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Contributors

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KINGSCLERE AND WHITCHURCH RURAL DISTRICT

ANNUAL REPORT
of the
MEDICAL OFFICER of HEALTH



1953

KINGSCLERE AND WHITCHURCH

RURAL DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1953

REVENUE AND FINANCE

STATE DEPARTMENT

UNITED STATES

OF THE

INTERNAL REVENUE

1917

KINGSCLERE AND WHITCHURCH

RURAL DISTRICT COUNCIL

1953

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KINGSCLERE AND WHITCHURCH
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.)

Chief Sanitary Inspector & Surveyor

R.A. Over, A.R.San.I., M.S.I.A.

Additional Sanitary Inspectors

W.E.D. Smith, M.R.San.I., M.S.I.A.

P.F. Theasby, M.S.I.A.

Medical Officer of Health's Secretary

Miss M.B. Lowman

Shorthand Typist

Miss M.E. Williamson

Housing Inspector (Council Houses)

C. Brindley

Clerk of Works (Council Houses
Under Construction)

R. Goddard

Technical Assistant

N.H. North

Rodent Officer

H. Hopkins

Medical Officer of Health Until 30th September 1953.

J. Sleigh, M.B., Ch.B.(Aberd.), D.P.H.(Edin.)

RURAL DISTRICT OF KINGSCLERE AND WHITCHURCH
PUBLIC HEALTH DEPARTMENT

June, 1954.

To the Chairman and Members
of the Kingsclere and Whitchurch Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

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

The form of presentation of an Annual Report is largely left to the discretion of the individual Medical Officer, although he must include certain specific information which is required by the Ministry of Health.

In the pages which follow, I have tried to give you as much local information about the health of the District of Kingsclere and Whitchurch as can be gleaned through notification of disease, vital statistics, inspection of premises, reports of officials, and day-to-day contact with professional bodies and the general public. The information is necessarily incomplete - no assessment of health can ever be accurate to the last detail - but it is hoped that the reader will gain a fair idea of how the District of Kingsclere and Whitchurch stands in relation to its attempts to maintain and improve the standard of health in all its aspects, where it has succeeded and where it has failed.

General Statistics

Area (in acres)	77,394	(77,394)
Registrar General's estimate of mid-year population	19,130	(18,880)
Number of inhabited houses	5,501	(5,358)
Rateable Value	£108,447	(£105,406)
Sum represented by penny rate	£432 5 11	(£439)

The Registrar General's estimate of the population of this district at the end of June, 1953, was 19,130, a net gain of 250 over the estimate for 1952. The natural increase (births less deaths) was 137, and it will be seen that there was a net immigration into the district of 113.

The population trend of Kingsclere and Whitchurch Rural District is as follows:-

1946	16,230	1950	17,620
1947	16,290	1951	18,640
1948	17,010	1952	18,880
1949	17,540	1953	19,130

The population increase, based on the 1938 estimate is now 26% above that figure, and is 17.8% higher than the 1946 estimate. The density of population is, however, low at approximately 4 persons per acre emphasising the agricultural nature of the district.

Vital Statistics

Birth Rate

	<u>Kingsclere and Whitchurch</u> <u>Rural District</u>	<u>England & Wales</u>
Live births	15.67	15.5
Still births	6.31)	0.35)
	19.6)	22.4)

Death Rate

Crude rate	8.5	11.4
Comparability factor	0.86	
Corrected rate	7.3	

Infant Mortality 23.3 26.8

Neonatal Mortality 3 deaths

(The Birth and Death Rates are calculated per 1000 of the population.

The Infant Mortality Rate is calculated per 1000 live births.)

The high Birth Rate of last year, 18.4, has not been maintained, but the present rate of 15.67 is well up to the national level. When the comparability factor of 1.05 is taken into consideration, the corrected rate is 16.45.

As a nation we cannot afford to find ourselves unable to replace the industrial core of our economy.

We live in an age of theory, which is almost the same as saying that we live in an age of confusion. On the one hand, we point with dismay to a falling birth rate, and on the other hand, we hear about "Britain's starving population", "We are vastly over-populated", "People are living too long", "Introduce euthanasia." In point of fact there are great areas of this country completely unexploited. Industries are being closed down - not because they are uneconomic but because labour is being attracted to easier and more remunerative jobs. We are not, it would seem, utilising the resources at our command. Certainly people are living longer - the average expectation of life is now 67 for males and 72 for females - but the majority of our people are also capable of postponing retirement age. It has been well said that "work kills no-one, but over-eating, worry and boredom are lethal."

The Death Rate

The crude death rate for 1953 was 8.5 per 1000 compared with 11.2 in 1952 and with a national figure of 11.4 for this year. The comparability factor, based on an applied age and sex distribution for England and Wales is 0.86, and when this is applied to Kingsclere and Whitchurch Rural District, the corrected death rate becomes 7.3, the lowest figure I can find recorded for your District. In order to sustain an evenly balanced population from a national labour economy view-point, it will be appreciated that only a high birth rate can adjust the position.

Much more than a mere rate can be deduced from the figures of death returns. We can, for example, see where the main weight of economic loss is falling. It can be argued that deaths over the age of 65, the normal retirement age, does not involve the nation in "labour loss." If, from this purely materialistic view-point, we follow on by saying that the working loss involved in the death of a man aged say 30, is 35 years, we can arrive at an estimate of wastage to the community in terms of working years.

Where larger figures than ours are concerned, the interpretation of such a figure is of more real significance than merely stating "x per 1000."

Taking the local figure for males, 68 men died over the age of 65. Of the 68 in this group, 46 were over the age of 75.

Heart disease accounted for 55.2% of the total number of deaths recorded. Cancer deaths were 10.4% of the total, the lowest percentage from this cause for any of the three Districts for which I am Medical Officer. Only 1 death was attributed to lung cancer, 3 being recorded in 1952. This is one of those isolated facts which cloud our interpretation of the relationship for example, of smoking and lung cancer, about which there is a comment later in this Report. Why is it that in two adjacent districts, of similar character, based on almost identical populations, there should be a rise in this disease, of 10 to 1? Why the discrepancy from year to year? These are problems to which there is probably no single, simple answer. Intense research is being pursued along the lines of common factors, but so far no really conclusive evidence has been produced.

No fatality occurred in pregnancy or child birth. This fact alone points to the great change that has taken place in a relatively short time; a change that has become accepted, all too lightly, as a standard of our civilisation. To achieve this result a tremendous amount of really purposeful planning - not by any means the criterion of all "planners" - education and medical care, has been shown. This is a momentous victory, but is a victory in a continuing fight.

