. Insp.	By H.M. Insp.	prosecutions		
Want of cleanliness (S.1).	4.	2.	-	-	-	-	-	4.
Overcrowding (S.2)	5.	-	-	-	-	-	-	5.
Inadequate ventilation (S.4)	7.	-	-	-	-	-	-	7.
Unreasonable temperature (S.3).	6.	-	-	-	-	-	-	6.
Ineffective drainage of floors (S.6).	8.	-	-	-	-	-	-	8.
Sanitary Conveniences. (S.7) insufficient.	9.	-	-	-	-	-	-	9.
Unsuitable or defective.	10.	2	2	-	-	-	-	10.
Not separate for sexes.	11.	-	-	-	-	-	-	11.
Other offences against the Act (not including offences relating to outwork.)	12.	1	1	-	1	-	-	12.
Total:		5.	3.	-	1.	-	-	

SECTION F.

TABLE XVI.

Prevalence of, and Control over Infectious and Other Diseases.

NOTIFIABLE DISEASES.

NAME OF DISEASE.	NO. OF CASES NOTIFIED.
SCARLET FEVER.	7.
PNEUMONIA.	17.
MEASLES.	19.
MENINGITIS.	1.
WHOOPING COUGH.	2.
DIPHTHERIA.	1.
TOTAL.	47.

TABLE XVII.

ANALYSIS OF NOTIFIED INFECTIOUS DISEASES.

The figure shown in Column 1 of the foregoing Table are analysed in age groups below.

DISEASE.	No. of cases notified as having occurred among persons of the ages immediately below specified.											total.
	0	1	3	5	10	15	25	35	45	55	65	
SCARLET FEVER.				5.	2.							7.
MEASLES.	3.	3.	7.	6.								19.
PNEUMONIA.	2.	1.						1.		3.	10.	17.
MENINGITIS.						1.						1.
WHOOPING COUGH.		2.										2.
DIPHTHERIA.								1.				1.
TOTALS:	5.	6.	7.	11.	2.	-	1.	2.	-	3.	10.	47.

Tables XVI AND XVII show that during the year there was no serious outbreak of infectious illness within the Urban District. There was, however, one case of diphtheria, in an adult. There was no case of Infantile Paralysis.

TUBERCULOSIS.

NEW CASES NOTIFIED DURING THE YEAR, 1949. DEATHS FROM TUBERCULOSIS,
DURING THE YEAR, 1949.

AGE GROUPS.	RESPIRATORY.		NON-RESPIRATORY.		TOTAL	RESPIRATORY		NON-RESPIRATORY.		TOTAL.
	M.	F.	M.	F.		M.	F.	M.	F.	
0	-	-	-	-	-	-	-	-	-	-
1.	-	-	-	-	-	-	-	-	-	-
5.	-	-	-	-	-	-	-	-	-	-
15.	-	1	1	-	2	-	1	-	-	1
25.	-	-	-	-	-	-	1	-	-	1
35.	-	1	-	-	1	-	-	-	-	-
45.	1.	-	-	-	1	-	-	-	-	-
55.	-	-	-	-	-	-	-	-	-	-
65.	-	-	-	-	-	-	-	-	-	-
All ages.	1.	2.	1.	-	4	-	2.	-	-	2

During the year there were 3 cases of pulmonary tuberculosis and one case of non-pulmonary tuberculosis notified for the first time. In both types this shows a decrease as compared with the new cases notified during 1948. The non-pulmonary case was resident outside the district at the date of notification. There were two deaths from pulmonary tuberculosis and none due to non-pulmonary tuberculosis.

TABLE XIX gives in summary form the number of new cases of tuberculosis notified in each year from 1934 onwards. (Cases transferred from other areas are not included.)

Fig. 1. shows the number of cases of pulmonary tuberculosis notified in each year from 1934-1949 (Males and Females separately.)

Fig. 2. shows the yearly notifications of pulmonary and non-pulmonary tuberculosis in both sexes, for each year of the same period.

