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BOROUGH OF ANDOVER

Annual Report

of the

Medical Officer of Health

for the year

1951



PUBLIC HEALTH OFFICERS

Medical Officer of Health

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

Chief Sanitary Inspector

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

Additional Sanitary Inspector

D. W. Westmore, A.R.San.I., M.S.I.A.
(resigned 14th October, 1951.)

R. K. Crow, M.R.San.I., M.S.I.A., M.R.I.P.H.H.
(appointed 5th November, 1951.)

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To the Mayor and Members of the Andover Borough Council:

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1951.

Once a year the Medical Officer of Health is given the opportunity in his Annual Report of expressing his views on the state of the Public Health not only in his own community but over the wider field, and this opportunity is one which many Medical Officers of Health value highly. It may be that the small attention which may be paid locally to his report means that its result is more to marshall and clarify his own thoughts than anything else, but even that is of value.

It has been said that it takes 30 years from the time a problem and its solution are seen by the few for that problem to be seen by the many, and the solution applied. Consequently the basic problems do not change from year to year and this is as true of the Public Health as of any other field. The report of a Medical Officer of Health, so far as his views on the Public Health are concerned, is therefore bound to show little change from year to year.

The central problem of the Health Services is still exactly as I represented it a year ago and there is no sign of any attempt to apply the remedy. So long as we try to achieve health by treating disease so long must we expect to spend an increasing proportion of our national income on the treatment of disease, for the increase in scientific knowledge is something which will continue at an accelerating rate and the cost of the treatment of disease will increase as research and therapeutics become even more elaborate and expensive. Sooner or later we will realise that we cannot afford to treat the sick, and that we must keep people well.

Our deteriorating economic position is due to external circumstances over which we have no control and the deterioration can be expected to continue. Consequently the necessity for appreciation of the cost of therapeutic medicine is becoming more and more important not only so that the whole policy may be changed but also so that a limit may be agreed beyond which the cost of disease treatment must not increase. The pressure of sheer economic necessity will force the collapse of the present policy.

In 1947 21.4% of the population of England and Wales were aged under 15, 37.4% were aged 15-40, 30.7% were aged 41-64, and 10.5% were aged over 64. In 1962 20.7% will be aged under 15, 33.5% will be aged 15-40, 33.3% will be aged 41-64, and 12.5% will be aged over 64. In 1977 19.2% will be aged under 15, 33.8% will be aged 15-40, 30.8% will be aged 41-64, and 16.2% will be aged over 64.^{*} So the proportion of dependents increases while that of producers falls, and among both dependents and producers the proportion of those most likely to be sick increases (the old in the case of dependents, the older working age group in the case of producers) while the proportion of those least likely to be sick decreases (the young in the case of dependents, the younger working age group in the case of producers) and if we are going to go on trying to achieve health by treating sickness we can certainly expect an increase in the demand. For example since 75% of mental patients are 65 or over, it follows that by 1977 the number of patients will have increased by 47%.

A memorandum which must be viewed in the light of our limited economic resources was issued by the Ministry of Health in 1950.[†] This document purported to indicate to regional hospital boards what was expected of them in the way of provision of specialist services, but as far as can be seen the planners simply accepted without question the extravagant demands put forward by each speciality. They did not investigate the reasonableness of these, nor did they estimate what they would mean to the country when taken together. Dr. Ffrangcon Roberts of Cambridge, whom I have quoted before, and will no doubt quote again, has made this calculation[‡] from the figures contained in the report. According to his estimate it would be necessary, in order to satisfy these demands, to increase the number of hospital beds from 476,000 on 31 Dec. 49, to 755,000 or by 63%, and the number of whole-time consultants from 5,000 to 11,000 or by 120%. Dr. Roberts has calculated from the figures for hospital beds that in order to fill these it will be necessary for one in seven of the community to do his duty by spending 18 days in a general hospital each year. So much, as Dr. Roberts says for a healthy nation. The total hospital staff including non-medical personnel came to 220,000 on 31 Dec. 49, and if the additional 63% of beds were forthcoming, hospital personnel would have to be increased by 140,000 to 360,000. These 360,000 would come from among the very best of our diminishing labour force, and would be engaged in non-productive employment. The truth is that the authors of this document live in a dream world of their own. As Dr. Roberts says, the Ministry of Health want the

^{*}Report of the Royal Commission on Population 1949.

[†]The Development of the Consultant Services.

[‡]British Medical Journal 1952, I, 321.

consultant services to go to plenty in the midst of poverty! to a medical heaven in the midst of a bankrupt, bedridden, and hungry hell.

At this point it may be of interest to show what is happening to the Health Service estimates from year to year.* Whereas in 1950-51 the Hospital Boards were responsible for 59.6% of the total expenditure, in 1951-52 they were responsible for 62.9%, and in 1952-53 they are expected to be responsible for 68.6%. As a stop-gap measure the Government have decided to make a charge for the pharmaceutical, dental and supplementary ophthalmic services, cutting these down from 25.2% of the total in 1950-51 to 21.7% in 1951-52, and 15.4% in 1952-53, but it will be seen that this saving disappears into the ever-willing maw of the hospital services, for the combined total of the two for the three years is 84.8%, 84.6%, and 84.0% of the total for the health services. There is a limit to the extent to which one branch of the therapeutic service can be raided to support another, and the hospital service which already takes more than two thirds of the money available cannot be kept going in this manner much longer. As the special correspondent who wrote this article on the Health Service Costs says, expenditure on hospitals could be expanded indefinitely.

Health cannot be achieved by having more hospitals, any more than good cars can be produced by having more repair shops. A manufacturer of motor cars, faced with a defective component in one of his products, would not put up a factory to mend or replace the components. He would find out what was wrong with it and turn out better ones in future. Dr. Roberts realises that Nature is infinitely complex, and that further research into disease and treatment will only disclose ever-widening fields, but his suggestion is that we should develop some system of priorities, when treatment would be provided in proportion to the recipient's ability to return, in the form of service, its cost to the community. This prospect is one which must be repugnant to all who have any humanitarian instinct, but I believe firmly that it is one which will inevitably be forced upon us if we continue with our present policy. If we have only so much to spend on the treatment of the sick we are obviously going to spend it where there is some return, and we cannot go on spending more and more of our total resources in this way. It is not only the materials which go into it, it is the manpower as well.

There is however, another answer to this problem than that of allocating treatment only where there will be a corresponding return. The doctrine of original disease has come to be accepted by Man, and it never occurs to us to question whether Nature might not have meant us to be healthy. We accept sickness and disease as inevitable and devote our medical services almost entirely to their investigation and treatment. We never stop to question why the incidence of disease is so different in different countries, or even in different parts of the same country. Stocks[†] in his studies of statistics in England and Wales discovered that for cancer there is a difference of incidence, according to system and organ, among various areas of the same country, and Pascua[‡] has found that there is a similar difference of incidence in different countries. Mellanby[§] reports that there is almost a complete absence of disseminated sclerosis among the South African born white population, and that the incidence of alimentary disorders among the natives of tropical and subtropical countries is much smaller than in Western Europe and America.

Our research should be into health and its attainment, not into disease and its treatment. The treatment of a disease in one individual does nothing to prevent another from acquiring the same condition, nor even to prevent the first from becoming ill again when he returns to the environment (which in its broad sense includes food) which made him take ill in the beginning. It may be argued that such research will be as complex and unrewarding as is our present research. But I believe that what we are going to find in every case is that it was where we went astray from Nature that we were wrong, and that it is only in the direction of aberrations from Nature that we need look for the cause of disease.

Meantime we spend (1951-52) £274.3 million (62.9%) on the Hospital Service, £142.8 million (32.8%) on the Executive Councils (responsible for general practitioner, pharmaceutical, dental and supplementary ophthalmic services) and £18.6 million (4.3%) on the Local Health Authorities. Just think of it! £417.1 million, or 95.7 per cent for the treatment of disease. £18.6 million, or 4.3 per cent, for the promotion of health.

*British Medical Journal 1952, I, 759.

†Stocks P. Regional and Local Differences in Cancer Death Rates. General Register Office 1947.

‡Epidemiological and Vital Statistics Report of the World Health Organisation Jan. Feb. 1952.

§British Medical Journal 1951, II, 865.

Housing

No excuse is needed for including some words on Housing. The Housing problem is still the most serious matter affecting the health of the community and as far as can be seen there is every prospect that this situation will continue indefinitely. 172,000 houses were built in England and Wales in 1951 which is exactly the same number as in 1950. I repeat once more that this is exactly half the figure for 1938 (344,000) and that it is less than the number required for replacements (182,000). As a result the lists of prospective tenants for Council houses continue steadily to increase.

There is no fair way of allocating houses when the number of houses available is less than the number of people who need them. It is impossible to estimate in numerical terms the relative severity of the housing positions of the different applicants and a points scheme however carefully prepared, cannot do more than bring forward the names of those who should be considered next. It is sometimes said that those who have no place of their own should at all times be considered before those who do have a home however unsatisfactory, but this view can perhaps be carried too far. It is seldom satisfactory for a young couple to live with in-laws, but a sub-let where the geography of the house is reasonably good may be a great deal better than ex-Services huts and houses which come under the category of fit for condemnation only.

There are at present in occupation in this Municipal Borough 11 ex-Services huts and 13 houses which are the subject of a prewar clearance order or of a prewar undertaking not to use for human habitation, and are occupied under licence, or which are the subject of a post-war demolition order or of a post-war undertaking not to use for human habitation. It is now more than six years since the end of the war and these huts are no longer fit to live in. At the same time the unfit houses are deteriorating and the question arises as to how much longer people can be expected to live in them even if they do not actually become dangerous or fall down. My own view is that it is becoming necessary to rehouse the tenants of both huts and houses. The possibility of setting a definite limit to the date at which all these tenants should be rehoused, and of rehousing the appropriate proportion each year, might be considered. This would perhaps be too inelastic, but it would at least provide some sort of a guide as to how many to rehouse each year.

At the same time there is no overall picture of the housing position in the town such as exists for Rural Districts in the Hobhouse Survey. Not only are there many houses which should be demolished, but there are also many which are incapable of repair at reasonable expense but should be reconditioned under the Housing Act 1949 either by the owner or by the Council after acquisition. When the list of houses which should be demolished was completed the Council could then decide in the same way as already described how long should be taken to deal with the problem and as a result how many tenants should be rehoused each year. The acquisition and improvement of houses would provide the Council with accommodation for tenants whom they did not wish to put in a new Council house, and for tenants who could not pay the rent of a new Council house. It would also help to prevent the loss of such houses of architectural merit as exist in the town, and Andover is not over-generously provided with these.

Another question which I should like to discuss is that of allocation of houses to childless couples and those whose families have grown up and left home. On the one hand it is so much easier for a childless couple to obtain accommodation than it is for one with a family, that it is easy to understand those who say that all houses should go to couples with families; on the other a certain proportion of marriages result in involuntary childlessness and it seems hard that those who want a family and a home should be denied the latter because they cannot have the former. My own view is that a childless couple or one whose family have grown up and left home should be allocated a house only when this results in releasing a suitable home for a couple with a family and that the house they are allocated should be one not suitable for a family. One example would be a childless couple or one whose family have grown up and left home living in a privately owned house which is too big for them and where the landlord is willing to rent it to a couple with a family, and this would also apply to a couple whose family had grown up and left home and who were underoccupying a council house. In my opinion all cases of under-occupation should be dealt with by transferring the tenants to cottages (a much more attractive term than bungalows) whether they request to be transferred or not. The council should pay the removal expenses and the rent of the new house should not be more than that of the old. This procedure is a method whereby the council can provide a family with a house at the cost of building a cottage. Again, my own view is that such cottages should only be built where a house, whether publicly or privately owned, is to be released for a family thereby.

There has been a good deal of talk recently on lowering standards for new houses so that more houses may be built. Now there is no doubt that some of the houses built since the war have been extravagant in some respects, as for example ceiling height and the provision of an extra lavatory (which in any case has not contained a wash basin and is therefore quite wrong) but we must be careful that in reducing standards we do not reduce below what is needed. We have come to accept that a couple with a family need a house with a kitchen, sitting room, bathroom, and three bedrooms, and I hope we will not depart from that standard. It is better to build fewer houses than to build substandard ones. Insofar as our housing problem is partly due to overcrowding, any building of houses which have a reduced number of rooms will only perpetuate that overcrowding.

The trouble is that there are in this country 20,000,000 people whom we cannot feed, and that we must import the food to feed these people, and the raw materials to manufacture into exports to sell to buy that food, while those countries from whom we obtain our food and raw materials are developing their own industries and becoming more and more independent of our exports, so that all the time we are asked more for our imports and offered less for our exports, and an ever increasing proportion of our total production has to go for export as the amount we have to send abroad is increasing more quickly than is our total production. So there is less left for us at home, and we find we can no longer afford for example, the houses, the clothes, or the railway journeys to which we have been accustomed. This is a trend which it appears inevitable will continue, and it would be better if the politicians would cease to offer us (under the aegis of their own party) a future which it is not within their power to grant and would confess frankly that shortages of all kinds, including housing, will not improve and may get worse, so that individuals and families may make up their own minds what to do. Many would choose to remain. This is still the most beautiful country in the world, the one with the highest standard of integrity in its central and local government, and the one with the best climate in the world (with the exception of New Zealand). But many others would choose to go to the Dominions which cannot in any case develop their proved resources because they do not have the people to develop them.

Finally, it may be of interest to compare the number of houses built in Andover Municipal Borough (population 15,050) since the end of the war with the number which might have been expected had houses been built at the same rate as in all towns of 25,000 and under (population 6,517,671). 144,238 permanent houses were built by public and 29,478 by private enterprise and 15,957 temporary houses were built by public enterprise (total 189,673) up to the end of 1951 and on that basis 333 permanent houses might have been built by public and 68 by private enterprise and 37 temporary houses might have been built by public enterprise (total 438) in Andover Municipal Borough. The actual figures were 358 permanent houses built by public and 65 by private enterprise and 50 temporary houses built by public enterprise (total 473) giving 108%, 96%, 135% and 108% respectively of what might have been expected.

The figures for 1951 alone however are not so satisfactory. 26,830 permanent houses were built by public and 3,769 by private enterprise (total 30,599) and on that basis 62 permanent houses might have been built by public and 9 by private enterprise (total 71) in Andover Municipal Borough. The actual figures were 42 permanent houses built by public and 8 by private enterprise (total 50) giving 68%, 89% and 70% respectively of what might have been expected. Such a deficiency for one year for one authority might easily be explained on the basis of difficulties with individual contracts, and a below average year might well be followed by an above average year, but the other two authorities for which I am Medical Officer of Health, which had also hitherto been up to average, have also had a below average year, and this suggests the possible existence of some adverse factor in this area. Perhaps the answer is to make more use than hitherto of prefabricated permanent houses.

