[Report 1959] / Medical Officer of Health, Bridge-Blean R.D.C.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

BRIDGE-BLEAN RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for 1959

---oOo---

Chairman of the Council - 1960

G. H. MOUNT

Public Health Committee 1960

Councillor A. Taylor - (Chairman)
Councillor J. F. Montgomery - (Vice-Chairman)
Councillor F. V. Lee.
Councillor A. R. Palmer.
Councillor A. J. Ross.
Councillor D. S. Mount.
Councillor Rev. G. P. Chidgey.

Ex Officio Members

Councillor G. H. Mount (Chairman of the Council)
Councillor W. Gilliam (Vice-Chairman of the Council)

Clerk to Council

I. F. SOILLEUX, ESQ.

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

PUBLIC HEALTH STAFF

Senior Public Health Inspector...	J. W. A. Brewster.
Additional Public Health Inspector	G. L. Almond.
Transport Officer	L. Bond.
Rodent Operator	A. C. Vinten.
Clerical Staff: Clerks in the Senior Public Health Inspector's	Mrs. M. Price
Office (on reporting)	Miss E. A. Dowson.

Offices: Public Health Department, Rural District Council Offices, 41 Old Dover Road, Canterbury. (Telephone 4216/7).

To the Chairman and Councillors,
Bridge-Blean Rural District Council.

Mr. Chairman, Ladies and Gentleman,

The Annual Report covering the year 1959 is now presented. You have already received Mr. Brewster's report on the work done in 1959 and there is little to say on the following contribution other than that it fulfils statutory requirements. I wish to express thanks to the Senior Public Health Inspector and his staff and to the other Chief Officers, in particular your new Clerk to the Council, Mr. Soilleux, for their co-operation in dealing with problems or discussing matters concerned with the Public Health.

Your obedient servant,

Malcolm S. Harvey

SOCIAL CIRCUMSTANCES

No changes have occurred in the social circumstances of the district during the year, other than a further decline in the number occupying hop-pickers camps. The position of the coal industry is a regular subject for rumour, and if it changed for the worse this would have a marked influence on Chislet and Hersden, with reflections also in Womenswold, Barham and Adisham, but there is happily nothing to report. One in seven of the new houses built in the District in 1959 were built by the Council.

POPULATION

The mid year population was estimated to have risen to 19,240. The births rose again, after the 1958 fall, to the more usual figure of 278, giving an uncorrected birth rate of 14.4 per 1,000 population. After correction the District rate was 18 compared to the England and Wales figure of 16.5 per 1,000, indicating that for our population make-up we have a good fertility. Only 4.3% of the births are outside wedlock which compares favourably with the national level.

We lost 323 of the population by death, only 2 more than in 1958, giving a crude death rate of 16.8 per 1,000, high in comparison to the 11.6 for England and Wales because of the units for the elderly in the area, but the correction factor corrects this to 10.2 for time comparison.

DISEASE

We had a year without acute poliomyelitis which shows the beneficial result of the vaccination programme. It was also unusual for the absence of any notifications of dysentery, but that does not mean that the disease was absent. It can, in its mild form, move around as "summer diarrhoea", accepted philosophically by the population and treated by household remedies; seldom causing a visit to the doctor and being "handed" on from friend to friend.

There was the same prevalence of scarlet fever as in 1958 but confined to the first half of the year and not showing such a close link with measles prevalence as had occurred in the past. The Primary School years are the years of infection exchange and that includes the haemolytic streptococcus.

Measles was only half as prevalent as in the previous year but there was sufficient incidence to suggest that the young population was salted and may be protected for 1960. The drop in prevalence mainly involved the five to nine age group. The drop of 115 cases compared to 1958 was accounted for by 91 less in school children.

Tuberculosis showed a sharp change in the age group of cases of the respiratory disease diagnosed for the first time, all seven cases being notified in persons in the 45-65 age group. Four were males, three females, but there was an additional posthumus notification of a female which exactly balanced the incidence in the age group.

An outbreak of food poisoning occurrred in a local secondary school and full reports were made to the Ministry and the Local Education Authority. In addition, help was given with a training course of school meals personnel. A summary of the report is given after the statistical tables.

Two cases of salmonella newport infection were connected with a source of infection elsewhere.

PROTECTION AGAINST DISEASE

The smallpox vaccination carried out was equivalent to 65% of the birth intake. This figure is really too low and mothers should ensure that their babies are vaccinated before the age of 3.

The diptheria immunisation level represents 66% of the under 5 population fully protected and an overall child population level of 50% protected with 30% partly protected by a waning benefit from infant immunisation not yet reinforced. Possibly the poliomyelitis vaccination programme has delayed reinforcement but the need must not be forgotten.