In Fig. 3, the number of cases of pulmonary tuberculosis in the various age groups at the date of notification between 1934 and 1949 are shown.

Fig. 4. treats non-pulmonary tuberculosis in the same way.

TABLE XIX. Cases of Tuberculosis notified each year 1934-1949

	PULMONARY.			NON-PULMONARY.			PULMONARY AND NON-PULMONARY GRAND TOTAL.
	MALE.	FEMALE.	TOTAL.	MALE.	FEMALE.	TOTAL.	
1934.	1	-	1	1	1	2	3
1935.	Nil.	2	2	-	-	-	2
1936.	-	-	-	-	-	-	-
1937.	3	1	4	1	-	1	5
1938.	-	1	1	-	-	-	1
1939.	2	-	2	-	-	-	2
1940.	3	1	4	-	1	1	5
1941.	2	2	4	2	1	3	7
1942.	6	1	7	-	2	2	9
1943.	2	4	6	-	1	1	7
Total							
c/fwd.	19.	12.	31.	4.	6.	10.	41.

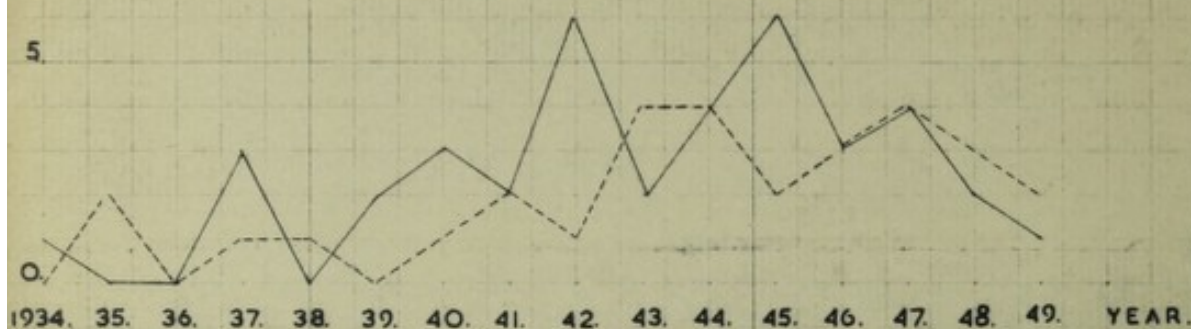


10. NO. OF CASES.

FIG. 1.

ANNUAL NOTIFICATIONS OF
PULMONARY TUBERCULOSIS.
1934-1949.

— MALES
- - - FEMALES.



10. NO. OF CASES.

FIG. 2.

ANNUAL NOTIFICATIONS
OF TUBERCULOSIS—PULMONARY &
NON PULMONARY.
1934-1949.



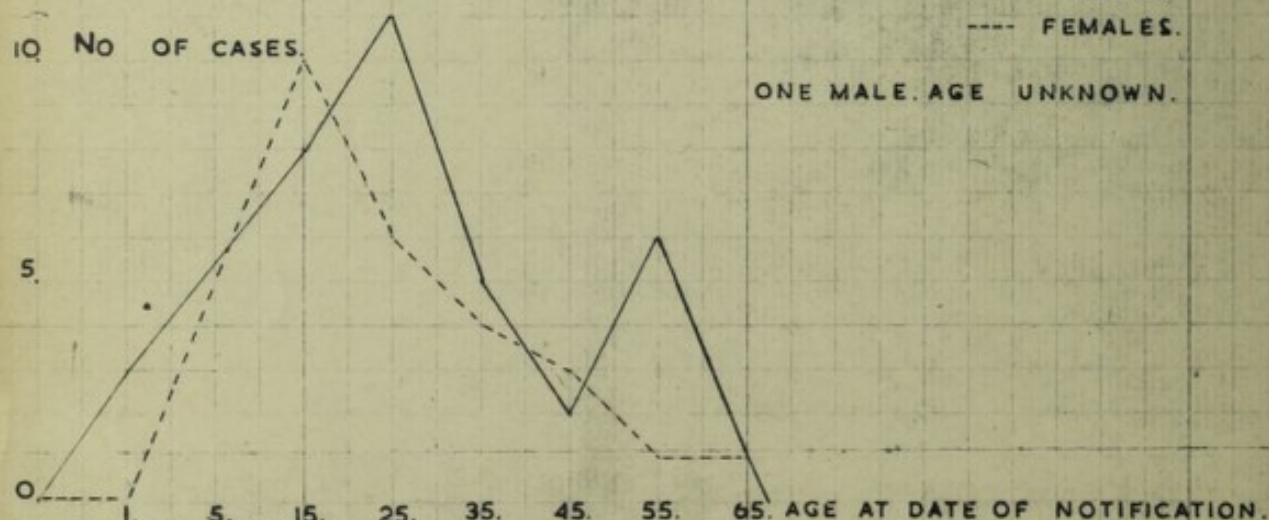
FIG. 3.