I am indebted to Mr. A. R. Tarrant, M.R.San.I., M.S.I.A., Chief Sanitary Inspector, for his assistance in the preparation of this report. (Sections C, D and E)

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

John Hleigh

Section A Statistics and Social Conditions of the Area

(1950 figures in brackets)

Area (in acres)	6,381	(6,381)
Registrar General's estimate of resident population	15,390	(15,050)
Number of inhabited houses according to Rate Books	3,970	(3,929)
Rateable value	£104,125	(£102,856)
Sum represented by a penny rate	£434	(£429)

Chief Industries in the area

Below are given Ministry of National Insurance figures of numbers employed, obtained from the Ministry of Labour. It is not possible to give figures for the Borough of Andover as Ministry of National Insurance areas are based not on existing Local Government areas but on the towns and the areas of country draining naturally into them. The figures given are for the area of the Andover office of the Ministry of National Insurance, which area comprises:

Andover Municipal Borough
 Andover Rural District
 Hurstbourne Priors, Laverstoke, St. Mary Bourne, Whitchurch and Portals only in Overton, in Kingsclere and Whitchurch Rural District.
 Broughton, Houghton, Leckford, Longstock, Nether Wallop, Over Wallop and Stockbridge, in Romsey and Stockbridge Rural District.

Agriculture	2,000
Paper making and printing	1,600
Local and National Government	1,400
Building	1,300
Distributive trades	1,100
Engineering, Garages, etc.	1,100
Food and Drink, etc.	500
Woodwork, etc.	500
Transport	350
Professions	180
All others	1,670
TOTAL	11,700

Extent of unemployment

This is virtually non existent, being 0.1% (England and Wales 1.4%)

Vital Statistics
(1950 figures in brackets)

	Andover M B England & Wales			
	Rates per 1000 Home Population			
<u>Births</u>				
Live births	14.9	(15.0)	15.5	(15.8)
Still births	0.32	(0.27)	0.36	(0.37)
<u>Deaths</u>				
All Causes	11.2	(10.2)	12.5	(11.6)
Typhoid and Paratyphoid	0.00	(0.00)	0.00	(0.00)
Whooping cough	0.00	(0.07)	0.01	(0.01)
Diphtheria	0.00	(0.00)	0.00	(0.00)
Tuberculosis	0.19	(0.13)	0.31	(0.36)
Influenza	0.19	(0.00)	0.38	(0.10)
Smallpox	0.00	(0.00)	0.00	(-)
Acute poliomyelitis (including polioencephalitis)	0.00	(0.00)	0.00	(0.02)
Pneumonia	0.32	(0.20)	0.61	(0.46)
<u>Notifications (Corrected)</u>				
Typhoid fever	0.00	(0.00)	0.00	(0.00)
Paratyphoid fever	0.00	(0.00)	0.02	(0.01)
Meningococcal infection	0.00	(0.07)	0.03	(0.03)
Scarlet fever	0.26	(1.33)	1.11	(1.50)
Whooping cough	7.99	(0.60)	3.87	(3.60)
Diphtheria	0.00	(0.00)	0.02	(0.02)
Erysipelas	0.06	(0.07)	0.14	(0.17)
Smallpox	0.00	(0.00)	0.00	(0.00)
Measles	15.66	(0.27)	14.07	(8.39)
Pneumonia	0.00	(0.13)	0.99	(0.70)
Acute poliomyelitis (including polioencephalitis)				
Paralytic	0.00	(0.13)	0.03	(0.13)
Non-paralytic	0.00	(0.07)	0.02	(0.05)
Food poisoning	0.00	(0.00)	0.13	(0.17)
<u>Deaths</u>				
	Rates per 1000 Live Births			
All causes under 1 year of age	4.4	(13.3)	29.6	(29.8)
Enteritis and diarrhoea under 2 years of age			1.4	(1.9)
<u>Notifications (Corrected)</u>				
	Rates per 1000 Total (Live and Still) Births			
Puerperal fever and pyrexia	17.09	(4.35)	10.66	(5.81)

Vital Statistics

Birth Rate

The Birth Rate for 1951 (14.9 per 1000) was 0.6 per 1000 below that for England and Wales (15.5 per 1000). The most important factor affecting the birth rate in one area as compared with that in the country as a whole is opportunity for marriage, as the number of babies born in any one family depends more on the age of marriage of the parents than on any other factor. The suggestion is therefore that there is some influence in Andover delaying the date of marriage. Unemployment is nil and the only other factor that suggests itself is the non-availability of housing accommodation for those who wish to get married. That this is likely to be the case is suggested by the fact that Andover's population increase between the 1931 and 1951 censuses is 4.5% (from 10,076 to 14,661) which compares with one for England and Wales of 9.5% (from 39,952,377 to 43,744,924) which indicates that the need for houses for new families in Andover is five times as great as in England and Wales. My own view is that housing allocations should be based on population increase as well as on population, at any rate in those areas away from the London conurbation (an ugly word for an ugly reality) which it is desirable should increase in population.

However, we should not forget that the birth rate for England and Wales is itself well below replacement level. On the basis of current mortality experience only about three quarters of the children needed to maintain the population at its present level are being born. The population is still increasing as a result of the increased expectation of life, but this cannot be expected to continue for we are now at the stage when nearly all will die of old age, and we have not yet been able to influence the onset of ageing. Unless we become able to do this, the population will ultimately fall by a quarter in each generation. In any case even if the population does not decline for some time the proportion of the young and of the producers will fall and that of the old and of the non-producers will rise. While in December 1951 the population under 15 years was 22.1 per cent of the whole, it will be only 20.3 per cent in 40 years' time. During the same period, the proportion of women aged 15-44 to the whole population is expected to fall from 21.4 per cent to 19.8 per cent whilst the number of men aged 65 and over and women aged 60 and over will increase from 4.5 and 9.3 per cent respectively to 6.9 and 12.5 per cent respectively. These figures make allowance for a continued improvement in mortality experience which is not in my opinion justifiable, on the current figures, and they are in my opinion over optimistic. In the financial year 1952-3 the Exchequer will pay £37,000,000 into the National Insurance Fund to enable income to cover expenditure. But by 1957-8 the sum will have risen to £150,000,000 and by 1977-78 the Exchequer contribution will have grown to nearly £450,000,000. This heavy liability in the years to come is due to the ageing of the population and the consequent increase in the expenditure on retirement pensions.

So although our economic difficulties are due to the fact that we have 20,000,000 people whom we cannot feed, the necessity for maintaining our population at its present level is paramount. A declining population is inevitably one in which the older people outnumber the younger, and in which the smaller proportion of active people must work increasingly harder to support the greater proportion of non-active. The only kind of population decline which is not accompanied by this state of affairs is one brought about by planned emigration of cross sections of all age groups of the community. It is interesting to note that the Commonwealth, above all Canada and also Australia, cannot develop their resources for want of people.

We used to produce children to look after us in our old age. Now we expect the State to do it. But the State can only do it by allocating to the old by means of pensions a proportion of the production of the young. The amount available for distribution is dependent upon the number of producers and the real value of pensions cannot be maintained for more pensioners by fewer producers. We are badly in need of a real population policy in this country whereby people should be encouraged to have children. Nowadays children are a liability because they can no longer be exploited for financial gain by their parents at an early age. We want to assist people to have children by giving adequate family allowances, income tax reliefs, educational and housing provision, and so on, but as well as this we must alter the present attitude of the community to the parents of more than one or two children that there is something indecent or uncivilised, in their action, let alone that it is downright stupid or must have been a mistake.

*Registrar General's Provisional Vital Statistics for 1951.

‡British Medical Journal 1952, I, 207.

Death Rate

The death rate for 1951 (11.2 per 1000) was 1.3 per 1000 below that for England and Wales (12.5 per 1000).

Infant Mortality Rate

The infant mortality rate for 1951 (4.4 per 1000) was 25.2 per 1000 below that for England and Wales (29.6 per 1000). No significance should be attached to a rate of this size for a small authority, but it is most satisfactory that only one child under 1 year of age should have died in 1951.

Analysis of Mortality and Case Rates for certain Infectious Diseases

No significance can be attached to the Rates given for this Authority as the population is too small. It is hoped however that it will be of some interest to compare them with those for England and Wales. The whooping cough and measles case rates for this Authority for this year are high and for last year are low. This is due to the fact that although these diseases occur more or less equally each year for the country as a whole they occur in each area every two to four years for whooping cough and every two years for measles, as it takes that period for the level of immunity in the community to fall as a result of new births to the point at which an epidemic can recur. The high case rate for puerperal fever and pyrexia for this year is due to the new widened definition for this infection introduced during the year under the Puerperal Pyrexia Regulations 1951.

It is hoped that it will be noted that the mortality rate for England and Wales for poliomyelitis is nil, and that the case rate for England and Wales for poliomyelitis is one third of that for food poisoning and erysipelas, one twentieth of that for pneumonia, one twenty second of that for scarlet fever, one seventy seventh of that for whooping cough and one two hundred and eighty first of that for measles. Perhaps this may assist towards the preservation of a sense of proportion about the importance of poliomyelitis.

Vital Statistics 1938 - 1951

Year	Popu- lation	%	E & W	Births	B R	E & W	Deaths	D R	E & W	I M	I M R	E & W
1938	11910	100	100	212	17.8	15.1	131	11.0	11.6	5	23.6	53.0
1939	12820	107.6	100.6	251	19.6	15.0	124	9.7	12.1	8	31.9	50.0
1940	14940	125.4	96.8	251	16.8	15.2	198	13.3	14.4	12	47.8	56.0
1941	15500	130.1	94.0	283	18.3	14.2	154	9.9	12.9	6	21.2	59.0
1942	14300	120.1	92.8	257	18.0	15.8	137	9.6	11.6	12	46.7	49.0
1943	13600	114.2	91.8	238	17.5	16.5	134	9.9	12.1	8	33.6	49.0
1944	13310	111.8	91.7	274	20.6	19.9	135	10.1	12.7	8	29.2	45.0
1945	12570	105.5	92.0	244	19.4	16.1	138	11.0	11.4	11	45.1	46.0
1946	13330	111.9	98.5	300	22.5	20.2	146	11.0	12.0	8	26.7	43.0
1947	13560	113.9	101.4	283	20.9	20.5	139	10.3	12.0	6	21.2	41.0
1948	13860	116.4	103.7	286	20.6	17.9	169	12.2	10.8	9	31.5	34.0
1949	15260	128.1	104.6	265	17.4	16.7	159	10.4	11.7	9	34.0	32.0
1950	15050	126.4	106.3	226	15.0	15.8	153	10.2	11.6	3	13.3	29.8
1951	15390	129.2	106.3	229	14.9	15.5	172	11.2	12.5	1	4.4	29.6
Total				3599			2089			106		
Average					18.5	16.7		10.7	12.1		29.3	44.0

Population 1951 15390

Population 1938 11910

Total Increase 3480

Births 1938 - 51 3599

Deaths 1938 - 51 2089

Natural Increase 1510

Total Increase 3480

Natural Increase 1510

Immigration 1970

Vital Statistics 1938 - 51

This year I also include a table giving Population, Population expressed as a percentage of the 1938 Population, Population of England and Wales expressed as a percentage of the 1938 Population, Births, Birth Rate, Birth Rate of England and Wales, Deaths, Death Rate, Death Rate of England and Wales, and Infant Mortality, Infant Mortality Rate, Infant Mortality Rate of England and Wales, for each year from 1938 the last complete prewar year, to 1951. It is hoped that this table, showing the changes over a very eventful period will be of interest.

Population

While the population of England and Wales declined steadily from 1939 until 1944 and then increased steadily until 1950, the population of Andover increased steadily from 1938 until 1941, then decreased steadily until 1945, and then increased steadily until 1951. While the 1951 population of England and Wales was 6.3% above that for 1938, the 1951 population of Andover was 29.2% above that for 1938.

Births

Both for Andover and for England and Wales there was a decline in the birth rate in the early years of the war, followed by a compensatory increase at the end of the war, and another subsequent decline. These movements took place earlier in Andover than in England and Wales. Andover's average birth rate over the period was 18.5 against 16.7 for England and Wales, but although Andover's was higher than that for England and Wales until 1949, it has been lower since 1950.

Deaths

Apart from the big increase in 1940, there has not been a great deal of fluctuation in the death rate either for Andover or for England and Wales. Except in 1948 Andover's rate has been consistently below that for England and Wales and Andover's average of 10.7 compares favourably with that of 12.1 for England and Wales.

Infant Mortality

These rates vary widely in the case of Andover, as can be expected from a relatively small population and probably it would be necessary to take each year with that preceding and that following to get a reasonably smooth curve. Apart from 1949 the rate for Andover has always been below that for England and Wales, but the gap is now narrowing because Andover's rate has always been much nearer what is in the present state of medical knowledge, the irreducible minimum. Andover's average of 29.3 compares favourably with that of 44.0 for England and Wales.

I have also included below the main table three small ones showing total increase in population over the period, natural increase (excess of births over deaths), and by calculation from the two former figures, immigration during the period. The population increased by 3,480, births exceeded deaths by 1,510, and immigration was 1,970. At four to a house it would require 493 houses to provide for these immigrants alone without providing for replacement of existing houses, and Andover's total of new houses to date is 473.

Hampshire Development Plan 1951
Written Analysis of Survey - Andover Town Map
Population

It is stated that the estimated population of 14,170 in 1949 will have increased to 17,000 by 1971. The figures quoted by the County Planning Officer do not in any way lead to such an assumption and it is impossible to see on what it is based. The inference is that it has been decided that Andover is not to be allowed to grow but how this is to be prevented without road blocks and compulsory contraception I cannot see. The growth of a town is not unlike the growth of a human body which it is not easy to control, except to a slight extent. On the County Planning Officer's figures the population increased from 8,572 to 13,560 between 1921 and 1947, or by 58% in 26 years, yet he only allows for a further increase to 17,000 in the following 24 years, which is 25%. Making allowance for the difference in the period, the County Planning Officer's estimate would mean the rate was more than halved. My own estimate is based on the census figures. Between 1931 and 1951 the population increased from 10,076 to 14,661. This is an increase of 4,585 or 45.5%. If the increase between 1951 and 1971 is the same as that between 1931 and 1951 the 1971 population will be 19,246. If the increase between 1951 and 1971 is at the same rate proportionately as that between 1931 and 1951 there will be an increase of 6,671, making the total 21,332. The County Planning Officer's estimate is therefore between 2,000 and 4,000 too small. It might be pointed out here that Andover's population increase of 45.5% between 1931 and 1951 can be compared to one of 9.5% for England and Wales and one of 18.0% for Hampshire. Andover had the largest percentage increase for any town or rural district in Hampshire outside the overspill area of the three county boroughs.

