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Loddon Rural District Council.

The Annual Report of the Medical Officer of Health, together with the Report of the Public Health Inspector for the year 1958.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1958. The introduction which follows draws attention to certain matters of interest in the field of public health during the year under review.

LOCAL HEALTH

The health of the District remained generally satisfactory. The estimated population was 12,760 compared with 12,770 in 1957. The corrected birth rate was 14.8 compared with 16.4 for England and Wales while the corrected death rate was 9.5 compared with 11.7 for England and Wales. The infant mortality rate was remarkably low, i.e. 5.7 (one infant death) compared with 22.5 for England and Wales as a whole.

POLIOMYELITIS VACCINATION

The main task of the health department throughout 1958 was to keep pace with the demand for poliomyelitis vaccination. The position was not helped by the uncertainty and irregularity of supplies - particularly supplies of British vaccine. Extensions of the age groups eligible for vaccination and the offer of choice between American and British brands added to administrative difficulties.

Since the introduction of the vaccination campaign approximately 75% of children in Area 5 eligible for vaccination have accepted the offer; there is reason to believe that this figure is a good deal higher than the national acceptance rate. In 1958 the total number of vaccine injections given was approximately 11,350. Welcome help from general practitioners eased the burden of the work.

The yearly average number of cases notified in Norfolk during the post-war years is 39. In 1958 only seven cases were notified. There were 1,993 cases notified in England and Wales in 1958 compared with 5,477 in 1957 and 3,919 in 1956.

Some time must elapse, however, before the value of the recently introduced vaccination campaign can be properly assessed. Meanwhile we gain confidence from interim reports on the efficiency of vaccines. In July 1957 the Medical Research Council reporting on the "Assessment of British Vaccine against Poliomyelitis", showed that the attack rate of paralytic poliomyelitis in children aged 6-9 years after two doses of British poliomyelitis vaccine to be 1.3 per 100,000; the attack rate in the unvaccinated controls in the same age group was 8.2 per 100,000. The apparent protection against the paralytic form of the disease is, therefore, about 80%. The same satisfactory results were obtained in the 18 months to 5 years age group.

The possibility of using a live (but harmless) vaccine, given by mouth, is receiving much scientific attention at the present time under the guidance of the World Health Organisation. On the continent and in Singapore vaccination campaigns, with the use of a live vaccine, have already been instituted.

The initial response of the 15 to 25 age group to the offer of vaccination was disappointing. This is not altogether surprising for teenagers, in particular, have grown to expect their parents to make all the dull decisions about what is good for health; neither can it be claimed that the shine in the eyes of the adolescent arises from a sense of social or personal responsibility. However, the tragic death from poliomyelitis of a star footballer eventually stimulated the movement of young adults into poliomyelitis queues; it is to be hoped that this emotional response will not spend itself like a passing fashion.

STRONTIUM - 90

Strontium, a metallic element, is a natural content of the earth's crust. Man-made radioactive strontium results from nuclear explosions; radioactive strontium is lighter than natural strontium having an atomic weight of 90 hence the term "strontium - 90".

Quite a number of radioactive materials are blasted into the sky with every above-ground nuclear explosion but strontium - 90 is the most dangerous to health because (a) it is relatively abundant among the fission products (b) it is very long lived (c) it is easily absorbed by the body and once absorbed it is stored for long periods.

When strontium - 90 units arrive at that vast chemical factory, the human body, they appear unfamiliar but look rather like cousins of calcium; so they are drafted off with calcium units on a complicated chemical journey which ends in bone. Here the strontium - 90 units reveal themselves as saboteurs not only creating bone tumours but also disrupting a very important task of the bone-marrow, i.e. the manufacture of blood cells. Irradiation of the bone-marrow by the strontium 90 causes uncontrolled over-production of white blood cells most of which are badly-finished, immature and useless. This is "blood cancer" or leukaemia, a disease ultimately fatal.

For many years now certain occupations involving the use of radium and other radio-active substances have been subject to protective measures laid down by an International Commission on Radiological Protection. This Commission fixed a maximum permissible level of radium-content for the human skeleton; the Medical Research Council has adopted a similar "maximum permissible level" for the strontium - 90 content of bone.

