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**Contributors**

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PETERSFIELD RURAL DISTRICT COUNCIL.

ANNUAL REPORT.

of the

MEDICAL OFFICER OF HEALTH

and

CHIEF SANITARY INSPECTOR

for

1 9 5 3.





PETERSFIELD RURAL DISTRICT COUNCIL.

COMPTROLLER  
Chairman of the Council

Sir Hugh Cooks.

ANNUAL REPORT.

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for the year

L.R. Deverish, A.R.S.I., M.S.I.A.

Assistant Sanitary Inspector

E. Bell, A.R.S.I., M.S.I.A.

1 9 5 3.

V.R. Deverish

Miss J. J. Deverish



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THE RURAL DISTRICT COUNCIL OF PETERSFIELD.

Chairman of the Council:

Sir Hugh Cocke.

Vice-Chairman of the Council and  
Chairman of the Public Health Committee:

Mr. A.J. Allee.

Members of the Council:

Mr. W.A. Allam.	Mr. I. Fry.
Mr. A.J. Allee.	Mr. H. Heath.
Mrs. T.H. Barnsley.	Lt. Col. L. Hyde.
Lady Doris Blacker.	Mr. T.J. Marsh.
Mr. W.H. Blake.	Mr. A.H. Moore.
Capt. M. Turner-Bridger	Admiral A.J.L. Murray. C.B., D.S.O., (O.B.E.)
Mr. G.P. Brutton.	Rear Admiral R.G. Murray.
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Mr. W.A. Collins.	Mr. S.B. Selmes.
Capt. A.F. Coryton, J.P.	Capt. C.A. Shove.
Mr. W.A. Coyte.	Mrs. M.E. Smith.
Mr. J.S.G. Crosland.	Miss W. Stubington.
Col. the Rt. Hon. Sir Reginald Dorman-Smith, P.C., G.B.E.	Mr. H.C. Swayne.
Mr. A.G. Edney.	Mr. M.J. Tosdevine.

Members of Health Department Staff.

Medical Officer of Health:

S. Chalmers Parry, M.A. Cantab., M.R.C.S., L.R.C.P., D.P.H.

Chief Sanitary Inspector:

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

Additional Sanitary Inspector:

L.R. Devenish, A.R.San.I., M.S.I.A.

Assistant Sanitary Inspector:

W. Bell, A.R.San.I., M.S.I.A.

Clerks:

V.W.H. Denman.  
Miss C.J. Wedge.



RURAL DISTRICT COUNCIL OF PETERSFIELD.

The Old College,  
Petersfield.

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

I have the honour to present the Annual Report for the year ending 31st December, 1953 on the health and sanitary conditions of the Rural District of Petersfield.

It is gratifying to report that the death rate was 9.1, the lowest on record for this district.

Apart from measles and whooping cough, there has been comparatively little infectious disease throughout the year.

No case of diphtheria was notified during the year. Parents are again reminded that children should be immunised before their first birthday and should receive their first supplementary injection preferably just before reaching school age.

The Minister of Food has declared his intention to make "Winchester and district", which includes this area, a "Specified Area" in which designated milk only may be sold.

I should like to take this opportunity of thanking you all for your support and encouragement; and I am grateful to the officers of other departments for their willing help and co-operation.

I also wish to record my appreciation of the efficient and conscientious work carried out by Mr. Swan and the members of the Staff.

S. CHALMERS PARRY.  
Medical Officer of Health.  
Petersfield Rural District Council.



## LEGISLATION.

During the year, the following legislation affecting the Public Health Department was enacted:-

(1) Local Government (Miscellaneous Provisions) Act, 1953.

This Act includes provisions relating to certain outstanding demolition orders, and closing orders in respect of certain buildings.

(2) The Public Health (Infectious Diseases) Regulations, 1953.

The Public Health (Infectious Diseases) Regulations, 1953, revoke the 1927 Regulations and, retaining the general provisions of the Regulations, amplify the measures against food poisoning -

- (1) by relating these (instead of to enteric fever and dysentery, as formerly) to typhoid fever, paratyphoid fever or other salmonella infections (which includes the disease previously known as enteric fever), dysentery and staphylococcal infection likely to cause food poisoning;
- (2) by applying the measures in general to persons shown to be carriers of these diseases as well as to persons suffering from them;
- (3) by preventing such persons (in either class) not only from continuing employment involving the handling of food, as formerly, but also from entering such employment; and
- (4) by enabling a local authority to authorise the medical officer of health to issue notices in emergency, in order to check the spread of these diseases.

(3) Milk (Special Designation) (Pasteurised and Sterilised Milk) (Amendment) Regulations, 1953.

These regulations permit the designation "Sterilised" to be applied to milk sterilised in cans, and appoint 1st October, 1954, as the date from which it will be compulsory to use caps or covers overlapping the lids of containers of pasteurised milk.

(4) BUILDING BYELAWS. (Made under the Public Health Act, 1936).

The principal changes of Public Health importance are -

- (a) regarding the ~~minimum~~ height of ceilings in domestic buildings: this is reduced from 8ft to 7½ft;
- (b) regarding the siting of cesspools -  
The former requirements of not less than 50ft from any dwelling-house and not less than 60ft from any well has now been repealed; and no actual distance from house or well is stated. But the cesspit is to be so sited as not to become a source of nuisance or a danger to health or to render liable to pollution any well; and
- (c) increased precautions for fire resistance in new buildings.



STATISTICS OF THE AREA.

Area .. .. .	54,497 acres.
Rateable Value (1953/54) .. .. .	£132,460
Sum represented by a penny rate (1953/54) ..	£515
Population . . . . .	22,040
Approximate number of inhabited houses ..	5,944

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

The district surrounds a pleasant market town in the extreme east of Hampshire. It has a common boundary with Surrey and Sussex extending from Bramshott Chase in the north to Twostone Bottom on the Emsworth Common road in the south, a total of over twenty-four miles.

The area comprises thirteen parishes, five of which are partly provided with main drainage.

There are three parishes with a population of over 3,000 and their villages form the main centres of population.

The whole district is well known as a residential resort not only for its fine scenery, but also for the hamlets and villages which have retained their character through the years.

The South Downs form a natural division between the north and the south, but travel is not unduly restricted on this account as both the main London-Portsmouth road and rail services link Petersfield with the coastal area.

Agriculture is the main industry and in some parishes forms the only interest. With farming can be associated fruit growing and hop growing. The seasonal harvesting of crops calls for a concentrated labour force and this is provided to a large extent by people who follow a gipsy way of life and by town dwellers who look upon it as a profitable holiday.

Employment is provided chiefly by way of building and allied trades, transport work, shop keeping, clerical work and by professional and personal services. There are also a few small factories, but the numbers employed are relatively small. Many of the residents in the south of the district work at Portsmouth, the chief source of employment being naval establishments,



VITAL STATISTICS.

Births.

	<u>1953.</u>			<u>1952.</u>		
	M	F	Total	M	F	Total
Live Births (Legitimate)	154	126	280	170	161	331
(Illegitimate)	8	7	15	12	12	24
<b>Total Live Births</b>			<u>295</u>			<u>355</u>

Live Birth rate per 1,000 of the estimated population was 13.3 compared with 15.5 for the whole of England and Wales.

	<u>1953</u>			<u>1952.</u>		
	M	F	Total	M	F	Total
Still Births (Legitimate)	7	5	12	1	2	3
(Illegitimate)	1	-	1	-	-	-
<b>Total Still Births</b>			<u>13</u>			<u>3</u>

Still Birth rate per 1,000 total (live and still) births was 42.2 compared with 22.4 for the whole of England and Wales.

Deaths.

	<u>1953.</u>			<u>1952.</u>		
	M	F	Total	M	F	Total
From all causes	113	89	202	105	115	220

Death rate per 1,000 estimated population was 9.1 compared with 11.4 for the whole of England and Wales.

Maternal Mortality.