On mortality from infectious diseases, I regret to report that one child died from the effects of whooping cough. This fact is not without significance and brings home to us all the potential danger of these diseases so commonly relegated to the category of "childhood ailments." The importance of whooping cough is discussed in the next Section.

Infectious Diseases

1953 was the dominant year in the cycle of measles. The trend of the disease is shown in the following table:-

1953	223	1951	190	1949	309	1947	37
1952	109	1950	53	1948	235	1946	6

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

The number of cases of whooping cough was relatively large this year. Today whooping cough is one of the most dangerous diseases of infancy and childhood, although it is true that remarkable improvement has been made in reducing mortality. One tremendous advance has been the introduction of an anti-pertussis vaccine, which, although its use is not as wide-spread as it should be, is becoming more and more to be looked upon as a normal preventive measure in infancy.

The astonishing progress in the prevention of diphtheria has been well maintained. The provisional record of deaths for England and Wales in 1953 is 24 and 240 cases were notified. In 1944 there were 934 deaths and 23,199 notifications. These are remarkable figures and show a wonderful sense of public responsibility. Is it too much to hope that the public now feel that a child can not only "do with" immunisation, but in fact is "entitled" to his freedom from disease? I hope so, because it is only by sustained effort that we can improve even the present position. In 1953 in the Rural District of Kingsclere and Whitchurch, 310 children completed a full course of primary immunisation and 285 received "boosting" doses. Both figures can well be increased and I should like to see the "boosting" dose established as a normal "school entrance" feature.

The position with regard to immunisation against whooping cough was very unsatisfactory in 1953, but now we hope that with the introduction of the combined vaccine throughout the county, a very much improved protection will be afforded against this disease. The great advantage of the combined vaccine is that protection against diphtheria as well as whooping cough can be obtained by the same course of injections. Multiple barrier protection is coming into its own and we can even give a triple protection to include tetanus as well as the other two diseases. The incidence of tetanus is low but nevertheless it is an extremely dangerous disease and this combination of safety is to be welcomed even in a relatively remote possibility.

Seasonal Incidence of
Whooping Cough and Measles

1953

	<u>Whooping Cough</u>	<u>Measles</u>
1st Quarter	4	169
2nd Quarter	2	54
3rd Quarter	31	-
4th Quarter	61	-

The whole brunt of the measles incidence was borne by the first and second quarters of the year. The wide dissemination of droplet infection at this time of the year is undoubtedly responsible for many cases.

The distribution time of whooping cough on the other hand, shows a remarkable independence of the accepted time of incidence of respiratory infection.

The dramatic change in the picture of mortality from infectious disease can be seen from the following statistics for England and Wales:-

<u>Disease</u>	<u>Deaths</u> <u>0 - 5</u>	<u>Disease</u>	<u>Deaths</u> <u>Total</u>
Measles	1,389	Measles	141
Pertussis	1,072	Pertussis	184
Diphtheria	1,011	Diphtheria	32

These are inspiring figures - inspiring, not to complacency, but to an even greater effort, in a field where so much has been done already. Lest any one should think that the infectious diseases have been finally conquered, let me remind you of the other side of the picture. Poliomyelitis killed 295 people in 1952, meningococcal infection 290, influenza 852. These figures are substantial and when one considers that there are many more infectious diseases which though not widespread are extremely dangerous (for example 9 deaths in 1951 were caused by typhoid fever and 12 by paratyphoid) one cannot relax in the reflected glory of the laurels gained.

Poliomyelitis

One case of poliomyelitis, which I am sorry to record proved fatal, was notified during 1953.

The increasing incidence of this disease throughout the country has been one of the most alarming features of recent years. The amount of knowledge we are accumulating about poliomyelitis is gradually increasing and we are now able to lay down certain principles, which although admittedly rather general in character, are important in the control and possibly in the prevention of some serious effects of the illness.

1. Although the term "infantile paralysis" is misleading in that the disease is not necessarily confined to "infants" nor is it always "paralytic", we do know from the notified returns that at least one third of the cases occur in children of under 5, and two thirds in the age group up to 15.
2. We know that one of the predisposing factors in the onset of the paralytic variety is fatigue - especially in the case of young children. I am acutely aware that the prevention of overtiredness in children, particularly in the summer-time, is one of the most difficult measures to enforce. Nevertheless, the careful parent should be warned against the signs of strain in a child, e.g. fretfulness, lack of appetite, headache, muscle pains and perhaps most important of all, inordinate disobedience.
3. When an active case occurs it is necessary to exclude household and other near contacts from nurseries, day schools and Sunday schools. The optimum exclusion period is probably three weeks. Similarly, where the employment of adults brings them in close contact with children, e.g. nursery nurses, teachers, school meals attendants, such persons should also be excluded.

4. If it is at all possible, close contacts should be segregated into "house and garden" quarantine. This may sound - and indeed often is - difficult or even idealistic, but it is miraculous the effort which can be made successfully when parents and others have a full explanation, possibly by leaflets, of the sacrifices demanded of them. No one wishes to spread an infectious disease, but often people are at a loss to know just precisely what is expected of them.
5. Teachers can help in this campaign by trying to arrange their curricula so that no unnecessary grouping of children takes place within an infected school. It should be possible, for example, to cancel morning assembly for the quarantine period, to "stagger" play recesses, to avoid mixing of classes for music or physical education. To upset a prescribed schedule is not a popular thing to advocate but in this disease co-operation is the one vital thing which must, by any means, be achieved.

Remember too, that when you discuss, or even worry about poliomyelitis, take a sane view of the odds against catching the disease. It is many times less likely than being run over in the street - but you do take precautions when you see an oncoming vehicle.

National Assistance Act, 1948 - Section 47

1 person needing care and attention was removed to suitable premises under this Section during the year.

To Smoke or Not To Smoke

No health problem in the past year has aroused such interest as the vexed question of smoking in relation to lung cancer. For years there has been speculation on this subject, and the statisticians have excelled themselves in their endeavours to investigate a positive relationship. This subject has been considered by the Standing Advisory Committee on Cancer and Radio-Therapy for 3 years, and as a result of preliminary investigations a panel under the Chairmanship of the Government Actuary was set up in 1953 to inquire and report to the Minister of Health.

The findings of that Committee are of importance to us all whether our concern be as smokers, as parents, or simply interested in the public health.

Briefly, the Committee reported:-

- (1) There is a relationship between smoking and cancer of the lung.
- (2) Although there is presumptive evidence that the relationship is causal, this same relationship is not a simple one, since there is no positive evidence of a known carcinogenic agent in tobacco smoke, or that the increase in lung cancer is due entirely to increases in smoking. The picture is also clouded by differences in various towns and in urban and rural communities, e.g. there may be atmosphere pollution or occupation risks.