The Medical Research Council showed a few years ago that the amount of strontium - 90 in human bone was about a thousandth of the maximum permissible level and that "immediate consideration" would be required if the concentration in human bones should show signs of rising beyond one-hundredth of the "maximum permissible level". Recently the Prime Minister has stated that "even if deposition of the strontium - 90 that has already been injected into the stratosphere continues at the higher rate observed in the summer of 1958, the concentration of this substance in bone is unlikely to approach the level which the Medical Research Council advised in 1956 would require "immediate consideration".

The precautions taken to check levels of strontium - 90 in articles of diet are best described by an extract from the Prime Minister's memorandum circulated to M.Ps.

> "In this country, regular measurements are made of strontium - 90 in food, milk, drinking-water, and air, and in soil and vegetation. We thus have much information on the rate at which strontium 90 enters the diet and reaches bone. The investigations of radioactivity in food were considerably expanded in 1958. Milk receives special attention because much of the total strontium 90 in diet comes from dairy produce. Representative samples are collected regularly from over 200 depots handling some 40% of the total milk production in the United Kingdom. So far as is known, no equally comprehensive scheme is in operation in any other country. Other foods which introduce considerably less strontium - 90 into the diet are also examined; for example, cereals, both imported and home-produced, and vegetables".

MAMMOTH X-RAY SURVEYS

In 1956 the Secretary of State for Scotland announced a national two-year campaign against tuberculosis, to be initiated by a mass X-ray drive in Glasgow. The result of this highly-organised campaign showed "an unparalleled public response and an unprecedented rate of sustained effort by the units concerned". 78% of the female and 74% of the male adult population of Glasgow were X-rayed. In a five week period approximately 715,000 persons were X-rayed by 37 units. The following results were obtained:

2,842 (4 per 1,000) active cases of tuberculosis were detected.

5,379 (7.5 per 1,000) cases needed supervision.

13,863 persons showed "abnormal X-ray results.

347 cases of lung cancer were detected, the rate being four times greater in men than in women.

The cost of the X-ray campaign was over £114,000 and this is equivalent to three and twopence per person examined, or £44 per new active case of tuberculosis found.

A similar campaign has been carried out in Edinburgh and another has just been completed in Liverpool at the time of writing this Report.

Radiological Hazards to Patients

In 1957 4¾ million mass miniature radiological examinations were made in Great Britain. These examinations led to the discovery of nearly 18,000 cases of pulmonary tuberculosis requiring supervision and over 63,000 other abnormalities including 2,362 cases of lung cancer.

In 1956, the Medical Research Council reported on the "Hazards to Man of Nuclear and Allied Radiations". One result of this report was the setting up by the Ministry of Health of a Government Committee under the chairmanship of Lord Adrian to review the present practice in diagnostic radiology. The Adrian Committee has issued an interim report and the main conclusion is expressed in these words.

"The value of mass miniature radiography is so great that it must not be curtailed without good cause and we think it important therefore to state now that these examinations properly conducted make a negligible contribution to the total radiation to which the population is exposed".

It is considered that an individual who has had ten mass miniature radiography examinations over a series of years would have his chance of developing leukaemia in any year increased - if at all - from 50 in a million to at most 51. Nevertheless, the Adrian Committee recommends:

(a) That diagnostic radiology be kept to a minimum.

(b) That pregnant women should continue where necessary to have radiological examinations of the chest but that mass miniature radiography should <u>not</u> be used - but full size films with stringent limitation of field size should be used.

(c) That it is undesirable to use mass miniature radiography for children. Where X-ray investigation is desirable for a child under 14 the Committee recommends that a large film should be taken.

PROBLEM FAMILIES

Every year a number of children leave school with reputations for moral and emotional immaturity and poor intellects; some of these children may be placed under statutory supervision particularly where the home environment is unsatisfactory. The outlook for all of them is uncertain and often grim; where a girl is concerned one positive achievement may be anticipated - early marriage with successful and continuous child-bearing. Lacking powers of discrimination she may be depended upon to choose a marriage partner who provides a bad social and financial risk.

The stage is now nicely set for another problem family drama and very soon unpleasant situations develop watched by a helpless audience. Little or nothing can be done for these young people at the beginning of their married lives, except for local authority supervision in certain extreme cases.

