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THE RURAL DISTRICT OF ALTON

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

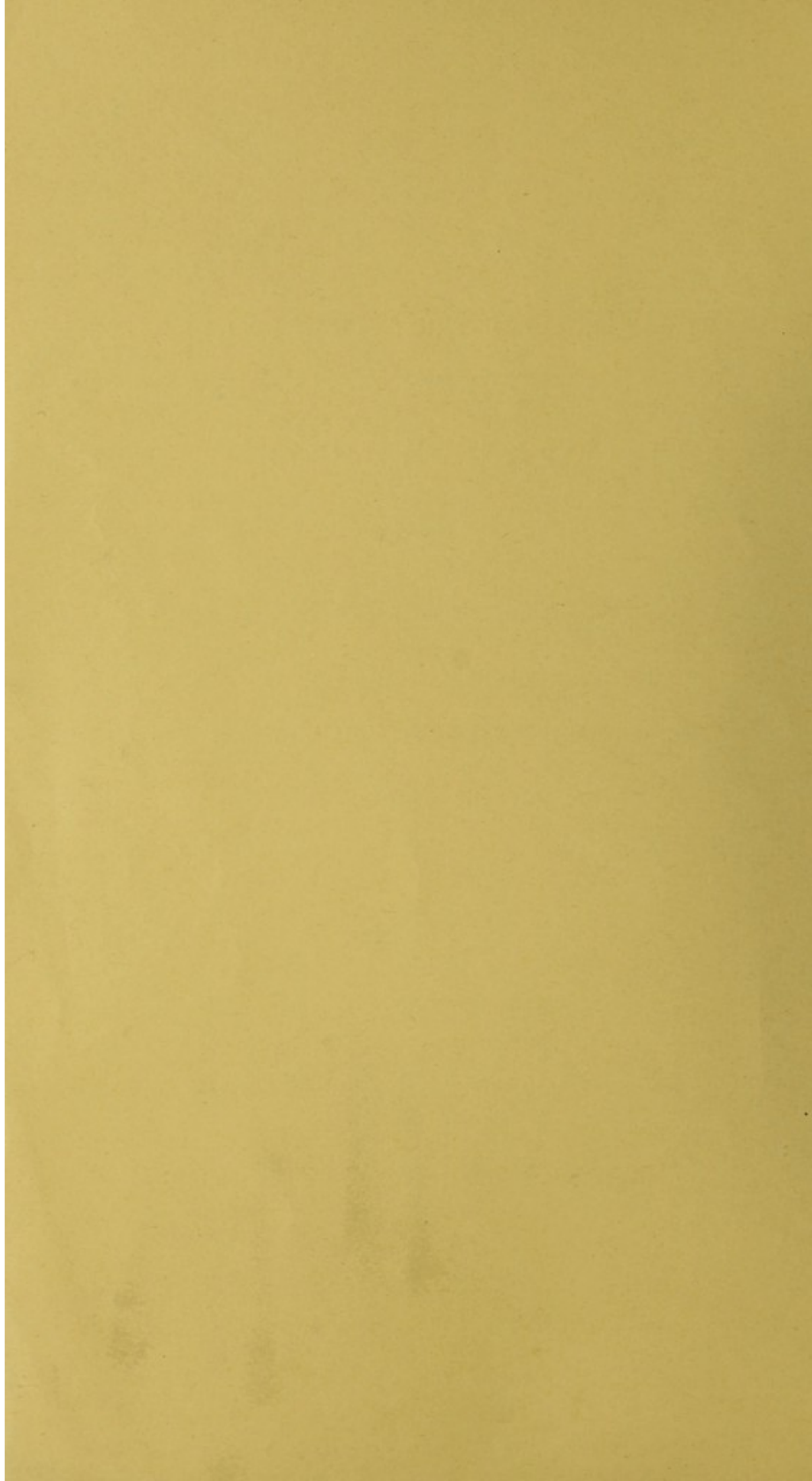
AND

CHIEF PUBLIC HEALTH INSPECTOR

for the year

1958





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Vice-Chairman E. H. Lucas, Esq.

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OF THE

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AND

CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR

1958

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Additional Public Health Inspector and Assistant Building Surveyor
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Night Operator Mrs. E. M. Taylor (Resigned 31.12.58)
..... J. W. Debenham

THE RURAL DISTRICT OF ALTON

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR
1928

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CANCER

ALTON RURAL DISTRICT COUNCIL

Telephone Number:-
ALTON 2263.

Barton End,
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Alton, Hants.

To the Chairman and Members of the Alton Rural District Council.

Ladies and Gentlemen,

I have the honour to present for your information and consideration the Annual Report for the year 1958, compiled according to the directions of the Minister of Health.

Points of note in the vital statistical figures are that the estimated population is some 700 less than in the previous year, the birth rate a little higher, the death rate considerably higher and the infant mortality rate, although much higher than in 1957, is about the same as in the years 1954-56. The incidence of infectious diseases was again low.

It is appropriate to make mention of the retirement of Mr. A. E. Bennett, Chief Public Health Inspector and Building Surveyor, which took place in April, 1959. He has served the Council and district faithfully and well for the long period of 39 years and in that time seen many changes. My predecessor's report for the year 1921 records that the population then was 15,777, the birth rate 18.7, the death rate 10.2 and the infant mortality rate 51 per 1,000 births. Cases of diphtheria and scarlet fever were relatively common. School closure for scarlet fever, measles, whooping cough and mumps was a common procedure. Water supplies apart from Grayshott, supplied by the Wey Valley Water Company, were from tanks and wells, the latter often failing in the higher villages in a dry summer. Earth closets were in general use. May I add that I count myself fortunate in having had the benefit of Mr. Bennett's wide knowledge and long experience of the district and I will miss his cheery presence in the office.

I am grateful to the Chairman and Members of the Public Health Committee for their encouragement and help; to Mr. Holden, the Clerk of the Council; to Mr. Bennett, the Chief Public Health Inspector, and the Staff of the Public Health Department for their ready assistance, enabling me to carry out my duties.

John W. Dine
Medical Officer of Health
ALTON RURAL DISTRICT COUNCIL

ALTON RURAL DISTRICT COUNCIL
Telephone Number: ALTON 2263.
Ladies and Gentlemen,
To the Chairman and members of the Alton Rural District Council.

PART I

GENERAL REPORT OF THE MEDICAL OFFICER OF HEALTH

ALTON RURAL DISTRICT

The Alton Rural District, situated in North-East Hampshire, comprises twenty-one parishes and has its administrative centre in Alton. The District is essentially an agricultural one, well known for its hopfields, fruit and poultry farms.

The population of the District is estimated by the Registrar General for mid-1958 is 25,210. This shows a decrease of 540 from the 1957 figure. The natural increase of births over deaths amounted to 128. Accepting these figures at their face value it would seem that some 668 persons have left the District.

BIRTH AND DEATH RATES

During the year there were 436 live births, representing a birth rate of 17.3 per 1,000 of the population compared with the average of 17.4 for the previous quinquennium. The comparability factor given by the Registrar General, which when applied to the local rate gives a figure which can be compared with the rates for other areas, is 1.16 for births, giving an adjusted rate of 20.1 which compares with the rate of 16.4 (provisional) for England and Wales as a whole. 31 illegitimate births were recorded, being 7% of the total births.

The 318 deaths represent a crude death rate of 12.6 per 1,000 of the population, compared with the average of 9.0 per 1,000 for the previous quinquennium and of 12.1 for the quinquennium 1948-52. The comparability factor is 1.07 and this gives an adjusted rate of 13.5 which compares with that of 11.7 for England and Wales. The greatly increased death rate is an unexpected interruption to the consistently low rate to which we have become accustomed, one not readily susceptible to explanation. Reference to Table 5 indicates that the increase has been chiefly in the older age groups and more marked among females; mainly in two groups of disease viz., Other heart diseases and the group of "Other defined and ill-defined diseases". In addition, there has been a small increase in the number of deaths from cancer, vascular lesions of the nervous system and diabetes.

INFANT MORTALITY RATE

There were 11 deaths in children under one year, 9 of them being less than 4 weeks old. The infant mortality rate is 25.2 per 1,000 related births compared with a rate of 20.4 for the previous quinquennium and with a rate of 22.5 for England and Wales, the lowest ever recorded for the country.

The still birth rate is 15.8 per 1,000 live and still births (England and Wales 21.6).