Pregnancy, childbirth, abortion .. .. .	2
<b>Maternal Mortality rate per 1,000 total (live and still) births.</b>	<b>6.4</b>

Infant Mortality (deaths under one year).

	<u>1953.</u>			<u>1952.</u>		
	M	F	Total	M	F	Total
Legitimate .. .. .	5	4	9	-	6	6
Illegitimate . . . . .	-	-	-	-	-	-
<b>Total Infant Deaths</b>			<u>9</u>			<u>6</u>



## Infant Mortality Rate.

The number of deaths of infants under the age of one year per 1,000 live births, is known as the infant mortality rate for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the District is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it is then considered reasonably reliable and one of the best indices of the social circumstances of the district. High rates are commonly associated with overcrowding and defective sanitation.

It is therefore satisfactory to report that, during the past fifteen years, the quinquennial rates for this district have been considerably lower than the figures for the country as a whole.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five year period:-

Infant Mortality Rates (per 1,000 Live Births).		
Year.	Petersfield Rural District.	England & Wales
1937.	50.8	55.4
1938	53.3	55.2
1939	50.2	55.4
1940	45.6	53.6
1941	39.6	52.8
1942	42.5	52.0
1943	43.6	50.0
1944	43.7	46.0
1945	43.5	45.0
1946	40.0	42.0
1947	31.1	39.2
1948	27.5	35.9
1949	27.8	33.3
1950	22.6	30.6
1951	23.8	29.1

The infant mortality rate for the year under review was 30.5 compared with 26.8 for England and Wales.

In 1952 the rate for the District was 16.9 compared with 27.6 for the country as a whole.



Causes of Death.

	Male	Female	Total
1. Tuberculosis of Respiratory System.	2	-	2
2. Other forms of Tuberculosis.	1	-	1
3. Syphilis.	2	-	2
4. Diphtheria.	-	-	-
5. Whooping Cough.	1	-	1
6. Meningococcal Infections.	-	-	-
7. Acute Poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other Infective and Parasitic Diseases.	-	-	-
10. Malignant Neoplasm, Stomach.	6	5	11
11. " " Lung, Bronchus.	6	4	10
12. " " Breast.	-	3	3
13. " " Uterus.	-	2	2
14. Other Malignant & Lymphatic Neoplasms.	13	3	16
15. Leukaemia, Aleukaemia.	-	-	-
16. Diabetes.	-	1	1
17. Vascular Lesions of Nervous System.	10	14	24
18. Coronary Disease, Angina.	16	12	28
19. Hypertension with Heart Disease.	-	3	3
20. Other Heart Disease.	16	16	32
21. Other Circulatory Disease.	9	6	15
22. Influenza.	1	4	5
23. Pneumonia.	5	1	6
24. Bronchitis.	1	2	3
25. Other Diseases of Respiratory System.	1	1	2
26. Ulcer of Stomach and Duodenum.	1	-	1
27. Gastritis, Enteritis and Diarrhoea.	-	-	-
28. Nephritis and Nephrosis.	-	1	1
29. Hyperplasia of Prostate.	3	-	3
30. Pregnancy, Childbirth, Abortion.	-	2	2
31. Congenital Malformations.	1	2	3
32. Other Defined and Ill-defined Diseases.	7	5	12
33. Motor Vehicle Accidents.	4	1	5
34. All other Accidents.	4	1	5
35. Suicide.	2	-	2
36. Homicide and Operations of War.	1	-	1
	113	89	202



GENERAL PROVISION OF HEALTH SERVICES

FOR THE AREA.

Laboratory Facilities.

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester, (Telephone, Winchester 3807) and specimens of clinical materials (sputum, swabs, etc) and samples of water, milk and foodstuffs are sent for bacteriological examination to Dr. H.T. Findlay who has become Director of the Public Health Laboratory on the retirement of Dr. R. Mackenzie.

Some specimens in connection with cases of infectious diseases, which have been admitted to the Portsmouth Infectious Diseases Hospital, are sent for bacteriological examination to Dr. K. Hughes, Director of the Public Health Laboratory, Milton, Portsmouth ( Telephone, Portsmouth 74785).

The laboratories are not open on Saturday afternoons, but some of the staff attend on Sundays from 10 a.m. to 12 noon.

Samples may be deposited in the sample box placed outside the Public Health Laboratory, Winchester or they may be left at the Porter's Lodge of the Infectious Diseases Hospital, Portsmouth, at any time.

Samples for chemical analysis are sent to the City Analyst, Portsmouth (Telephone, Portsmouth 5482).

The Public Analyst for the area is Mr. A.P. Davson, Public Health Laboratory, Public Health Centre, Grange Road, Bermondsey, S.E.1.

Ambulance Facilities.

All applications for the use of ambulances should be directed to the Ambulance Officer, Fareham (Telephone, Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

Smallpox cases (suspected or confirmed) requiring transport to hospital will be conveyed by the County Ambulance Service by arrangements made through the Bed Admissions Office (Telephone, Winchester 2261).



## Nursing in the Home.

The names of District Nurses, Midwives and Health Visitors, who practise in the district under the direction of the County Medical Officer, are shown in the following table:-

Names and Addresses of Nurses.	District served.	Names of Health Visitors.
Miss F.A. Vickers, S.R.N., S.C.M., (Queen's Nurse). Nurse's Cottage, Headley Road, Liphook. (Tele: Liphook 3179).	Bramshott. Liphook. Conford. Passfield. Hammer.	
Miss K. Bagley, S.R.N., S.C.M., (Queen's Nurse). Moss Cottage, Western Road, Liss. (Tele: Liss 3139)	Greatham. Liss. Empshott.	Miss V. Gawthorpe, S.R.N., S.C.M., R.S.I. Certificate.
Mrs. J.M. Beaton, S.R.N., S.C.M., (Queen's Nurse) 1 Privett Road, High Cross, Froxfield. (Tele: Hawkley 43)	Colemore. Priorsdean. Privett. Hawkley. Oakshott. Froxfield.	
Miss E.F. Moore, S.C.M., 14 Glenthorne Meadow, East Meon. (Tele: East Meon 63)	East Meon.	
Miss B.E. Bloomfield, S.C.M., 20 Burnt Ash Cottages, Steep Marsh, Petersfield. (Tele: Petersfield 676)	Langrish. Ramsdean. Stroud. Steep. Sheet. N. Petersfield.	Mrs. C.E. Foster, S.R.N., S.C.M., A.R.San.I., R.S.I. Certificate.
Mrs. M.C. Lapper, S.R.N., S.C.M., (Queen's Nurse), 22 Queen's Road, Petersfield. (Tele: Petersfield 628)	S. Petersfield. Buriton.	
Miss J.E. Bramidge, S.R.N., S.C.M., (Queen's Nurse) 2 Nelson Crescent, Horndean. (Tele: Horndean 2276)	Catherington. Clanfield. Hogs Lodge.	Miss F.R. Back, S.R.N., S.C.M., R.S.I. Certificate.
Mrs. E. Wiggett, S.R.N., (Queen's Nurse) 2 Pampas Cottages, South Lane, Clanfield. (Tele: Horndean 2219)	Horndean. Lovedean. Blendworth.	Mrs. M. Fitzgerald, S.R.N., S.C.M., R.S.I. Certificate.
Miss J.E. Bramidge, S.R.N., S.C.M., (Queen's Nurse) 2 Nelson Crescent, Horndean. (Tele: Horndean 2276)	Chalton Rowlands Castle. Redhill. Idsworth. Finchdean.	Miss M.E. Hunt, S.R.N., S.C.M., R.S.I. Certificate.

\* Midwifery only.

∅ General Nursing only.



## Home Help Service.

The office of Mrs. Drake, the assistant organiser of the Home Help Service is now situated at the rear of the Town Hall, Petersfield (Telephone, Petersfield 771, extension 18). The office is open Monday to Friday, 9 a.m. to 1 p.m. and applications for Home Help should be made direct to Mrs. Drake.