AGE AT DATE OF NOTIFICATION OF
CASES OF PULMONARY
TUBERCULOSIS.
MALES & FEMALES. 1934-1949.

— MALES.
- - - FEMALES.

ONE MALE AGE UNKNOWN.

10. NO. OF CASES.



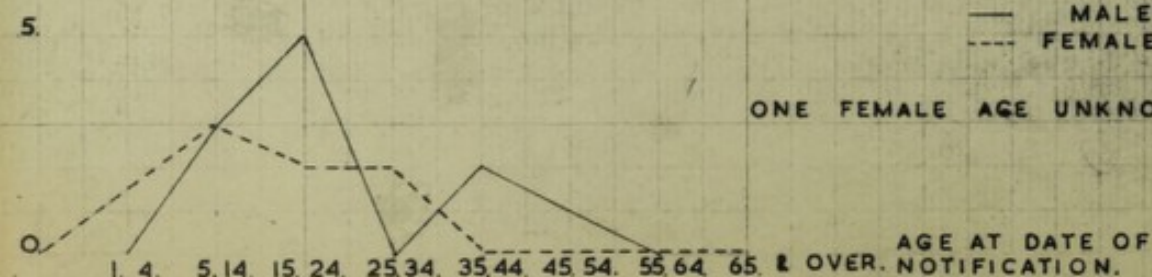
10. NO. OF CASES.

FIG. 4.

AGE AT DATE OF NOTIFICATION OF
CASES OF NON PULMONARY
TUBERCULOSIS.

— MALES.
- - - FEMALES.

ONE FEMALE AGE UNKNOWN.



	PULMONARY. TOTAL.			NON-PULMONARY		TOTAL.	PULMONARY AND NON-PULMONARY GRAND TOTAL.
	M.	F.		MALE.	FEMALE.		
Totals							
b/fwd.	19.	12.	31.	4.	6.	10.	41.
1944.	4	4	8	2	-	2	10
1945.	6	2	8	-	-	-	8
1946.	3	3	6	1	1	2	8
1947.	4	4	8	1	1	2	10
1948.	2	3	5	2	2	4	9
1949.	1	2	3	1	-	1	4
TOTALS:	39	30	69	11	10	21	90

Under the Public Health (Tuberculosis) Regulations 1930, it is the duty of the Medical Officer of Health of a Local Authority on receipt of a notification under these regulations to make such enquiries and to take such steps as are necessary or desirable for investigating the source of infection, for preventing the spread of infection and for removing conditions favourable to infection. This does not appear to have been modified by subsequent legislation.

My own practice is to visit personally all newly notified cases of pulmonary tuberculosis. Advice is given regarding precautions to be taken. Where appropriate recommendations are made to the Health Committee - such recommendations usually refer to the need for re-housing because of the unsatisfactory state of the patient's present accommodation or overcrowding. In the most urgent cases the attention of the Chest Physician is drawn to the desirability of securing early admission of the case to a sanatorium. Lack of hospital beds for acute cases and some type of hostel accommodation for chronic cases means that at present all too frequently infectious cases are treated in the home for a period with the consequent risk of spread of the disease. The provision of this necessary accommodation is one of the most urgent tasks facing the hospital authorities. It is only too well known that the incidence of tuberculosis is far higher among contacts of the disease than amongst the remainder of the population.