It does not take long for the mother to have as many children as she can manage but the babies still continue to arrive and with the birth of each her health deteriorates and her will to cope steadily weakens.

There are those who imagine that problem family parents will be agreeably surprised and co-operative when advised on family planning. However, those who have experience with problem parents find that all such information is usually received with indignation or complete indifference. After all it is this indifference on the part of unsatisfactory parents which is the essence of the problem and, in the worst cases, results in child neglect (physical and emotional) or child cruelty.

Now comes the time when members of a battery of social workers knock on the door. They knock more than once or knock in vain. Whispers may be heard on the other side of the door ("Be careful - it may be the police"). Refusing to be discouraged, health visitors work grimly on, housing managers suppress their indignation, welfare officers tackle the husband, child care officers come and go, voluntary agencies dutifully hand out bedding and clothing, while school teachers brood over the mental and social deficiencies of the seedlings of future problem families committed to their care.

The public conscience is disturbed and perplexed by these realities; the glib answer that it is all caused by bad economic conditions is no longer accepted. It is not surprising, therefore, to find that in recent years numerous methods have been devised to grapple with the challenge of unsatisfactory families. One of the difficulties is to bring about co-ordination of responsibility particularly for the welfare of the children. Official guidance has been given by the Ministries concerned by means of a joint circular advising the designation of an officer in each local authority area to co-ordinate the work of all interested officials and agencies and call regular discussion meetings. The interests of problem families are best served by allocating responsibility for supervision to one officer of the County Council (or Voluntary Organisation) who seems, in all the circumstances, the most appropriate person to help the family; it is thus possible to avoid the confusion which arises from multiple visits by many officials.

In Norfolk the County Childrens' Officer has been appointed Co-ordinating Officer and takes the chair at Problem Families Conferences. Case conferences, instituted in 1957, are held twice yearly in Area 5. At these meetings all difficulties associated with local problem families are discussed and decisions made regarding action to be taken in each case. The composition of the departments and agencies represented at these conferences is worth recording:

Children's Department.

Public Health Department.
(A.C.M.O., Welfare Officers,
Health Visitors, Home Help
Organiser).

Education Department.

Social Services Department.

Probation Services.

Representatives from
District Councils.

N.S.P.C.C.

Norwich Diocesan
Council for Moral Welfare.

National Assistance Board.

Adequate housing is a very important factor if there is to be any hope of improving the morale of problem families; without it there is little hope. District Councils can give practical help by careful consideration of the housing needs of problem families. There are of course rightful objections to providing some problem families with housing on a Council's estate; in such cases housing in roomy sub-standard reconditioned property is the best solution until such time as these families have improved sufficiently to qualify for a Council house. It is a question of dispassionate consideration of each case on its merits with a bias towards leniency and tolerance.

II. STAFF

Clerical assistance for your Medical Officer of Health is carried out by the Senior Clerk and staff at the Local Health Office, Norwich, while close touch is maintained with the Loddon office.

Mr.K.S.Starling, C.R.S.I., M.S.I.A., M.I.H., assisted by Mr.R.W.Garrood, M.R., San.I., R.S.I.A., continued duties as Public Health Inspectors throughout the year.

III VITAL STATISTICS

(a) Population

The Registrar General estimates the population of Loddon Rural District at 12,760 compared with 12,770 in 1957.

(b) Births

There were 174 live births recorded during the year: 90 boys and 84 girls. The crude birth rate was 13.6 per 1,000 of the resident population compared with 13.5 in 1957.

(c) Deaths

The number of deaths during the year was 133 compared with 140 in 1957; the crude death rate was, therefore, 10.4 compared with 10.9 in 1957. The greatest number of deaths occurred in the age group 70-80 (51); there were 38 deaths in the age group 80 to 90 and 6 deaths between the ages of 90 and 100.

(d) Comparability Factor

The comparability factor makes an approximate allowance for the way in which the sex and age distribution of the local population differs from that of England and Wales as a whole. Allowing for this factor the adjusted birth rate for Loddon District thus becomes 14.8 compared with 16.4 for England and Wales and the death rate 9.5 compared with 11.7 for England and Wales.