## Clinics.

The following Clinics are held at The County Council Health Centre, 1 Ramshill, Petersfield:-

☞ Ophthalmic Clinic	By appointment.
☞ Orthopaedic Remedial Clinic	1st Tuesday mornings and other Tuesday afternoons by appointment.
Child Welfare Centre	Wednesday mornings and afternoons.
Verminous Cleansing Clinic	Friday mornings.
School Clinic	Friday mornings.
Dental Clinic	By appointment.
Speech Therapy Clinic	By appointment.

## Child Welfare Centres.

The following Child Welfare Centres in the Rural District are open for children under five years of age:-

Centre	Hall	Afternoons
Clanfield	Memorial Hall.	1st Friday.
East Meon	Institute Hut.	1st and 3rd Thursdays.
Froxfield	King George V Memorial Hall.	2nd Tuesday.
Horndean	Nash Memorial Hall.	2nd and 4th Tuesdays.
Liphook	Church Room.	1st and 3rd Tuesdays.
Liss	Village Hall.	2nd and 4th Fridays.
Rowlands Castle	Parish Hall.	3rd Friday.
Superior Camp	Social Club Hall.	3rd Friday.



The following eight centres, situated in adjoining districts, are available for children living near the boundaries of the district:-

Centre	Hall	Afternoons
Alton	Assembly Rooms,	Every Tuesday.
Bedhampton	St. Thomas' Church Hall, Belmont Park.	1st & 3rd Tuesdays.
Grayshott	Village Hall.	1st Friday.
Havant	County Council Health Centre, 4 Park Way.	2nd and 4th Tuesdays.
Headley	Village Hall.	2nd and 4th Fridays.
Petersfield	Health Centre, 1 Ramshill.	Every Wednesday. (morning and afternoon)
Stockheath	Cricketers Hall.	Every Friday.
Waterlooville	St. George's Hall.	2nd and 4th Thursdays.

The work of the voluntary helpers, who assist the medical staff at the Welfare Centre, is greatly appreciated.

#### Ante-natal Clinics.

The following Ante-natal Clinics are held in the district:-

Centre	Hall	Day of month when held at 2.0 p.m.
Liss	British Legion Hall.	1st Thursday and 3rd Wednesday.
Liphook	Church Room, Portsmouth Road.	3rd Wednesday.

The following Ante-natal Clinics, situated in adjoining districts are also available:-

Centre	Hall	Day of month when held
Alton	General Hospital.	Every Thursday except the 5th in the month at 2.0p.m.
Havant	County Council Health Centre, 4 Park Way.	1st, 2nd, 3rd and 4th Mondays at 2.0 p.m.



### ☒ Tuberculosis Clinics.

A Chest Clinic is held at the Queen Alexandra Hospital, Cosham (Telephone, Cosham 79451, extension 58), as follows:-

Wednesday 9.45 a.m. Old patients by appointment.  
2.0 p.m. New patients.

Thursday 9.45 a.m. Old patients by appointment.  
2.0 p.m. Refills.

One evening session on first Thursday in the month by appointment.

Dr. Butterworth, the Chest Physician, is in attendance.

A Clinic is also available at the Health Department, The Castle, Winchester every Wednesday at 10.0 a.m. (old patients) and 2.30 p.m. (new patients) also on Thursdays at 9.30 a.m. by appointment.

### ☒ Venereal Diseases.

Treatment is available at the following hospitals:-

Guildford - Royal Surrey County Hospital.

Males : 5.0 p.m. to 7.0 p.m., Tuesdays and Fridays.

Females : 2.0 p.m. to 7.0 p.m., Mondays.

9.0 a.m. to 11.30 a.m., Thursdays.

Portsmouth - St. Mary's Hospital.

Males : 10.0 a.m. to 12.0 noon, Tuesdays.

5.0 p.m. to 7.0 p.m., Thursdays.

Females : 5.0 p.m. to 7.0 p.m., Mondays.

2.0 p.m., Wednesdays.

10.0 a.m., Fridays.

Winchester - Royal Hants County Hospital.

Males : 10.0 a.m., Saturdays.

Females : 2.0 p.m., Tuesdays.

### SCHOOL HEALTH SERVICES.

### ☒ Orthopaedic Clinics.

Orthopaedic cases, requiring treatment, are referred through the Lord Mayor Treloar Hospital, Alton, to the following Clinics:-

#### Alton.

Surgeon's Clinic held at Lord Mayor Treloar Hospital, on fourth Tuesdays, odd months, at 10.0 a.m., and on Mondays at 2.0 p.m. by appointment.

Remedial Clinic held at Lord Mayor Treloar Hospital every Thursday all day.

#### Havant.

Surgeon's Clinic, held at County Council Health Centre on fourth Tuesdays, even months, at 10 a.m.

Minor Clinic, held at County Council Health Centre, on second Wednesday of each month, at 10 a.m.

Remedial Clinic, held at County Council Health Centre every Wednesday at 10.0 a.m. and 1.30 p.m.



### ✱ Orthopaedic Clinics (continued)

Petersfield. Remedial Clinic, held at County Council Health Centre, Ramshill, first Tuesday, at 10.0 a.m., other Tuesdays at 1.30 p.m.

### ✱ Ophthalmic Clinics.

Ophthalmic Clinics are held for school and pre-school children at the following places; attendance by appointment through the County Medical Officer:-

Havant. Held at County Council Health Centre, Park Way.

Petersfield. Held at County Council Health Centre, Ramshill.

### ✱ Orthoptic Clinic.

Cases selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

### ✱ Ear, Nose and Throat Clinics.

Cases, referred for specialist advice, are examined at the Portsmouth Eye and Ear Hospital and treatment is carried out either at that Hospital or at Petersfield Hospital.

In the northern part of the area, cases are examined and treatment carried out at the Haslemere Hospital or Guildford Hospital.

### School Clinic.

This is held at the County Council Health Centre, Ramshill, Petersfield on Friday mornings.

The Health Visitor attends every Friday morning until noon; the Medical Officer is in attendance on the first Friday of the month.

### Speech Therapy Clinics.

Cases attend at the County Council Health Centre, Ramshill, Petersfield, by appointment through the County Medical Officer.

Clinics are also held at the County Council Health Centres at Park Way, Havant and Trafalgar Street, Winchester, by appointment through the County Medical Officer.

### Child Guidance Clinic.

Cases are seen by appointment through the County Medical Officer, at the County Health Centre, Ramshill, Petersfield.

### Verminous Cleansing Clinics.

A Cleansing Centre is available at the County Council Health Centre, Ramshill, Petersfield, on Fridays at 9.30 a.m.



## HOSPITALS.

### General.

There are six General Hospitals available for the admission of patients from the district:-

HASLEMERE AND DISTRICT HOSPITAL.

(Telephone, Haslemere 894)

PETERSFIELD GENERAL HOSPITAL.

The Petersfield Hospital (Telephone, Petersfield 19) has twenty-eight beds available for medical and surgical cases.

It is administered by the Portsmouth Group Hospital Management Committee.

ROYAL SURREY COUNTY HOSPITAL.

(Telephone, Guildford 2323).

ST. MARY'S HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 2476).

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 2103).

THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.

(Telephone, Winchester 5151).

### Heathside Hospital, Petersfield.

This Institution is controlled by the Portsmouth Group Hospital Management Committee and is available for chronic sick patients.

### Maternity Cases.

The Grange Nursing Home, Liss, and Northlands Maternity Home, Emsworth, are available for maternity cases.

Few applications are made to the Group Maternity Clerk working at St. Mary's Hospital, Portsmouth; the great majority continue to be made to the County Medical Officer who arranges for a home visit by the District Nurse.

### Dental Clinics.

These are held at the County Council Health Centres at Petersfield and Havant, and at schools and other premises as and when required. A Dental Clinic Trailer is available for use in the area.