What are we to make of these findings? What advice can be given on this subject?

Firstly, although there is no firm evidence on the point of direct relationship, that there is some relationship must be accepted as established statistically. Secondly, we know from death statistics that in the country generally, cancer of the lung is on the increase - and it is agreed in medical circles that improved and earlier diagnosis does not account for anything like the whole of this increase. Do you remember the effects of the London Smog of 1952-53? Have you ever considered that the smoker who inhales sets up a kind of personal "smog" in his lungs and upper respiratory passages? The smoker as a "smog-maker" - it is a novel idea and maybe not far off the mark. On advice we can certainly go as far as this:-

If the smoker wants to kill himself, he has a very favourable chance of dying from cancer of the lung.

Excessive smoking, i.e. 20 or more per day is obviously an unhealthy habit, whatever statistics prove or disprove cancer causation.

Adolescents should be warned of the attendant risks at least of excessive smoking and advised that the best approach to smoking is "Don't!"

Research into the causation of cancer of the lung has been intensified by the Government and other agencies, and the tobacco companies alone have offered £250,000 in this cause, for use by the Medical Research Council.

Vaccination and Immunisation

"In Kingsclere and Whitchurch Rural District in 1953 there were 550 cases of smallpox with 183 deaths. 100 infants, 53 children under the age of 15 and 30 adults lost their lives. Out of a total population of 19,130, 12,000 persons were vaccinated or re-vaccinated."

That made you sit up, didn't it? Of course it is only a fairy tale - a rather horrible one too. And frightening? You see, the terrible thing about this fairy tale is that it could well be a true story. You "don't believe" in vaccination? Or have you "been got at"?

In 1950, 18 cases of confirmed smallpox were admitted to hospital in Glasgow. THERE WERE 6 DEATHS, AND THOSE SIX PERSONS WERE THE ONLY ONES OUT OF THE 18 WHO WERE UNVACCINATED.

In 1950-51, 29 cases of smallpox were admitted to hospital in Brighton. 10 DIED, SEVEN HAD NEVER BEEN VACCINATED AND THE OTHER THREE HAD BEEN VACCINATED MORE THAN 50 YEARS PREVIOUSLY.

Now the interesting thing about these two outbreaks was that no one who contracted smallpox and had been successfully vaccinated and re-vaccinated died of the disease. In other words, although nobody is going to claim that vaccination confers immunity from the disease, we do claim - and every outbreak underlines this position - that your chance of survival is immeasurably enhanced by your having been vaccinated. Is not that worth something? Is there anyone in Britain today, apart from persons whose liberty of action does not arise from their own volition, who, on being told that a simple painless, free procedure would virtually guarantee that he or she would not die of cancer, would refuse the offer? Yet for generations this offer has been open in the case of smallpox.

At December 31st, 1953, 174 persons had been vaccinated or re-vaccinated during the current year. Of these, 120 were infants under 1 year. Only 32 people were re-vaccinated. In 1952, the county rate for vaccination of babies born in that year varied greatly from place to place. The highest figure was a rural district of relatively high population while the lowest related to a small urban community. For the Rural District of Kingsclere and Whitchurch the 1952 figure was 36.6% and for 1953 40%.

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

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

Food Poisoning Outbreaks

No outbreaks of food poisoning occurred during the year.

Tuberculosis

In an Appendix to this report you will find details of the Mass Radiography Survey carried out in Kingsclere on the 22nd and 23rd April, 1953. In all, 335 people were examined and from that number no case of active pulmonary tuberculosis was discovered. Was it worth all the preliminary organisation, day-to-day work of technicians and the subsequent "follow-up" examinations of doctors - not to speak of the amount of co-operation required from the public ?

Look again at the statistics. Abnormalities of one kind or another were found in 27 cases. Some may have known of these conditions, others not. In either case, a great deal of worry was allayed by reassurance or the definite statement "Free from infection." All the others were also given the definite assurance that at that date they had no chest condition which has been classified as a disease entity. This is worth a great deal. A chest complaint can be - and almost invariably is - a very worrying condition. It is most difficult for anyone to come to a definite decision to find out the true position once and for all. Remember that where a miniature picture gives rise to any doubt whatever, more detailed films, followed by a clinical examination are undertaken.

In the war against disease, the finding that all is well on our particular front is a far greater satisfaction to us than to be able to produce nicely documented case sheets instancing a high incidence of disease.

Can we then claim that the district is free of tuberculosis ? Unfortunately no. In the first place, even allowing for the fact that children under 14 were not examined, a total attendance of 335 by no means represents the population of Kingsclere. There are wide gaps in our knowledge of the cases which may be on our doorsteps. Not that we are entirely in the dark. If you turn again to the Appendix you will see that 19 new cases of respiratory tuberculosis were notified in 1953. Note too the age group affected. The burden of the disease is mainly borne by the breadwinner often with a young family, the mother who is the cornerstone of domestic happiness, the young adult who is vital to the economic well-being of the community. On our Register we still have 89 cases either receiving treatment or still being clinically supervised. Nevertheless, here again there is hope of better things to come. In the past few years death has been warded off in more cases than, only a short time ago, we had dared hope possible. Earlier diagnosis, improved methods of treatment, new drugs, more sensible rehabilitation - all have contributed. One other circumstance has aided this progress - rehousing.

It is generally agreed that housing conditions play a large and perhaps vital role in the onslaught against potential tuberculosis. Certainly in the housing of convalescent cases, the subject is of paramount importance. Curative medicine, in the case of tuberculosis, is a base hospital - the front line is on the doorstep of every insanitary or over-crowded dwelling, with its accompanying low standard of living. The local authority cannot provide HOMES - only the family can do that - but it can provide HOUSES.

Your Council has a good record in the rehousing of cases of tuberculosis and from a purely public health viewpoint, you have rightly decided that such patients, on medical grounds, shall have priority where circumstances warrant it. There is no disease, related to housing conditions, which has greater repercussions on the health of the community than tuberculosis.

Bovine tuberculosis is still a problem, particularly in a rural community. Any scheme which aims at clearing our herds of this curse should be warmly supported. The campaign to eradicate tuberculosis gains momentum. We had a slow start and the ultimate goal is still a long way off. Nevertheless every disease-free herd contributes greatly to the potential safety of the community and a few more children are saved, not only from avoidable death, but from the disfiguring scars of a major operation to excise tuberculous glands of the neck. There is a direct relationship between this picture and the poison of tuberculous milk.