The work of a District Medical Officer of Health in carrying out the duties given above would be facilitated if the information given on the formal notification could be supplemented by the addition of other information. Also a divisional scheme of administration could overcome some of the present overlapping of duties between County Council and District Council. In this connection it is worthy of note that the following authorities are at present concerned with tuberculosis - Executive Council, (The General Medical Practitioner), the Regional Hospital Board, (Chest Physician and provision of hospital accommodation), County Council, National Assistance Board and District Council. The report of the Ministry of Health for the year ended 31st March, 1949, emphasises the need for co-operation especially between regional hospital boards, local health authorities and the great body of family doctors, and to this may be added the need for co-operation with the district council in their duty prevention, etc.

An essential element in the prevention of tuberculosis is the early diagnosis of cases. In an endeavour to assist in this direction arrangements are being through the Regional Hospital Board for a visit from the Mass Radiography Unit - the facilities of the Unit to be available to members of the general public.

As regards the control of tuberculosis of bovine origin it cannot be said too often that no child should drink milk which has not been either pasteurised or boiled.

1930-1931		1931-1932		1932-1933		1933-1934		1934-1935		1935-1936		1936-1937		1937-1938		1938-1939		1939-1940		1940-1941		1941-1942		1942-1943		1943-1944		1944-1945		1945-1946		1946-1947		1947-1948		1948-1949		1949-1950		1950-1951		1951-1952		1952-1953		1953-1954		1954-1955		1955-1956		1956-1957		1957-1958		1958-1959		1959-1960		1960-1961		1961-1962		1962-1963		1963-1964		1964-1965		1965-1966		1966-1967		1967-1968		1968-1969		1969-1970		1970-1971		1971-1972		1972-1973		1973-1974		1974-1975		1975-1976		1976-1977		1977-1978		1978-1979		1979-1980		1980-1981		1981-1982		1982-1983		1983-1984		1984-1985		1985-1986		1986-1987		1987-1988		1988-1989		1989-1990		1990-1991		1991-1992		1992-1993		1993-1994		1994-1995		1995-1996		1996-1997		1997-1998		1998-1999		1999-2000		2000-2001		2001-2002		2002-2003		2003-2004		2004-2005		2005-2006		2006-2007		2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017		2017-2018		2018-2019		2019-2020		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025		2025-2026		2026-2027		2027-2028		2028-2029		2029-2030		2030-2031		2031-2032		2032-2033		2033-2034		2034-2035		2035-2036		2036-2037		2037-2038		2038-2039		2039-2040		2040-2041		2041-2042		2042-2043		2043-2044		2044-2045		2045-2046		2046-2047		2047-2048		2048-2049		2049-2050		2050-2051		2051-2052		2052-2053		2053-2054		2054-2055		2055-2056		2056-2057		2057-2058		2058-2059		2059-2060		2060-2061		2061-2062		2062-2063		2063-2064		2064-2065		2065-2066		2066-2067		2067-2068		2068-2069		2069-2070		2070-2071		2071-2072		2072-2073		2073-2074		2074-2075		2075-2076		2076-2077		2077-2078		2078-2079		2079-2080		2080-2081		2081-2082		2082-2083		2083-2084		2084-2085		2085-2086		2086-2087		2087-2088		2088-2089		2089-2090		2090-2091		2091-2092		2092-2093		2093-2094		