<u>Live Births</u>	<u>Male</u>		<u>Female</u>		<u>Total</u>	
Legitimate	116	(120)	103	(90)	219	(210)
Illegitimate	2	(7)	8	(9)	10	(16)
Total	118	(127)	111	(99)	229	(226)

<u>Still Births</u>	<u>Male</u>		<u>Female</u>		<u>Total</u>	
Legitimate	2	(2)	3	(1)	5	(3)
Illegitimate	0	(1)	0	(0)	0	(1)
Total	2	(3)	3	(1)	5	(4)

<u>Deaths of Infants under 1 year of age</u>	<u>Male</u>		<u>Female</u>		<u>Total</u>	
Legitimate	1	(2)	0	(1)	1	(3)
Illegitimate	0	(0)	0	(0)	0	(0)
Total	1	(2)	0	(1)	1	(3)

<u>Deaths of Infants under 4 weeks of age</u>	<u>Male</u>		<u>Female</u>		<u>Total</u>	
Legitimate	0	(1)	0	(1)	0	(2)
Illegitimate	0	(0)	0	(0)	0	(0)
Total	0	(1)	0	(1)	0	(2)

<u>Deaths</u>	<u>Male</u>		<u>Female</u>		<u>Total</u>	
Tuberculosis, respiratory	1	(1)	2	(1)	3	(2)
Tuberculosis, other	0	(0)	0	(0)	0	(0)
Syphilitic disease	0	(1)	0	(0)	0	(1)
Diphtheria	0	(0)	0	(0)	0	(0)
Whooping cough	0	(1)	0	(0)	0	(1)
Meningococcal infections	0	(0)	0	(0)	0	(0)
Acute poliomyelitis	0	(0)	0	(0)	0	(0)
Measles	1	(0)	0	(0)	1	(0)
Other infective and parasitic diseases	0	(2)	0	(0)	0	(2)
Malignant neoplasm, stomach	1	(2)	1	(0)	2	(2)
Malignant neoplasm, lung, bronchus	2	(1)	0	(0)	2	(1)
Malignant neoplasm, breast	0	(0)	4	(1)	4	(1)
Malignant neoplasm, uterus	0	(0)	1	(0)	1	(0)
Other malignant and lymphatic neoplasms	10	(10)	6	(5)	16	(15)
Leukaemia, aleukaemia	0	(0)	0	(0)	0	(0)
Diabetes	0	(1)	1	(0)	1	(1)
Vascular lesions of nervous system	9	(3)	10	(11)	19	(14)
Coronary disease, angina	12	(15)	9	(10)	21	(25)
Hypertension with heart disease	1	(0)	2	(4)	3	(4)
Other heart disease	21	(16)	29	(25)	50	(41)
Other circulatory disease	0	(1)	2	(1)	2	(2)
Influenza	0	(0)	3	(0)	3	(0)
Pneumonia	2	(2)	3	(1)	5	(3)
Bronchitis	4	(4)	4	(0)	8	(4)
Other diseases of respiratory system	0	(1)	0	(0)	0	(1)
Ulcer of stomach and duodenum	1	(1)	1	(0)	2	(1)
Gastritis, enteritis, and diarrhoea	1	(1)	2	(0)	3	(1)
Nephritis and nephrosis	0	(0)	1	(0)	1	(0)
Hyperplasia of prostate	1	(3)	0	(0)	1	(3)
Pregnancy, childbirth, abortion	0	(0)	2	(0)	2	(0)
Congenital malformations	0	(1)	0	(2)	0	(3)
Other defined and ill defined diseases	6	(8)	11	(11)	17	(19)
Motor vehicle accidents	2	(3)	0	(0)	2	(3)
All other accidents	0	(2)	1	(1)	1	(3)
Suicide	2	(0)	0	(0)	2	(0)
Homicide and operations of war	0	(0)	0	(0)	0	(0)
All Causes	77	(80)	95	(73)	172	(153)

The Chemical Manipulation of Food

The insertion of some information on this subject immediately following the "Deaths" table is intentional. It is my opinion that the increase in the diseases of civilization or degenerative diseases, such as cancer, cerebral haemorrhage, coronary thrombosis and angina pectoris and peptic ulcer is caused by the unnatural nature of our diet. Diseases other than the degenerative diseases are decreasing, and surely faulty nutrition is the most likely explanation of the increase in the latter. The incidence of these diseases is much greater in Western countries, and the obvious explanation is that this is due to modern errors of living, of which the ingestion of chemically treated food is the most obvious. Chemicals may not only confer toxic properties on food, they may by their action remove or destroy important constituents or dilute the nutritional constituents with air or water.

Of the four sweetening agents that have been in use, two including saccharin have not been found to cause any damage, but of the other two one caused liver tumours and the other kidney damage. The most commonly used colouring substances in food belong to the azo-dye group. In the United States and Canada only those azo-dyes may be used which are specified as harmless, but in this country all those azo-dyes may be used which are not specified as harmful. Among those which have been found to be harmful, a large number cause malignant tumours of the liver, including one with the euphemistic title of butter-yellow, and these azo-dyes are all of the same group as those others used for colouring food.

White flour is so widely used as an article of diet that the substances used in the treatment of flour are of particular interest. The best known is nitrogen trichloride which is a bleacher and (another euphemism) improver, that is to say it makes the loaf lighter by allowing more air and gas to be incorporated so that a slice of given volume contains less nutriment. Agene (as nitrogen trichloride is popularly known) has been proved to cause hysteria in dogs, and in fact no species of animal tested with the substance produced by nitrogen trichloride by action on the flour has failed to show toxic symptoms of the central nervous system. There is certainly a big enough increase in nervous disease to justify consideration of this matter, but although the United States have given up nitrogen trichloride it is still used in this country. It is also worth mentioning that the toxic substance which nitrogen trichloride produces by action on the flour is formed by the destruction of a valuable constituent of the flour, so that the customer has a food replaced by a possible poison. There is no certainty that any other bleacher or improver which may be used may not ultimately be found to have the same two effects.

Another group of widely used chemicals in food are the emulsifiers, which make flour confectionery more tender. Certain of these if impure are actually poisons, and this emphasises the importance of purity of these products. But there is evidence that even in the pure state certain emulsifiers cause gastro-intestinal disturbances. There is no lack of gastro-intestinal complaints in this country today, but although the number of emulsifiers which may be used in food has been very strictly reduced in the United States, nothing has been done here.

Even where chemicals do not actually cause harm they may reduce the nutritive value of food, by taking the place of other ingredients which are of food value. We can no longer rely on our senses to tell us whether food is what it should be. The fat-sparers come in this category, as their name implies, and they are widely used. The flour "improvers" have already been mentioned.

The last category I would like to include are the pesticides, chemicals used in agriculture. Many of these in large doses are very toxic, and while the concentration used in spraying may not be high, they are absorbed into the plant. These chemicals in high concentration cause cancer of the liver in animals, and the significant feature is that they are absorbed and stored by the body over long periods with a cumulative effect. Many people engaged in the preparation and use of these substances have been killed or injured by them, but much the more important question is, what happens to the consumer?

In this country the Ministries responsible for our food are those of Food and of Agriculture and Fisheries. Now the objectives of these two Ministries must be to produce as much food as possible and food which the consumer finds acceptable, and these objectives must conflict with that of the effect of food on health. It would be much better if the responsibility for all questions involving the addition of unnatural chemicals to food rested with the Ministry of Health.

At several points I have shown that practice in the United States is much ahead of that in this country. There is in the United States a large and important department called the Food and Drugs Administration, which is responsible for this question of the addition of chemicals to food and this provides the explanation for progress there. In this country the only organisation is the toxicological research unit of the Medical Research Council but its objectives are quite different and much more limited. The position is that we are in the undignified position of having to rely on the decisions arrived at in the United States before policy or action can be determined here. It is not as if the questions at issue were small and of rare occurrence. Questions of great public interest are constantly coming up, and the Food and Drugs Administration is very active. The establishment of a similar department in this country is long overdue.

For much of the information given above I am dependent on an article by Sir Edward Mellanby in the British Medical Journal 1951, II, 863, but it ties up with what I said on the subject of food in my last annual report. What is most important in food is that it should be fresh, natural and wholesome, not processed, sophisticated, and adulterated. Food and mouth disease is much in the news just now, and I repeat again that Sir Albert Howard found that cattle fed on pasture fertilised by returning to it the whole of the animal and vegetable refuse of the community could actually rub noses across a fence with cattle suffering from foot and mouth disease without contracting the infection. Mr. Friend Sykes who farms some seven miles from Andover has eradicated contagious abortion by similar means and at a meeting which I suggested of the Southern Branch of the Society of Medical Officers of Health he spoke of this and other achievements with animals and with crops. Sir Robert McCarrison found that whereas rats fed on natural food grew well, had little disease and lived happily together, those fed on processed food grew ill, had much disease and lived unhappily together, the strong killing and eating the weak. There, if anywhere is a parable for the times in which we live.

If it was even accepted as a principle that where possible fresh natural and wholesome food should be the objective, much would be gained. A moment's thought shows that this objective is very far from being considered today. The latest proposal is to add fluorine to water, as fluorine has a proved effect in postponing the onset of dental decay, although it is not proved that it prevents it. But there is ample fluorine for this purpose in the wheat berry which we throw away when we make white flour. Maybe water should have fluorine added, but I would like first to see a study of the comparative mortality figures for the degenerative diseases in those areas which already have naturally a high fluorine content in their water.

Smoking and Cancer of the Lung

Last year I included a note on a recent statistical investigation of the relationship between smoking and cancer of the lung, and as it is an obvious example of preventive medicine, I include it again with additions. ^xWhereas among a control group of men and women without cancer of the lung 4.2% of the men and 53.3% of the women were non-smokers, among a group of 649 men and 60 women with cancer of the lung only 0.3% of the men and 31.7% of the women were non-smokers. Whereas among the control group 13.5% of the men and 0% of the women smoked 25 or more cigarettes a day, among the group with cancer of the lung 26% of the men and 14.6% of the women smoked 25 or more cigarettes a day. It was calculated that above the age of 45 the risk of cancer of the lung was 50 times as great among those who smoked 25 or more cigarettes a day as among non-smokers. During the 25 years between 1922 and 1947 the annual number of deaths recorded in England and Wales increased from 612 to 9,287. During the 9 years between 1940 and 1947 the annual number of deaths recorded in England and Wales increased from 5,227 to 11,182. ^zBetween 1949 and 1950 the death rate for cancer of the lung for men for England and Wales rose from 484 to 530 per million population. Cancer takes 10-15 years to develop, and the spectacular increase in smoking has been since 1939. What its results will be remain to be seen. What is the responsible factor in cigarettes is not known but the obvious advice to anyone contemplating taking up smoking is "Don't".

^xBritish Medical Journal 1950, II, 739.

^zBritish Medical Journal 1951, II, 235.

[†]Medical Officer, 1952, I, 202.

Section B. General Provision of Health Services for the Area

National Health Service Act 1946
Local Health Services under Part III

In paragraph 20 of Ministry of Health circular 112/47 it was recommended that all counties should be subdivided according to local health requirements, that in each subdivision the County Health Committee would use its powers (under paragraphs 6 and 7 of Part II of the Fourth Schedule to the Act) to appoint a Sub-Committee on which the Councils of County Districts comprising the subdivision would be represented, and to which would be delegated the day to day administration in the division of the Part III (Local Health Authority) Services of the National Health Service Act, and that, under the County Medical Officer, executive charge of these services in the division would be taken either by an existing Assistant County Medical Officer, preferably one who was also Medical Officer of Health of one or more of the districts constituting the Division or by the Medical Officer of Health of one of these districts, who would be appointed to the staff of the County Medical Officer. The County Council as the Local Health Authority would of course retain its responsibility for policy and finance unimpaired but to day to day administration the Sub-Committee would bring the local interest and knowledge which are so desirable in such personal services.

In paragraph 7 of Ministry of Health circular 27/51 county councils were again recommended to have regard to the advantages which might be expected to flow from a plan, which besides providing for a single officer to hold the office of medical officer of health for two or more county districts where this was appropriate, also provided for him to be employed part-time in county council services and so to help to administer the personal health services of the county council in the area in addition to discharging the duties which fell to him as county district medical officer of health. The Minister was sure that such arrangements were in the interests of the local services as well as of the officers themselves, because they secured to those services the help of medical officers experienced in the administration of both kinds of local health services - environmental and personal. The marked growth in recent years of arrangements of this kind was itself sufficient testimony of their value and practicability.

The recommendations of the Delegation Sub-Committee of the Local Government Manpower Committee which were published by the Committee and which were endorsed by the then Minister of Local Government and Planning, included recommendations similar to those of Ministry of Health Circular 118/47.

A memorandum agreed by the Council of the Society of Medical Officers of Health, which was published by the Society, stated that the Society of Medical Officers of Health was in favour of decentralisation of National Health Service Part III functions by county councils wherever practicable, that the Society considered that such decentralisation should be to sub-committees of county health committees (as authorised by the Fourth Schedule Part II, paragraphs 6 and 7) which should be responsible for day to day administration of some or all of the Part III Services, that the medical officer appointed to serve the sub-committee normally had other duties to perform and might be medical officer of health of one or more of the county districts in the area, that so far as the medical officer's duties under Part III of the National Health Service were concerned he acted as a senior member of the staff of the county medical officer, and that policy, finance, and establishment were retained as functions of the central committee.

Even up to 1949 (no more recent figures are available) 31 of the 62 Counties in England and Wales had carried out the recommendations of the Minister of Health contained in paragraph 20 of circular 118/47, but no such subdivision has taken place in Hampshire. Charge of duties under Section 26 (Vaccination and Immunisation) is taken by the medical officer of health, but charge of duties under Sections 22 (Care of Mothers and Young Children), 23 (Midwives), 24 (Health Visitors), 25 (Home Nursing), 27 (Ambulance), 28 (Prevention of Illness, Care, and After-Care) and 29 (Domestic Help) remains with the County Medical Officer. The District Health Sub-Committee has advisory functions only in connection with Sections 23 (Midwives), 25 (Home Nursing) and 29 (Domestic Help) only, but the officers carrying out these services come directly under the control of the County Health Committee and are in no way answerable to the District Health Sub-Committee.

Section 26 (Vaccination and Immunisation)

This is therefore the only one of the Part III (Local Health Authority) Services under the National Health Service Act on which I am able to report.