We need a further step in this direction. There is too little control over the product which goes into the making of cheese. Cheese made from raw milk, if not tuberculin-tested, can be a vehicle of infection. If the product is too difficult to tackle at the source of production, surely it is not too much to ask that the public should be given the opportunity of knowing that the cheese was NOT made from tuberculin-tested milk? Why not a label "Made from Tuberculin-Tested Milk?" The choice is then open to the consumer - the risk is his, but he should know that there is a risk.

Administration of Health Services

National Health Services Act, 1946

Under the provisions of the above Act, the Local Health Authority, in our case the Council of the County of Southampton, can delegate to Local Authorities, certain of their functions with regard to Health Services.

At a meeting held in Andover on 14th September, 1953, between representatives of the County Council, the Borough of Andover, Andover Rural District, Kingsclere and Whitchurch Rural District, it was agreed to recommend to the respective Councils the adoption of a scheme for the devolution of certain health functions in the area of the three district Councils. The scheme was later approved by all the authorities concerned and came into operation on December 1st, 1953.

Briefly, the present position is as follows:-

One District Health Sub-Committee representing the three Councils is responsible to the County Council for the general supervision of the Local Health Authorities functions with regard to:-

- (a) Care of Mothers and Young Children
- (b) Midwifery
- (c) Health Visiting
- (d) Home Nursing
- (e) Vaccination and Immunisation
- (f) Prevention of illness, care and after-care (except tuberculosis)
- (g) Home Help

The constitution of this Committee which meets monthly, either at Andover or Kingsclere, is as follows:-

3 members appointed by each of the District Councils

2 members of the County Council appointed by the Health Committee of the County Council.

6 co-opted members, representative of voluntary organisations and other bodies concerned with the health services, two of whom shall be appointed by each of the three District Councils.

1 doctor appointed by the County Council after consultation with the Southern Branch of the British Medical Association.

The Medical Officer of Health for the three districts presents a monthly report, co-ordinating the work done in the services which have been devolved.

The value of this Committee lies in the fact that it is composed of people who know and can interpret the needs of the communities which are served. It is the one "debating forum" on health services centred around a workable geographical area, large enough to warrant this kind of "devolution" and small enough to ensure that local interests are thoroughly aired. It may be thought that the executive powers of such a body are severely restricted, and this may well be true. It may be that "devolution" is merely a stage in the "evolution" of local health services, solely administered by a local body from a local centre. Such a partition of administration is by no means impossible and the future may hold very interesting developments along this line of thought.

ENVIRONMENTAL HYGIENE

In the pages that follow the wide field of environmental hygiene is reported on and discussed in detail.

SUMMARY OF INSPECTIONS

Houses inspected under the Public Health Act, 1936	341
Houses inspected under the Housing Act, 1936	217
Complaints investigated	107
Interviews with owners	110
Revisits to property under notice	189
Inspections of Restaurant Kitchens	26
Inspections of Preserved Food Premises	8
Inspections of Factories	29
Inspections of Workshops	4
Visits made in connection with Infectious Diseases	17
Inspections in connection with Food Poisoning	2
Houses disinfected	7
Houses disinfested	6
Inspections of Food Stores	62
Inspections under the Shops Acts	17
Inspections of Butchers' Shops	21
Inspections of Bakehouses	15
Inspections of Fried Fish Shops	11
Inspections of Dairies	17
Inspections of Slaughter Houses	2
Inspections of Ice Cream Premises	21
Inspections in connection with Moveable Dwellings	122
Inspections in connection with the Petroleum Acts	11
Inspections under the Prevention of Damage by Pests Act, 1949	2549
Places treated under the Prevention of Damage by Pests Act, 1949	1001
Miscellaneous Inspections (Public Health)	159
Inspections of Council Houses under construction	3279
Inspections of Private Houses, Conversions, Additions, etc. under construction	456
Inspections and Re-inspections of Council Houses	3011
Inspections and Re-inspections of Requisitioned Properties	799
Inspections in connection with Building Licences	7
Miscellaneous Inspections (Housing)	<u>130</u>
Total Number of Inspections and Visits	<u>12753</u>

HOUSING.

Routine Housing Inspections carried out under the Housing and Public Health Acts of 1936.

Number of Routine Inspections (Housing Act, 1936)	217
Number of Houses inspected under Public Health Act, 1936 ..	341
Number of Informal Notices served	57
Number of Visits after the Service of Notices	93
Total Number of Housing Inspections for all Purposes ..	<u>708</u>
 Total Number of Demolition Orders made	 1.

Total Number of Council Houses and Requisitioned Properties in each Parish at 31st December, 1953.

<u>Parish</u>	<u>Council Houses</u>	<u>Requisitioned Property</u>
Ashmansworth	6	-
Peughurst	12	-
Burghclere	42	1
East Woodhay	29	5
Ecchinswell & Sydmonton	12	86
Highclere	22	2
Kingsclere	212	4
Newtown	14	-
Overton	205	-
St. Mary Bourne	68	2
Tadley	46	57
Whitchurch	183	1
 <u>Total</u>	 <u>851</u>	 <u>158</u>

Repairs and Maintenance of Council Houses.

Tenders were invited for the painting externally of the following Council Houses:-

Burghclere	4	Whitchurch	34
Overton	16	Headley.. .. .	14
Tadley	16	Hannington	22
Highclere	4	East Woodhay	8
Ecchinswell	6	Kingsclere	3

After the usual notices in the Press it was found that four of these Blocks were not priced for and it was necessary for them to be re-advertised. These latter items were eventually contracted

out in September. Immediately following which it was necessary to report that the contractor for the 34 houses at Whitchurch was not completing the work in accordance with the specification, and the contract was accordingly broken. The two houses started by this contractor were completed by Mr. O.K. Mann of Whitchurch and it is proposed that the balance of houses outstanding in the Whitchurch area be now included in the painting contracts for the year 1954.

repairs to Council houses carried out during the year are listed hereunder:-

Repairs to Fireplaces and Cooking Stoves	52
Repairs to Doors, Windows	146
Repairs to Coppers.. .. .	63
Repairs to Plumbing System.. .. .	228
Repairs to Walls	11
Repairs to Ceilings	12
Repairs to Internal Structures	20
Repairs to Roof, Gutters etc.	52
Repairs to Fences and Gates	14
Repairs to Electricity Supply	47
Repairs to Footpaths	3

During the year 3,011 visits were made to Council Houses in connection with maintenance and repairs. 799 visits were made to requisitioned properties and camps.