CANCER

57 deaths in the District were recorded from cancer of various types; 35 were males and 22 females. Eleven of the deaths were due to cancer of the lungs and bronchus - 10 males and 1 female. Deaths from lung cancer again increased in the country as a whole, numbering 17,030 for men and 2,779 for women. The statement in my last year's report that the conclusion reached by the Medical Research Council that the major part of the great increase in deaths from lung cancer is caused by smoking tobacco, particularly heavy cigarette smoking, has not been invalidated - rather has it been supported by additional evidence in this and other countries. In other words evidence is piling up that cigarette smoking is not a harmless habit.

CORONARY DISEASE

38 deaths were recorded from this disease - 16 male and 22 female. In last year's report I commented on certain theories regarding the causation of this disease. Speculation still continues and one hypothesis now advanced is that physical activity of work is a protection against coronary heart disease; that men in physically active jobs have less coronary disease during middle age, what disease they have is less severe and they develop it later than men in physically inactive jobs. Dr. Morris, of the Medical Research Council, who propounded this hypothesis based it on an earlier finding that drivers of London's double decker buses are more likely to die from "coronary thrombosis" than the conductors as do sedentary postal and telephone clerks compared with postmen. Perhaps in this there lies a hint that those of us in sedentary occupations should try and take more exercise regularly but avoiding sudden and violent exertion.

INFECTIOUS DISEASES

GENERAL

In England apart from an increase in scarlet fever and dysentery the number of notifications of the main infectious diseases was less than in previous years, in fact, the number of cases of diphtheria and whooping cough was the lowest ever recorded whilst the number of cases of poliomyelitis was the lowest recorded since the disease assumed epidemic proportions in 1947. In this District as in the previous year the incidence of infectious diseases was below the average.

MEASLES

101 cases were notified, a complementary decrease to the larger number of cases in the previous year. 99 cases were in children under 10 years of age, 3 of them being less than one year old. 49 of the cases occurred during the second quarter of the year and 40 in the last quarter.

	1947	1948	1949	1950	1951	1952
Under 1	16	61	3	15	10	16
1 - 4	1	1	1	1	1	1
5 - 14	1	1	1	1	1	1
Totals	18	63	5	17	12	18

WHOOPIING COUGH

The number of cases of whooping cough was much the same as in 1957, 36 compared with 37. As I commented last year possibly this continued reduction is in part accounted for by the increasing number of children being immunised against this disease with the combined or triple antigen.

SCARLET FEVER

Six cases of scarlet fever were reported, 2 during the first quarter and 4 during the fourth quarter of the year. Of the six cases, 3 were boys and 3 were girls, with ages varying from 4 to 14 years.

POLIOMYELITIS

Four cases were reported during the year - 2 paralytic and 2 non-paralytic; the first case occurred during the last week of August and the last at the end of October. Two of the cases occurred in a family at Longmoor, one at East Tisted and one at Four Marks. No contact could be traced between the families affected. None of the cases had been vaccinated against the disease. No virus was isolated from any of the contacts except in one contact where Coxsackie B virus was found, but it is appreciated that examination of one faecal sample cannot be expected to reveal the presence of the virus in more than a proportion of genuine excretors.

TUBERCULOSIS

8 new cases of pulmonary tuberculosis and one of non-pulmonary (bone) tuberculosis were notified during the year - a total of 9 as compared with 14 cases in the previous year. Two deaths were recorded from tuberculosis.

The age and sex distribution of the notified cases is:-
(with the deaths shown in parenthesis)

<u>Age</u>	<u>Pulmonary</u>		<u>Meninges & C. N. S.</u>		<u>Other</u>	
	M.	F.	M.	F.	M.	F.
5 - 14	-	-	-	-	-	1
15 - 24	1	-	-	-	-	-
25 - 44	2	1	-	-	-	-
45 - 64	1	-	-	-	-	-
65 and over	2	1	-	-	-	-
TOTALS:-	8		-		1	

The Mass Miniature Radiography Unit from Southampton visited Alton and district at the end of April and beginning of May.

A total of 1,649 men and 1,656 women were examined.

B. C. G. VACCINATION

In the latter part of the year the Principal School Medical Officer arranged to extend the B. C. G. Vaccination Scheme to grammar and secondary schools in Alton and district. The results of tuberculin testing of the 13 year-old children have shown nearly 80% are negative, indicating they have no immunity against tuberculosis and so in need of protection by B. C. G. vaccine. The presence of so many tuberculosis-negative children is an indication of the success of the campaign to produce tuberculosis-free milk supplies in the county. It is very necessary that such unprotected children should be given B. C. G. which official investigation has shown confers a substantial measure of protection in adolescents. The children found to be tuberculosis-positive have already resistance against tuberculosis and so do not need vaccination with B. C. G.

PROPHYLACTIC IMMUNISATION SCHEMES

Immunisation schemes continue to play a major part in reducing the incidence of infectious diseases in this county. Three serious and disabling diseases have come or are coming under control in this way viz., diphtheria, whooping cough and poliomyelitis; in fact to many people the former disease is now only a name but the time has not yet been reached when we can afford to do without active protection against the disease. Diphtheria is recognized as a classic example of a disease almost banished by immunisation. In 1957 there were only 37 corrected notifications and 6 deaths compared with an annual average of 55,000 cases in the period 1933-1942. No case has occurred in this district in the past 12 years. This elimination of the disease, however, is conditional upon the maintenance of an adequate level of immunisation and for this it is considered necessary that not less than 75% of babies must be protected before their first birthday. With this end in view, in this district the parents of every child are contacted when the child is 4 months old and again at the age of 5 and 10 years and they are invited to have the children immunised either by their own doctor or at clinics. In 1958 53% of babies in the district were immunised before their first birthday.

The number of children protected is shown in the following table:-

(I) Number of children who completed a course of primary immunisations and who received reinforcing injections.								
Ages	Diphtheria only		Diphtheria & Whooping Cough		Whooping Cough only		Triple Antigen	
	Prim	Bstr	Prim	Bstr	Prim	Bstr	Prim	Bstr
Under 1	16	-	64	-	3	-	150	-
1 - 4	13	22	13	8	3	3	37	6
5 - 14	96	424	1	1	1	1	5	28
Totals:-	125	446	78	9	7	4	192	34

To assess the extent to which children in this area have been protected, the proportion of children of each age who have received at some time or other a course of injections against diphtheria as well as the ages at which the course was received, must be taken into consideration. Therefore, the immunisation stage is shown in the following table by (a) age at inoculation, and by (b) age attained:-

(II) Number of children at 31.12.58 who had completed a course of immunisation at any time between 1.1.44 and 31.12.58.					
Age at 31.12.58, i.e., born in year	Under 1 1958	1-4 54-57	5-9 49-53	10-14 44-48	Total under 15 yrs.
Last complete course of injections 1954-58.	76	1206	1645	1776	4703
1953 or earlier.	-	-	907	1743	2650
Totals:-	76	1206	2552	3519	7353

WHOOPING COUGH IMMUNISATION

This scheme is well established as a worthwhile procedure and many parents readily recognize its value having themselves seen or heard of the serious effects of this disease in early life. The vaccine is most frequently given combined with diphtheria antigen or in the triple antigen which also protects against tetanus.

POLIOMYELITIS VACCINATION

During the year vaccination of the eligible age groups continued to be carried out as and when vaccine was made available. Before the end of the year supplies became more plentiful so that the Ministry of Health were able to extend the offer of vaccine to those between the ages of 15 and 25 years and for giving a third injection to those who had already received two. Figures are not available for the district to show what percentage of the eligible population has been vaccinated but parents who do accept are keen to have their children protected. For the County it is estimated that about 50% of children under the age of 15 have been given protection.

Vaccination has not yet been carried out long enough in this country to entirely demonstrate its value but some figures from countries where vaccination on a much larger scale has been done for a considerably longer period are of interest. In the United States of America in the first eleven months of 1957 there were 5,747 cases compared with 14,974 for the same period in 1956 and the five year average of 34,321 cases in the first eleven months of the years 1952-56.

A study of an outbreak in Chicago showed that amongst 125,000 children who had not been vaccinated the paralytic attack rate was 358 per 100,000, amongst the 125,000 who had one inoculation it was 154, amongst the 600,000 who had two inoculations it was 14.2 and it was nil among the 300,000 children who had received the full course of three inoculations. Another report from Ontario, Canada, describes their three years' experience with the vaccine. In 1956, five cases of paralytic poliomyelitis occurred in 840,000 vaccinated school children compared with 71 cases in 960,000 unvaccinated children, whilst in 1957 there were 17 cases in 1,800,000 vaccinated children and 21 in 300,000 unvaccinated children.