Whooping cough inoculation is the most popular of all, but mothers mustnot forget the wicked ogres in the wings, for that is what diphtheria and smallpox are, ready to rush back when the stage is empty and we are asleep to the danger.

The programme of vaccinating against poliomyelitis made further progress and a high proportion of the population under 15 have now had 3 injections. All these protective services are provided under the County Council's scheme, at clinic sessions, or in schools or by the family doctors.

OTHER MATTERS

Special claims for housing on medical grounds were dealt with by consulting with the doctor concerned, whether family doctor or specialist, and a close liaison was maintained with the Chest Physician on cases whom he is helping. The authority has given special assistance to several physically handicapped cases, receiving a grant towards special costs from the County Council in their capacity as Welfare Authority, or under the after care arrangements of the National Health Services Act Scheme. General housing activity is referred to in the Senior Public Health Inspector's report.

On sewers and sewerage a general scheme of priorities in the promotion of schemes within the district was worked out by the Council's Officers in consultation together and was presented to the Council as a guide. Further progress was made with the Adisham situation and the County Council's consultant completed his survey. The sewage disposal plant to the Council houses in Adisham was developed for the additional houses and chlorination of the effluent provided to meet the views of the Water Board.

The Hoath scheme was completed and a start made on Blean sewerage. The Sturry and Fordwich addition to the sewerage to Westbere has started since the year ended and will cover a very satisfactory area on completion.

Swimming Baths: There are no public swimming baths in use in the District.

VITAL STATISTICS 1959

Population 19,240 Mid 1959

Live Births: Male 147) 278 Illegitimate Male 6) 12
Female 131) - Female 6)

Live Birth Rate 14.4 per 1,000 population
(Correction Factor 1.25) =
Corrected Live Birth Rate 18 per 1,000
England and Wales 16.5 per 1,000

Stillbirths: Male -) 2 Illegitimate Nil
Female 2) - -

Stillbirth Rate per 1,000 total (live&still births) 7.1 per 1,000 live and still births
England and Wales 20.7 per 1,000 live and still births

Total Births: 280 (live and still)

Infant Deaths: (under 1 year) Male -) 2 Illegitimate Male -) 1
Female 2) Female 1)

Infant Mortality Rate per 1,000 live births: 17.2 (total
Infant Mortality Rate per 1,000 legitimate births: 3.8 (legitimate)
Infant Mortality Rate per 1,000 illegitimate births 83.0 (illegitimate)

Neonatal Deaths: (under 4 weeks) Male -) 2 Illegitimate Male -) 1
Female 2) Female 1)

Neonatal Deaths: (under 1 week) Male -) 2
Female 2)

Perinatal Mortality Rate (Stillbirths & Early Neonatal Deaths) per 1,000 live and stillbirths = 14.25

Neonatal Mortality Rate per 1,000 live births: 7.2

Early Neonatal Mortality Rate (under 1 week): 7.2

Illegitimate live births per cent of total live births: 4.3%

Maternal deaths: Nil.

Maternal Mortality Rate per 1,000 live and still births: Nil.

Deaths all causes: Male 168) 323
Female 155)

Death rate per 1,000 population 16.8
(correction factor 0.61)

Corrected Death Rate: 10.2 per 1,000 population
England and Wales: 11.6 per 1,000 population

CAUSES OF DEATHS	M	F	Total 1959	Total 1958	Total 1957
Tuberculosis, Respiratory	4	-	4	1	2
Tuberculosis, Other	-	-	-	1	-
Other infectious or parasitic diseases	-	-	-	4	1
Cancer Stomach	5	5	10	9	5
Cancer Lungs and Bronchus	8	5	13	8	9
Cancer Breast	-	6	6	1	1
Cancer Uterus	-	-	-	2	2
Other Cancers	18	14	32	32	25
Leukaemia and Aleukaemia	1	3	4	-	4
Diabetes	2	1	3	2	3
Vascular Lesions of Nervous System	14	21	35	34	33
Coronary Disease, Angina	34	16	50	33	43
Hypertension with Heart Disease..	6	7	13	8	3
Other Heart Disease	26	31	57	71	61
Other Circulatory Diseases.. ..	5	8	13	22	16
Influenza	3	1	4	1	2
Pneumonia	8	14	22	23	26
Bronchitis..	11	6	17	19	19
Other Respiratory Disease	1	1	2	4	7
Ulcers of Stomach and Duodenum ..	2	-	2	3	3
Gastritis, Enteritis, Diarrhoea..	-	1	1	-	1
Nephritis, Nephrosis	3	1	4	9	5
Hyperplasia of Prostate	3	-	3	3	3
Pregnancy, Childbirth, Abortion..	-	-	-	-	-
Congenital Malformation	-	-	-	-	3
Other defined and illdefined diseases	5	12	17	23	35
Motor Accidents	5	-	5	1	2
All other accidents	2	1	3	5	4
Suicide	2	1	3	2	2
Homicide or War	-	-	-	-	-
Total Deaths by Sexes..	168	155	-	-	-
Total Deaths	-	-	323	321	320