Council Building

The following houses were erected for the Council in 1953:-

Highclere.. .. .	4	Kingsclere.. .. .	27
Newtown	14	Overton	21
St. Mary Bourne	2	Tadley.. .. .	2
Whitchurch	30		

Total family units provided by the Council 100

Private Building

The following houses were erected by Private Enterprise in 1953:-

Ashmansworth	1	Baughurst	4
Burghclere	1	East Woodhay	2
Highclere	1	Kingsclere	1
Overton	1	St. Mary Bourne.. .. .	2
Tadley	3	Whitchurch	6

The following conversions were carried out by Private Enterprise in 1953:-

Burghclere 1. Tadley 1.

Total family units provided by Private Enterprise:-

New houses	22.	Conversions	2.
		<u>Total</u>	<u>24</u>

Total family units provided in the district in 1953 - 124.

Plans submitted for Approval

Number of Plans submitted 158

Number of Plans approved 123 (Byelaws only)

The remaining plans were not subject to approval under the Council's Building Byelaws but were forwarded to the County Planning Authority for approval under the Town and Country Planning Act, 1947.

Building Licensing.

144 Building Licences were issued in 1953, with a total value of £103,628. During the latter part of the year the restrictions imposed on building work were considerably eased, and accordingly a larger number of licences were issued for the erection of Private Enterprise houses. At the same time, the raising of the "free limit" for repair and maintenance work practically wiped out the necessity for the issue of licences for this type of work.

Housing Act, 1949 - Improvement Grants.

Applications for Improvement Grants under the above Act were approved in respect of the undermentioned properties:-

Redleaf, Whitchurch, Hants.	£285
Brocks Farm, Ecchinswell.	£293
Forge Cottage, Newtown.	£110
Gardener's Cottage, Newtown House.	£75
Hill Farm Cottage, Newtown.	£177
Moyglare Farm, Ramsdell.	£397
Gardener's Cottage, Great Gravels, Burghclere.	£284
Ayres Farm Cottages, Burghclere.	£365
Cottage, North End, East Woodhay.	£179
Pair of Cottages, Southley Farm, Overton.	£170
Sandham Cottages, Burghclere.	£159

Moveable Dwellings (Public Health Act, 1936 - Section 269)

Permission was given for 63 Moveable Dwellings to be situated in the District. These are situated as follows:-

Baughurst	4	Burghclere.. .. .	2
East Woodhay	1	Ecchinswell	3
Highclere	2	Kingsclere.. .. .	14
Newtown	1	Overton	7
St. Mary Bourne	1	Tadley.. .. .	11
Whitchurch.. .. .	17		

FOOD SUPPLIES.

MILK

During the year the standard of cleanliness was maintained. Mr. Nunn of Kingsclere commenced work during the year on the reconstruction of his dairy. When this work has been carried out all the dairies in the district will be licensed for the sale of designated milks. There are now only 8 dairies which are the responsibility of this Authority and these are situated at:-

Overton	4	Whitchurch	2
Kingsclere	1	East Woodhay	1

Milk (Special Designation)(Raw Milk) Regulations, 1949.

Licences under the above regulations to sell Tuberculin Tested milk were issued to 15 applicants, 11 of whom were selling from premises outside the district.

W.C. Trice, Ball Hill, East Woodhay.
Messrs. Swinford & Crowe, Overton.
H.A. Berry, Overton.
Messrs. W. Horne & Sons, Whitchurch.
R. Smithers, Ashford Hill.
H.A. Job, Didcot.
G.B. Meier, Basingstoke.
Heatherwold Dairy, Newbury.
Lovell's Dairy, Andover.
Hampshire Dairy, Basingstoke.
G. Rollings & Sons, Brimpton.
Andover Creameries, Andover.
F.C. Arlott, Old Mill Farm, Aldermaston.
G. Williams, Newbury.
S.D. Butler, Newbury.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Licences to sell pasteurised milk were issued to 15 applicants and of these 9 were for the sale of pasteurised milk from premises outside

the district. There were no applications to sell sterilised milk.

- A.H. Jenkins, Newtown.
- G.B. Peck, Tadley.
- Messrs. Swinford & Crowe, Overton.
- H.A. Berry, Overton.
- Messrs. W. Horne & Sons, Whitchurch.
- R. Smithers, Ashford Hill.
- H.A. Job, Didcot.
- G.B. Meier, Basingstoke.
- Heatherwold Dairy, Newbury.
- Andover Co-operative Society, Andover.
- Lovell's Dairy, Andover.
- Hampshire Dairy, Basingstoke.
- G. Rollings & Sons, Brimpton.
- Andover Creameries, Andover.
- S.D. Butler, Newbury.

Milk Samples and Milk Bottle Samples.

8 samples of milk and 2 milk bottle samples were sent to the laboratory during the year for bacteriological examination. Details are given hereunder:-

Milk Samples

H.A. Berry, Overton..	..	..	..	2	satisfactory.
A.M. Ware, Whitchurch	..	..	..	2	satisfactory.
H.R. Nunn, Kingsclere	..	..	..	2	satisfactory.
E. Nightingale, Overton..	..	..	..	1	satisfactory.
W. Horne & Sons, Whitchurch..	..	..	..	1	satisfactory.

Milk Bottle Samples

H.A. Berry, Overton..	..	..	..	1	satisfactory.
H.R. Nunn, Kingsclere	..	..	..	1	satisfactory.

Food and Drugs Act, 1938 - Section 14.

There are 52 premises registered for the sale and storage of ICE CREAM. No manufacture is being carried out within the district.

Kingsclere	9	Burghclere	2
Highclere	1	St. Mary Bourne.. ..	3
Newtown	1	Overton	8
Tadley	4	Whitchurch	15
East Woodhay	4	Ecchinswell	2
Ashmansworth	1	Baughurst.. .. .	2

FOOD PREMISES WITHIN THE DISTRICT

Parish	Knackers Yards	Butchers Shops	Bakehouses	Fried Fish Shops	Sausage Manufac-turers	Jam & Fruit Preserving	Grocers Green-grocers	Cafes & Restaurant Kitchens	Public Houses
Ashmansworth	-	-	-	-	-	-	1	1	1
Baughurst	-	-	-	-	-	-	4	-	6
Burghclere	-	-	1	-	-	-	3	-	3
East Woodhay	-	-	-	-	-	-	4	4	-
Ecchinswell & Sydmon-ton	-	-	-	-	-	-	3	-	2
Highclere	-	-	-	-	-	-	1	-	1
Hurstbourne Priors	-	-	-	-	-	-	-	1	1
Kingsclere	-	1	3	-	1	-	11	2	9
Laverstoke	-	-	-	-	-	-	-	2	2
Newtown	-	-	-	-	-	-	1	1	-
Overton	-	4	1	1	4	-	11	3	6
St. Mary Bourne	1	1	-	-	1	-	5	2	4
Tadley	-	1	-	1	1	-	5	7	3
Whitchurch	-	5	2	1	5	1	12	-	13
TOTAL	1	12	7	3	12	1	61	23	51

Number of inspections of butchers and other food shops - 145

Diseased or Unsound Foodstuffs Condemned.