Notification of birth cards received by the County Medical Officer from the Health Visitors are sent to the Medical Officer of Health, who prepares Diphtheria Immunisation Record Cards from them, and these form a Diphtheria Immunisation Card Index. Consent cards received by parents from the Health Visitors are sent to the Medical Officer of Health who sends the corresponding Diphtheria Immunisation Record Cards to the general practitioners and they perform the immunisation. A Diphtheria Immunisation Clinic is also conducted by the Medical Officer of Health with the assistance of the Health Visitors at the Health Centre, Junction Road, Andover, at 11 a.m. on the first Saturday in the month for those children whose parents wish them to be immunised by him.

Diphtheria Immunisation

Annual Return for year ended 31st December, 1951.

Number of children who completed a full course of Primary Immunisation in the Authority's area (including temporary residents) in the above year.

Age at date of final injection	Total
Under 5	5 to 14
170	0
	170

Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to complete full course).

During year ended 31 Dec. 51.
673

The figures of 673 for total number of children who were given a secondary or reinforcing injection (i.e. subsequent to complete full course) compare with 13 for the previous year and are the result of a campaign to improve the state of immunity of the school children.

A letter was prepared by the Medical Officer of Health giving details of the advisability of primary and reinforcing immunisation and requesting return of an attached consent form giving details of who it was desired should carry out the immunisation and of the child's immunisation state. Copies of this letter were sent to the head teachers of all primary schools for distribution to all children (not to those aged 5 and 10 only who are normally the only ones who receive reinforcing immunisation as many children aged 6 to 9 had escaped reinforcing immunisation in recent years). Consent forms completed by the parents were returned by the head teachers to the Medical Officer of Health and were examined to see whether the child required reinforcing immunisation. Where the parent had requested that the Medical Officer of Health should carry out the immunisation, copies of a letter requesting the parent to take or send the child to the Immunisation Clinic were sent to the head teachers of all primary schools for distribution to the children concerned. Where the parent had requested that the general practitioner should carry out the immunisation, Diphtheria Immunisation Record Cards or Diphtheria Immunisation Reinforcing Injections Record Sheets were prepared and sent to the general practitioner, with payment on a per capita or sessional basis respectively, depending on the number to be immunised. Arrangements for all sessions were made by the Medical Officer of Health. This has worked very well and there has been a considerable increase in the proportion of children who have received a reinforcing injection. It is considered that in future years it will be necessary to send the letter to the parents of children aged 5 and 10 only.

Immunisation in Relation to Child Population

Number of children at 31 Dec. 51. who had completed a course of immunisation at any time before that date. (i.e. at any time since 1 Jan. 37.)

Age at 31 Dec. 51 i.e. Born in year	Under 1 1951	1 1950	2 1949	3 1948	4 1947	5 to 9 1942-1946	10 to 14 1937-1941	Total Under 15
Number immunised	19	249	117	219	247	407	21	1279
Estimated mid-year child population 1951		Children under 5 1406				Children 5 to 14 1946		3352

Diphtheria Notifications and Deaths in Relation to Immunisation during the year 1951
Nil

The 851 immunisations performed on the 1406 children under 5 represent a percentage of 60.5, the 428 immunisations performed on the 1946 children from 5-15 represent a percentage of 22.0, and the 1279 immunisations performed on the 3352 children under 15 represent a percentage of 38.2.

These percentages for 1951 may be compared with 57.2%, 11.0% and 30.6% for 1950, and show an improvement. They may also be compared with 53.6%, 67.6% and 62.1% for urban districts, and with 57.0%, 68.3% and 63.9% for the County, for 1950. It will be seen therefore that our percentages for under 5's are 6.9% above those for urban districts, and 3.5% above those for the County, for the previous year, but our percentages for 5's - 15's are 45.6% below those for urban districts and 46.3% below those for the County for the previous year, and our percentages for all children are 23.9% below those for urban districts and 25.7% below those for the County, for the previous year. These figures represent the result of a complete search through all our records and indicate that these records are obviously very far from complete.

The cause of this apparently unsatisfactory state of affairs is the return itself. It will be seen that it demands figures dating back to 1937, that is 15 years old. But what is even more unfortunate is that the return was only introduced in 1945, in which year it demanded figures dating back to 1931, that is 15 years old at that time. It is most unlikely that all the figures submitted at that time were based on records, and many of them must have been estimates. Because of the peculiar nature of the return, later figures based on records have been added each year to these earlier figures conferring on them an appearance of accuracy to which they may not have been entitled. The accuracy of this return in every case will not really be certain until 15 years from the date of its introduction and comparisons based on returns at the present time are not necessarily of any great value. It will be seen also that figures for immunised children between the ages of 5 and 14 are given in two 5 year age groups, which in each year's return refer to two groups of 5 calendar years a year later than the two groups of the previous year's return, so that the return cannot be based on the for the previous year, but only on the records on which that return was based. In the case of this Authority, the only records which I was able to find give the figures which I have set out above. Because of the nature of the return, it is not unlikely that many authorities submit returns based on estimates.

The Decline in Diphtheria Immunisation

The drop of nearly 27,000 in immunisations done in the first months of 1950 as compared with the same period in 1949 was followed by a drop of over 140,000 in immunisations done in the 0-5 age group, in the whole year as compared with 1949, 433,000 as compared with 574,000. Fortunately there was a large recovery to 497,000 in 1951, but this is still well short of the 1949 figure and it is the overall level of immunity in the population that is important in preventing the spread of the disease, so that it is most important to recover the ground lost. Fear of diphtheria is declining, and the very success of the immunisation campaign in almost eliminating diphtheria has led to some apathy on the part of mothers who do not realise that this is conditional upon the maintenance of an adequate level of immunisation. In 1951 deaths numbered 34 against a yearly average of about 2,800 between 1930 and 1940, and notifications (uncorrected) were 1,983 and (corrected) 699 compared with a yearly average of 55,000 in the same decade. The fall in the numbers of cases and deaths is due to the immunisation campaign. Over the three year period 1945-47 the notification rate among children under 15 in England and Wales was three times higher, the death rate was 22 times higher, and the fatality rate (deaths per cent of notifications) was 7 times higher, among the non immunised than among the immunised children.* The condition is not becoming less serious. Over the eight year period 1944-51 the fatality rate (deaths per cent of notifications) has actually tended to increase.

It is very important therefore to find the cause for the decline. Last year I suggested that it was due to the scare which developed following the reports which appeared in the medical press during the early months of 1950 which showed that there was a rare but statistically significant relationship between diphtheria immunisation and poliomyelitis in the inoculated limb, and that it would have been well if before these reports appeared their authors had considered whether the harm to the community as a result of the decrease in the number of immunisations did not outweigh the advantage as a result of the reduction in the number of cases of poliomyelitis.

I still think that these reports were the main cause of the decline, although I have no doubt that the success of the immunisation has resulted in decline of the fear of the disease and in fact in reduction of the number of people who have any experience or even knowledge of the disease. A recent report[†] however tends to lead one to the conclusion that the scare was more among the authorities than the parents, although its authors do not themselves make the calculation from their own figures that justified such a conclusion. In this report it is stated that whereas the proportion immunised at the clinic fell from 62% in 1949 to 49% in 1950, that immunised by the family doctor increased from 35% in 1949 to 47% in 1950, and that immunised at other places increased from 3% in 1949 to 4% in 1950, but this matter is not discussed further, and it is presumed that the family doctor is taking over immunisation from the clinic.

However, if we apply these percentages to the figures for immunisation in 1949 and 1950 (574,000 and 433,000) we find that whereas the number immunised at the clinic fell from 355,880 in 1949 to 212,170 in 1950, or to three-fifths, the number immunised by the family doctor remained more or less stationary (203,510 in 1950 as against 200,900 in 1949) and the number immunised at other places remained more or less stationary (17,320 in 1950 as against 17,220 in 1949). No doubt the percentages themselves which were obtained from a sample do not really justify so accurate an estimate of the figures for the country as a whole but the figures are so striking that they are obviously of importance.

What has happened is that the family doctor has rightly concluded that the importance of poliomyelitis in relation to diphtheria immunisation is exaggerated and has continued his activities unchecked, while the clinic has reduced its activities to little more than half. Whether this is mainly the responsibility of the central authority or of the local authority, it is impossible to say. Certainly the complete cessation of publicity measures by the central authority in the summer and autumn of 1950 must have been a very important factor. No doubt individual local authorities assessed the matter at its true value while others grossly exaggerated the dangers. I can only repeat what I said last year, that what is wanted is a statistical investigation to show whether the possibility of death or disablement through poliomyelitis in the immunised is greater than the possibility of death or disablement through diphtheria in the unimmunised, and that there can be very little doubt that it would be shown that our timidity has been entirely unjustified.

* Monthly Bulletin, Ministry of Health and Public Health Laboratory Service 1952, 51.

† Monthly Bulletin, Ministry of Health and Public Health Laboratory Service 1952, 27.

Section F Prevalence of, and Control over Infectious and other Diseases

Final numbers according to Sex and Age after Corrections of Cases of Infectious and other notifiable Diseases notified during the year ended 31st December, 1951.

	Scarlet fever			Whooping cough			Measles		
	M	F	Total	M	F	Total	M	F	Total
Under 1 year				3	1	4	1	3	4
1 - 2 years				20	7	27	24	21	45
3 - 4 years		2	2	17	26	43	40	38	78
5 - 9 years				21	26	47	56	49	105
10 - 14 years				1		1	3	1	4
15 - 24 years	1		1		1	1	1	1	2
25 and over		1	1					3	3
Age unknown									
Total (All ages)	1	3	4	62	61	123	125	116	241

Erysipelas

M F Total

Under 5 years

5 - 14 year

15 - 44 years

45 - 64 years

65 and over

Age unknown

Total (All ages)

1 1

1 1

Puerperal pyrexia

Female

4

Infectious Diseases

As already mentioned, the large number of cases of whooping cough and measles for this Authority is due to the fact that although these diseases occur more or less equally each year for the country as a whole, they occur in each area every two to four years for whooping cough, and every two years for measles, as it takes that period for the level of immunity in the community to fall as a result of new births to the point at which an epidemic can recur. As also already mentioned, the number of cases of puerperal fever and pyrexia is due to the new widened definition for this infection introduced during the year under the Puerperal Pyrexia Regulations, 1951.

I would like to repeat again what I said about whooping cough last year. It is by far the most serious of the common infections of childhood at the present time. All infections follow waves of virulence and the virulence of scarlet fever is at present no more than that of measles, or possibly even less. Whooping cough therefore stands out above all others and it is good news that a recent statistical investigation* has disclosed that immunisation against whooping cough is of real value. Over a two to three year period of observation 149 of the 3801 vaccinated children developed whooping cough, whereas 687 of the 3757 unvaccinated children developed whooping cough, giving attack rates per 1000 child months of 1.45 and 6.72 respectively and a reduction in the incidence of the disease of 78%. Among children exposed to whooping cough in their own homes the attack rates were 18.2% in the vaccinated and 87.3% in the unvaccinated groups. The cases that occurred in the vaccinated were on the average less severe and of shorter duration than those in the unvaccinated children. Five vaccines were tested, of which much the most effective were two prepared by the Michigan Department of Health, but the other three were also of value. The further comparative investigations which I mentioned in my last report are not yet complete, but it is hoped that it will soon be possible to undertake a campaign similar to that already undertaken for diphtheria immunisation, and that the Public Health Service will be able to take the same part in the second campaign as it has done in the first.

*British Medical Journal 1951, I, 1463.

Tuberculosis

Age Periods	<u>New Cases</u>						<u>Deaths</u>					
	<u>Respiratory</u>			<u>Non Respiratory</u>			<u>Respiratory</u>			<u>Non Respiratory</u>		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
0 -												
1 -												
5 -												
15 -	3	5	8	1	1		1		1			
25 -	4	3	7				1		1			
35 -	2		2	1	1							
45 -	3		3									
55 -	4		4									
65 and upwards												
Total	16	8	24	1	1	2	1	1	2			

Number of cases on the Tuberculosis Register on 31st December, 1951.

(31st December 1950 in brackets)

	<u>Male</u>		<u>Female</u>		<u>Total</u>	
Respiratory	55	(43)	22	(16)	77	(59)
Non Respiratory	3	(2)	4	(3)	7	(5)
Total	58	(45)	26	(19)	84	(64)

Tuberculosis

During the year a complete investigation has been made into all the cases on the Tuberculosis Register and on the list kept by the Chest Physician and a complete new Register has been prepared. As a result the figures shown for last year do not agree with those given in last year's Annual Report but it is hoped that the picture now presented is an accurate one. As I stated last year the Tuberculosis Register is the most difficult to maintain accurate of the records which have to be kept by the Medical Officer of Health. The increase in the number of cases which is shown on the Return is due to the addition of cases which were on the list kept by the Chest Physician but not on the Register. Incidentally 24 cases were removed from the Register as a result of the investigation, although it was not possible to show these on the Return as having existed at the beginning of the year. These were removed from the Register as follows:- Recovered - 7, Dead - 0, Left District - 12, Not found in District after adequate search - 5, Total - 24.

It remains only to repeat again the plea I made last year for the wider use of B.C.G. (Bacille Calmette Guérin) vaccination against tuberculosis, and to quote from some references to this subject which I have noted during the year.

The most interesting was an article on "Tuberculosis in Families with B.C.G. vaccinated and non-vaccinated children".^{*} In this article an approach was made to the problem by examining those families in whom some children had been vaccinated and others not. A search was made in the records of the Norrtull's Hospital, the Samariten Hospital, and the Central Tuberculosis Dispensary, Stockholm. In general all families with B.C.G. vaccinated and non-vaccinated children exposed to a known source of infection, and irrespective of whether or not there was any case of tuberculosis among the children, were included. In all there were 16 families, with 22 vaccinated and 22 non-vaccinated children. Among the 22 children in the non-vaccinated group 21 developed primary tuberculosis. In the B.C.G. vaccinated group two at most showed some evidence of superinfection.

In the same article the difference in the incidence of tuberculosis in the vaccinated and non-vaccinated children admitted to Nortull's Hospital was recorded. Of the cases of primary tuberculosis 26 of the 1352 vaccinated children had developed tuberculosis (1.9%). 12 of these cases were mild and 14 more or less typical, but some of the latter had been vaccinated so long before that it is very likely the immunity had disappeared. During this 5 year period 8.2% of the non-vaccinated children who had been admitted to the hospital had developed the disease. There were 28 cases of tuberculous meningitis and/or miliary tuberculosis in the non-vaccinated group and none in the vaccinated group. The number of cases of primary tuberculosis had fallen from 183 admissions in 1945 to 88 in 1949, with an average of 123 in the intervening years.