In this country from 1956 to July, 1958, 35 cases of poliomyelitis have been reported as developing within 30 days of inoculation - all being children except 2; whilst in the same period 6,000,000 children have been given the two injections. With such a large number it is inevitable that some of the children would have been incubating the disease when the inoculation was given. The prominence given by the national press to reports of deaths following poliomyelitis vaccination undoubtedly creates anxiety in parents. "Post hoc, ergo propter hoc" is the unavoidable deduction and logic can hardly be expected to have any bearing in such an emotionally charged subject as poliomyelitis. One case which demonstrated the difficulty of diagnosis was that of a school child, aged 12, who developed fever and symptoms suggestive of poliomyelitis a few days after receiving her second inoculation but investigation in hospital proved the illness not to be poliomyelitis; adenovirus type 7 was isolated from the faeces.

VACCINATION

The state of primary infant vaccination in the district continued to be very good, a total of 427 babies under 12 months of age were vaccinated. There were 436 live births during the year so that the equivalent of 97% of the children born were vaccinated. This figure can be compared with that of 68.8% for the County of Hampshire and with that of 43% for England and Wales for the year 1957. The acceptance rate for infant vaccination varies greatly in different parts of the country; from 15.3 in Rutland, 73.9 in East Sussex and 84.2 in the County Borough of Canterbury. The position in regard to the desirability of vaccination against smallpox is well put in the Ministry of Health Report for 1957 and I should like to quote the relevant paragraph - "Smallpox is no longer endemic in Europe and the chance of the individual stay at home Englishman ever encountering it may be remote but not everyone remains at home and vaccination is often a pre-requisite for travel or for entry into many countries as well as an essential protection in those areas in which smallpox is endemic. It is a desideratum of certain types of employment within this country and obligatory for service with the Armed Services. So, the probability is that for one reason or another a substantial number of residents in this country will find it desirable to be vaccinated on some occasion during their lives. It is believed that the risks attending primary vaccination are less in infancy than at any other age and since many persons will need to be vaccinated at some time, it is highly desirable that this should be done in infancy, if only as an insurance against possible untoward effects of vaccination later in life".

The following table gives details of the age groups:-

Age at which vaccinated	Primary Vaccinations	Re-Vaccinations
Under 1 year	427	-
1 - 4 years	35	4
5 - 14 years	20	12
15 years & over	13	48
Totals:-	495	64

NATIONAL ASSISTANCE ACT, 1948 (Section 47)

Although no action was called for under Section 47 care of the aged continues to be a subject of ever-increasing concern to a medical officer of health. In most cases it is the elderly person living alone who is a source of anxiety. Peter Townsend in his book "The Family Life of Old People" has noted that social isolation in old age is produced mainly by lack of relatives not by a decline in the sense of family unity. He found loneliness to be often due to loss of a near relative by death, illness or migration; that the lonely old person was more desolate than isolate - that is he or she has more often been left alone than chosen to be alone. The diminishing size of the family has also a bearing on this problem.

HOUSING

It is of general interest to know the demands in the district in regard to housing and I am indebted to Mr. E. C. A. Shuttleworth the Housing Manager, for the data used in compiling this paragraph.

At present there are 247 families on the waiting list for re-housing. Of the 21 parishes only 7 have more than 5 families wanting re-housing; the biggest demand being in Whitehill (91 families) followed by Headley (35 families), Four Marks (26 families) and Bentley (25 families). Of the 247 families 85 live either in rooms or with relations - a definite indication of housing shortage. 152 families live in cottages or houses - those in cottages are either in service or tied ones or in old cottages and want better accommodation. Those in houses are either in property too large for their needs or old property and want smaller and better accommodation. Only 10 families now living in caravans are on the waiting list.

ENVIRONMENTAL HYGIENE

The summer months or rather the warmer weather - the two terms not always being synonymous - usually bring complaints of fly nuisance, more often associated with pig or poultry keeping. The Council has no specific byelaws controlling the keeping of pigs and action can only be taken when a nuisance as defined in the Public Health Act arises. Nuisance from pig-keeping would appear to be a centuries old cause of complaint as I read in an article on Court Leet as Public Health Bodies of a widow in 1610 who complained to the Court Leet in Taunton that her neighbour has most grievously injured her in setting up a throne of office and a pig loose yard (pigsty) against her kitchen window to the great annoyance and endangering of her whole household with the noxious smell which daily proceeded therefrom.

WATER SUPPLIES

A number of complaints were received regarding water supplies in the district. The two water companies concerned were most helpful in dealing with the complaints. In the Headley Down, Selborne and Ropley areas the source of the trouble was at the Oakhanger pumping station where a bore collapsed with the result that sand got into the mains. In addition, the water also contained slightly more than the desirable amount of dissolved iron and so the water although chemically and bacteriologically innocuous, was at times extremely unsightly and unpleasant for drinking or washing. Consumers on the dead ends of the distribution system were particularly affected. In the Medstead area trouble in two instances was occasioned by iron rust or flaking off zinc carbonate. The distribution pipes are small and either black iron pipes or galvanized steel, which were laid for the most part during the War and before the present water company took over the district and which the Company propose to replace by laying new mains.

Further information regarding water supplies in the district is given in the Chief Public Health Inspector's Report.

PREVENTION OF ACCIDENTS

This is a subject of much greater importance than is generally appreciated and the Government's action during the year to help to reduce the number of accidents in the home and on the farm is to be welcomed.

ACCIDENTS IN THE HOME

In February, 1958, the Ministry of Health issued a circular to local authorities drawing attention to the large number of accidents in the home and to ways in which co-ordinated local action could contribute to their reduction. At the same time hospital authorities were asked to co-operate by supplying statistical information to medical officers of health about the incidence of serious home accidents. The Secretary of the Alton General Hospital kindly supplied me with information regarding patients from the town and surrounding district who attended the Casualty Department as the result of accidents in the home.

The following table shows the figures classified by age, sex and type of accident:-

HOME ACCIDENTS - JANUARY TO DECEMBER.

Approximate percentage of population at age groups.	Age	Cuts		Burns & Scalds		Falls		Miscellaneous		Total
		M.	F.	M.	F.	M.	F.	M.	F.	
8	0-4	4	5	9	5	7	10	7	9	56
15	5-14	8	4	4	3	2	6	11	9	47
66	15-64	10	29	9	8	2	20	18	22	118
11	65+	-	-	-	1	2	4	1	8	16
Totals:		22	38	22	17	13	40	37	48	237
		60		39		53		85		

More than 6,000 persons die each year in England and Wales as a result of home accidents and 700 of such fatalities are due to burns and scalds. It is impossible to state the number of non-fatal accidents in the home but it has been estimated that every year at least 5,000 people require hospital treatment for burns and scalds caused in the home. Children under 5 and old people make up the great majority of victims.

In an effort to help reduce the number of home accidents the Government in November sponsored a national publicity campaign on guarding fires - under the slogan of "Guard that Fire". In addition publicity through posters, local effort was concentrated on the giving of talks to various women's organisations.

The public need to be kept aware of dangers in the home. There are four main causes of fatal home accidents - falls, poisoning, burns and scalds and suffocation. Falls account for nearly two-thirds of fatal home accidents and three-quarters of them affect people aged 75 years and over. Unsatisfactory design of houses, uneven floors, an odd step in passages, lack of a stair-rail, failing vision are all contributory factors. Poisoning mostly affects young children and medicines, tablets, liniments and household cleaning agents should be kept in locked cupboards out of reach of children.

Burns and scalds in the home account for some 700 deaths every year in England and Wales. Half of these deaths are caused by clothing coming into contact with unguarded fires and undoubtedly the most effective way to reduce such accidents is by use of a properly designed and fixed fireguard. Danger can also be reduced by the use of safer garments particularly for women and children. Almost all lightweight fabrics in common use are flammable; cotton garments are most

flammable than woollen; artificial silk is more flammable than natural silk; nylon and terylene are relatively safe, as can be fabrics treated with a flame-resistant finish. Research continues to be carried out into the manufacture of non-flammable wearing material and also for making cotton and other combustible material flame-resistant.

Suffocation is one of the most common causes of death by accident in children under 1 year of age - due either to ingestion or inhalation of food or mechanical suffocation in the bed or cot.

ACCIDENTS ON THE FARM

On the 1st July, 1958, the Agriculture (Avoidance of Accidents to Children) Regulations came into force, applying to children under the age of 13. Knowledge of the restrictions in these regulations is important in a farming district and so I make no apology for quoting the explanatory note issued by the Ministry of Agriculture, Fisheries and Food.