Milk (tinned)	21 lbs.	Fruit (tinned)	55 lbs.
Meat (tinned)	1 cwt. 8 lbs.	Fish (tinned)	7 lbs.
Vegetables (tinned)	14 $\frac{1}{4}$ lbs.	Puddings (tinned)	3 $\frac{1}{4}$ lbs.
Jam	6 $\frac{1}{2}$ lbs.	Cheese	8 $\frac{1}{2}$ lbs.
Apples	6 lbs.	Dried milk	84 lbs.
Soup	1 lb.		

Total weight of Foodstuffs condemned - 2 cwts. 3 qrs. 18 lbs.

Foodstuffs that have been condemned are disposed of at the Council's refuse tips.

WATER SUPPLIES

Private Water Supplies.

One hundred and eleven samples of water were taken from private water supplies and submitted for examination with the following results:-

<u>Parish</u>	<u>Satisfactory</u>	<u>Unsatisfactory.</u>
Baughurst	18	9
Burghclere	2	2
East Woodhay	5	4
Echinswell & Sydmonton	2	-
Highclere	4	4
Hurstbourne Priors	2	-
Kingsclere	18	17
Newtown	1	7
Overton	2	1
St. Mary Bourne	6	2
Tadley	2	3

Where water sample reports indicated that the supply was not suitable for drinking purposes, both owners and occupiers of the dwellings concerned were advised. The occupiers were asked to boil all water used for drinking purposes until further notice, and owners were notified of any defects to the well which were likely to cause contamination and instructed to take the necessary steps to abate the nuisance. Points brought to the attention of owners in this way were:-

- (1) Defective well covers.
- (2) Defective well parapets.
- (3) Wells to be pumped out and limed.

After such works as were necessary had been carried out, a further sample was taken for purposes of comparison in purity.

Well and Borehole Supplies to Council Houses.

<u>Situation</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Airey Houses, Stoke.	3	-
Sladen Green, Binley.	3	-
Ashford Hill (well supply)	1	1
Holt Cottages, Ashford Hill.	2	-
Townsend, Wolverton.	3	-

Public Water Supplies.

The Council own five Water Undertakings and provide water to the parishes of Ashmansworth, Burghclere, East Woodhay, Kingsclere, Overton, St. Mary Bourne, Hurstbourne Priors, Whitchurch, and part of the parish of Eechinswell. Main water is supplied to 2,662 properties, the remaining properties having their own supply, i.e. well, borehole, etc.

Samples of water taken from these supplies during the year and the result of the last sample taken is shown in respect of each supply:-

Ashmansworth Water Supply

Bacteriological Examination Report.

Date of collection: 22nd July, 1953 Per 100 ml.

Probable No. of Coliform Bacilli, MacConkey,
2 days at 37°C..... NIL

Probable No. of Faecal Coli..... NIL

Remarks: VERY SATISFACTORY. Date of Report: 24th July, 1953.

(Signed) R.D. Mackenzie.

Number of samples taken 1
Number of premises served 63
Size of mains 2½ inch.

Kingsclere Water Supply (Hannington Pumping Station)

Bacteriological Examination Report.

Date of collection: 16th July, 1953 Per 100 ml.

Probable No. of Coliform Bacilli, MacConkey,
2 days at 37°C 1

Probable No. of Faecal Coli 1

Remarks: SATISFACTORY. Date of Report: 20th July, 1953.

(Signed) R.D. Mackenzie.

Number of samples taken 2
Size of mains 3 inch.
Number of new connections 2

Kingsclere Water Supply (Kingsclere Pumping Station)

Bacteriological Examination Report.

Date of collection: 31st December, 1953. Per 100 ml.

Probable No. of Coliform Bacilli, MacConkey,
2 days at 37°C NIL

Probable No. of Faecal Coli NIL

Remarks: VERY SATISFACTORY. Date of Report: 2nd January, 1954.
(Signed) R.D. Mackenzie.

Number of samples taken 46

Size of mains 4 inch and 3 inch

Number of new connections 40

Number of premises served:

(a) Kingsclere (including Hannington) 601

(b) Echinswell 99

Overton Water Supply

Bacteriological Examination Report.

Date of collection: 16th July, 1953. Per 100 ml.

Probable No. of Coliform Bacilli, MacConkey,
2 days at 37°C NIL

Probable No. of Faecal Coli NIL

Remarks: VERY SATISFACTORY. Date of Report: 20th July, 1953.
(Signed) R.D. Mackenzie.

Number of samples taken 2

Number of new connections 32

Number of premises served (this
includes properties at Laverstoke) 687

Size of mains 6 inch, 4 inch & 3 inch.

Whitchurch Water Supply

Bacteriological Examination Report.

Date of collection: 23rd July, 1953. Per 100 ml.

Probable No. of Coliform Bacilli, MacConkey,
2 days at 37°C NIL

Probable No. of Faecal Coli NIL

Remarks: VERY SATISFACTORY. Date of Report: 25th July, 1953.
(Signed) R.D. Mackenzie.

Number of samples taken 2

Number of new connections 36

Number of premises served 813

Number of premises served (St. Mary Bourne) 813

Number of premises served (Hurstbourne Priors) 16

Size of mains.....6 inch, 4 inch & 3 inch.

REFUSE

Approximately 8,250 tons of refuse were collected during the year and deposited at the Council's refuse tips. These tips are situated at Overton, St. Mary Bourne, Tadley and Kingsclere.

The number of dustbins emptied yearly is 302,016, the average number of bins handled by each man being 50,336. The mileage covered for this work during the year is approximately 20,000.

The time is fast approaching when consideration must be given to the purchase of an additional vehicle for refuse collection if we are to maintain the weekly collection of refuse throughout the Rural District.

Employees in this Department are:-

S.D. Freighter Drivers	2
Tipmen	3
Refuse Loaders	4

SEWAGE DISPOSAL.

Sewage Disposal Works are situated in the Parishes of Ecchinswell and Sydmonton (shared with the Air Ministry), Kingsclere, Laverstoke, (Pumping Station only), Overton and Whitchurch. A new Sewage Disposal Works is now in course of construction at Tadley.

Number of Premises connected to Sewer.

Kingsclere	252 (includes 28 new connections)
Ecchinswell	86
Laverstoke	87
Overton	458 (includes 24 new connections)
Whitchurch	329 (includes 30 new connections)

In the remainder of the district sewage is dealt with by (a) Septic Tank or Cesspool (b) Earth Closet.