### Family Planning Association Clinics.

The following Clinics, which are run on a voluntary basis, give advice on family planning as this is not a service available under the National Health Service.

A lady Doctor and Sister are in attendance:-

ADDRESS	DAY	TIME
COSHAM. Child Welfare Centre, Northern Road.	Wednesday.	1.0 - 3.30 p.m.
PORTSMOUTH. Trafalgar Place, Clive Road, Fratton.	Tuesdays.	1.0 - 3.30 p.m.
	Fridays.	7.0 - 9.0 p.m.
WINCHESTER. The Hut (adjoining Trafalgar House) Trafalgar Street.	2nd and 4th Tuesdays.	2.0 - 3.0 p.m.

Any further information can be obtained from the County Medical Officer.

It is desirable that the woman should, at her first attendance, take to the Clinic a letter from her own doctor.

\* These services are the responsibility of the Regional Hospital Board.

### Infectious Diseases.

There is no infectious diseases hospital in the district.

Any infectious diseases hospital is now available for the admission of cases occurring in the district. Patients are generally admitted to Portsmouth Infectious Diseases Hospital, Milton Road (Telephone, Portsmouth 2046) which is under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute poliomyelitis to Lord Mayor Treloar Hospital, Alton (Telephone, Alton 2238).

### Sanatoria.

Sanatoria for patients, who are suffering from Tuberculosis, are provided by the Regional Hospital Board.

### Smallpox.

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Crabwood Smallpox Hospital. The Bed Admissions Office, (Telephone, Winchester 2261) deals with the admission of these patients.



PREVALANCE OF, AND CONTROL OVER, INFECTIOUS

AND OTHER DISEASES.

Notifiable Diseases.

Particulars of cases of Infectious Diseases which were notified during the year and comparative notification rates for the whole of England and Wales, are shown in the following table:-

Diseases	Total Cases Notified.	Rate per 1,000 of the Population.	
		Petersfield R.D.	England and Wales
Scarlet Fever	21	0.95	1.39
Pneumonia	5	0.22	0.84
Erysipelas	1	0.04	0.14
Measles	402	18.23	12.36
Whooping Cough	103	4.67	3.58
Malaria	1	0.04	) Not
Dysentery	7	0.31	) available

An analysis of the total notified cases according to age groups is given below:-

Age Group	Scarlet Fever	Measles	Whooping Cough	Malaria	Pneumonia	Dysentery.	Erysipelas.
Under 1 year	1	11	5	-	-	-	-
1 - 2 years	-	34	12	-	-	-	-
2 - 3 years	1	35	8	-	-	-	-
3 - 4 years	-	51	17	-	-	-	-
4 - 5 years	2	55	16	-	-	-	-
5 - 10 years	11	189	43	-	-	3	-
10 - 15 years	5	24	1	-	-	-	-
15 - 20 years	1	1	-	-	-	-	-
20 - 35 years	-	1	-	1	-	2	-
35 - 45 years	-	1	1	-	1	2	-
45 - 65 years	-	-	-	-	4	-	-
Over 65 years	-	-	-	-	-	-	1

Only certain forms of pneumonia are notifiable.



The following table shows the number of cases of infectious disease, notified during the year, and the parishes in which they occurred:-

Parish	Scarlet Fever	Measles	Whooping Cough	Malaria	Pneumonia	Dysentery.	Erysipelas.
Bramshott	4	45	8	1	-	-	-
Buriton	-	24	3	-	-	-	-
Clanfield	-	27	6	-	-	-	-
Colemore & Priorsdean	-	5	4	-	-	-	-
East Meon	-	8	24	-	1	-	1
Froxfield	10	56	2	-	-	7	-
Greatham	-	3	14	-	-	-	-
Hawkley	-	3	1	-	1	-	-
Horndean	4	185	1	-	-	-	-
Langrish	-	4	-	-	-	-	-
Liss	1	17	35	-	3	-	-
Rowlands Castle	2	16	-	-	-	-	-
Steep	-	9	5	-	-	-	-
<b>Totals</b>	<b>21</b>	<b>402</b>	<b>103</b>	<b>1</b>	<b>5</b>	<b>7</b>	<b>1</b>

Analysis of Scarlet Fever cases according to Parish and month of notification.

Parish	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Bramshott	1	1	1	-	-	1	-	-	-	-	-	-
Froxfield	1	-	7	-	-	-	-	-	2	-	-	-
Horndean	1	-	1	-	-	2	-	-	-	-	-	-
Liss	1	-	-	-	-	-	-	-	-	-	-	-
Rowlands Castle	-	-	-	-	-	1	-	1	-	-	-	-
<b>Totals</b>	<b>4</b>	<b>1</b>	<b>9</b>	<b>-</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>



## Food Hygiene.

In the home, the consumption of any food, that has been dangerously contaminated, will affect the family alone, whereas, in a canteen, restaurant or café, hundreds of people may be affected simultaneously.

Apart from the risk of food poisoning, the very thought of eating food from dirty utensils or of eating any food, that has been handled by someone with dirty hands, is most objectionable.

Prevention is better than cure and a great deal can be done to prevent the dangerous contamination of food. The remedy, of course, lies mainly in the personal cleanliness of the food handlers.

The washing of hands immediately after using the lavatory is absolutely essential for everybody.

Any food handler, infected with diarrhoea or with septic sores or boils should not be allowed to handle food. It should constantly be borne in mind by all concerned in the handling, preparation and storage of food - and particularly by those who work in canteens or who serve food to large numbers that the utmost care must be taken to obviate the risk of food poisoning, which may occur even in the best equipped of canteens.

Hands become contaminated when the nose is blown; when the fingers touch the nose or mouth, or hair; when the fingers touch the lips during smoking; and when the fingers touch soiled articles.

Most important of all, is the fact that they become contaminated during each visit to the lavatory - for toilet paper is porous.

Once contaminated, the hands will leave behind bacteria on everything they touch.

The air itself may convey the infection to the food by a spray of droplets during the acts of spitting, coughing, sneezing, whistling, blowing or even talking loudly over food. So food and dishes should be kept under cover to protect them from dust and from droplet infection, as well as from flies, cockroaches, rats and mice.

It is well known that some sporadic cases and outbreaks of food poisoning have been traced to the consumption of duck eggs, and the following is an extract from a recent report made by the Salmonella Sub-Committee of the Public Health Laboratory Service on Salmonella in Duck Eggs.

"It is probable that many infected duck eggs are eaten by the general public and, as a result, a number of persons suffer from food poisoning.

The danger of the use of duck eggs by canteens or institutions in the preparation of uncooked and lightly cooked foods, such as mayonnaise, custards, custard fillings, meringues and other dishes, is obvious; as not only will the Salmonellae not be killed, but the temperature used may lead to an increase in their number, resulting in a serious outbreak of food poisoning.

It is worth pointing out that duck eggs eaten fried, poached, lightly boiled or in omelettes will not be sufficiently heated to kill Salmonella and may cause sporadic infections.

The Ministry of Food has recommended that duck eggs should be immersed in boiling water, and boiling should be continued for 15 minutes. It is recommended that no duck eggs, either alone or mixed with hen eggs, should be used, except for the preparation of foods requiring a long period of cooking at a high temperature."



Although the results of the investigation show that the incidence of Salmonella infection of duck eggs in this country is relatively small, the presence of only one infected egg in a batch used for preparing lightly cooked vulnerable foods may have serious consequences.

Food poisoning occurs only if food poisoning germs have an opportunity of multiplying in the food in which they are present. For this to happen, they must have a vulnerable food under suitable temperature and moisture conditions for a period of time.

Vulnerable foods - which include pressed meat, brawn, meat pies, stews, trifles, custards and synthetic cream - are normally quite safe when prepared; but they act as ideal breeding grounds for any dangerous germs that gain access, especially if kept at warm temperatures.