At a Conference on Infectious Diseases held in Copenhagen during the week 2nd - 6th July, 1951, Dr. Winge, Dr. Törning, and Dr. Jensen all referred to the benefits arising from the use of B.C.G. vaccination in Denmark.[†] Since 1936 no cases of tuberculous meningitis had been observed in a person successfully converted by B.C.G. vaccination, and Professor Lassen, reporting that for many years in Blegdams Hospital beds had been set aside for cases of primary tuberculosis, stated that in 1949 there were 72 such beds, in 1950 54, and in 1951 18, and that at that time only 10 of these beds were occupied.

In an article on Tuberculosis Control in Denmark[‡] it was stated that the death rate from all forms of tuberculosis in Denmark in 1950 was provisionally announced as 14 per 100,000, i.e. less than half of the figure for England and Wales and the lowest ever recorded in any country. Since 1938 deaths from pulmonary tuberculosis had decreased by about 50 per cent but those from tuberculous meningitis by over 80 per cent. No case of tuberculous meningitis, miliary tuberculosis, or progressive pulmonary tuberculosis had been observed among the children known to the Copenhagen tuberculosis clinic and vaccinated with B.C.G., though some lived in contact with open pulmonary cases.

In this country an appeal was made by the Portsmouth health department that B.C.G. vaccine should be given to all tuberculin negative school-leavers.^{***} Authority was requested for the Mass Radiography Unit, which already had the cooperation required with this group of the population, to commence this work, but permission was refused. Here, in spite of 20 years Scandinavian experience we continue to experiment with the administration of B.C.G. vaccine to medical students, nurses, and tuberculin-negative contacts of cases of tuberculosis only. What is wanted in this case also is a campaign similar to that already undertaken for diphtheria immunisation and again it is hoped that the Public Health Service will be able to take the same part in this campaign as it has done in that for diphtheria immunisation.

^{*}British Medical Journal 1952, I, 682.

[†]British Medical Journal 1951, II, 354.

[‡]Bulletin of the National Association for the Prevention of Tuberculosis 1951, 609.

^{***}Medical Officer 1951, II, 175.

National Assistance Act 1948Section 47: - Removal to suitable premises of persons in need of care and attention.

No action has been taken by the Council under this Section.

Food Poisoning outbreaks

No outbreaks of food poisoning occurred during 1951.

Clean Food Campaigns

A Clean Food Exhibition was held in the Guildhall, Andover, from Wednesday to Saturday 17th to 20th October 1951, from 2 to 7 daily. Exhibits were provided by the Ministry of Health, the Ministry of Food, the Central Council for Health Education, and Marks and Spencer. The Public Health Laboratory Service provided a viewing box with culture plates, and charts, pictorial diagrams, and photographs on the bacteriology of food poisoning. The County Education Committee provided a most attractive display of a day's meals for a family including an actual school meal and a demonstration of home food storage for the family of limited means. The Southern Gas Board provided single point and multi point storage water heaters, a non-storage single point water heater, a boiling water heater, a circulator (substitute for boiler in ordinary circulation), an incinerator (for sanitary towels) and a sterilizing sink. The Southern Electricity Board provided a refrigerated display counter, a refrigerator, a beer glass washer, a vacuum cleaner, an air extractor, a food mixer, and a storage water heater. Shows of the films "Another Case of Poisoning", "Fly About the House", and "Common Concern", were given at 6.15 daily and at 3.30 on Saturday. Cookery demonstrations were given on Wednesday and Friday at 3.30 by the Southern Gas Board.

The Exhibition was extremely attractive and compared not unfavourably with professional exhibitions. The attendance was not as large as had been hoped, in spite of newspaper, cinema, poster, and radio publicity, but no smaller than had been expected.

Film Shows and Discussions on Health Education including Clean Food were offered during the year to a number of existing organisations and given to those that accepted the offer.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTORINSPECTIONS

The following table shows the number and nature of the inspections carried out during the year:-

Houses (H.A. 1936)	186
Houses (P.H.A. 1936)	151
Houses (Defence Regulations 68 A.A.)	4
Overcrowding	15
Drains and Sanitary Fittings	166
Building Licensing	7
Water Supplies	31
Slaughterhouses	338
Knackers Yard	12
Dairies... ..	83
Pasteurising Plants	152
Ice-cream Premises	58
Food Premises	255
Public Houses	11
Bakehouses	22
Factories	55
Watercress Beds	12
Swimming Pools	18
Moveable Dwellings	306
Piggeries	1
Market Stalls	2
Dustbins	11
Nuisances from:-	
Refuse	15
Smells	9
Animals	2
Flies	1
Infested Premises:-	
Fleas	3
Cockroaches	6
Filthy Premises	3
Infectious Diseases	7
Disinfections	4
Total	<u>1946</u>

NOTICES SERVED1. Informal Notices

Housing defects	38
Drains and Sanitary Fittings	15
Defective eaves gutters	2
	<u>55</u>

2. Defects remedied after service of Informal Notices.

Housing defects	13
Drains and Sanitary Fittings	9
Defective eaves gutters	2
	<u>24</u>

3. Statutory Notices

Housing defects	...	...	...	...	...	...	10
Drains and Sanitary Fittings	...	...	...	...	...	...	1
Dustbins	...	...	...	...	...	...	3
							<hr/>
							14
							<hr/>

4. Statutory Notices complied with.

Housing defects	...	...	...	...	...	...	4
Drains and Sanitary Fittings	...	...	...	...	...	...	1
Dustbins	...	...	...	...	...	...	1
							<hr/>
							6
							<hr/>

HOUSING

Statutory Action under the Housing Act, 1936-49.

Repairs (Section 9)

It will be seen that ten Statutory Notices to remedy defects were served, four of which were complied with. In the remaining six cases works were still in progress at the end of the year.

Regarding the repair of houses the remarks contained in my report for 1950 regarding Rent Control and cost of repairs still apply and there is no sign of an immediate improvement in this direction.

Demolition (Section 11)

Nos. 86 and 87, Charlton, in respect of which demolition orders were made during 1949, were demolished and the erection of new houses commenced on the site.

A demolition order was made in respect of No.2, Woodhouse, the occupants rehoused by the Council and the house demolished.

Demolition Orders were made in respect of Nos. 58 and 60, Chantry Street. No. 60, being occupied under overcrowded conditions, the family was rehoused by the Council. No. 58 was already vacant and demolition of both houses should take place during 1952.

Defence Regulations 68A.A.

Defence Regulations 68 A.A. provide for the licensing of houses which are subject to Demolition or Clearance Orders and are rendered reasonably capable of being used as a temporary measure for housing purposes. The licences are granted for periods of six months and can be revoked by the Council at their discretion by means of a notice. In order to prevent reletting a condition is attached revoking the licences when a house becomes vacant. Primarily a wartime measure to deal with persons deprived of homes through enemy action it still serves a useful purpose.

Licences expiring on the 31st. December, were granted in respect of the following houses:-

(i) Clearance Areas

London Street Clearance Area No. 1.

7 houses - Nos. 69 - 83, London Street.
(Nos. 81 and 83 are occupied as one dwelling)

No. 69 was found to be dangerous and the licence revoked, the tenant being rehoused by the Council.

Winchester Street Clearance Area No. 1.

4 houses - Nos. 49 - 55, Winchester Street.

The Council decided to rehouse the tenant of No. 55 and this house should be vacant early in 1952 when the licence will be revoked.

- (ii) Individual Demolition Orders and houses in respect of which undertakings were given not to use for human habitation.

4 houses - No.s 1 - 4, Fouthrops Yard.

The tenant of No. 3, was rehoused and the licence revoked.

2 houses - Nos. 55- 57, Vigo Road.

The tenants of both houses were rehoused and the licences revoked and demolition can now be enforced.

It is satisfactory to note that some progress has been made in rehousing the tenants of these houses during the year and it is desirable that it should continue.

OVERCROWDING AND ALLOCATION OF COUNCIL HOUSES

Overcrowding due to the acute housing shortage is still serious and 7 cases were investigated during the year. Thirteen reports on bad housing conditions were submitted to the Housing Officer in support of applications for Council houses. Co-operation exists between my department and the Housing Department, and the Housing Officer, Mr. R. B. Gillett, has kindly supplied the following figures:-

The number of names on the housing application list is as follows:-

Householders	- 75
Living and working out of Andover	- 20
(No previous residence in Borough)	
Applications received less than	- 139
twelve months ago	
Aged persons applications	- 32
	<hr/>
	266
Applicants on current list:	
No children - 85	
With children - 78	- 163
	<hr/>
TOTAL	- 429
	<hr/>

PROVISION OF DUSTBINS

The unsatisfactory position regarding the law still remains and consequently the service of notices, except in the case of owner-occupiers, has ceased.

The Health and Planning Committee of the Council expressed concern with the present unsatisfactory position of the law relating to the supply of dustbins and was of the opinion that the question is one which should receive serious consideration by the Highways and Works Committee, who already deal with the question of refuse collection, with the view to that Committee devising a comprehensive scheme dealing with the provision of dustbins and undertaking responsibility therefore.

This matter was referred to the Standing Orders Committee and a recommendation that the powers and duties of the Highways and Works Committee be amended to include those under Section 75 of the Public Health Act, 1936, was confirmed by the Council.

This gave the Highways and Works Committee powers to deal with the provision of dustbins as well as the collection and disposal of refuse, but a comprehensive scheme had not been devised by the end of the year and the unsatisfactory position still remains.

The organisations of local authorities are dealing with the matter at National level and it is to be hoped that amended legislation will be forthcoming during 1952.

COMPLAINTS

Further complaints and a petition were received from residents in the Foxcotte Road area of Charlton in respect of the alleged nuisance from the tipping of refuse and the burning of sawdust.

The Health and Planning Committee of the Council considered this matter and having regard to the fact that part of the site was situated within the Rural District, requested the Town Clerk to arrange a meeting between representatives of the Andover Rural District Council, the Hampshire Rivers Board and Borough Council.

This meeting was held on the 30th April, and the Town Clerk reported upon the discussions, in consequence of which the Health and Planning Committee requested the Borough Development Sub-Committee to consider taking action under the Town and Country Planning Act, 1947.

The Andover Borough Development Sub-Committee dealt with this request at their meeting in June and made the following recommendation:-

"That the Area Planning Committee make an Order under Section 26 of the Town and Country Planning Act, 1947, requesting the cessation of the use of the land at the Foxcotte Road Gravel Pits for the tipping of rubbish."

A development application was subsequently received from a timber company to use the land for tipping sawdust and shavings, and, needless to say, this was refused.

The following is a list of the complaints received during the year and gives a good idea of the variety and amount of work involved:-

Blocked drains	...	...	...	...	66
Blocked sewers	...	...	...	...	2
Blocked W.C.	...	...	...	...	5
Housing Defects	...	...	...	...	18
Housing conditions	...	...	...	...	6
Defective dustbins	...	...	...	...	1
Offensive accumulations	...	...	...	...	2
Defective sanitary fittings	...	...	...	...	12
Nuisances:-					
Smells	...	...	...	...	5
Infestations:-					
Cockroaches	...	...	...	...	1
Ants	...	...	...	...	2
Flies	...	...	...	...	2
Beetles	...	...	...	...	1
Wasps	...	...	...	...	22
Rats	...	...	...	...	11
State of road	...	...	...	...	1
Overcrowding	...	...	...	...	1
Floods	...	...	...	...	1
Burst pipe in road	...	...	...	...	1
Food ..	...	...	...	...	3
Dirty milk	...	...	...	...	2
Glass in Milk	...	...	...	...	1
Water supply	...	...	...	...	1

* Total number of complaints received:- 167

SANITATION

It will be seen from the General Statistics that there are 3,970 inhabited properties within the Borough. A total of 350 houses are not connected to the main sewerage system and of these 160 are provided with drainage to a cesspool or septic tank, 176 have pail closets and 14 chemical closets.

The increase on the 1950 figures in the number of properties connected to a cesspool or septic tank is accounted for by the erection of seven new houses and the conversion of 2 pail closets to water closets in unsewered parts of the Borough.

Three pail closets were converted to water closets and four were eliminated when the dwellings were demolished. Nine properties in the Town Area with pail closets remain to be dealt with and it will be difficult to eliminate these unless the Council are prepared to carry out the work under the provision of Section 47 of the Public Health Act, 1936, and bear half the expense.

The clearing of blocked drains is treated as a public health service and these are cleared forthwith by my department without charge. Repairs and improvements to drains and sanitary fittings were effected at 10 premises and 30 hydraulic and smoke tests were applied in connection with this work.

There is still urgent need for additional public sanitary conveniences in the Town and for the improvement of existing arrangements by the provision of proper washing facilities with hot water to meet present day requirements. This also applies to the public Parks and Cricket ground.

The extension of the sewer at Charlton village is still an urgent matter and should receive further consideration by the Highways and Works Committee.

DISINFECTION AND DISINFESTATION

The Borough is without a steam disinfecter and articles requiring steam disinfection are dealt with at the Victoria Isolation Hospital, Winchester at an agreed charge.

Disinfection of four premises was carried out after infectious disease.

No premises were found to be infested with bugs during the year. Disinfestation work was carried out at three houses found to be infested with fleas and at six houses where cockroaches were causing a nuisance, a liquid insecticide being used in each case.

Nuisance from ants entering houses was dealt with on two occasions by the use of liquid and powder insecticide.

The mass invasion of dwelling houses by cluster flies during 1949 was fortunately not repeated this year and only two complaints of nuisance from house flies were dealt with during the season. Twenty-two wasps nests were destroyed at the request of householders.

MOVEABLE DWELLINGS

(a) Sites for Moveable Dwellings.

One licensed site for two caravans at the Acre Iron Works continued in use as such during the year.

A licence was granted for a period expiring on the 31st December, 1953, in respect of a site at Harewood Garages, London Road, permitting six tents or mobile caravans to be stationed thereon.

An application for a licence to use land at Shepherds Spring Road as a site for moveable dwellings was refused and an appeal was entered against the refusal of the Borough Council to grant a licence. A development application under the Town and Country Planning Act, 1947, in respect of this site, was refused by the Planning Authority on the grounds that "The proposal would be injurious to the amenities of the neighbourhood". The Borough Council was also concerned with the possible contamination of the town's water supply. This appeal was heard in November and the decision of the Minister is awaited. The hearing of the appeal by the Borough Magistrates against the refusal of the Borough Council to grant a licence under Section 269 of the Public Health Act, 1936, has been postponed until the Planning Decision is made known.

An application for a licence to use land at Charlton as a site for moveable dwellings was refused, also a subsequent development application, but appeals were not entered in these cases.

(b) Moveable Dwellings

Applications for individual licences were granted in respect of twelve dwellings for a period of twelve months and two for a period of three months.

(c) Camping on Unlicensed Sites.