Tractors, Vehicles and Machines

Children must not drive, or ride on, tractors or self-propelled machines (or drive self-propelled vehicles) while these are being used in, or going to or from, agricultural work. Nor must children ride on machines mounted on, or moved by, tractors or vehicles; and, in the case of binders and mowers, this prohibition applies, even where they are drawn by animals.

Trailers

Children may ride on the floor of a mechanically-drawn trailer; but they may only ride on the load if the trailer has four sides all higher than the load. They may not ride on any trailer with a built-in conveyor mechanism. The Regulations do not prohibit children from riding on a horse-drawn vehicle, e.g., a haycart or wagon.

Implements

Children must not ride on agricultural implements, mounted on, or moved by, tractors or vehicles. They must not ride on rollers, even when these are drawn by animals.

Drawbars

The Regulations prohibit children from riding on drawbars, etc., including those of mechanically-drawn trailers.

MOTOR VEHICLE ACCIDENTS

Motor vehicle accidents in the district accounted for 9 deaths and in 6 of them a motor cycle was involved. Two deaths were of pedestrians and the other 7 were the vehicle occupants. Motor vehicle accidents in England and Wales account for nearly 5,000 deaths a year, as many as are caused by respiratory tuberculosis and twentyfold the number of deaths from poliomyelitis. These accidental deaths do not have the news appeal of, say, deaths from poliomyelitis and in fact we have become accustomed to accept them as almost inevitable. Various organisations are concerned with road safety. The Road Research Laboratories study the subject from the aspect of road design and road engineering as well as the aspect of safety equipment, e.g., crash helmets, car design, lighting, etc. Accidents can result

from lack of maintenance (as well as faulty design) and the Government's proposed scheme of inspection of cars over a certain age should help to reduce the number of accidents. Such a scheme has been in operation in Vancouver, Canada, for some 20 years where all cars are regularly tested every six months. In towns Road Safety Committees perform an invaluable function studying the question of prevention of accidents and keeping the public informed and interested in road safety matters. Alton town is to be congratulated in having an active committee of this nature.

PROVISION OF GENERAL HEALTH SERVICES OF THE AREA

Since 1954 there has been in the County a scheme of devolution to District Health Sub-Committees of certain functions of the National Health Service Act, 1946.

Membership of the No. 7 (Alton) District Health Sub-Committee is as follows:-

- Chairman of Sub-Committee ... Mrs. C. P. Thomson-Glover
- Vice-Chairman Mrs. C. Harckham

MEMBERS

- Alton Rural District Council Representatives -

- Lady Bonham-Carter
- Viscountess Hampden
- Col. J. D'Arcy Champney
- Mrs. N. S. Ryder
- Mrs. H. M. Cumberbatch
- Countess of Selborne

- Alton Urban District Council Representatives -

- Col. J. P. Archer-Shee, M.C.
- Mrs. C. Harckham

- Nursing Association Representatives -

- Mrs. G. Coke (Bentley)
- Mrs. I. M. Durham (Grayshott)

- Special Nominee -

- The Hon. Mrs. V. L. Gilmour, O.B.E., T.D. (Medstead)

- British Medical Association -

- Alan F. Goode, Esq., F.R.C.S.

AMBULANCE FACILITIES

The Ambulance Service is conducted by the County Council who supply monthly details of journeys to the Public Health Committee. The ambulances for the area are stationed at Alton.

Applications for the use of ambulances are made to:-

The Aldershot Ambulance Station,
(Telephone:- Aldershot 2244)

CHILD WELFARE

Child Welfare Centres are situated throughout the District at the following places and on the dates and times given. These centres are for the attendance of mothers and babies, and children under five. Activities at the clinics, at which a doctor and nurse attend, include advice on feeding and child management, immunisation, weighing and the distribution of welfare foods and certain medicaments.

Centres for children under the age of 5 years are available as follows:-

<u>Centre</u>	<u>Address</u>	<u>Day of clinic per month</u>	<u>Time</u>
Alton	Assembly Rooms	Every Tuesday	2-4 p.m.
Bentley	Memorial Hall	3rd Wednesday	2-4 p.m.
Binsted	Institute	4th Wednesday	2-4 p.m.
Bordon	Military Welfare Centre	Every Thursday	2-4 p.m.
Four Marks	Institute	1st and 3rd Wednesdays	2-4 p.m.
Froyle	Methodist Hall	1st Friday	11 a.m. -12 noon.
Grayshott	Village Hall	1st Friday	2-4 p.m.
Headley	Village Hall	2nd & 4th Fridays	2-4 p.m.
Kingsley	Cadet Hut	3rd Friday	3-4 p.m.
Longmoor	Military Welfare Centre	2nd & 4th Mondays	2-4 p.m.
Oakhanger	Village Hall	3rd Friday	2.15- 2.45 p.m.
Selborne	Village Hall	2nd Wednesday	2-4 p.m.
Whitehill	Congregational Church Hall	2nd & 4th Thursdays	2-4 p.m.

NATIONAL WELFARE FOODS

National Welfare Foods are distributed from the following centres in the Alton Rural District:-

<u>Centre</u>	<u>Time of Opening</u>
BENTLEY: Bentley Post Office, London Road.	Business hours.
BENTLEY: Child Welfare Centre, Memorial Hall.	3rd Wednesday in month from 2 p.m.
BINSTED: Child Welfare Centre, The Institute.	4th Wednesday in month from 2 p.m.
BORDON: Child Welfare Centre, Medical Inspection Room, The Barracks.	Every Thursday from 2 p.m.
EAST TISTED: Mr. Budd, The Stores.	Business hours.
FARRINGDON: Messrs. W. & L. Burr, Stores & Post Office.	Business hours.
FOUR MARKS: Mr. Tomlinson, The Post Office.	Business hours.
FROYLE: Child Welfare Centre, Methodist Hall.	1st Friday in month from 11 a.m.
GRAYSHOTT: Child Welfare Centre, Village Hall.	1st Friday in month from 2.30 p.m.
HEADLEY: Child Welfare Centre, Village Hall.	2nd & 4th Fridays in month from 2 p.m.
KINGSLEY: Child Welfare Centre, Cadet Hut.	3rd Friday in month from 3 p.m.
LASHAM: Mrs. Collins, The Post Office.	Business hours.
LINDFORD: Mr. Pears, Cross Road Store.	Business hours.
LONGMOOR: Child Welfare Centre, Medical Inspection Room, The Barracks.	2nd & 4th Mondays in month from 2.30 p.m.
LOWER FROYLE: Messrs. E. Wheatley & Sons, Froyle Stores.	Business hours.
MEDSTEAD: Women's Institute.	4th Monday in month from 2.30-4.0 p.m.
OAKHANGER: Child Welfare Centre, Village Hall.	3rd Friday in month from 2.15-2.45 p.m.
ROPLEY: Mrs. Knowles, Coffee Rooms.	1st Friday in month from 2-4 p.m.
SELBORNE: Child Welfare Centre, Village Hall.	2nd Wednesday in month from 2 p.m.
WEST TISTED: Mr. Bayley, Post Office Stores.	Business hours.
WHITEHILL: Child Welfare Centre, Congregational Church Hall.	2nd & 4th Thursdays in month from 2 p.m.
WIELD: Mrs. G. J. Baker, 2 Manor Farm Cottages, Upper Wield.	By arrangement.

HEALTH VISITING

The following are the Health Visitors and the areas which they serve:-

<u>Name</u>	<u>Address</u>	<u>District</u>
Mrs. J. E. Morrow, S.R.N., S.C.M., H.V.	13 Whitedown, Alton. (Phone: Alton 2097)	Alton, Chawton, Farringdon.
Miss A. M. Knapp, S.R.N., S.C.M., H.V.	161a London Road, Holybourne. (Phone: Alton 2829)	Bentley, Binsted, Frith End, Froyle, Headley, Headley Down, Holybourne, Kingsley, Lindford, East & West Worldham, Rowledge.
Miss V. Gawthorp, S.R.N., S.C.M., H.V.	No. 1 Bungalow, Infant Welfare Centre, Bordon. (Phone: Bordon 369)	East Tisted, Grayshott.
Miss I. K. Brown, S.R.N., S.C.M., H.V.	No. 2 Bungalow, Infant Welfare Centre, Bordon. (Phone: Bordon 292)	Bordon, Hollywater, Longmoor, Standford, Whitehill.
Miss E. M. May, S.R.N., S.C.M., H.V.	22 Gosling's Croft, Selborne. (Phone: Selborne 219)	Blackmoor, Newton Valence, Oakhanger, Selborne.
Miss M. C. Tate, S.R.N., S.C.M., H.V.	The School House, Bishop's Sutton, Alresford. (Phone: Alresford 3197)	Four Marks, Medstead, Ropley, West Tisted.
Miss D. McKenzie, S.R.N., S.M.B(1), H.V.	c/o Hampshire County Council Health Centre, Bramblys Grange, Basingstoke. (Phone: Basingstoke 1877)	Bentworth, Lasham, Shalden, Wield.