Refrigeration definitely retards the growth of bacteria and conserves the food in a wholesome and palatable condition.

Many outbreaks of bacterial food poisoning would never have occurred if the incriminated food, after being cooked, had been rapidly cooled and then placed in a refrigerator until actually required, instead of being left at room temperature overnight and then eaten cold, or warmed up the next day.

Made-up meat dishes and other vulnerable foods are easily contaminated and provide an ideal medium for the growth and multiplication of bacteria.

Refrigeration temperatures do not kill the bacteria which remain in a resting stage; so it must not be forgotten that, when previously contaminated food is removed from the refrigerator, the bacteria will slowly recover from their shock and start reproducing once again. This recovery period will naturally depend on the time, temperature and humidity as well as upon the type of the organism concerned.

But emphasis should rightly be placed rather on methods of preventing the food from becoming contaminated in the first place.

However, it is most important that vulnerable food should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

A recent Ministry of Education circular points out:-

"If all food were kept cold till it was cooked; if the cooking were done thoroughly, if all cooked food were eaten immediately after cooking or cooled down at once and kept cool till it was to be used, there would be very little food poisoning in school canteens".

These remarks apply equally well to all communal feeding centres including cafés; and if only customers would complain to the managements of food premises when dissatisfied, there would undoubtedly be an improvement. After all, it is in the interest of the food traders as well as the public that the standard of hygiene should be high in order to attract customers.

### Education in Food Hygiene.

The Central Council for Health Education, to whose activities the Council have subscribed for some years, have been most helpful in the way they have kept us informed of the latest developments in connection with the control of food borne infections. They have also made available posters in connection with clean food campaigns and pamphlets relating to methods of controlling infectious disease.



## Vaccination.

The National Health Service Act left the question of vaccination to the good sense and discretion of the parents.

It was hoped that the voluntary response would be as successful as in the case of diphtheria immunisation.

Strange as it may seem, however, this has not been the case; and the vaccination state of the population in Great Britain, which has in the past few years been consistently falling, is now at such a low level as to cause concern.

In fact, the occurrence of two fairly recent outbreaks of smallpox only confirms that the general state of immunity against this disease is not sufficient to prevent an epidemic.

It is therefore all the more important that primary vaccination in infancy and periodical re-vaccination should be carried out.

Vaccination is far too frequently refused because parents are under the impression that it will harm their babies.

If the first vaccination is put off until adolescence or later, there may be a very slight risk; but that is, of course, all the more reason for vaccinating the child in infancy - especially in these days when people travel abroad so much more and any young man may be sent, during his National Service training, to a smallpox infected area.

The ideal time for the first vaccination is during the first six months of infancy - preferably about the fourth month.

The susceptibility of the community as a whole to epidemic smallpox of either the mild or the severe variety cannot be greatly diminished by routine infant vaccination alone. To guard against the social disruption and economic loss which invariably results from the rapid spread of any form of smallpox, it is necessary for the re-vaccination of school children as well as vaccination of infants to be done as a routine.

Children should be re-vaccinated before the age of ten years - preferably between seven and ten years - and on subsequent occasions if there has been exposure to smallpox.

Re-vaccination, done at school age, is practically trouble free; and this procedure, carried out as a routine at least once on all children primarily vaccinated in infancy, would substantially diminish the chances of rapid spread of smallpox.

## International Travel.

The increasing speed of travel by air and sea introduces an increased risk of importing travel-borne disease and, without returning to the health control measures enforced in the old Quarantine Acts, it is not possible to provide an absolute barrier to these occurrences.

Some of the principal changes in seaport and airport health administration, brought about by the International Sanitary Regulations, 1952, are outlined in the following extract from the latest report of the Chief Medical Officer to the Minister of Health:-



The Port Medical Officer is empowered to:-

- (1) Inspect ships and aircraft (irrespective of their ports of origin) on Public Health grounds.
- (2) Take precautions for the protection of the public against all infectious and contagious diseases.

Up to the time of the adoption of the International Sanitary Regulations air passengers were considered a special health risk due to their travelling time being normally less than the incubation period of the "quarantinable diseases" (i.e. plague, cholera, yellow fever, smallpox, typhus and relapsing fever). There is now no distinction in the health control of air travellers and others, except where travel to and from yellow fever areas is concerned.

International travellers, who may have been contacts of smallpox or other dangerous diseases while out of this country, are required to show their doctors notices issued to them on arrival at airports, in the event of their becoming ill during the succeeding twenty-one days.

The absence of lists of names and addresses of passengers arriving by aircraft has made it necessary to make alternative arrangements (through the co-operation of the press and the B.B.C.) for tracing contacts of cases which occur after arrival by air.

Passengers, undertaking international travel, must be in possession of certain vaccination certificates depending upon the place of departure, the countries of transit and the destination. International Certificates are issued in connection with smallpox, yellow fever and cholera.

The vaccinations must be recorded on the international vaccination certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculation and, in the case of smallpox and cholera, authenticated and stamped by the Health Department of the district.

The international certificate forms must be obtained by the traveller himself from the travel agency or Ministry of Health - except those for yellow fever vaccination which are held at certain recognised centres where the vaccination is performed.

Details of immunisation requirements can be obtained from the airline or steamship company concerned or from the consulates of the countries to be visited.

#### Diphtheria Immunisation.

Parents are reminded of the facilities for the immunisation of their children:-

1. By their own doctors.
2. At the following Child Welfare Clinics -

(a) Within the District -

Clanfield, Horndean, Liphook, Liss and Rowlands Castle.

(b) In the adjoining Districts -

Alton, Grayshott, Headley, Petersfield, Waterloo and Stockheath.



During the year, eight hundred and twelve immunisations against diphtheria were carried out:-

Immunisation.	Pre-School Children.	School Children.
Primary	215	17
Re-inforcing or "Boosters"	25	555
TOTALS	240	572

#### Diphtheria Immunisation Propaganda.

The following information has been extracted from reports of the Ministry of Health and pamphlets issued by the Central Council for Health Education:-

"The number of deaths from diphtheria has fallen from a yearly average of some 2,800 in 1930-40 to about 25 in 1953.

The great majority of parents now-a-days have never seen or heard of a case of diphtheria among their neighbours' children and are more afraid of illnesses they know than of the dangers of diphtheria.

It is still true that diphtheria kills and that we must never forget that the elimination of this disease is conditional upon the maintenance of an adequate level of immunisation. So parents must be continually reminded that, if they think they need no longer have their babies immunised, there may be a return of diphtheria outbreaks as exemplified during a recent outbreak in the Midlands, where among 78 cases there were 6 deaths - all of them children who had not been immunised.

Complacency, resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever present risk of a return to high mortality; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease except for the occasionally imported case".

The Ministry of Health recommends that all children should be immunised before their first birthday- preferably at the age of seven or eight months and that they should receive a "booster" or re-inforcing dose just before entering school, and again every four or five years throughout school life.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those who have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and re-inforcing doses of prophylactic in later years are just as necessary in the absence of diphtheria epidemics as in their presence.

Immunisation helps the body to build up natural defences against the disease and gives almost certain protection against death from diphtheria.

Resistance to diphtheria is rather like a car battery that needs periodical topping-up to maintain its full efficiency. So children should be immunised in the first year of life and have their first "topping-up" before reaching school age.



Although children up to five years old are in the most susceptible age group, all under fifteen should be immunised.

The object of publicity campaigns in the fight against diphtheria is to secure that at least 75% of the babies are immunised before the end of the first year of life.

The figure for the first half of 1953 in England and Wales is estimated to be only 31.5 per cent, while, in this district, approximately 36.3 per cent of the children born during the twelve months ending 31st December, 1952 were immunised before they attained the age of one year.

During the year, special methods of publicity included the distribution of leaflets and consent cards at the Savoy Cinema, Petersfield, as well as a slide which was shown on the screen by kind arrangement with the Manager.