(e) Infant Mortality

There was only one infant death and this was caused by prematurity. The infant death rate (deaths under one year of age per 1,000 live births) was therefore 5.7 compared with 22.5 for England and Wales. The infant death rate for England and Wales constitutes a new low record (making the much lower Loddon District rate all the more remarkable). However, there are certain countries with rates lower than those of England and Wales, i.e. Australia, New Zealand, Netherlands and Sweden.

IV COMMUNICABLE DISEASES

(a) Two hundred and five cases of communicable diseases were notified by general practitioners during 1958. One hundred and fifty seven of these notifications were measles and seven whooping cough. Pneumonia accounted for twelve, food poisoning three and scarlet fever twenty three.

(b) Whooping Cough

Notifications in Loddon District were lower than in previous years. In England and Wales there has been a sharp fall in the incidence of the disease since the Autumn of 1957; this may be the consequence of building up a large population of immunised children. The Whooping Cough Immunisation Committee of the Medical Research Council has issued a final report recently with a conclusion containing these words; "The results of the trials clearly showed that it was possible by vaccination to produce a high degree of protection against the disease".

Early immunisation of babies is essential for the reason that three-quarters of the deaths ascribed to whooping cough occur in babies under one year of age.

(c) Diphtheria

It is many years now since a case of diphtheria occurred in the District. Nevertheless the need to maintain a high level of immunity by inoculation remains because the disease, which at one time claimed thousands of deaths annually in this country, has not been completely stamped out but continues to show occasional flickers of life: thus in October 1958 small outbreaks occurred in Essex and London. In Essex the outbreak began in an infants school and caused the death of one child.

In Area 5 a reasonably high level of immunisation is maintained. During the year 401 children under the age of five years (283 under one year) were immunised and 416 booster doses were given to school children. The number of births during the year was 599. Compared with recent years some reduction in the work of immunising school children was inevitable in the face of the large poliomyelitis vaccination programme which had to be urgently carried out.

(d) Poliomyelitis

No cases of poliomyelitis were notified during the year.

Statistical details of vaccinations carried out during 1958 are shown in Table 21 of the appendix to this Report.

(e) Smallpox Vaccination

156 children in the age group 0-4 years in Loddon District were given primary vaccinations; most of these were infants in the first year of life. This is a very satisfactory standard considering the fact that there were 174 births, i.e. a 90 per cent vaccination rate, in the District during the year.

TUBERCULOSIS

The national decline in the incidence of Tuberculosis continues. In England and Wales deaths from respiratory tuberculosis during 1958 were 6% less than the previous year.

In Area 5 the average yearly notifications of new cases of tuberculosis from 1954 to 1957 was 18. In 1958 there were only 8 new notifications. Three new notifications were recorded in Loddon District in 1958.

B.C.G.vaccination of school-leavers at Loddon Secondary Modern School was again carried out in 1958. There continues to be a good response to this method of protection against tuberculosis.

CANCER

In Loddon District total deaths from all causes numbered 133 and total cancer deaths 19, i.e. 14.3% of total deaths, compared with a percentage of 11.4 in 1957 and 10.5 in 1956.

The yearly average number of lung cancer deaths from 1952 to 1957 was two. In 1958 there were four deaths from lung cancer, three males and one female.

Deaths from lung cancer again increased in England and Wales in 1958. There were approximately 20,000 deaths. So far the rate of increase is fairly steady at approximately 1,000 additional deaths per annum for a number of years past.

In his Annual Report for 1957 the Chief Medical Officer of the Ministry of Health writes as follows on the subject of lung cancer:

> "The epidemiological studies which have been made in this country and in the United States of America have shown that excessive cigarette smoking is an important factor in its causation. But there is possibly something else working as a carcinogen upon the tissues of the respiratory tract either on its own account or in association with the smoking habit. The identity of such a factor has not yet been established, neither do we know whether there is only one or whether there are several involved".

V HOUSING

Action regarding housing in 1958 is described in the Public Health Inspector's Report (appended).

At Ditchingham the scheme for the provision of grouped dwellings (with warden's house) for the elderly made good progress; eight bungalows of this eighteen unit scheme had been completed by the end of the year.