HOME HELP SERVICE

A scheme of domestic help is available. The helpers are experienced women carefully chosen for their suitability for the work. They will run the home carefully, their job being to take over the housewife's work.

Home Helps are available for the following types of cases:- when the housewife is sick or has to have an operation; when a new baby is expected; when several members of a household are ill at one time; and to give help to the elderly and infirm.

Application for a Home Help, accompanied by a medical certificate, should be made to the District Organiser. The charge depends on the hours worked and the income of the family after certain allowances have been made.

Division VI includes the Rural District of Alton and the Divisional Organiser, Mrs. R. Holmes, has her office at the Town Hall, Petersfield, (Telephone No:- Petersfield 771/773 - Ext. 18), to whom application should be made for a Home Help.

LABORATORY FACILITIES

Bacteriological examinations of clinical matter (sputum, swabs etc.) and of water, milk and foodstuffs are carried out at the Public Health Laboratory, Royal Hampshire County Hospital, Winchester, (Telephone No:- Winchester 3807).

Chemical analyses of water, sewage, milk and other samples are carried out by arrangement with the Public Analyst, Portsmouth, (Telephone No:- Portsmouth 23641).

Thanks are expressed to the Director of the Public Health Laboratory Service and the Public Analyst, Portsmouth, for their ready advice and assistance granted during the year.

ANTE-NATAL CLINICS

Clinics are held every Thursday at Alton General Hospital.

The medical officers attending the Alton clinics at the end of the year were as follows:-

1st Thursday - Dr. W. S. Larcombe.
2nd Thursday - Dr. T. C. Wilson.
3rd Thursday - Dr. Helen E. Larcombe.
4th Thursday - Mr. A. F. Goode.

Ante-natal relaxation classes are held at the Military Families Health Centre, Bordon, on alternate Monday and Tuesday afternoons.

SCHOOL HEALTH SERVICES

Clinics are held as follows:-

Orthopaedic - Lord Mayor Treloar Hospital.
Ear, nose and throat - Alton General Hospital.
Dental - At Schools.
Ophthalmic and orthoptic - Alton General Hospital.
Child guidance - Health Centre, Winchester.
Speech therapy - Alton General Hospital.

TUBERCULOSIS

Clinics are held at Aldershot, Basingstoke and Winchester, whilst sanatoria are available at Bishopstoke, Chandler's Ford, Liphook and Alton.

VENEREAL DISEASES

Clinics are held at Aldershot and Winchester.

AREA WELFARE OFFICER

The Area Welfare Officer is Mr. C. Hemsley, whose office is at Manor Park House, Aldershot, (Telephone No:- Aldershot 2341).

His assistant is Mr. P. M. Dean, County Council Health Centre, Bramblis Grange, Basingstoke, (Telephone No:- Basingstoke 2109).

MIDWIFERY AND HOME NURSING

These services are administered as follows:-

District served.	Nurse.	Service given.
Alton Chawton East Tisted Farrington	Mrs. M. A. Staples, S.R.N., S.C.M. 1 Pond Cottages, Chawton. (Tele: Alton 2379)	Midwifery & general nursing.
Bentley Binsted E. & W. Worldham Froyle Holybourne Kingsley	Mrs. K. V. Hutton, S.E.A.N., S.C.M. 10 Babs Field, Bentley. (Tele: Bentley 3158)	Midwifery & general nursing.
Barford Bramshott Chase Grayshott Headley Common Headley Down Hearn	Miss M. A. Cuff, S.C.M. Nurse's Cottage, School Road, Grayshott. (Tele: Hindhead 409)	Midwifery & general nursing.
Arford Bordon Bordon Camp Deadwater Headley Lindford Standford Wishanger	Mrs. D. E. Stephens, S.R.N., S.C.M. 57 Church Fields, Headley. (Tele: Headley Down 2158)	Midwifery & general nursing.
Bentworth Four Marks Lasham Medstead Shalden	Miss J. M. Young, S.R.N., S.C.M. 3 Green Stile, Medstead. (Tele: Medstead 2100) (Transferred 22.9.58) Miss V. L. Lock, S.R.N., S.C.M., Q.N. (Appointed 13.10.58)	Midwifery & general nursing.
Ropley (included in area of nurse for Bramdean, Winchester RDC)	Miss V. Douglas, 16 Wood Lane Close, Bramdean. (Tele: Bramdean 240)	Midwifery & general nursing.
Blackmoor Empshott Hartley Mauditt Newton Valence Oakhanger Selborne Whitehill (South)	Miss E. M. May, S.R.N., S.C.M., H.V.Cert. 22 Gosling's Croft, Selborne. (Tele: Selborne 219)	Midwifery & general nursing & health visiting.

These services are administered as follows:-

STATISTICAL TABLES

(Table 1)		District served.
STATISTICS OF THE AREA		
As at 31st December, 1958.		
Area, in acres	.. .. .	65,526
Total estimated home population (including military)	.. .. .	25,210
Number of inhabited houses	.. .. .	6,528
Rateable value	.. .. .	£276,316
Product of the penny rate 1957-58	.. .. .	£1,089
Revised estimated product of penny rate 1958-59	.. .. .	£1,115
		Headley town Headley Common Bramshott Barford
		Widanger Standford Lindford Headley Dewstrey Borden Camp Borden Arford
		Shalden Medstead Lasham Four Marks Bentworth
		Winchester RDC for Bramshott in area of nurse Ropley (included)
		Salisbury Ockanger Newton Valence Handley Handitt Kingscote Kingscote

VITAL STATISTICS

(Table 2)

B I R T H S

(Table 2)

Total Population		1954	1955	1956	1957	1958
		24,690	25,280	25,710	25,750	25,210
Live Births Legitimate	Male	215	191	217	214	200
	Female	201	198	202	187	205
	Total	416	389	419	401	405
Live Births Illegitimate	Male	14	14	14	15	20
	Female	17	13	18	14	11
	Total	31	27	32	29	31
Total Live Births		447	416	451	430	436
Live Birth Rate per 1,000 Total Population		18.1	16.5	17.5	16.7	17.3
England and Wales		15.2	15.0	15.7	16.1	16.4

Still Births Legitimate	Male	6	3	3	6	2
	Female	3	5	5	2	4
	Total	9	8	8	8	6
Still Births Illegitimate	Male	0	0	0	0	1
	Female	0	0	1	0	0
	Total	0	0	1	0	1
Total Still Births		9	8	9	8	7
Still Birth Rate per 1,000 Births (Live & Still)		19.7	18.9	19.6	18.2	15.8
Total Live & Still Births		456	424	460	438	443

Comparability Factor is 1.16, so the adjusted Birth Rate for this District is 20.1 which is the figure for comparative purposes with England and Wales.

Attention is drawn to the fact that these rates for the Rural District being so small numbers involved are not statistically significant and rate comparisons with other areas or earlier years is misleading.

VITAL STATISTICS

(Table 3)

D E A T H S

From all causes		1954	1955	1956	1957	1958
	Male	128	133	120	131	164
	Female	104	106	102	98	154
	Totals	232	239	222	229	318
Death Rate per 1,000 total population		9.4	9.5	8.6	8.8	12.6
Average for England & Wales total population		11.3	11.7	11.7	11.5	11.7

The Death Rate Comparability Factor for this District is 1.07, allowance thus being made for local differences in the sex and age distribution of the population.

The adjusted Death Rate for this area is, therefore, 13.5.