<u>Parish</u>	<u>Earth Closets</u>	<u>Septic Tanks</u>
Ashmansworth	45	33
Baughurst	176	79
Burghclere	192	112
East Woodhay	371	147
Ecchinswell and Sydmonton	140	28
Highclere	92	70
Hurstbourne Priors	119	12
Kingsclere	463	156
Laverstoke	44	-

<u>Parish</u>	<u>Earth Closets</u>	<u>Septic Tanks</u>
Litchfield and Woodcott	41	16
Newtown	42	32
Overton	213	79
St. Mary Bourne	156	201
Tadley	370	105
Whitchurch	323	45

PETROLEUM STORES

Licences to store petroleum spirit were issued to 83 applicants situated as under:

Ashmansworth	3	Baughurst	4
Burghclere	4	East Woodhay	5
Acchinswell & Sydmonton	4	Highclere	5
Marstbourne Priors	3	Kingsclere	15
Newtown	2	Overton.. .. .	13
St. Mary Bourne	12	Tadley	1
Whitchurch	12		

Total amount of Petroleum stored under licence in the district - 80,900 gallons.

GAME LICENCES.

Issued for the year ending 31st December, 1953 - 12

RODENT CONTROL.

Visits in search of rat and mouse infestations were made to 2,549 properties and destruction work was carried out on 1,001 properties.

The following amounts of bait and poison were used:

		£	s	d.
Oatmeal	2 cwts. 31 lbs.	10	11	0
Red Squill Powder ..	72 lbs.	17	0	0
Ruskit	12 cwts. 0 lbs.	41	8	8
Warfarin	21 lbs.	4	18	0
Cymag (gas powder)..	14 lbs.	1	10	0
Sugar	12 lbs.		8	0

FACTORIES

The following factories are situated in the Rural District:

Paper Mills	2
Gas Works	1
Jam Factories	1
Soap Works	1
Garage and Motor Engineering. .	20
Silk Mills	1
Joinery Works	4
Laundries	2
Shoe Repair Shops	6
Blacksmiths' Works	5
Agricultural Engineers	2
Dry Cleaners	1

Total amount of business noted under license in the district
 £ 200,000

SALES LICENSES

Issued for the year ending 31st December, 1933 - 18

ROBET CONROY

Visits in search of rats and mouse infestations were made to 1,000 properties and distribution work was carried out on 1,000 properties.
 The following amounts of bait and poison were used:

3	10	31 lbs.	General purpose
11	13	72 lbs.	Red Bull powder
13	14	0 lbs.	Black
14	4	31 lbs.	Ward
18	1	14 lbs.	Cyanide (gas powder)
19	12	12 lbs.	Sugar

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 & Fisheries	1,126	164	1,290
Building etc.	1,011	37	1,048
Distributive	485	546	1,031
Vehicle Manufacture & Repair	744	104	848
National & Local Government	702	127	829
Transport, Communications & Warehousing	544	71	615
Professional Services	151	401	552
Food, Drink & Tobacco	286	185	471
Wood & Wood Manufacturers	389	74	463
Paper & Printing	319	126	445
Engineering	236	20	256
Gas, Electric & Water	125	16	141
Insurance etc.	69	61	130
Mining & Mining Products	31	1	32
Chemicals etc.	19	4	23
Clothing	12	5	17
Textiles	4	4	8
Amusements, laundry, hotels, domestic service & miscellaneous services	317	1,135	1,452
TOTAL	6,570	3,081	9,651

The district compares very favourably with the country as a whole, as far as employment is concerned. The local figure is 0.6% against the nation's 1.8%.

There remains one substantial gap in this account, What of the incidence of diseases which are not notifiable ? To get an overall picture of this side of the field, I should have had to include a report from general practitioners. I should gladly make space available for such a report and I hope that all doctors in the district, reading these pages, will feel that they can, if they wish, submit observations and comments on the health of the people in their care. Much has been said and written on one or either "side" of medicine. Essentially the practice of medicine is made up of many individual interests. But our aim must always be to integrate those interests and to present to the public the work of a team, whose members are of equal importance and whose eyes are on one goal - a safer, healthier, saner community.

I acknowledge my gratitude to Mr. R.A. Over, the Council's Chief Sanitary Inspector and Surveyor. It is a pleasure for me to be able to record that the work of the Department has been greatly facilitated by the willing co-operation of the staff and Mr. Over in particular - along with the Additional Inspectors, Mr. W.E.D. Smith, and Mr. P.F. Theasby - has assisted me in numerous ways since I have taken up my present appointment. I consider myself fortunate in having such loyal, experienced, enthusiastic colleagues.

To the other Officers, Mr. F.A.H. Keates the Clerk, Mr. P.J. January, the Assistant Clerk, Mr. P. Sheppard the Treasurer, I am also grateful for their co-operation and interest. The support of the Committee and the Council has been generous and understanding and has encouraged us all.

The typing and duplication of this Report, the tedious part, has been done by my secretary, Miss M.B. Lowman, and I acknowledge my gratitude for her excellent work in this task and throughout the year.

I am, Mr. Chairman,

Ladies and Gentlemen,

Your obedient Servant,

F. H. W. Dummer

To the Honorable Mr. J. A. ...

The Assistant Clerk, ...

The Council has been ...

The Council has been ...

The Council has been ...

The Council has been ...

The Council has been ...

I am, Sir, ...

Yours obedient servant,

...

Wm. T. ...

...

Tuberculosis

<u>Age Periods</u>	<u>New Cases</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 -				1		1						
5 -	1	1	2		2	2						
15 -	3	3	6	1	1	2						
25 -	1	3	4									
35 -	2	1	3									
45 -	3	1	4	1		1						
55 -												
65 and upwards												
Age unknown				1	1	2						
TOTAL	10	9	19	4	4	8						

Number of Cases on the Tuberculosis Register on 31st December, 1953.
(31st December, 1952 in brackets)

Respiratory	31	(23)	35	(26)	66	(49)
Non-Respiratory	12	(10)	11	(8)	23	(18)
TOTAL	43	(33)	46	(34)	89	(67)

During the year the number of cases on the Tuberculosis Register has increased by 22 as shown in the second table. There were 27 new cases and 0 deaths as shown in the first table, and the balance is made up by a further 5 cases which were removed from the Register as under:-

Recovered	1
Left district	4

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, 1953.