Further to my report for the year 1950, action was continued under the provision of Section 269 of the Public Health Act, 1936, against the occupiers of two sites on the west side of New Street, with a view to clearing the shack colony established there during the war and used by an increasing number since.

When proceedings were commenced in September, 1950, a total of 17 dwellings, comprising parts of glider bodies, disused bus bodies, army tents and gypsy caravans, occupied by 47 persons, were found stationed on the sites.

Fines and continuing penalties were imposed and orders made by the Borough Magistrates on several occasions, but without success because of the difficulty of finding alternative sites for these people. The cases were ultimately adjourned "sine die" in September and in view of the unsatisfactory progress made with Court Action the Health and Planning Committee made a recommendation to the Council that a Municipal Camping Site be established. Sites were inspected by the Committee and it was eventually decided to negotiate for a piece of land of approximately 2 acres in extent in the Pickett Twenty Road and it is hoped that a settlement will be reached during 1952.

Proceedings were also taken against the owner of land at New Street Farm on three occasions during the year for permitting land to be used for camping purposes beyond the Statutory period of 42 days. A fine of £3 was imposed in one case and £2.10s.0d. in another and one case was dismissed. Proceedings were instituted against the owner of a group of moveable dwellings stationed on this land and he was given an absolute discharge.

WATER SUPPLIES

Public Supply

The Public Supply is derived from the borehole at the Council's Smannel Road Waterworks, and pumped to a covered reservoir of 500,000 gallons capacity at Bere Hill. The supply is continuous and no shortage has been experienced during the year.

The Borough Surveyor, who is the Council's Water Engineer, submits regular monthly samples to the Public Health Laboratory, Winchester, for bacteriological examination. These samples are taken from the borehole, the reservoir and from various points on the system and very satisfactory reports have been received in each case. The supply is chemically treated by chloramine process and frequent chlorine residual tests are made.

Private Water Supplies

A total of 133 dwelling houses are not connected to the Public Supply as follows:-

(a) Private Piped Supplies

1. Burfoot and Loveridge, Woodhouse.

Supplying 2 houses and a bakehouse at Woodhouse. One house taking this supply was demolished during the year.

2. W. A. Motley, Harewood Farm, Andover Down.

Supplying 17 houses, a garage with camping site, a turkey farm and one dairy farm at Andover Down.

(b) Shallow Wells and Bores.

A total of 114 dwelling houses within the Borough derive a supply of water for domestic purposes from shallow wells and bores, the water being raised by means of bucket and windlass in most cases, and by hand pumping in the remainder. The structure of wells is generally of a low standard and in some cases dangerous.

Six houses were connected to the main supply as follows:-

- 4 cottages at Foxcotte.
- 46, London Road.
- "The Bungalow", New Street.

The well supplying water to Nos. 6, 7, 8 & 9, Pitt Cottages, Woodhouse, was found to be polluted and a supply of drinking water was provided by the Council by means of a mobile tank as a temporary measure until the main is extended to this area.

23 samples of water were taken as the result of complaints and routine investigations and submitted for bacteriological examination.

(c) Supplies to Dairies and Dairy Farms.

The duty of ensuring that dairy farm premises are provided with a supply of water suitable for the requirements of the Milk and Dairies Regulations, 1949 passed to the Ministry of Agriculture and Fisheries on October 1st. 1949.

One dairy pasteurising milk derives its water supply from a bore on the premises and quarterly samples taken and submitted for bacteriological examination proved very satisfactory.

Extension of Main Supply

The Enham-Alamein village system supplying water to 122 houses, two factories, a hostel and 2 dairy farms, was connected to the Council's mains during the year.

The hamlet of Knights Enham was also linked up with the main supply and together with Enham-Alamein village accounts for a reduction of 133 houses taking private supplies in this area.

The Vicarage is the only house not connected to the main supply in this hamlet.

The water main was extended to supply Marchmont & Sons' farm and 7 houses at Foxcotte. Four of these houses were supplied by independant bores with hand pumps, and three from the private piped supply at the farm, previous to the extension.

SWIMMING POOLS AND HOT BATHS

Borough Swimming Pool

The Borough Swimming Pool, opened in 1937 and situated in the Walled Meadow, is 75 feet by 30 feet wide. The depth varies from 3 feet at the shallow end to 8 feet at the deepest. The pool is in charge of a fully qualified superintendent and his wife, Mr. and Mrs. Hughes. Mrs. Hughes is a qualified nurse and is in constant attendance during the season. Two attendants are also employed and hygienic conditions are well maintained, in spite of the unsatisfactory turfed surroundings.

Special attention is given to the purity of the water which is continually circulating at the rate of 13,800 gallons per hour, filtered and chlorinated. Chlorine residual tests are carried out daily and frequent samples taken by my department during the swimming season all proved satisfactory. Reports on all samples are posted on the notice board at the pool and are noted with interest by the public.

A hot bath service is maintained throughout the year in the buildings attached to the pool. Very great credit is due to the Superintendent and his wife for the very excellent manner in which the pool is managed and I am indebted to them for supplying the following statistics for the year:-

Bathers	-	23,568
Spectators	-	2,899
Hot Bath Patrons	-	2,212
		<hr/>
		28,679
		<hr/>

Andover Grammar School Pool.

This pool, used by scholars and "Old Hansonians" is under the control of the County Education Authority and has a capacity of 63,000 gallons. The water is changed every three or four weeks according to weather conditions and use of the pool. The underwater surfaces are cleaned by special cleaning equipment to prevent growth of algae.

The water is chlorinated by hand dosing according to the use of the pool. The County Education Authority have not yet taken steps to ensure that a proper filtration and chlorination plant is installed comparable with the Municipal Installation. Regular samples are taken by my department during the swimming season and two proved to be slightly contaminated.

Private Swimming Pools.

There are three pools in use within the Borough constructed in the grounds of private dwelling houses and used solely by the occupants and their friends.

These pools are filled from the public mains and chlorination is by hand dosing.

WATERCRESS BEDS

Watercress growing is looked upon as one of the industries of Andover and a fair number of persons of both sexes find regular and seasonal employment in its various branches.

The groups of beds in the Borough of Andover cover an area of approximately 12 acres and the produce finds its way to most of the large markets by rail and road.

The water supply from the chalk formations in this area is favourable for watercress growing and is derived mainly from artesian bores and natural springs.

Regular inspections of watercress beds are made to ensure that they are properly protected from pollution and samples of water taken and submitted for bacteriological examination. The standard of purity of the water aimed at is not less than that of drinking water.

Twenty-three samples of water and twelve samples of watercress were taken and submitted for bacteriological examination and three were reported upon as being polluted.

Sampling in one bed revealed the entry of surface water at one point and this was diverted.

One grower was investigating the possibility of chlorinating river water to supplement the artesian bore supply.

GAME DEALERS LICENCES

My department is responsible for the issue of these licences and the following applications were granted:-

Messrs. A. Marchmont & Sons, Charlton.
A. C. Stevens, Bridge Street.
Messrs. Carruthers & Co. Ltd., Bridge Street.
Messrs. H. W. Burden & Son, High Street.
Messrs. Clark Bros. Ltd., Bridge Street.
Messrs. Stevens Bros. Charlton.
Messrs. F. T. Burden & Son, Millway Road.
Andover Co-Operative Society Ltd., Bridge Street.
Webb & Wilson (Andover Co-Operative Society Ltd.)
11, Bridge Street.
Messrs. Lovell's Dairy, 47, High Street.
W. T. Stevens, "Fourways", London Road.
W. T. Smith, 11, London Street.
Messrs. Noyce Bros. Winchester Street.

PET ANIMALS ACT, 1951.

The Town Clerk reported on the provisions of the above Act which will come into effect on the 1st. April, 1952 and the Health and Planning Committee recommended that on the Act coming into force:-

(i) This Committee be requested to carry out its administration and the Chief Sanitary Inspector be authorised to call in a Veterinary Surgeon when necessary;

(ii) The fee for the issue of a licence under the Act be fixed at ten shillings;

(iii) The Chief Sanitary Inspector be authorised to inspect premises as respects which a licence shall have been granted under the Act, pursuant to Section 4 thereof.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

Under this Act, which became operative on the 1st. November, 1951, certain premises where any form of upholstery, stuffing or lining of bedding, toys, baby carriages, etc. is carried out, have to be registered with the Council.

Application for registration was received from Enham-Industries in respect of the upholstery department and this was granted by the Council. This appears to be the only premises within the Borough affected by the Act.

MILK SUPPLY

There are nine persons registered as distributors of milk and eight premises registered as dairies within the Borough.

The County Council delegated its powers in respect of the licensing and supervision of pasteurising plants to the Borough Council and licences issued under the Milk (Special Designation)(Pasteurised and Sterilised Milk) Regulations, 1949, are as follows:-

Dealers (Pasteurisers) Licences - 3
Dealers Pasteurised Milk Licences - 3

Licences issued under the Milk (Special Designation)(Raw Milk) Regulations, 1949 are as follows:-

Dealers Tuberculin Tested Licences - 4

Pasteurising Plants

There are three milk pasteurising plants in operation within the Borough, two plants being high temperature short time installations and one plant of the holder type. Weekly inspection of these plants is carried out and samples taken.

The water supply for Lovell's Dairy is obtained from a borehole on the premises and quarterly samples submitted to the Public Health Laboratory were all reported upon as being very satisfactory.

MILK SAMPLING

Tuberculin Tested Milk

Eight samples of bottled Tuberculin Tested milk were taken for bacteriological examination during the year and one failed to satisfy the official test.

Pasteurised Milk

A total of one hundred and sixty-three samples were taken from plants during the year all of which satisfied both the Phosphatase and Methylene Blue tests except three samples which failed the phosphatase test.

Ungraded Milk

A bacteriological standard for Ungraded milk does not exist but samples are taken for the Methylene Blue Test as a check. Samples taken and subjected to the Guinea Pig Test for the presence of Tubercle Bacilli all gave a negative result.

MILK BOTTLE CLEANSING

One hundred and twenty-seven bottles were taken during the year for bacteriological examination, eighty-one of which proved satisfactory, thirty-eight fairly satisfactory and twelve unsatisfactory. In the case of unsatisfactory results the method of cleansing is checked and advice given. Bad results are generally found to be due to the use of detergents at insufficient strength and temperature, and failure in the case of hand-washing to give a final rinse in running water of a good bacteriological standard. The proper treatment of bottles returned in bad condition is very important and I have dwelt on the part the public should play in assisting in this aspect later in my report.

No official bacteriological standard exists for milk containers but the provisional classification suggested by the Director of the Public Health Laboratory at Winchester is recognised.

The provisional classification for milk bottles is as follows:-

Mean Bottle Count, reckoned as per pint bottle.

Not more than 600	- Satisfactory.
Over 600 but less than 2,000	- Fairly satisfactory.
Over 2,000	- Unsatisfactory.

Although it is the responsibility of the dairyman to properly cleanse milk containers, it is regretable to note the condition of milk bottles returned to dairies by the public. Very few are given a rinse under the tap when emptied and very many have been used as containers for substances such as paint, oil etc. and those from building sites are more or less filled with cement and various building materials.

People tend to accumulate milk bottles in which case the small quantity of milk, if left in the bottle, and not rinsed out, dries on the glass and often the modern bottle washing machine will not remove this film without pre-soaking and brushing. This increases the task of the dairyman and costs money and often results in complaints from the public who by their very actions in this respect create the trouble.

The schools are not entirely without blame in this respect and all children should be taught to rinse their bottles after drinking the milk and in this way the seed would be sown for carrying on the good work in the home.

MANUFACTURE AND SALE OF ICE-CREAM

The manufacture, storage and sale of ice-cream is controlled by the Registration of premises under Section 14 of the Food and Drugs Act, 1938, and also by the provisions of the Ice-cream (Heat Treatment etc.) Regulations, 1947, and deals with heat treatment, cooling and storage and the protection of the ice-cream from contamination.

Three premises within the Borough are registered under the Food and Drugs Act, 1938, for the manufacture of ice-cream.

Twenty-seven premises are registered for the storage and sale of ice-cream and in addition to the ice-cream manufactured within the Borough the product of no fewer than ten factories situated outside the Borough is sold on these premises. Ice-cream is also being sold at most restaurants cinemas and canteens, which premises do not require to be registered under the provisions of the Act.

Frequent inspections are made of all premises, whether registered or not, in order to ascertain that hygienic conditions are maintained and the legal requirements as to temperature are observed.

Notices reminding persons to keep their hands clean and particularly to always wash their hands after using the sanitary conveniences, are posted in suitable positions on all premises.

There is no legal standard laid down as respects the bacteriological purity of ice-cream but a form of methylene blue reduction test is adapted for testing and used as a basis for defining four grades of bacteriological cleanliness. It is suggested that if, out of the four grades recommended, ice-cream consistently fails to reach grades one and two, it would be reasonable to regard this as indicating defects of manufacture or of handling which call for further investigation.

Ninety-nine samples of ice-cream were submitted for bacteriological examination by the methylene blue reduction test at the Public Health Laboratory, Winchester, with the result that:-

- 83 samples were placed in Provisional Grade 1.
- 6 samples were placed in Provisional Grade 2.
- 6 samples were placed in Provisional Grade 3.
- 4 samples were placed in Provisional Grade 4.

It can be said that the test still proves to be very useful and improvements have resulted from advisory work on premises where samples have failed to reach Grade 1 and 2.

The Ice Cream (Heat Treatment etc.) Amendment Regulations, 1951.

This regulation appointed the 1st. March, 1951 as the date from which local authorities may require the use of thermometers to indicate and record the temperature to which ice cream mixture is subjected in the manufacture of ice cream and the necessary instructions were given to local manufacturers.

Standard of Ice Cream.

The Food Standard (Ice Cream) Order, 1951, prescribing minimum standards for the composition of ice cream, came into operation on the 1st. March, 1951.

The Order will prove to be a further useful step in raising the general standard of quality, although it is only fair to add that much of the ice cream now being sold is already above the standards prescribed in the Order.

MEAT AND FOOD INSPECTION

Slaughtering.

Slaughtering continued to be carried out at the Andover Co-Operative Society slaughterhouse, Southend Road, which is requisitioned by the Ministry of Food for the purpose of slaughtering animals for human consumption to serve the needs of the Borough and parts of the Andover, Whitchurch and Kingsclere Rural Districts. Cattle for the Borough of Basingstoke are also slaughtered on these premises.

The slaughterhouse is of good construction and well maintained. Improvements were carried out to the cattle pen by the provision of a passage and catch-pen which enables animals to be secured more readily. An electric saw was installed for splitting carcasses and this is a great improvement on the chopping method formerly carried out, also the hand winch for raising carcasses was converted to electric drive and this greatly reduces time and labour in the process of dressing.