(Table 4)

INFANT MORTALITY

		1954	1955	1956	1957	1958
Deaths under 1 year of age. (legitimate)	Male	8	6	7	4	5
	Female	4	3	6	1	4
Deaths under 1 year of age. (illegitimate)	Male	0	0	0	0	2
	Female	0	0	0	0	0
Totals:-		12	9	13	5	11
Infant Mortality Rate per 1,000 live births	Total	26.8	21.6	28.8	11.6	25.2
	Legitimate	-	No figures available	-	-	20.6
	Illegitimate	-	No figures available	-	-	64.5
England & Wales Rate per 1,000 live births.		25.5	24.9	23.8	23.0	22.5

NEO-NATAL MORTALITY

		1954	1955	1956	1957	1958
Number of Deaths of infants under 4 weeks of age. (legitimate)	Male	1	3	4	2	5
	Female	2	1	4	1	2
	Totals	3	4	8	3	7
(illegitimate)	Male	-	No figures available	-	-	2
	Female	-	No figures available	-	-	0
	Totals	-	No figures available	-	-	2

Percentage of illegitimate live births - 7.1%
 Maternal deaths including abortion - Nil
 Maternal Mortality Rate - Nil

Attention is drawn to the fact that these rates for the Rural District owing to the small numbers involved are not statistically significant and rate comparisons with other areas or earlier years is misleading.

(Table 5)

ANALYSIS OF CAUSES OF DEATH

Disease		Male	Female	Total
1.	Tuberculosis, respiratory ..	1	1	2
2.	Tuberculosis, other ..	0	0	0
3.	Syphilitic disease ..	1	0	1
4.	Diphtheria ..	0	0	0
5.	Whooping Cough ..	0	0	0
6.	Meningococcal infections ..	0	0	0
7.	Acute poliomyelitis ..	0	0	0
8.	Measles ..	0	0	0
9.	Other infective and parasitic diseases .	0	0	0
10.	Malignant neoplasm, stomach ..	6	1	7
11.	Malignant neoplasm, lung, bronchus ..	10	1	11
12.	Malignant neoplasm, breast ..	0	7	7
13.	Malignant neoplasm, uterus ..	0	2	2
14.	Other malignant & lymphatic neoplasms ..	19	11	30
15.	Leukaemia, Aleukaemia ..	0	0	0
16.	Diabetes ..	3	3	6
17.	Vascular lesions of nervous system ..	15	28	43
18.	Coronary disease, angina ..	16	22	38
19.	Hypertension with heart disease ..	0	4	4
20.	Other heart diseases ..	23	25	48
21.	Other circulatory disease ..	8	8	16
22.	Influenza ..	0	1	1
23.	Pneumonia ..	9	4	13
24.	Bronchitis ..	8	3	11
25.	Other diseases of respiratory system ..	3	3	6
26.	Ulcer of stomach and duodenum ..	3	2	5
27.	Gastritis, Enteritis and Diarrhoea ..	1	1	2
28.	Nephritis and Nephrosis ..	1	1	2
29.	Hyperplasia of Prostate ..	5	0	5
30.	Pregnancy, Childbirth and Abortion ..	0	0	0
31.	Congenital malformations ..	3	4	7
32.	Other defined and ill-defined diseases .	19	15	34
33.	Motor vehicle accidents ..	4	3	7
34.	All other accidents ..	2	4	6
35.	Suicide ..	4	-	4
36.	Homicide and operations of war ..	0	0	0
All causes ..		164	154	318

(Table 6) THE SEX AND AGE DISTRIBUTION OF DEATHS

(Table 7)

The following is an analysis of the infectious diseases which were notified during the year, with the four preceding years for comparison:-

Age	Male	Female
Under 1 year	7	4
1 - 9 years	5	2
10 - 19 years	2	1
20 - 29 years	5	5
30 - 39 years	4	2
40 - 49 years	6	4
50 - 59 years	14	10
60 - 69 years	26	24
70 - 79 years	50	46
80 - 89 years	40	47
90 - 99 years	5	9
	164	154
Total:-	318	

(Table 7) PREVALENCE OF INFECTIOUS DISEASES (Table 7)

The following is an analysis of the infectious diseases which were notified during the year, with the four preceding years for comparison:-

Disease	Totals for				
	1954	1955	1956	1957	1958
Scarlet Fever	11	6	17	12	6
Whooping Cough	75	74	43	37	36
Acute poliomyelitis (paralytic)	0	1	0	1	4
Acute poliomyelitis (non-paralytic)					
Measles	144	432	47	235	101
Diphtheria	0	0	0	0	0
Acute pneumonia	26	8	4	10	20
Dysentery	0	1	1	3	6
Typhoid & para- typhoid fever	0	0	0	0	0
Erysipelas	0	0	3	1	1
Meningococcal infection	1	0	0	0	1
Meningitis, unspecified	1	0	0	0	0
Food poisoning	0	6	1	2	1
Puerperal pyrexia	1	2	3	2	1
Ophthalmia neonatorum	0	1	0	1	2
Totals:-	259	531	119	304	179

ALTON RURAL DISTRICT COUNCIL

Telephone Number:-
ALTON 2263.

Barton End,
Lenton Street,
Alton, Hants.

To the Chair and Members of the Alton Rural District Council.
Ladies and Gentlemen,

THE RURAL DISTRICT OF ALTON

I have pleasure in submitting my report for the year 1958 on the sanitary circumstances of the District which you will note shows a continued improvement generally.

There are no special points to which I wish to draw attention other than the **ANNUAL REPORT** last I personally shall be making due to my retirement from Local Government service in April, 1959, upon reaching **OF THE** of 65.

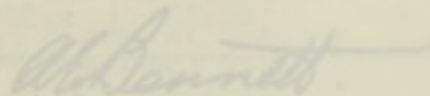
I have served as **CHIEF PUBLIC HEALTH INSPECTOR** in law, administration of orders, even in the geographical enlargement of the District consequent upon the County Review Order of 1934 when the District **BUILDING SURVEYOR** the inclusion of part of the Alresford Rural District was abolished.

I have many happy memories of the past and wish to put on record my thanks to present **1958** past members of the Council for the support they have given me, also to my colleagues throughout the Staff for their ever-willing co-operation.

Although on retirement I shall cease my connection with the Alton Rural District Council in fact, I shall always be with them in memory.

SANITARY CIRCUMSTANCES
OF THE AREA

-o-



Chief Public Health Inspector
and Building Surveyor.
ALTON RURAL DISTRICT COUNCIL

(Table 7) PREVALENCE OF INFECTIOUS DISEASES

The following is an analysis of the infectious diseases which were notified during the year, with the year preceding and the year for comparison:-

Disease	THE RURAL DISTRICT OF ALTON				
	1954	1955	1956	1957	1958
Scarlet Fever	11	6	17	12	6
Whooping Cough	75	74	43	37	36
Acute poliomyelitis (paralytic)	0	1	0	1	4
Acute poliomyelitis (non-paralytic)	0	0	0	0	0
Measles	104	73	57	225	101
Diphtheria	0	0	0	0	0
Acute meningitis	0	0	0	0	0
Dysentery	0	1	1	3	6
Typhoid & paratyphoid	0	0	0	0	0
Erysipelas	0	0	3	1	1
Meningococcal infection	1	0	0	0	1
Meningitis, unspecified	1	0	0	0	0
Food poisoning	0	1	1	2	1
Puerperal pyrexia	1	2	3	2	1
Ophthalmia neonatorum	0	1	0	1	2
TOTAL	202	181	119	254	179

ALTON RURAL DISTRICT COUNCIL

Telephone Number:-
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Barton End,
Lenten Street,
Alton, Hants.

To the Chairman and Members of the Alton Rural District Council.
Ladies and Gentlemen,

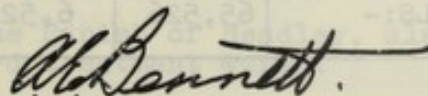
I have pleasure in submitting my report for the year 1958 on the sanitary circumstances of the District which you will note shows a continued improvement generally.

There are no special points to which I wish to draw attention other than the fact that this report is the last I personally shall be making due to my retirement from Local Government service in April, 1959, upon reaching the age of 65.

I have seen many changes in my period of office since 1920 in law, administration et cetera, even in the geographical enlargement of the District consequent upon the County Review Order of 1931 when the District was enlarged by the inclusion of part of the Alresford Rural District which was abolished.

I have many happy memories of the past and wish to put on record my thanks to present and past members of the Council for the support they have given me, also to my colleagues throughout the Staff for their ever-willing co-operation.

Although on retirement I shall cease my connection with the Alton Rural District Council in fact, I shall always be with them in memory.



Chief Public Health Inspector
and Building Surveyor.
ALTON RURAL DISTRICT COUNCIL

ALTON RURAL DISTRICT COUNCIL
 THE CHIEF PUBLIC HEALTH INSPECTOR
 AND BUILDING SURVEYOR

Telephone Number:-

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

All built-up areas of the District have piped main supplies. These supplies from the Wey Valley Water Company and the Mid-Wessex Water Company have been satisfactory throughout the year, both in regard to quantity and quality.