2094-2095		2095-2096		2096-2097		2097-2098		2098-2099		2099-2100		2100-2101		2101-2102		2102-2103		2103-2104		2104-2105		2105-2106		2106-2107		2107-2108		2108-2109		2109-2110		2110-2111		2111-2112		2112-2113		2113-2114		2114-2115		2115-2116		2116-2117		2117-2118		2118-2119		2119-2120		2120-2121		2121-2122		2122-2123		2123-2124		2124-2125		2125-2126		2126-2127		2127-2128		2128-2129		2129-2130		2130-2131		2131-2132		2132-2133		2133-2134		2134-2135		2135-2136		2136-2137		2137-2138		2138-2139		2139-2140		2140-2141		2141-2142		2142-2143		2143-2144		2144-2145		2145-2146		2146-2147		2147-2148		2148-2149		2149-2150		2150-2151		2151-2152		2152-2153		2153-2154		2154-2155		2155-2156		2156-2157		2157-2158		2158-2159		2159-2160		2160-2161		2161-2162		2162-2163		2163-2164		2164-2165		2165-2166		2166-2167		2167-2168		2168-2169		2169-2170		2170-2171		2171-2172		2172-2173		2173-2174		2174-2175		2175-2176		2176-2177		2177-2178		2178-2179		2179-2180		2180-2181		2181-2182		2182-2183		2183-2184		2184-2185		2185-2186		2186-2187		2187-2188		2188-2189		2189-2190		2190-2191		2191-2192		2192-2193		2193-2194		2194-2195		2195-2196		2196-2197		2197-2198		2198-2199		2199-2200		2200-2201		2201-2202		2202-2203		2203-2204		2204-2205		2205-2206		2206-2207		2207-2208		2208-2209		2209-2210		2210-2211		2211-2212		2212-2213		2213-2214		2214-2215		2215-2216		2216-2217		2217-2218		2218-2219		2219-2220		2220-2221		2221-2222		2222-2223		2223-2224		2224-2225		2225-2226		2226-2227		2227-2228		2228-2229		2229-2230		2230-2231		2231-2232		2232-2233		2233-2234		2234-2235		2235-2236		2236-2237		2237-2238		2238-2239		2239-2240		2240-2241		2241-2242		2242-2243		2243-2244		2244-2245		2245-2246		2246-2247		2247-2248		2248-2249		2249-2250		2250-2251		2251-2252		2252-2253		2253-2254		2254-2255		2255-2256		2256-2257		2257-2258		2258-2259		2259-2260		2260-2261		2261-2262		2262-2263		2263-2264		2264-2265		2265-2266		2266-2267		2267-2268		2268-2269		2269-2270		2270-2271		2271-2272		2272-2273		2273-2274		2274-2275		2275-2276		2276-2277		2277-2278		2278-2279		2279-2280		2280-2281		2281-2282		2282-2283		2283-2284		2284-2285		2285-2286		2286-2287		2287-2288		2288-2289		2289-2290		2290-2291		2291-2292		2292-2293		2293-2294		2294-2295		2295-2296		2296-2297		2297-2298		2298-2299		2299-2300		2300-2301		2301-2302		2302-2303		2303-2304		2304-2305		2305-2306		2306-2307		2307-2308		2308-2309		2309-2310		2310-2311		2311-2312		2312-2313		2313-2314		2314-2315		2315-2316		2316-2317		2317-2318		2318-2319		2319-2320		2320-2321		2321-2322		2322-2323		2323-2324		2324-2325		2325-2326		2326-2327		2327-2328		2328-2329		2329-2330		2330-2331		2331-2332		2332-2333		2333-2334		2334-2335		2335-2336		2336-2337		2337-2338		2338-2339		2339-2340		2340-2341		2341-2342		2342-2343		2343-2344		2344-2345		2345-2346		2346-2347		2347-2348		2348-2349		2349-2350		2350-2351		2351-2352		2352-2353		2353-2354		2354-2355		2355-2356		2356-2357		2357-2358		2358-2359		2359-2360		2360-2361		2361-2362		2362-2363		2363-2364		2364-2365		2365-2366		2366-2367		2367-2368		2368-2369		2369-2370		2370-2371		2371-2372		2372-2373		2373-2374		2374-2375		2375-2376		2376-2377		2377-2378		2378-2379		2379-2380		2380-2381		2381-2382		2382-2383		2383-2384		2384-2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