VI WATER SUPPLIES

Constant checking of your Council's public water supplies to ensure bacteriological purity was continued throughout the year. Results were in general satisfactory; but additional flushing of mains was necessary in certain localities to maintain a high standard of water purity.

VII FLUORIDATION AND NATIONAL WATER SUPPLIES

The World Health Organisation Expert Committee on Water Fluoridation published a Report in 1958. In the conclusion of the Report the Committee expressed the opinion that the results of the extensive and thorough enquiry into the question of water fluoridation "proved beyond doubt the safety of controlled fluoridation as a public health measure" (Chronicle of the World Health Organisation, June 1958).

With regard to the pilot fluoridation schemes in operation in the United Kingdom, the Ministry of Health has stated that the earliest date at which the results of fluoridation can be assessed is five or six years after the water treatment began. According to a communication received from the Ministry, it is not anticipated that the Ministry of Health shall have anything to report before 1961 at the earliest.

VIII SEWAGE DISPOSAL

Proposals for a sewerage scheme for the Kirby Cane - Gillingham areas was under consideration during the year and action is proceeding satisfactorily.

Details under this heading are contained in the appended Report of the Public Health Inspector.

CONCLUSION

In conclusion I wish to thank the Chairman, the Clerk of the Council, and Members of the Public Health Committee for their continued support and encouragement and for the enthusiastic and efficient help given me by the Public Health Inspectors and Council staff, and by the Clerical Staff at the Local Health Office, Norwich.

I have the honour to be, Mr.Chairman, Ladies and Gentlemen,

Your obedient servant.

W.E.Holmes.

Local Health Office,
Aspland Road,
Norwich.

LODDON RURAL DISTRICT

Table 1. GENERAL STATISTICS

Area (in acres)	60,406
Estimated Resident Population	12,760
Rateable Value	£77,532
Sum represented by a Penny Rate	£322

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	84	82	166
Illegitimate	6	2	8
Totals	90	84	174

Live Birth Rate per 1,000 of estimated
Resident Population = 13.6

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	1	1	2
Illegitimate	-	1	1
Totals	1	2	3

Still Birth Rate per 1,000 total births: 16.9

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	90	84	174
Still	1	2	3
Totals	91	86	177

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	-	-	-
Totals	1	-	1

Infant Mortality Rates per 1,000 live births:

Total = 5.7
Legitimate = 6.0 (per 1,000 legitimate births)
Illegitimate = 0.0 (per 1,000 illegitimate births)

(b) Neo Natal Mortality (Deaths of Infants during first four weeks)

	Males	Females	Total
Legitimate	1	-	1
Illegitimate	-	-	-
Totals	1	-	1

Neo Natal Mortality rate per 1,000 live births = 5.7

Table 6. ILLEGITIMATE LIVE BIRTHS

Males, 6; Females, 2; Total, 8 = 4.6% of Total Live Births

Table 7. MATERNAL DEATHS (including abortion)

- NIL -

Maternal mortality rate per 1,000 live and still births
= 0.0

Table 8. DEATHS (All ages)

Males	Females	Total
75	58	133

Crude Death Rate per 1,000 of estimated
Resident Population = 10.4

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR - Loddon R.D.

Cause	Males	Females	Total
Prematurity	1	-	1
Totals	1	-	1

Table 10. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR 1958
(According to Age Groups)

Loddon R.D.	Males	Females	Total
Under 1 year	1	-	1
1 and under 5	-	-	-
5 " " 10	1	-	1
10 " " 20	-	1	1
20 " " 30	-	-	-
30 " " 40	3	1	4
40 " " 50	2	2	4
50 " " 60	7	1	8
60 " " 70	10	9	19
70 " " 80	27	24	51
80 " " 90	20	18	38
90 " " 100	4	2	6
100 and over	-	-	-
Totals	75	58	133

Table 11. CAUSE OF TOTAL DEATHS (Registrar-General) - Loddon R.D.