The officials of the Ministry of Food and the Slaughtering Contractor and Staff continued to co-operate fully with my department which is responsible for carrying out the duties of Meat Inspection and I again wish to record my appreciation of this co-operation.

Blowfly Infestation in Slaughterhouses.

The Department of Scientific and Industrial Research Pest Infestation Laboratory, carried out an investigation during the 1951 season and my department offered to assist by submitting specimens of eggs from carcasses and offal at the Andover slaughterhouse.

The object of this investigation was to determine, by breeding flies from eggs laid on carcasses and offal,

- (a) the species of flies most responsible for damage,
- (b) the materials most attractive to ovipositing flies,
- (c) the circumstances under which meat most commonly becomes "fly-blown".

Thirteen batches of eggs were collected and sent to the Laboratory and after culturing were identified as:-

- 6 batches of *Calliphora erythrocephala* (bluebottles)
- 3 batches of *Calliphora vomitoria* (bluebottles)
- 1 batch of a mixture of the above two species
- 1 batch of a mixture of the above two species and *Lucilia sericata* (greenbottles)
- 1 batch of a mixture of *C. vomitoria* and *L. sericata*
- 1 batch of eggs failed to hatch, presumably due to dessication in transit.

The findings of the investigation will be published later, but is anticipated that analysis of the considerable amount of data accumulated will take some time.

Blow fly infestation at the Andover slaughterhouse has decreased in the past 2 years since hygienic measures have been tightened up and use made of D.D.T. powder on the surrounding site, the manure pit and inedible offal, also the spraying of wall surfaces, reveals and cills of openings.

Inspection

100% inspection of all animals slaughtered was carried out and this entailed 338 visits and working a great number of hours beyond normal during the year, apart from Sunday slaughtering during the peak periods.

A total of 5,095 animals were slaughtered during the year and a total of 16 Tons. 13 cwt. 47 lbs. of meat and organs were condemned as unfit for human consumption.

The following tables give details of the carcasses inspected and condemned and the weight of meat and organs condemned:-

Carcasses Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2024	715	317	1923	170
Number inspected	2024	715	317	1923	170
All diseases except Tuberculosis Whole carcasses condemned	4	2	3	4	18
Carcasses of which some part or organ was condemned	724	351	2	170	84
Percentage of the number inspected affected with diseases other than T.B.	35.0%	49.3%	1.5%	9.0%	60.0%
Tuberculosis only Whole carcasses condemned	11	12	1	-	2
Carcasses of which some part or organ was condemned	122	127	-	-	2
Percentage of the number inspected affected with Tuberculosis	6.5%	19.5%	.31%	-	2.3%

Weight of Meat and Organs Condemned

	Tuberculosis			Other diseases		
	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.
Carcases and parts of carcases	120	1	1	35	1	26
Organs	65	2	9	116	-	11
TOTALS	185	3	10	151	2	9
Total weight:- 16 Tons, 13 cwts. 47 lbs.						

Meat and Offal Condemned on Butchers' Premises.

Eight and a half pounds of imported beef and seventy-six pounds of Home Killed meat was condemned as unfit for human consumption on butchers' premises by reason of bone taint.

Corned Beef

Three hundred and thirty pounds of imported canned beef was condemned as unfit for human consumption on butchers' premises and at the Ministry of Food distribution centre.

Disposal of Condemned Meat

The disposal of condemned home killed meat, imported meat and Corned Beef is dealt with by the Ministry of Food. Meat and offal is coloured with a vegetable dye and regularly collected by contractors and removed for proper treatment in steam digestors or concentrating plants.

CYSTICERCUS BOVIS

100% inspection of beef carcasses and offal for the detection of lesions is carried out and thirty-nine cases were discovered during the year.

Cysticercus Bovis is the cystic stage of the tapeworm Taenia Saginata in man and was considered rare in this country until reports of cases were received during 1948.

Affected carcasses and offal are removed to Reading for cold storage for a period of 21 days at a temperature not exceeding 20°F. after which the meat is released for manufacturing purposes.

The following table gives details of the animals affected which shows a reduction on the figures for 1950:-

<u>Class of Animals</u>			
<u>Steers</u>	<u>Heifers</u>	<u>Cows</u>	<u>TOTAL</u>
11	16	12	39
<u>Percentage of the total number of animals slaughtered in each class.</u>			
<u>Steers</u>	<u>Heifers</u>	<u>Cows</u>	
1.3%	1.4%	1.9%	
<u>Percentage of the total number of all Animals slaughtered.</u>			
1.4%			

REPORTS TO OTHER AUTHORITIES

All cases of generalised tuberculosis in cattle, congenital tuberculosis in calves and cystic infestation in all classes of animals is reported to the Medical Officer and Divisional Veterinary Officer of the County concerned. Twenty-three cases of generalised tuberculosis were reported during the year. Thirty-nine cases of *Cysticercus Bovis* and one case of congenital tuberculosis in calves were notified during the year. The Veterinary profession should make more use of the valuable information available at the slaughterhouse regarding the diseases of animals. The continued loss of liver by reason of fluke (*Distoma Hepaticum*) is still a matter for attention, 960 livers being condemned during the year 1951, the percentage of offal being 29% in cattle and 9% in sheep.

Other Foods Condemned

Condemnation certificates were issued in respect of the following food voluntarily surrendered by private traders:-

Weight in lbs.

Pork tails & bones	-	132 lbs.
Biscuits	-	20 lbs.
Faggots	-	30 lbs.
Cooked ham	-	372 lbs.
Turkey	-	15½ lbs.

Total weight:- 569½ lbs.

Canned Food

Cans

Meat	-	213
Milk	-	145
Peas	-	53
Jam	-	36
Vegetables	-	7
Beans	-	10
Fish	-	9
Marmalade	-	7
Soup	-	19
Fruit	-	191

Total number of cans:- 690

The large quantity of cooked ham, representing 29 cans, were all of foreign origin and particulars were passed to the Ministry of Food.

Sundry other food stuffs were condemned including 132 boxes of cheese.

The disposal of this food is dealt with by the Borough Council at the controlled tip.

Proceedings under Section 9 of the Food and Drugs Act, 1938.

(a) Mouldy cakes

A case was brought against a firm of dairymen, who also sell cakes and bread, for allegedly having in their possession for the purpose of sale, 187 cakes unfit for human consumption.

A bread and cake store on the premises was inspected and the cakes in varying stages of mould were seized and removed in order to be dealt with by a Justice of the Peace under Section 10 of the Act.

Evidence was given by Mr. Morgan, the Managing Director of the company and Mr. Trubridge, an employee, that cakes not sold within 24 hours were placed in trays and left in the store to be collected for animal food.

The main point in the Council's case was that trays of fresh cakes were mixed in the racks with trays of mouldy cakes and it was impossible to tell which trays contained mouldy cakes, particularly where the mould was just commencing or the colour and decoration of the cakes disguised its presence.

In dismissing the case the Chairman of the Bench said — "We think this is a case where the onus definitely rests on the defendant, and having heard the evidence of Mr. Morgan, and particularly Mr. Trubridge, we feel that the onus has been discharged and the case will therefore be dismissed.

We feel that it is right and proper that this case should be brought by the Council and we feel that Mr. Morgan would be well advised in future to keep this store for goods which are contaminated and goods which are for sale in another room."

(b) Unsound Ham

A multiple firm of provision merchants were prosecuted for exposing for sale for human consumption a quantity of sliced canned ham which was unfit for human consumption.

After receiving a complaint the branch shop was visited and unfit ham was found exposed for sale in the window, also a quantity was found in the cellar. This was seized and taken before a Justice of the Peace and condemned in accordance with the provision of Section 10 of the Act.

The defence submitted that the ham was of German origin, opened on the Monday and seized by the Sanitary Inspector on the Wednesday. The cutting up of the hams was always carried out by the Manager, but unfortunately, when the Inspector called he had a severe cold.

During the preceeding six months the firm had voluntarily surrendered tins of ham.

After a brief retirement, the Chairman said that in view of the fact that the Company had previously surrendered tins of ham, every tin should be suspect and great diligence should be taken to protect the public in this respect.

"In this case extra care should have been taken and in the circumstances a fine of £10 will be imposed."

Proceedings In Respect of Alleged Contravention of the Clean Food Byelaws.

A summons was brought by the Council against a director of a Highworth, Swindon, firm of bakers and confectioners alleging contraventions of Clauses 4(b) and 5(e) of the Byelaws made under the Food and Drugs Act, 1938.

It was alleged that being a person delivering food, to wit a quantity of fancy cakes, did carry in the course of delivery the said food in a vehicle with a live animal, to wit a dog, without taking all reasonably necessary precautions to prevent contamination contrary to clause 5(e), also being a person delivering food, to wit a quantity of fancy cakes, did fail, where it was reasonably necessary during delivery to protect the said food from contamination by an animal, cover and keep covered the said food during transit with suitable, clean material contrary to clause 4(b).

The defendant, who was represented by Mr. P. E. G. Mather, (Swindon) was said to have carried an Alsatian dog in his van whilst delivering cakes without taking reasonable necessary precautions to prevent contamination of the foodstuffs.

My evidence was that about 9 a.m. on the 16th November, I was in Bridge Street when I saw a small van stop and the driver get out. As the driver opened the rear doors a large Alsatian dog jumped out and the driver then removed a tray of cakes for delivery.

Whilst the driver was away with the cakes and the dog, I looked into the van and saw a further tray of fancy cakes, uncovered, lying on the floor of the van. When the driver, who was the defendant, returned, he placed the empty tray on top of the exposed tray of cakes and then the dog jumped in and ran to the front of the van to a cushion beside the driver.

I questioned the defendant about carrying cakes in that manner and he replied "I did not give any thought to the possibility of contamination." I pointed out that the van had no fitted shelves to carry racks and the trays were placed on the floor of the van. There was no partition between the driver's seat and the rear of the van.

The defendant in evidence told the Magistrates that when he had left the bakery that morning he had carried 32 trays stacked in piles of eight. (With similar trays he had brought to Court, he demonstrated how the trays fitted into one another by means of slats and also showed that each tray had a metal plate to divide it up).

When he reached Andover that morning he had almost finished his delivery. The tray of cakes he took out at Andover was a single layer and was covered by the metal plate. As soon as he returned to the van he placed the empty tray on top of the remaining tray of cakes, completely covering it.

The Alsatian, a bitch, had never been out of his sight. At each stop the animal got out with him. She was a clean dog and obeyed his instructions. By using the type of trays that he had he thought it highly improbable that the cakes would be contaminated.

The defendant claimed that he had taken all reasonable precautions to prevent contamination. Whilst the van was in motion the animal sat beside him and only moved at his instructions.

After hearing Mr. P. E. G. Mather's submission, the Magistrates retired and on their return dismissed the summons. An application for costs by Mr. Mather was refused.

It would appear that prosecutions taken for an alleged contravention of Clause 5(e) have very little chance of success in view of the wording "without taking all reasonable necessary precautions to prevent contamination", and these words should be deleted in byelaws submitted for confirmation in the future.

I am of the opinion that it would not be unreasonable for this clause to read as follows:-

5. No person who handles, wraps or delivers, or causes to be handled wrapped or delivered any food shall -

(e) carry or cause to be carried in the course of delivering any food in a vehicle or container along with any article liable to contaminate the food, or with any live animal or poultry.

I am informed that in cases where local authorities have submitted byelaws in this form since the model was issued no such alteration has been allowed on the grounds that the Courts would probably hold that the byelaw in this form would be unreasonable and that it would be difficult to enforce and would have too wide an application.

The Meat Regulations, 1924, are considered to be reasonable and Article 21 (1)(c) provides that every person who conveys or causes to be conveyed any meat in a vehicle shall not permit any live animal to be conveyed in the vehicle at the same time as meat.

It must be admitted that the Meat Regulations apply to one trade whereas the clean food byelaws apply to every instant of food handling, but nevertheless I see no great hardship in the total prohibition of live animals and poultry when we bear in mind the recommendation of the Ministry of Food contained in Circular MF20/51 dated 24th October, 1951 regarding the admission of dogs to food shops where contamination is less likely to take place than in a vehicle.

In this Circular the Minister stated that "he feels that the general adoption of this practice would be a practical step to a higher standard of food hygiene and therefore recommends all authorities to consider the advantage of issuing a notice on the lines of the model set out in the Appendix to this Circular." This model, headed "Dogs", reads, "In the interest of hygiene you are requested not to bring your dog into premises in which food is sold."

It is difficult to reconcile this Circular with the attitude adopted by the Ministry of Food regarding the alteration of the Byelaws.

Regulation 24 (2) and Regulation 31 of the Milk and Dairies Regulations, 1949, can also be quoted in support of my contention that prohibition is reasonable. Regulation 24 (2) provides that it is an offence to keep any animal or poultry in any milk room or rooms in which milk is processed, handled or stored or in which utensils used in connection therewith are kept, or in any room or shed communicating directly therewith.

Regulation 31 provides that no live animal or bird or any article likely to contaminate milk shall be conveyed in a vehicle at the same time as milk.

THE PREPARATION OR MANUFACTURE OF SAUSAGES OR POTTED, PRESSED, PICKLED OR PRESERVED FOOD.

Control of premises used for the above purposes is by Registration under Section 14 of the Food and Drugs Act, 1938, and also by Parts V and VI of the Public Health (Meat) Regulations, 1924.

A total of 19 premises in the Borough are Registered under the Act, including 12 for the manufacture of sausages, two for the manufacture of pies, four for fish frying and one for the manufacture of pickles.

Frequent visits are made to these premises and improvements have been carried out at several premises as the result of advice given.

Notices reminding persons to keep their hands clean and particularly to always wash their hands after using a sanitary convenience, are posted in suitable positions on all premises.

MARKET STALLS AND STREET FOOD TRADERS

The Saturday Market continues to expand but fortunately, not many food traders, other than greengrocers and fruiterers, have re-established themselves.

The number of stall-holders selling foodstuffs in the market is as follows:-

Fruit and greengrocery	-	6
Fish	-	1
Canned and Pre-packed goods	-	1

Control of this market particularly from the litter angle and the dumping of produce on the highway has improved since Regulations were made by the Council.

A wash basin was installed in the Guildhall conveniences for men which can be used by street traders but is of little value, there being no hot water, soap or towels available. The Council should set a high standard in this respect.

The number of Street Traders, other than stallholders, is as follows:-

Fruit and Greengrocery	-	4
Fish	-	2
Ice Cream	-	1

The Council have adopted Byelaws with respect to the handling, wrapping, etc. of food, and the sale of food in the open air and these came into force on the 8th August, 1950, and these will be of great assistance in maintaining hygienic conditions.