INFECTIOUS DISEASES NOTIFIED

Disease	Age Grouping									Quarters 1959				
	Under 1	1	2	3	4	5-9	10-14	15+	Total	1	2	3	4	Total
Measles	-	10	14	12	20	57	6	8	127	33	77	17	-	127
Whooping Cough	1	1	1	1	1	10	1	-	16	9	7	-	-	16
Scarlet Fever	-	-	1	1	-	7	3	-	12	1	3	3	5	12

CHEST AND OTHER DISEASES NOTIFIED

Disease	Age Grouping							Quarters 1959				
	Under 5	5-14	15-24	25-44	45-65	Over 65	Total	1	2	3	4	Total
Tuberculosis Respiratory	-	-	-	-	7	-	7	1	1	1	4	7
Other Tuberculosis	-	-	1	-	1	1	3	-	1	2	-	3
Acute Pneumonia	-	1	-	-	2	4	7	3	1	-	3	7
Erysipelas	-	-	-	-	1	1	2	-	1	-	1	2
Food Poisoning	-	16	3	-	-	1	20	-	18	2	-	20

IMMUNISATION & VACCINATION DURING 1959

		Under 5	5-15	Over 15	Total
Smallpox	Primary Vaccinations	167	3	14	184
	Revaccinations	-	9	11	20
Diptheria	Primary	171	8	-	179
	Reinforcing	3	59	-	62
Whooping Cough	Primary	211	15	1	227
Poliomeyelitis	2 injection course	286	326	560	1,172
	3rd injection completed	645	1,993	223	2,861

APPENDIX

Food Poisoning Outbreak in a Secondary School, June, 1959. Staphylococcal Toxin Food Poisoning (Type 53)

In a school of 400 pupils drawn from a wide rural area, 244 children took school dinners. It was considered that 124 of them suffered from food poisoning although less than 30 cases were notified as such in all the Districts from which the pupils were drawn, because of the wide variation in the severity of the illness.

Thursday's lunch was an appetising meal of sausage, mashed potato and haricot beans in tomato puree, followed by banana trifle and custard. By 4 p.m. a strange and sudden illness had struck the school. Between 30 and 40 children had developed acute and exhausting vomiting and some were near collapse. The local doctor, who had already received one case at his surgery, went to the school. The Ambulance Service, acting on major emergency drill, concentrated vehicles from surrounding stations on the school, and the Public Health Inspectors and Medical Officer of Health started immediate investigations. The School Meals Organizer gave every possible help and responded at once.

The County Area Ambulance Officer set up Ambulance Control at the school and moved 7 cases to hospital and 28 home. Parents and teachers helped 5 other cases home, 2 cases were retained in hospital overnight for observation.

The final count was 40 cases acutely ill at school by 4.30 p.m., 79 others became ill at home or on the way home from school, on the same evening and 5 were obviously unwell next morning and were sent home from school. There were 8 other absentees suffering from colds, accidents or minor ailments.

The earliest cases showed acute vomiting, apprehension and muscle cramps followed by diarrhoea. The later cases had nausea or vomiting followed by diarrhoea and the late cases had nausea, abdominal cramps and diarrhoea. The Friday morning cases had bellyache or diarrhoea.

A full investigation of foods used, sources, kitchen staff and kitchen methods was carried out and the details of this have been sent to the Ministry of Health.

Staphylococcus Aureaus type 53, a toxin producing organism, was the cause of the outbreak. One of the staff was an innocent symptomless nasal carrier. The investigations suggested that the main toxin production occurred in the sausages during slow roasting. The toxin unfortunately survives heat although the organism producing it may die. The sausage skins are no protection against contamination of the filling, a reminder that sausages are not a safe prepacked food but have the

nature of all manufactured fragmented meat products and need to be treated as easily contaminated goods. The trifle and custard were also infected

In conjunction with the School Meals Organizer and the Senior Public Health Inspector, a reconstruction of the event was carried out with the full kitchen staff. The food handling practice was gone over carefully and dangers indicated. The School Meals Organizer subsequently ran an in-service training course in the hygiene of food handling for school kitchen staff for the whole of her area.