Samples from the main supplies are regularly taken for analysis by the Water Undertakers themselves.

Other domestic supplies in the District are from wells, springs and underground rain water storage tanks.

The following table indicates the number of properties and approximate population served by main water:-

Parish	Area (acres)	Number of Houses	No. of houses supplied	Estimated population supplied
Bentley	2,483	263	261	780
Bentworth	3,763	193	179	540
Binsted	7,799	530	378	1,140
Chawton	2,194	149	102	310
East Tisted	2,621	71	71	200
Farringdon	2,105	173	143	430
Four Marks	1,502	494	422	1,260
Froyle	4,641	227	213	640
Grayshott	901	482	456	1,370
Headley	4,771	1,004	864	2,590
Kingsley	1,540	142	125	370
Lasham	1,797	47	44	130
Medstead	2,809	451	319	960
Newton Valence	2,069	89	40	120
Ropley	3,704	429	297	890
Selborne	4,830	367	275	820
Shalden	2,160	135	117	340
West Tisted	2,356	64	30	90
Whitehill	5,509	1,029	852	2,550
Wield	2,104	74	60	180
Worldham	3,868	115	103	310
TOTALS:-	65,526	6,528	5,351	16,020

N.B. The above figures apply to private dwellings only and do not include any living accommodation in the Bordon and Longmoor Military Camps which have their own piped water supplies.

Samples of water for analysis were taken during the year as follows:-

- (a) For bacteriological analysis ... 32
- (b) For chemical analysis ... 0

RESULTS:

- Satisfactory ... 6
- Unsatisfactory ... 26

With regard to the 26 unsatisfactory samples, all taken from shallow wells, these were in respect of 10 properties and action taken was as follows:-

- (a) 4 properties - Well cleansed by pumping out over an extended period after old improper drainage removed and proper domestic drainage installed. Final sample was satisfactory. No main supply available.
- (b) 3 properties - Wells pumped out over an extended period, owners boiling all consumable water in interim. Further samples showed great improvement but were not entirely satisfactory. Council considering extension of main supply which is some distance away.
- (c) 1 property - Well cleansed until clear sample obtained. Property subsequently connected to main.
- (d) 1 property - Well cleansed. No main available.
- (e) 1 property - Very slight contamination only. Owner boiling all consumable water. No main supply available.

The properties mentioned above as having no main supplies available are all situated in isolated areas where no further development is likely.

SEWERAGE

The Council during the year continued with their schemes for the provision of main sewerage, and commenced on the extension to Gray-shott.

Areas of the District already sewered are as follows:-

- (a) Part of Bentley, the effluent being treated by broad land irrigation.
- (b) The Holt Pound area of Binsted, with discharge into the sewers of the Farnham Urban District Council.
- (c) Lindford, Bordon and Whitehill in the Parish of Whitehill, together with the Bordon Military Camp, with discharge into the Council's own treatment works at Lindford.
- (d) Arford and Headley Down in the Parish of Headley, also discharging into the Lindford treatment works.

Generally the larger Council housing estates where sewers are not available are provided with their own treatment plants.

DOMESTIC DRAINAGE

Provision of new drainage to sewer and of existing drainage, with the abolition of cesspools, continued during the year as also did the provision of drainage to new septic tanks.

Where the drainage of a house with cesspool drainage is connected to the sewer, the cesspool is emptied and filled with soil or rubble.

Connections to sewers were as follows:-

<u>Area</u>	<u>Connections during 1958</u>		<u>Total connections to date</u>	
	<u>Private</u>	<u>Council Houses</u>	<u>Private</u>	<u>Council Houses</u>
Holt Pound	0	0	61	0
Whitehill	30	0	431	292
Headley	86	36	149	108
Grayshott	19	16	19	16
Totals:-	135	52	660	416

MOVEABLE DWELLINGS

There was no significant change in the general situation during the year.

There were 18 new licences issued and the position at the end of the year was:-

Licensed Sites:- 10 licences in force for 56 dwellings
and 1 licence for 50 holiday caravans.

Individual:- 47 licences in force for 47 dwellings.

Six of the sites, licensed for 39 dwellings, are occupied by the "traveller" type of family who occupy the converted 'bus type of dwelling.

One site at present licensed for 8 caravans has Planning permission for 56 and the owner proposes to continue the development by stages. This site, however, is in the nature of a showplace, each plot having its own brickbuilt bathroom and water closet, connected to the Council's sewer.

Frequent visits are made to all sites occupied by caravans, more attention being paid to the "encampments" occupied by the "travellers". In several cases where large families were concerned, the occupiers were prevailed upon either to provide larger vans or to provide additional vans for sleeping purposes only.

ACCOMMODATION FOR HOP-PICKERS

Control over accommodation for hop-pickers provided by farmers is by means of Byelaws made by the Council under Section 270 of the Public Health Act, 1936.

These Byelaws contain provisions relating to repair, cleanliness, overcrowding, cooking and sanitary facilities, water supply etc. and during the picking season regular visits were made to ensure compliance with these byelaws. Only minor infringements were noted, dealt with immediately by informal action.

The number of huts in use and of pickers employed has declined enormously since the installation of hop-picking machines which are operated mainly by local labour.

There were 9 machines in use during the season and only 6 hatted encampments and 1 tented encampment were in use.

FACTORIES

Under the provisions of the Factories Acts, the District Council is the authority responsible for enforcing the provisions regarding sanitary accommodation in all factories and, in addition, the provisions with respect to cleanliness, overcrowding, workroom temperature and ventilation, and floor drainage in all factories where mechanical power is not used.

The following particulars are those prescribed on the administration of the above Acts:-

INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

Premises	Registered	Inspections
Factories in which Sections 1, 4 & 6 are to be enforced by Local Authorities. (No mechanical power)	9	2
Factories not included in above in which Section 7 is enforced by the Local Authority. (Mechanical power)	49	19
Other premises in which Section 7 is enforced by the Local Authority. (Electrical stations, Institutions, sites of Building & Engineering works)	104	104

Written notices were served in respect of the following:-

Want of cleanliness	.. 1
Insufficient sanitary accommodation	.. 1
Defective sanitary accommodation	.. 1

INSPECTION AND SUPERVISION OF FOOD

There are no slaughterhouses in the District. The slaughterhouse in the Alton Urban District which was at one time run as a joint slaughterhouse by the Urban and Rural District Councils, subsequently reverting to private control, is now used only on occasion. It would appear that the other private slaughterhouse in the Urban area, together with the facilities in surrounding districts, are sufficient for the needs of the Rural District.

The following foodstuffs were inspected in shops and stores and surrendered for condemnation:-

65 lbs.	Beef
1 tin (11½ lbs)	Meat
31 tins (12 oz)	Meat
5 tins (1 lb)	Meat
34 tins (6 lbs)	Meat
78 tubes (3½ oz)	Mayonnaise.

MILK

All milk retailed in the District is now pasteurised, sterilised or tuberculin tested. The retail sale of milk is controlled by licences and the following shows details of such licences granted by the Council:-

<u>Pasteurised</u>	
Pasteurising licences	... 0
Dealers' licences	... 4
Supplementary licences	... 5
<u>Sterilised</u>	
Sterilisers' licences	... 0
Supplementary licences	... 4
<u>Tuberculin Tested</u>	
Dealers' licences	... 3
Supplementary licences	... 7

23 samples of milk were taken and submitted for examination for efficiency of pasteurisation.

All the samples were found satisfactory.

There are no ice cream manufacturers in the District and no clean food organisation exists.

39 premises are registered under Section 16 of the Food and Drugs Act, 1955, for the sale of ice cream etc.

FOOD HYGIENE REGULATIONS

These Regulations contain provisions in respect of the hygienic handling of food and the construction and maintenance of premises where food is handled. A memorandum on the provisions of the Regulations has been circulated to the occupiers of all food premises in the District and routine inspections have been made. Generally speaking all premises comply with the requirements of the Regulations except in minor respects and full compliance was obtained by informal action.

The number and type of food premises in the area are as follows:-

Bakehouses	5
Baker's shops	1
Butchers	14
Cafes	15
Chemists	3
Clubs and institutions	17
Confectioners	5
Fishmongers	2
Food warehouses	1
General stores	70
Greengrocers	3
Hotels	2
Public houses	45
School kitchens	23
Wine merchants	2
Dairies	3
Sweet factory	1
Mobile canteen	1

No occasions arose for formal action against the occupiers of food premises and there were no prosecutions.