	<u>Scarlet Fever</u>			<u>Whooping Cough</u>			<u>Acute Poliomyelitis</u>			<u>Measles</u>		
	M	F	Total	M	F	Total	<u>Non</u>		M	F	Total	
							<u>Paralytic</u>	<u>Paralytic</u>				
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Under 1 year				4	3	7				2		2
1 - 2 years	2		2	18	14	32				16	24	40
3 - 4 years	1		1	9	11	20				10	22	32
5 - 9 years	2	4	6	12	24	36	1		1	63	55	118
10 -14 years				1	1	2				23	4	27
15 -24 years				1		1						
25 and over										1	3	4
Age Unknown												
TOTAL (All Ages)	5	4	9	45	53	98	1		1	115	108	223

	<u>Pneumonia</u>			<u>Dysentery</u>			<u>Erysipelas</u>		
	M	F	Total	M	F	Total	M	F	Total
Under 5 years	2		2						
5 -14 years	1	5	6	1		1			
15 -44 years	4	3	7				1		1
45 -64 years	7	1	8				1		1
65 and over	7		7						
Age Unknown									
TOTAL (All Ages)	21	9	30	1		1	1	1	2

Table of Deaths

Tuberculosis, respiratoryyy	0	(3)	1	(1)	1	(4)
Tuberculosis, other	0	(0)	0	(0)	0	(0)
Syphilitic disease	0	(0)	0	(0)	0	(0)
Diphtheria	0	(0)	0	(0)	0	(0)
Whooping cough	1	(0)	0	(0)	1	(0)
Meningococcal infections	0	(0)	0	(1)	0	(1)
Acute poliomyelitis	1	(0)	0	(0)	1	(0)
Measles	0	(0)	0	(0)	0	(0)
Other infective and parasitic diseases	0	(0)	0	(1)	0	(1)
Malignant neoplasm, stomach	3	(3)	0	(1)	3	(4)
Malignant neoplasm, lung, bronchus	1	(3)	0	(0)	1	(3)
Malignant neoplasm, breast	0	(0)	4	(4)	4	(4)
Malignant neoplasm, uterus	0	(0)	0	(2)	0	(2)
Other malignant and lymphatic neoplasms	7	(11)	2	(10)	9	(21)
Leukaemia, aleukaemia	0	(0)	0	(0)	0	(0)
Diabetes	0	(0)	1	(1)	1	(1)
Vascular lesions of nervous system	4	(17)	13	(12)	17	(29)
Coronary disease, angina	8	(18)	4	(6)	12	(24)
Hypertension with heart disease	0	(0)	0	(3)	0	(3)
Other heart disease	54	(29)	20	(26)	74	(55)
Other circulatory disease	2	(4)	2	(1)	4	(5)
Influenza	0	(0)	0	(0)	0	(0)
Pneumonia	1	(2)	4	(4)	5	(6)
Bronchitis	3	(2)	2	(0)	5	(2)
Other diseases of respiratory system	2	(1)	1	(0)	3	(1)
Ulcer of stomach and duodenum	1	(1)	0	(0)	1	(1)
Gastritis, enteritis, and diarrhoea	0	(1)	0	(0)	0	(1)
Nephritis and nephrosis	2	(2)	1	(1)	3	(3)
Hyperplasia of prostate	0	(1)	0	(0)	0	(1)
Pregnancy, childbirth, abortion	0	(0)	0	(0)	0	(0)
Congenital malformations	2	(0)	1	(0)	3	(0)
Other defined and ill-defined diseases	4	(13)	6	(13)	10	(26)
Motor vehicle accidents	3	(3)	0	(0)	3	(3)
All other accidents	1	(4)	1	(4)	2	(8)
Suicide	0	(1)	0	(0)	0	(1)
Homicide and operations of war	0	(1)	0	(0)	0	(1)
All Causes	100	(120)	63	(91)	163	(211)

Diphtheria Immunisation
Annual Return for year ended 31st December, 1953.

	Age at date of final injection (as regards A) or of reinforcing injection (as regards B)							TOTAL
	Under 1	1	2	3	4	5-9	10-14	
A. Number of children completing full course of primary immunisation	36	179	40	34	21			310
B. Number of children receiving a reinforcing injection						213	72	285

Immunisation in Relation to Child Population

Number of children at 31st December, 1953, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January 1939)

Age at 31.12.53. i.e. Born in Year	Under 1 1953	1 - 4 1952-1949	5 - 9 1948-1944	10 - 14 1943-1939	Under 15 TOTAL
Last complete course of injections (whether primary or booster)					
A. 1949 - 1953	30	1054	855	194	2133
B. 1948 or earlier			356	29	385

Vaccination Return for the Year ended 31st December, 1953.

<u>Number Vaccinated</u>	Under 1	1	2 - 4	5 - 14	15 or over	TOTAL
1st January - 30th June	61	2	4	10	1	78
1st July - 31st December	59	7	1	6	1	74
<u>Number Re-vaccinated</u>						
1st January - 30th June	-	-	-	-	16	16
1st July - 31st December	-	-	-	-	6	6
						174

SOUTH WEST METROPOLITAN REGIONAL HOSPITAL BOARD
(Southampton Group Hospital Management Committee)

Mass Radiography Survey

22nd & 23rd April, 1953.

PART I

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Total number examined on miniature film	156	179	335
Number recalled for large films	6	6	12
Number passed on large films	4	1	5
Total number abnormalities found	14	13	27

PART II

Total Radiographed	335
Total abnormal	27 = 8.65%

	<u>Males</u>	<u>Females</u>	<u>Total</u>
<u>Category A</u>			
Non-tuberculous	12	7	19
<u>Category B</u>			
T.B. lesions requiring no action	1	2	3
<u>Category C</u>			
T.B. lesions requiring treatment or observation	1	4	5
Active	-	-	-
Inactive	1	3	4
Doubtful	-	1	1

County Health ServicesHealth Visitors

Miss E.W. Edwards

Miss E. Brady

Miss N. White

District Nurse/MidwivesBourne Valley

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

Kingsclere

Mrs. J. Dann, S.R.N., S.C.M.

Burghclere

Miss M.M. Brown, S.R.N., S.C.M., Q.N.

Highclere

Miss P. Bradley, S.R.N., S.C.M., Q.N.

Overton

Mrs. A. Marner, S.C.M., S.E.A.N.

Tadley

Miss H.P. Bayley, S.R.N., S.C.M., Q.N.

Whitchurch

Mrs. L. Gardner, S.C.M., S.E.A.N.

Child Welfare ClinicsKingsclere & Whitchurch Rural District

Kingsclere	The Club	4th Thursday
Tadley	Memorial Hall	1st Tuesday
Woolton Hill	The Hall	2nd Tuesday
Overton	St. Mary's Hall	1st & 3rd Friday
St. Mary Bourne	The Room	4th Tuesday
Whitchurch	Church Hall	2nd Friday