### Scabies.

Facilities for the treatment of Scabies are available at Portsmouth Disinfestation Clinic.

Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection; and all members of the same family should present themselves for treatment simultaneously - whether or not they complain of "The Itch" and show evidence of Scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

### Pediculosis.

Cases of Pediculosis (head lice) may be referred for treatment at the Cleansing Clinic, County Council Health Centre, Ramshill, Petersfield, on Friday mornings.

Pediculosis should also be regarded as a family infection; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection to others.

### Tuberculosis.

The total number of cases on the register on the 31st December, 1953, was one hundred and eighty eight. Of the twenty two additions to the Register during the year, four were transferred to this area from other districts.

The following table gives the number of cases of Tuberculosis registered in the Rural District at the beginning and end of 1953:-

	Respiratory			Non-Respiratory		
	M	F	Total	M	F	Total
Number on Register at the beginning of the year (1953)	72	49	121	19	28	47
New additions to the Register during the year.	11	9	20	2	-	2
Removals from the Register during the year.	1	1	2	-	-	-
Number on Register at the end of the year (1953)	82	57	139	21	28	49



Analysis of new cases and deaths according to age groups:-

	New Cases.				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0 - 1	-	-	-	-	-	-	-	-
1 - 5	1	-	1	-	-	-	-	-
5 - 15	1	-	-	-	-	-	-	-
15 - 25	2	2	1	-	-	-	-	-
25 - 35	2	3	-	-	-	-	-	-
35 - 45	2	2	-	-	-	-	-	-
45 - 55	1	2	-	-	-	-	-	-
55 - 75	2	-	-	-	1	-	-	-
<b>TOTALS</b>	<b>11</b>	<b>9</b>	<b>2</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>

Analysis of removals from the Register:-

Removals	Respiratory			Non-Respiratory		
	M	F	Total	M	F	Total
Recoveries	-	-	-	-	-	-
Deaths	1	-	1	-	-	-
Transfers	-	1	1	-	-	-
<b>TOTALS</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>

No action was taken in 1953 under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from Pulmonary Tuberculosis employed in the milk trade) or Section 172 of the Public Health Act, 1936 (relating to compulsory removal to hospital of persons suffering from Tuberculosis)

National Assistance Act, 1948.

It is satisfactory to report that no official action was taken under Section 47 of the National Assistance Act, 1948, during the year in connection with the removal to hospital of persons who, owing to grave chronic disease, or being aged, infirm or physically incapacitated and living in insanitary conditions, were unable to devote to themselves and were not receiving from other persons proper care and attention.

A certain number of other cases, brought to the notice of this department, were investigated; but these were referred to the Area Welfare Officer, who was able to make other arrangements.

The assistance given by the Welfare Officer, Sanitary Inspectors, Health Visitors and voluntary organisations, is greatly appreciated in these difficult and distressing cases.



RURAL DISTRICT COUNCIL OF PETERSFIELD.

Public Health Department,  
The Old College,  
Petersfield.

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

I beg to submit my Annual Report for the year 1953 on the sanitary circumstances of the area and the duties for which I am responsible.

A considerable amount of work was done in improving unsatisfactory and insufficient domestic water supplies. Little statutory action was necessary.

It was noticeable during the year that considerably more maintenance work was being carried out than for many years previously. No doubt the lifting of licensing restrictions and availability of materials had some effect on this.

No organised attempt at slum clearance was made, but unsatisfactory dwellings were dealt with as they came to our notice.

As pointed out in previous reports, any organised operation of demolition and repair will be influenced by the dates of completion of the various main drainage schemes in the area and, so far, none of the post war schemes has been commenced.

In February, 1950, a circular letter was sent to owners of all properties thought to be suitable for improvement, drawing their attention to the provisions of the Housing Act, 1949 relating to Improvement Grants. The response was very small at first, but as the provisions became more widely understood, more enquiries were made and since September, 1953, the number has risen sharply.

Although there was a slight increase in the number of moveable dwellings in the district, they do not present such a problem as in some areas.

I would like to thank my colleagues in this office and in other departments of the Council for help in producing this report.

A. SWAN.  
Chief Sanitary Inspector.



SANITARY CIRCUMSTANCES OF THE AREA.

Water.

There was no evidence of any main water shortage during the year, but in two parishes the results of bacteriological examination showed that the water was below the Ministry of Health standard for chlorinated supplies.

As a result of investigations and co-operation with the undertakers concerned, the chlorination of the water which was obtained from an adjoining district was adjusted to meet the varying quality of the water from the springs.

In other parishes the quality was satisfactory.

All main supplies are chlorinated.

The Water Undertakers of the Rural District are:-

- (a) The Portsmouth Water Company, 26 Commercial Road, Portsmouth which supplies the parishes of Clanfield, Horndean and Rowlands Castle, and
- (b) The Wey Valley Water Company, Hindhead, Surrey. This Company now supplies the remaining parishes.

Wherever possible we have persuaded owners of houses with unsatisfactory water supplies either to (a) connect to a supply of water in pipes provided by the statutory undertakers or (b) take water into the houses by means of pipes.

In most cases where a main supply has been provided we have been successful in getting taps provided indoors over sinks and the necessary drainage systems provided.

In some cases, however, where main drainage is anticipated within a reasonable period, and the nature of the soil renders cesspool or similar drainage unsatisfactory, we have been prepared to accept standpipes in the yards or gardens. These will be subject to review in a few years time.

The revised figures for the district are:-

- 157 dwellings have stored rainwater.
- 199 dwellings have wells from which water is drawn by a bucket or pump in the garden.
- 279 dwellings have main supply which is drawn from standpipes in the garden.
- 7 dwellings obtain their water from springs.

In June, the Public Health Committee considered further complaints about the lack of a piped water supply to eighteen properties in the Hogs Lodge area of Clanfield. A sub-committee was appointed to receive a deputation from Hogs Lodge area and subsequently, the whole question of a water scheme was re-opened with the Ministry and with the residents concerned. Approaches were also made to the Portsmouth Water Company, but, the cost was so high, that the Council decided to inform the residents that "the scheme cannot be entertained in the present circumstances".



A private estate supply in Hawkey which had been giving trouble for some time was also disconnected from the reservoir, which since being cleaned out, has been fed from the Company's main. The majority of Colemore and Priorsdean now has a main supply although a few householders still make use of rainwater or wells. These also will be the subject of periodic review in case circumstances change which permit the provision of a piped supply.

The Weston water extension was completed and made generally available to most of the houses previously served by unsatisfactory supplies.

Copies of reports on all samples taken from water mains were sent to the water companies concerned.

### Sewerage and Sewage Disposal.

Work of major extension of the Liss disposal works will be commenced in March, 1954.

The Minister has asked for further information with regard to the Buriton scheme. A scheme for sewerage the Weston area was prepared and submitted to the Hampshire County Council and the Ministry, but was not approved. The Minister informed the Council that in view of the high capital and operating costs he was unable to agree to the suggested scheme for dealing with the Weston and Greenway Lane areas.

The outline scheme for dealing with the drainage of parts of Clanfield and Horndean was prepared and submitted to the Minister. An Engineering Inspector visited the area and the Minister decided, after carefully considering the scheme in relation to other works still outstanding, he is unable to include it in the present capital works programme.

The Council have prepared the revised scheme for the sewerage of that part of the Parish of Greatham which lies within the Rural District and this will be submitted to the Minister at an early date. It also provides for dealing with the sewage from some property in that part of the Parish which lies within the Rural District of Alton.

The Council's scheme for installing main drainage at East Meon has been prepared and submitted to the Minister and the Hampshire County Council for consideration.

Permanent recirculating plant is being installed at the Bramshott sewage works and the sludge beds have been reconditioned.

Sewers have been laid on extensions of the Council's housing estates at:-

Dennis Lane, Liss.  
Hays Cottages, Steep.  
Merchistoun Estate, Horndean.  
Gunns Farm, Liphook.