FOOD SAMPLING

Sampling of food for adulteration is carried out by the Hampshire County Council (as the Food and Drug Authority) and I am indebted to Mr. J. S. Preston, the Chief Sampling Officer, for the following information which he has supplied:-

53 samples of milk, including 20 of Channel Islands Milk, all proved satisfactory as also did 23 samples of various foodstuffs other than milk.

Mr. Preston further comments that in connection with pre-packed articles, which now form a very high proportion of the food and drugs sold by retailers, these are distributed over wide areas and duplication of sampling in the various districts of the County is avoided as far as possible. Products of this type are not readily subject to interference after packing and except as regards condition of storage, a single check over a given period is normally sufficient where the result is satisfactory.

During normal visits to traders attention is given to the provisions of the Labelling of Food Order and the Pharmacy and Poisons Act in so far as they relate to certain foods and ingredients.

RODENT CONTROL

Under the Prevention of Damage by Pests Act, 1949, the primary obligation is upon the Council to ensure that so far as is practicable, its area is kept free from rats and mice, although it does not relieve the owners or occupiers of premises of their responsibility for the actual destruction of rats and mice.

In accordance with the above, the Council's Rodent Operator makes regular routine inspections of all agricultural and commercial property, drawing the occupiers' attention to any infestations and advising when required on methods of treatment.

Although a general service of treatment is not given, it is found desirable in some cases affecting agricultural and commercial property, particularly where infestations affect more than one property, for a treatment service to be given upon charge on an "ad hoc" basis.

As regards private houses, a free treatment service is given upon request.

The Council's Rodent Operator carried out general inspections and treatments throughout the District as follows:-

	Type of Property				Total
	Council	Private	Agricultural	Other	
Number of properties in District.	6	5,932	632	186	6,756
Number of properties inspected.	6	156	631	80	873
Number of properties infested.	6	137	74	32	249
Number of properties treated.	6	122	28	19	175

In connection with the above tables as regards type of property, Council houses are included under column "private", the Council property referred to being refuse tips, sewage works, depots and the like.

The tables relate only to the number of properties inspected and/or treated and not to the number of inspections or visits. Treatments always involve several visits during the work and follow-up visits to ensure total clearance of infestation. The Council properties are visited regularly once a month and oftener if necessary.

The number of inspections and/or visits actually made were:-

Council properties	80
Dwelling houses (private)	370
Agricultural premises	738
Business and other premises	109

Total:- 1,297

As regards infestation of sewers, this is no problem as all are new. Periodically test baits are laid in the more vulnerable sections and should at any time a "take" be found then the whole of the particular system will be treated. So far no "takes" have been recorded in any of the Council sewers.

HOUSING ACTS

Further progress was made with the Council's programme of slum clearance.

Number of houses demolished as a result of formal action	-----	3
Number of houses demolished by owners voluntarily	-----	11
Number of houses rendered fit as a result of formal action	-----	5
Number of houses rendered fit as a result of informal action	-----	15

IMPROVEMENT GRANTS FOR HOUSING

Once again, advantage was taken by owners to improve their property with the aid of improvement grants as shown:-

	<u>Up to 1957</u>	<u>During 1958</u>	<u>Total to date</u>
Number of formal approvals granted	110	33	143
Number of houses in approved applications	175	47	222
Number of houses in completed schemes	153	15	168
Estimated cost of works	£93,597	£30,456	£123,053
Amount of grant approved	£44,097	£14,012	£58,109
Average cost of work per house	£534	£648	£554
Average grant per house	£252	£298	£262
Approved applications cancelled by owners (6)	£1,439	-	£1,439

The estimated cost of works shown above relates to works of improvement only and do not cover the cost of incidental repairs. These repairs, however, have to be done to comply with the standard. Thus, 15 houses during the year under this scheme were thoroughly repaired as well as improved, thus obviating any possible action under the repair sections of the Housing Acts. It follows that since the inception of the Improvement Grant scheme 168 houses have similarly been made fit in all respects.

PETROLEUM SPIRIT AND MIXTURES

The storage of petroleum spirit and mixtures containing petroleum spirit is subject to strict control by annual licence. All licences contain conditions based on the model code of the Home Office.

84 licences were issued and 4 new installations were inspected and tested. Routine visits were made to other existing installations. No infringements were found during the year.

BUILDING BYELAWS AND PLANNING

The total number of plans deposited with the Council for building works and development was as follows:-

New private dwellings	...	104
Alterations and additions	...	84
Conversions and adaptations to buildings to dwellings	...	6
Domestic drainage	...	173
Domestic garages	...	53
Sheds and stores	...	10
Farm and other buildings	...	31
Planning applications only, i.e., electricity lines, outline applications, moveable dwellings etc.	...	276

Total number of plans deposited:- 737

The number of new private dwellings completed by private enterprise during the year was 68.

There was a further reduction in the number of temporary building licences in force, i.e., 16, no new licences being issued during the year. These buildings are all regularly inspected with a view to maintenance in a good state of repair.

PUBLIC WORKS

I am indebted to the Council's Engineer, Mr. John Blackwell, M. I. Mun. E., M. R. S. H., Chartered Municipal Engineer, for the following information with respect to Local Authority housing, sewerage and public cleansing.

HOUSING

The number of dwellings provided by the Council as at 31st December, 1958, was as follows:-

Pre-War dwellings, permanent	.....	62
Post-War dwellings, permanent	.....	742
Post-War dwellings, temporary	.....	116
Total number of dwellings:-		<u>920</u>

During the year 36 new permanent Council houses were completed.

SEWERAGE

Sewage received and treated at the Council's sewage works at Lindford was at the rate of 316,290 gallons per day.

These works treat sewage from Bordon, Whitehill, Lindford, Headley, Grayshott and the Military Camp at Bordon.

PUBLIC CLEANSING

All public cleansing work is carried out by the Council's own vehicles and staff.

Refuse Collection

A general scheme of full refuse collection operates throughout the District. Weekly collections are made in the Parishes of Whitehill and Grayshott, the remainder being served fortnightly.

The Council also undertake a weekly collection of domestic refuse from the married quarters in the Bordon and Longmoor Military Camps, together with regular removal of refuse from unit incinerators approximately 90 cubic yards per week.

The refuse collecting vehicles averaged a total of 3,635 miles per month, collecting an average per month of 2,293 cubic yards of refuse.

Disposal of refuse is by means of controlled tipping at various tips throughout the District. The main tip is on Council land at Headley.

Cesspool Emptying

Cesspools and septic tanks were emptied upon request by owners as follows:-

Private properties	.... 1,150 loads
Council properties	.... 978 loads
Total number of loads (750 galls. approx.)	.... <u>2,128</u>

Nightsoil Collection

Collections of nightsoil are made in defined areas of most Parishes, some twice weekly and some once weekly.

The cesspool and nightsoil vehicles averaged a total of 1,454 and 1,413 miles per month respectively.

Public Conveniences

The Council maintain public conveniences at Bordon and Grayshott.

Depots

The cleansing service vehicles operate from depots at the Council offices in Alton and at the Sewage Works at Lindford.

BREWAGE

These works treat sewage from Bordon, Whitehill, Lindford, Millery Camp and the Military Camp at Bordon.

PUBLIC CLEANSING

All public cleansing work is carried out by the Council's own vehicles and staff.

Refuse Collection

A general scheme of full refuse collection operates throughout the District. Weekly collections are made in the parishes of Whitehill and Grayshott, the remainder being served fortnightly. The Council also undertakes a weekly collection of domestic refuse from the married quarters in the Bordon and Longmoor Military Camps, together with regular removal of refuse from units/flatsheds approximately 90 cubic yards per week. The refuse collecting vehicles averaged a total of 2,652 miles per month, collecting an average per month of 2,293 cubic yards of refuse. Disposal of refuse is by means of controlled tipping at various tips throughout the District. The main tip is on Council land at Headley.

Cesspool Emptying

Cesspools and septic tanks were emptied upon request by owners as follows:-

Private properties	978 loads
Council properties	2,128 loads
Total number of loads	3,106 loads

Nightsoil Collection

Collection of nightsoil was made in defined areas of most parishes, some twice weekly and some once weekly. The cesspool and nightsoil vehicles averaged a total of 1,154 and 412 miles per month respectively. Annual expenditure on nightsoil collection was £1,200.

Public Conveniences

The Council maintains public conveniences at Bordon and Grayshott.

Depots	247
Public Conveniences	115
Total	362

During the year 1955-56 362 public conveniences were completed.