CLEAN FOOD CAMPAIGN

No special campaign has been undertaken, but a survey of all food establishments was commenced in October, and Mr. Crow, my assistant, who is particularly qualified for this work, was actively engaged on this survey at the end of the year.

I am of the opinion that proper and frequent inspections of food premises and a direct approach to the food handler is the real answer to the problems. The adoption of the Byelaws referred to above will help considerably in the campaign to improve hygienic conditions in the food trades, but some difficulty will still be encountered in towns such as Andover where the sale of foodstuffs in an open market is permitted and encouraged because of the revenue from stall fees.

The Sanitary Inspector is continually being faced with fresh problems and the practice of delivering bread with milk on a fairly large scale by one dairyman presented itself during the year. Open-sided electric vehicles are used with racks fitted near the underside of the roof to take bread trays and having regard to the provision of the Clean Food Byelaws, I have not permitted unwrapped bread to be carried on this type of vehicle. This firm has now placed an order for a fleet of electric vehicles specially constructed for the delivery of bread and milk, the bread being in a totally enclosed section.

This is a matter which will have to be carefully watched, because in view of the rise in transport and labour costs the practice is almost certain to increase and it will be interesting to note the re-action of Sanitary Inspectors in other parts of the country.

THE SLAUGHTER OF ANIMALS ACT, 1933.

The above Act provides for the humane and scientific slaughter of animals, the licensing of slaughtermen and for purposes connected therewith. My Department is responsible for the enforcement of the Act, and the slaughtermen's licences are granted by the Council only after receiving a satisfactory report from those officers, who are able to observe the slaughtering of animals whilst engaged in meat inspection duties at the slaughterhouse and the inspection of knackers yards.

14 applications for licences were granted for a period of 12 months in each case. Action regarding contravention of the provisions of the Act was not found necessary during the year.

The Temple-Cox and Cash captive bolt type humane killer is used at the controlled slaughterhouse also a long arm Greener killer which fires a bullet is used on occasions for bulls and dangerous animals and I am pleased to report that every endeavour is made to ensure that all animals are slaughtered without pain or suffering and I am always glad to demonstrate the methods employed to anyone interested.

The Council of Justice to Animals and Humane Slaughter Association kindly provide me with a Cash Captive Bolt pistol which is made available for use by persons who obtain licences from the Ministry of Food to slaughter animals for their own consumption on private premises where the Slaughter of Animals Act, does not apply.

KNACKERS YARDS

The Knackers Yard within the Borough situated at Andover Down continued to be licensed under the Food and Drugs Act, 1938, for periods of six months. These premises are also licensed by the Ministry of Food under the Knackers Yard Order, 1948.

Byelaws made under Section 58 of the Food and Drugs Act, 1938, are in force within the Borough requiring the person licensed to keep and produce when required, records of animals brought into the yard and of the manner in which those animals, and the different parts thereof, were disposed of.

The colouring of meat with a vegetable dye is enforced under the provisions of the Livestock (Restriction of Slaughtering)(No.2.) Order, 1947 and it appears that local authorities cease to have the powers they held under the Order of 1940.

There is practically no control over the handling of meat once it has left the Knackers Yard, and raw meat from animals slaughtered by reason of all manner of diseases ultimately reaches the home by way of the cat and dog meat shop, the danger of which is apparent and cannot be over emphasised.

I repeat my statement made in previous yearly reports, that meat should not be permitted to leave the Knackers Yards unless sterilised by heat treatment or dispatched in sealed containers to a place where treatment can be effectively carried out. Disposal in certain directions where the meat may be used for human consumption could be avoided in this way.

SHOPS

Shops Act, 1950.

This Act consolidates the Shops Acts, 1912 to 1938, and came into force on the 1st. October, 1950.

Routine inspections are carried out covering the following matters:-

- Provision of washing facilities and sanitary accommodation;
- Provision of lighting and heating;
- Facilities for taking meals;
- Closing of shops on weekly half-holidays;
- Evening closing;
- Assistants weekly half-holidays and meal intervals;
- Conditions of employment of young persons under 18 years of age;
- Sunday trading.

It was not found necessary to institute any proceedings for infringements of the Shops Act during the year and it is found that most shops close at an early hour at the present time. Sunday trading is on the increase, and will need watching. An order was made suspending the general closing hours during the Xmas Season.

BUILDING LICENSING

The Chief Sanitary Inspector is the appointed Licensing Officer for Building work to dwelling-houses other than work requiring plans to be deposited under the Building Byelaws.

Ten applications have been dealt with and licences issued to the value of £2,200. 1s. 3d. One licence application was refused.

INSPECTION OF FACTORIES

Factories Acts, 1937 and 1948.

1. Inspections for purposes of provisions as to Health.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	18	1	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	84	54	4	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	5	-	-	-
TOTAL	107	55	4	-

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied R	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	5	3	2	3	-
Unreasonable temperature	-	-	-	-	-
Sanitary Conveniences					
(a) Insufficient	2	2	-	1	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for Sexes	-	-	-	-	-
Other offences	4	-	4	-	-
TOTAL	11	5	6	4	Nil

RODENT CONTROL

Prevention of Damage by Pests Act, 1949.

(1) Introduction

The work of rodent control was taken over from the Andover Joint Committee for Rodent Control and administered by my Department with effect from the 1st October, 1951. The figures given below relate to the period 1st October, 1951 - 31st. December, 1951.

(2) The System

Complaints are investigated as soon as possible after receipt either by a Sanitary Inspector or the Rodent Operator. Treatments are begun on Tuesday in each week. Pre-baits are laid on Tuesday, Wednesdays and Thursdays and poison baits on Fridays. The poison baits are checked and any unconsumed portions removed on Mondays. A clear fortnight is then allowed to elapse before post baits are laid. If there is any sign of activity a second treatment is given, if there is no sign of activity and no bait is taken the premises are then declared to be free from infestation. The total estimate kill for the period is given in Paragraph 5 below, but it will be seen that the cessation of rat activity before the premises are declared free is a much more important guarantee of efficiency. Live rats are more important than dead ones.

(3) Poisons

The routine procedure is to use Red Squill as a poison in all first treatments. This has the advantage of minimising the risk of accident because of the low toxicity of Red Squill to animals other than rats and by the consequent reduction of the amount of a more dangerous poison which may be required in a second treatment.

Other poisons used are Arsenious Oxide, Zinc Phosphide and Antu.

A small stock of the new anti-coagulant poisons has been obtained for use in difficult cases.

(4) Sewage Works

The Sewage Works is heavily infested with rats and was used as a training ground for the Rodent Operator at the beginning of the period. The early pressure of complaints from domestic premises, however, gave him more valuable experience and it was not until the end of December that a systematic treatment of the Sewage Works employing two men for 50% of their time was begun. This will take about one month to complete.

(5) Statistics

No. of complaints received and dealt with -	41
No. of premises treated -	66
Total estimated kill (Ministry of Agriculture Formula)	5,435
No. of bodies picked up -	163

I am indebted to my Assistant, Mr. R. K. Crow, for this Section of my report on Rodent Work.

EDUCATIONAL

MEETINGS AND CONFERENCES OF PROFESSIONAL ORGANISATIONS

The following meetings and conferences took place during the year and were attended by myself or my Assistant:-

1. The Sanitary Inspector's Association.

(a) The Hampshire and Isle of Wight Branch.

Petersfield. Saturday, 24th February, 1951.

Paper by Mr. L. R. Devenish on "Housing Administration and Recent Case Law".

Eastleigh. Saturday 14th April, 1951.

Annual Meeting. Address by the President, Alderman T. W. Coles, J.P.

Andover. Saturday 2nd June, 1951.

Paper by A. R. Tarrant on "The Control of Watercress Beds". The Town Clerk of Andover, J. F. Garner LL.M. dealt with the legal aspect.

Portsmouth. Saturday, 28th October, 1951.

C. J. Ady Esq., London Manager of Messrs. Hicksons' Timber Impregnation Co. opened a discussion on "Timber Infestation, Decay and Preservation."

The meeting following a visit to the premises of Messrs. Bailey and Whites Ltd., Timber Merchants.

Winchester. Friday, 16th November, 1951. (Open to members of local authorities).

Paper by E. Seymour Esq., on "A recent Housing Survey in the City of Winchester."

Address by E. Devenish Esq., on "Some Observations by a Young Member on the Annual Conference at Margate".

(b) The Southern Centre.

Oxford. Friday, 2nd March, 1951.

Discussion on "Current Housing Problems", opened by W. Combey Esq.

Newbury. Saturday, 5th May, 1951.

Address by the Chairman of the General Council, C. A. Stansbury Esq.

Southampton. Saturday, 7th July, 1951.

Address by Dr. H. M. King M.P., Test Division of Southampton on "Parliamentary Procedure."

Maidenhead. Friday, 7th December, 1951.

Paper by W. A. Sharpe on "The History of Rag Flock Legislation and the Present Position".

(c) Annual Conference.

Margate. September 10th-14th, 1951.

Subjects discussed were as follows:-

Some thoughts on Environmental Hygiene from an International Point of View.

Housing; Repair and Improvements.

Meat Inspection and Slaughterhouses.

Towards Clean Food.

Education - The Food Handler and the Public.

Hygiene in Food Handling.

Environmental Hygiene - Some Possible Trends.

The Association of Public Sanitary Inspectors was founded in 1883, and on its incorporation by Licence of the Board of Trade in 1891 the present title was assumed. 1951, therefore, marks the Diamond Jubilee of the Association's Incorporation. In the first Annual Report it was shown that the Association had 274 members and associates, but it has grown steadily until, at the present time, the membership has reached 4,616.

The Association is the only organisation solely representative of Sanitary Inspectors practising in England, Wales, Northern Ireland and the Colonies. Close contact is maintained with the many Government Departments concerned with matters of environmental sanitation, such as, housing, food, atmospheric pollution and pest control and the Association's views on such matters are frequently sought. Representatives of the Association sit as members of Committees appointed by the Ministry of Agriculture and Fisheries, the Ministry of Works and the British Standards Institute.

2. The Royal Sanitary Institute.

(a) Sessional Meetings.

London. 20th June, 1951.

Discussion on "The Report of the Interdepartmental Committee on the Inspection of Meat".

London. 18th July, 1951.

Conference on the report of the catering Trade Working Party on Hygiene in Catering Establishments.

London. 12th December, 1951.

Discussion on "The Prevention of Damage by Pests: Progress in Rodent Control."

(b) Health Congress.

Southport. 23rd to 27th April, 1951.

Subjects of interest to Sanitary Inspectors were discussed as follows:-

Observations regarding Animal Parasites of Public Health Importance.

The Eradication of Bovine Tuberculosis.

Composition and Scientific Control in the Manufacture of Ice-cream,
Synthetic Cream and Other Emulsified Food Products:

(a) Composition and Manufacture.

(b) Hygiene in Manufacture and Distribution.

(c) Bacteriological Aspects.

The Administration of the Milk Regulations, 1949.

Food Hygiene: Theory and Practice.

I am particularly indebted to my Council for sanctioning attendance at meetings and conferences the value of which cannot be overestimated in the exchange of ideas and personal contact with officers who all have their own special problems to deal with.

3. Meetings of Local Organisations Addressed.

Andover Homemakers Club. Monthly meeting, November, 1951.

Talk on "The Sanitary Inspector's Duties in relation to the Home".

Andover Rotary Club. Weekly luncheon meeting, 14th December, 1951.

Talk on "The Training and Duties of the Sanitary Inspector."

STAFF

The following changes among staff took place during the year:-

Mr. R. K. Crow, District Sanitary Inspector, Dartford Borough was appointed Additional Sanitary Inspector to fill the vacancy caused by the resignation of Mr. D. W. Westmore, on taking up an appointment with the Council of the Royal Borough of Windsor. (October, 1951).

Miss K. L. Hunt was appointed to the office staff to fill the vacancy caused by the resignation of Miss E. V. Clark. (December, 1951).

The staff of my Department at the end of the year comprised the following members:-

Chief Sanitary Inspector and Borough Shops Acts Inspector	- A. R. Tarrant, M.R.San.I., M.S.I.A.
Additional Sanitary Inspector	- R. K. Crow, M.R. San.I., M.S.I.A., M.R.I.P.H.H.
Clerks	- Miss J. J. Ford. (Senior Clerk) Miss K. L. Hunt.

I wish to record my thanks to Mr. D. W. Westmore, my assistant until October, my present assistant Mr. R. K. Crow and the clerical staff for their keen interest and support.

The Enquiry Office is attached to my department and great credit is due to the clerks for the able and courteous manner with which all enquiries have been dealt and I must include Miss M. A. Rhind, the Medical Officer's Secretary, who is always willing to relieve my office staff at any time when her duties permit.

(b) Public Information

On April 1, 1954, the Bureau of Public Information was established as a part of the Bureau of Information and Public Relations. The Bureau is responsible for the dissemination of information to the public and for the maintenance of the Bureau's public relations program.

(c) Organization and Staffing

The Bureau is organized into three main divisions: (1) Public Information, (2) Public Relations, and (3) Public Affairs. The Public Information Division is responsible for the dissemination of information to the public. The Public Relations Division is responsible for the maintenance of the Bureau's public relations program. The Public Affairs Division is responsible for the coordination of the Bureau's public relations program with the other divisions of the Bureau.

The Bureau is headed by the Director, who is responsible for the overall management of the Bureau. The Director is assisted by the Deputy Director, who is responsible for the day-to-day operations of the Bureau. The Bureau also has a number of advisory committees, which provide the Bureau with advice and recommendations on public information and public relations matters.

(d) Public Information and Public Relations

The Bureau's public information and public relations program is designed to provide the public with accurate and timely information about the Bureau's activities and to maintain the Bureau's public relations program. The Bureau's public information program includes the dissemination of information through the Bureau's website, the Bureau's newsletter, and the Bureau's public information office. The Bureau's public relations program includes the maintenance of the Bureau's public relations program, the coordination of the Bureau's public relations program with the other divisions of the Bureau, and the coordination of the Bureau's public relations program with the other agencies of the Department of the Interior.

Staff

The Bureau's staff is composed of a number of individuals who are responsible for the management of the Bureau's public information and public relations program. The staff includes the Director, the Deputy Director, and a number of other individuals who are responsible for the day-to-day operations of the Bureau. The staff also includes a number of individuals who are responsible for the dissemination of information to the public and for the maintenance of the Bureau's public relations program.

The Bureau's staff is organized into a number of divisions, which are responsible for the management of the Bureau's public information and public relations program. The divisions include the Public Information Division, the Public Relations Division, and the Public Affairs Division.

The Bureau's staff is also responsible for the coordination of the Bureau's public information and public relations program with the other divisions of the Bureau and with the other agencies of the Department of the Interior.

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