## Rivers and Streams.

The main rivers and streams are as follows:-

- (1) The River Wey, which passes through Bramshott Parish, and collects the discharge of water from Waggoners Wells.
- (2) The River Rother, which passes through the Parishes of Greatham and Liss.
- (3) The River Meon, which flows through the Parish of East Meon, and passes into Droxford Rural District at West Meon. (As a result of extensive flooding, some alteration to the course is proposed).

The district resolves itself into three separate drainage areas:-

(a) West Sussex River Board Area:-

Parish of Steep.  
Part of the Parish of Liss.  
Major part of the Parish of Langrish.  
Major part of the Parish of Hawkley.  
Parish of Greatham.  
Part of the Parish of Froxfield.  
Small part of the Parish of East Meon.  
Part of the Parish of Colemore and Priorsdean.  
Northern part of the Parish of Buriton.

(b) Thames above Teddington Area:-

Parish of Bramshott.  
Small part of the Parish of Hawkley.  
Part of the Parish of Colemore and Priorsdean.  
Part of the Parish of Froxfield.  
Small part of the Parish of Liss.

(c) Hampshire Rivers Board Area:-

Southern part of the Parish of Buriton.  
Parish of Clanfield.  
Part of the Parish of Froxfield.  
Parish of Horndean.  
Small part of the Parish of Langrish.  
Parish of Rowlands Castle.  
Major part of the Parish of East Meon.

During the year two cases of pollution of rivers and streams were investigated.

## Rainfall.

Captain A.F. Coryton has been good enough to let me have the following figures for 1953. The average fall for a year is 34".

January	.98 inches.	July	3.67 inches.
February	1.56 inches.	August	2.05 inches.
March	.60 inches.	September	2.71 inches.
April	2.28 inches.	October	3.68 inches.
May	2.67 inches.	November	1.73 inches.
June	1.80 inches.	December	.76 inches.

Total for the year: 24.49 inches.



### Night Soil Collection.

Pail closet contents are emptied once weekly from Ramsdean and twice weekly in parts of the following parishes:-

Liss.  
Bramshott.  
East Meon.  
Buriton.  
Langrish.  
Froxfield.  
Clanfield.

### Public Cleansing.

The County Council is responsible for the cleansing of the roads in the district.

A collection of house refuse is now carried out in localities defined on maps approved by the Council. The collection days are as follows:-

Bramshott	Weekly	Monday, Tuesday and Friday.
Buriton	Fortnightly	Friday.
Clanfield	Weekly	Wednesday.
Colemore and Priorsdean	Fortnightly	Thursday.
East Meon	Fortnightly	Thursday.
Froxfield	Fortnightly	Thursday.
Greatham	Fortnightly	Friday.
Hawkley	Fortnightly	Friday.
Horndean	Weekly	Tuesday.
Langrish	Fortnightly	Thursday.
Liss	Weekly	Wednesday and Thursday.
Rowlands Castle	Weekly	Monday.
Steep	Fortnightly	Friday.

### Shops.

Inspections of shops were carried out in conjunction with visits to the premises under other statutes.

### Moveable Dwellings.

There are three licensed sites in the district and seventy-eight licences were issued in respect of individual moveable dwellings. Fourteen of these were new applications. Seven applications were refused.

The number of applications for licences to station and use moveable dwellings is still increasing. I have examined the reasons for the additional applications and am of the opinion that they do not directly indicate any increase in the housing problem of the area.

Of the dwellings covered by the new licences, five were for agricultural workers, three were for week end use, two were stationed on building plots while houses were being built, two were old dwellings not previously licensed and two were never occupied.



Hop Pickers' Accommodation.

In November, 1953, the Council took proceedings against a local farmer for alleged offences against the byelaws.

The defendant contended that the expression "lodging" did not include tents and the Justices accepted his contention and dismissed the action.

Subsequently, application was made to the Minister of Housing and Local Government for approval to an amending byelaw to include tents within the scope of the byelaws.

Rural Schools.

Periodic visits were made to schools in the district in connection with sanitary accommodation, washing facilities and food preparation. It is hoped that the County Council will see their way clear to improving conditions at a number of schools in the area during 1954.

Insect infestation.

During the year a number of requests for assistance were received to deal with infestation of houses by flies, fleas, earwigs, ants, cockroaches and wasps.

Advice was given and in many cases treatments with insecticides were carried out.



INSPECTIONS AND VISITS.

										<u>Totals.</u>
1.	Inspection of	Accumulations	..	..	..	..	..	..	..	30
(2)	(3)	Bakehouses	..	..	..	..	..	..	..	8
		Building Bye-laws	..	..	..	..	..	..	..	15
		Cafés	..	..	..	..	..	..	..	6
(2)	(3)	Cesspools	..	..	..	..	..	..	..	37
		Civil Defence	..	..	..	..	..	..	..	24
		Dairies	..	..	..	..	..	..	..	70
		Disinfection of Premises	..	..	..	..	..	..	..	11
		Drains Inspected	..	..	..	..	..	..	..	396
		Drains Tested	..	..	..	..	..	..	..	35
(3)	80	Factories	..	..	..	..	..	..	..	36
		Food Preparing Premises	..	..	..	..	..	..	..	14
		Food Vans	..	..	..	..	..	..	..	1
(4)		Hop-pickers' Camps	..	..	..	..	..	..	..	20
		Houses (Public Health and Housing Acts)	..	..	..	..	..	..	..	140
		Houses (Works in progress)	..	..	..	..	..	..	..	575
		Housing applications	..	..	..	..	..	..	..	36
2.	80	Ice Cream	..	..	..	..	..	..	..	14
		Improvement Grants	..	..	..	..	..	..	..	215
		Infectious Disease	..	..	..	..	..	..	..	35
		Insect Infestations	..	..	..	..	..	..	..	18
		Keeping of Animals	..	..	..	..	..	..	..	5
3.	100	Knackers Yards	..	..	..	..	..	..	..	12
		Licensed Premises	..	..	..	..	..	..	..	27
		Meat Shops	..	..	..	..	..	..	..	14
		Miscellaneous	..	..	..	..	..	..	..	177
		Mosquito Control	..	..	..	..	..	..	..	6
		Moveable Dwellings	..	..	..	..	..	..	..	274
		National Assistance Act, 1946	..	..	..	..	..	..	..	25
		Nuisances	..	..	..	..	..	..	..	146
		Offensive Trades	..	..	..	..	..	..	..	8
		Overcrowding	..	..	..	..	..	..	..	1
		Piggeries	..	..	..	..	..	..	..	1
		Places of Public Entertainment	..	..	..	..	..	..	..	14
		Rodent Control	..	..	..	..	..	..	..	89
		Schools	..	..	..	..	..	..	..	22
		Shops	..	..	..	..	..	..	..	3
		Slaughter-houses	..	..	..	..	..	..	..	9
		Unsound Food	..	..	..	..	..	..	..	29
		Verminous or dirty premises	..	..	..	..	..	..	..	14
		Verminous premises disinfested	..	..	..	..	..	..	..	10
		Verminous persons	..	..	..	..	..	..	..	3
		Water supply	..	..	..	..	..	..	..	251
										<u>2876</u>
										<u>2876</u>



Samples submitted for laboratory examination:-

Water .. .. .	90
Milk .. .. .	56
Sewage effluent .. .. .	3
Milk bottles (for sterility)	3
TOTAL	<u>152</u>

H O U S I N G.

Provision of New Houses.

The following eighty three new Council houses were erected during the year:-

Houses -

Gunns Farm, Bramshott.

Numbers 99, 100, 101, and 102.

The Close, Gunns Farm, Bramshott.

Numbers 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 91, 92, 93,  
94, 95, 96, 97 and 98.

Dellfield, Froxfield.

Numbers 1 and 2.

Merchistoun Road, Horndean.

Numbers 91, 93, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104,  
105, 106, 107 and 109.