Cause	Male	Female	Total
1. Tuberculosis, respiratory.	1	-	1
2. Tuberculosis, other.	-	-	-
3. Syphilitic disease.	1	-	1
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal infections.	-	-	-
7. Acute poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other infective and parasitic diseases.	1	-	1
10. Malignant neoplasm, stomach.	1	2	3
11. Malignant neoplasm, lung, bronchus.	3	1	4
12. Malignant neoplasm, breast.	-	1	1
13. Malignant neoplasm, uterus.	-	2	2
14. Other malignant and lymphatic neoplasms.	5	4	9
15. Leukemia, Aleukemia.	1	-	1
16. Diabetes.	2	-	2
17. Vascular lesions of nervous system.	5	10	15
18. Coronary disease, angina.	18	10	28
19. Hypertension with heart disease.	-	1	1
20. Other heart diseases.	10	15	25
21. Other circulatory diseases.	4	3	7
22. Influenza.	-	-	-
23. Pneumonia.	5	-	5
24. Bronchitis.	5	-	5
25. Other diseases of respiratory system.	1	1	2
26. Ulcer of stomach and duodenum.	2	-	2
27. Gastritis, enteritis and diarrhoea.	-	2	2
28. Nephritis and nephrosis.	-	-	-
29. Hyperplasia of prostate.	1	-	1
30. Pregnancy, childbirth and abortion.	-	-	-
31. Congenital malformations.	-	1	1
32. Other defined and ill-defined diseases.	8	4	12
33. Motor vehicle accidents.	-	-	-
34. All other accidents.	1	1	2
35. Suicide.	-	-	-
36. Homicide and operations of war.	-	-	-
Totals	75	58	133

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1951	1952	1953	1954	1955	1956	1957	1958
Live Births (per 1,000 pop)	(192)	(186)	(177)	(181)	(163)	(191)	(172)	(174)
Loddon R.D.	15.2	14.7	13.8	14.1	12.8	14.9	13.5	13.6
Area 5.	15.4	15.6	14.3	13.4	14.3	14.2	13.3	14.9
England & Wales (Provisional)	15.5	15.3	15.5	15.2	15.0	15.7	16.1	16.4
Still Births (per 1,000 total births)	(7)	(4)	(1)	(4)	(4)	(7)	(6)	(3)
Loddon R.D.	35.1	21.0	5.6	21.6	23.9	35.3	33.7	16.9
Area 5.	26.8	28.0	17.1	26.0	20.8	23.7	22.0	9.9
England & Wales (Provisional)	-	22.6	22.4	24.0	23.1	23.0	22.4	21.6
Crude Deaths (per 1,000 pop)	(166)	(141)	(127)	(131)	(125)	(143)	(140)	(133)
Loddon R.D.	13.0	11.1	10.1	10.2	8.8	11.2	10.9	10.4
Area 5.	14.0	12.6	10.9	11.6	11.8	11.4	11.1	12.1
England & Wales (Provisional)	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7
Infant Mortality (per 1,000 live births)	(5)	(2)	(8)	(2)	(3)	(2)	(2)	(1)
Loddon R.D.	26.0	10.7	45.1	11.0	18.4	10.5	11.6	5.7
Area 5.	27.5	28.8	34.8	7.1	19.0	20.8	15.0	8.3
England & Wales (Provisional)	29.6	27.0	26.8	25.5	24.9	23.8	23.0	22.5

NOTE: Figures in brackets are the actual numbers for Loddon R.D.

Table 13. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) (ACCORDING TO AGE GROUPS) - Loddon R.D.

	Under 1	1-4 yrs	5-14 yrs	15-24 yrs	Over 25	Total
Scarlet Fever	-	4	19	-	-	23
Measles	2	46	106	2	1	157
Whooping Cough	-	4	3	-	-	7
Pneumonia	-	-	1	1	10	12
Infective Jaundice	-	-	-	-	1	1
Erysipelas	-	-	-	-	1	1
Food Poisoning	-	1	-	-	2	3
Puerperal Pyrexia	-	-	-	1	-	1
Totals	2	55	129	4	15	205

Table 14. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) Loddon Rural District

	Quarters				Total
	1st	2nd	3rd	4th	
Scarlet Fever	19	2	-	2	23
Measles	106	14	3	34	157
Whooping Cough	4	1	-	2	7
Pneumonia	7	2	2	1	12
Infective Jaundice	-	-	-	1	1
Erysipelas	1	-	-	-	1
Food Poisoning	-	-	1	2	3
Puerperal Pyrexia	-	-	-	1	1
Totals	137	19	6	43	205

Table 15. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) DURING LAST FIVE YEARS - Loddon R.D.

	1954	1955	1956	1957	1958
Scarlet Fever	4	9	36	17	23
Measles	171	19	38	123	157
Whooping Cough	74	19	17	11	7
Pneumonia	10	6	8	10	12
Infective Jaundice	2	3	3	3	1
Erysipelas	-	-	4	1	1
Dysentery (Sonne)	3	9	10	-	-
Food Poisoning	2	3	2	6	3
Puerperal Pyrexia	2	4	2	1	1
Psittacosis	-	-	-	3	-
Poliomyelitis (Paralytic)	1	1	-	-	-
Poliomyelitis (Non-paralytic)	-	-	-	-	-
Paratyphoid	-	-	1	-	-
Totals	269	73	121	175	205

Table 16. TUBERCULOSIS (DETAILS OF NEW CASES DURING 1958)

Loddon R.D.

Age Period	Pulmonary		Non-Pulmonary	
	M	F	M	F
0-4	-	-	-	-
5-14	-	-	-	-
15-22	-	1	-	-
23-34	-	-	-	-
35-44	1	-	-	-
45-54	-	1	-	-
55-64	-	-	-	-
65 and over	-	-	-	-
Totals	1	2	-	-

Table 17. TUBERCULOSIS (NUMBER OF CASES ON T.B. REGISTER AS AT 31.12.58)

Loddon Rural District

	Males	Females	Total
Pulmonary	22	25	47
Non-Pulmonary	8	7	15
Totals	30	32	62

Table 18. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS

Loddon Rural District

	1954	1955	1956	1957	1958
Pulmonary					
Male	2	-	4	-	1
Female	5	-	1	3	2
Non-Pulmonary					
Male	-	-	1	-	-
Female	-	1	-	2	-
Totals	7	1	6	5	3
Area 5 Totals	23	13	17	18	8

Table 19. DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last seven years in respect of Area 5.

Year	Primary Injections			Booster Injections		Total
	Under 1	Total Under 5	Age 5-14	Under 5	Age 5-14	
1958	283	401	60	28	416	905
1957	347	447	76	54	773	1,350
1956	390	523	139	62	886	1,610
1955	283	463	86	45	251	845
1954	237	486	171	26	983	1,666
1953	-	493	392	36	1,855	2,776
1952	-	371	95	15	598	1,070

Table 20. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the years 1954 to 1958 resident in the District and Area 5, are shown in the following Table.

	Loddon R.D.					Area 5				
	1954	1955	1956	1957	1958	1954	1955	1956	1957	1958
Number of live births registered	181	163	191	172	174	560	577	576	533	599
Number of vaccinations recorded (0-4 years)	131	99	147	156	156	375	361	500	410	445
Percentage vaccinated	72	60	77	91	90	67	62	87	77	74

Table 21. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and booster injections given in Area 5 since the introduction of this scheme in 1956.

Year	Primary			Booster			Totals
	Age 0-4	Age 5-14	Adults	Age 0-4	Age 5-14	Adults	
1958	1,648	3,159	154	32	1,284	2	6,279
1957	197	1,115	-	-	-	-	1,312
1956	40	121	-	-	-	-	161

Table 22. DEATHS DUE TO CANCER - Loddon R.D.

	1950	1951	1952	1953	1954	1955	1956	1957	1958
Number of deaths	18	25	26	32	28	21	15	16	19
Percentage of total deaths	13.3	15.0	18.4	25.2	21.3	16.8	10.5	11.4	14.3

Table 23. DEATHS DUE TO CANCER - Area 5

	1950	1951	1952	1953	1954	1955	1956	1957	1958
Number of deaths	84	86	82	74	87	73	65	55	81
Percentage of total deaths	17.3	15.3	16.3	16.9	18.5	15.2	14.0	12.4	16.6

Table 24. CANCER DEATHS DURING LAST SEVEN YEARS - Loddon R.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1952	59	13	4	79	13	-
1953	60	14	2	67	18	1
1954	72	15	1	59	13	-
1955	60	8	1	65	13	-
1956	74	7	2	69	8	-
1957	72	6	1	68	10	-
1958	75	9	3	58	10	1
Totals	472	72	14	465	85	2