Queens Crescent, Horndean.

Numbers 42, 44, 46, 48, 62, 64, 66 and 68.

Uplands Road, Rowlands Castle.

Numbers 35, 37, 39, 41, 58 and 60.

Bungalows -

Gunns Farm, Bramshott.

Numbers 105, 106, 107, 108, 109, 110, 111 and 112.

Uplands Road, Rowlands Castle.

Numbers 12, 14, 16, 18, 20.

Flats -

Hood Cottages, Catherington Lane, Horndean.

Numbers 1a, 1b, 2a, 2b, 3a, 3b, 4a and 4b.

Chase Close, Liss.

Numbers 3, 4, 5 and 6.

Uplands Road, Rowlands Castle.

Numbers 47a, 47b, 49a and 49b.

During the year, fifty five houses were built by private enterprise.



Summary of work carried out under Public Health and Housing Acts.

1. Inspection of dwelling houses during the year -

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) .. ..	140
(b)	Number of inspections made for the purpose . . . .	575
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 .	11
(b)	Number of inspections made for the purpose . . . .	49
(3)	Number of dwelling-houses found to be unfit for human habitation and not capable at reasonable expense of being rendered so fit .. .. .	7
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be, in all respects, fit for human habitation ..	82

2. Remedy of Defects during the year without service of formal notices -

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers . . . . .	81
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3. Action under Statutory Powers during the year -

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 -

(1)	Number of dwelling-houses in respect of which Notices were served requiring repairs .. .. .	NIL
(2)	Number of dwelling-houses which were rendered fit after service of formal notices -	
(a)	By owners .. .. .	15
(b)	By Local Authority in default of owners ..	1

(b) Proceedings under Public Health Acts -

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .. .. .	8
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices -	
(a)	By owners .. .. .	8
(b)	By Local Authority in default of owners . . .	NIL



(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 -

(1) Number of dwelling-houses in respect of which Demolition Orders were made .. .. .	6
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. .	8
(3) Number of dwelling-houses closed in pursuance of an undertaking given by the owner under Section 11 ..	4

4. Overcrowding -

No statutory action was taken during the year regarding overcrowding.

Repair of Houses.

The department still pursued a policy of avoiding statutory action wherever possible, but in some cases there was no alternative than to apply to you for this procedure and you will see that 24 houses were repaired in this way.

Such work as has been carried out has been rather "piecemeal" however, pending the coming into force of the Housing Repairs and Rents Act, which will require the preparation of a more orderly plan. The Government seem determined to stop the decay of the older and dilapidated properties and to deal with those which have been neglected, in many cases, since 1939.

During recent years it has become obvious to everyone connected with the management of property that some "new bargain" would have to be struck to maintain a reasonable rent/repairs ratio.

Such provisions are included in the new Housing Repairs and Rents Act subject to conditions for the protection of both landlord and tenant.

The cost of house maintenance was given some publicity during the year by the publication of the report of a Committee of Enquiry on the subject, which concluded that the relative cost as compared with 1939 was 316:100.

In spite of this, it has been much easier to get orders for work placed than during the last few years and, in fact, the builders have so many orders that delay is now being caused by pressure of work.

The tendency for landlords to sell vacant houses was maintained, but some of the prices being obtained seem to me to point towards retention for letting if only maintenance costs can be kept down.

Very many more enquiries were received in respect of grants and loans under the Housing Act, 1949, especially towards the end of the year.

Grants amounting to £4,555 were finally made in respect of fifteen properties, the total cost of work being £9,111.

I have been considering the future preparation of a housing programme for the district involving demolition of some of the "slum" properties and rebuilding on or near the site, or, alternatively, redevelopment nearby. It seems to me that, when the Council is faced with such problems in Buriton, East Meon and Greatham, then plans will have to be so elastic as to be of little real use. The reason will be the complete lack of information about starting dates for the main drainage schemes.

Incidentally this lack of knowledge also holds up routine action under the repairs and improvement sections of the Housing Acts.



## INSPECTION AND SUPERVISION OF FOOD.

### Milk Supply.

Supervision and control of distributors and retail dairies was maintained throughout the year; there are eight distributors of milk on this Council's register. A satisfactory standard was maintained.

Of the fifty-six samples taken, eight failed to pass the required test.

There are two dairies in the district where pasteurisation is carried out and these are supervised under powers delegated by the County Council.

Liaison with the Area Milk Officer was maintained.

Licences issued under the Milk (Special Designation)(Pasteurised and Sterilised Milk) Regulations, 1949 -

Dealer's Licences to use the designation "Pasteurised" .. .. .	6
Dealer's Licences to use the designation "Sterilised" .. .. .	1
Supplementary Licences to use the designation "Pasteurised" .. .. .	8
Supplementary Licences to use the designation "Sterilised" .. .. .	1

Licences issued under the Milk (Special Designation)(Raw Milk) Regulations, 1949 -

Dealer's Licences to use the designation "Tuberculin Tested" . . . . .	6
Supplementary Licences to use the designation "Tuberculin Tested" . . . . .	8

### Meat and other Foods.

Much of the home killed meat for local consumption was slaughtered at Grange Farm, Petersfield.

Centralised slaughtering is a good practice because it ensures that all meat for human consumption is inspected and the Government has announced a policy of moderate centralisation in future. There were twelve slaughterhouses in this district licensed in 1939 and it remains to be seen how many of the present occupiers will wish to apply for licences or will be able to comply with the Council's requirements.

Section 14 of the Food and Drugs Act, 1938, provides for the registration of all premises used for:-

- (a) the sale, or manufacture for the purpose of sale of ice cream, or the storage of ice cream intended for sale; or
- (b) the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale.

There are fifty-seven entries in this Council's register in respect of ice cream premises and fourteen in respect of preserved food premises.



Details of condemned food:-

	lbs.
Home killed beef	130
7 ox heads and 2 tongues	240
Ox liver	19
Ox kidney	9
9 ox lungs and melts	96
Ox sweetbreads	5
Imported pork	92
Home killed pork	97
Imported lambs livers	120
Boneless ham	29
Sausages	24
Smoked haddock	28
Cured sprag cod fillets	14
	<u>903</u> lbs.

Adulterations.

The Hampshire County Council is the Food and Drugs Authority and is responsible for the administration of the Sections of the Food and Drugs Act, 1938 which place restrictions on the addition to, or abstraction of substances from, food and drugs.

I am indebted to Mr. C.O. Perry, Chief Inspector under the Food and Drugs Act, for the following information on samples taken in the district during the year:-

Article.	Number of samples taken.	
	<u>Genuine.</u>	<u>Unsatisfactory.</u>
Butter and Other Fats	3	-
Drugs	2	-
Milk	65	-
Meat Products	5	-
Spirits	5	-
Other foods	6	-
	<u>86</u>	<u>-</u>

The sixty-five samples of milk proved to contain an average of 4.04% fat and 8.88% non fatty solids.

RODENT CONTROL.

It was not found necessary to serve any statutory notices during the year under the Prevention of Damage by Pests Act, 1949 and I think this says much for the tact and understanding of the operators.

In general, control measures during the year were satisfactory.

In July, 1953, the Council decided that, if the Hampshire Agricultural Executive Committee should discontinue their service for the destruction of rats and mice, we would provide such a service.



The Agricultural Executive Committee ceased to renew contracts from the 30th September, 1953 and sent us a list showing the dates of expiry of contracts. Each farmer involved was written to and told of your decision. They were also visited and, as a result, a further seventeen farms are regularly treated by your operators. Other premises are likely to be dealt with if reinfestation is discovered. Ten other farmers decided to take out private contracts.

The following table gives details for the period 1st January, 1953, to the 31st March, 1954.

	Type of Property				Total (5)
	Local Authority (1)	Dwelling Houses (2)	Agri-cultural (3)	All other (including business premises) (4)	
Total number of properties in Local Authority's District	13	6087	296	277	6673
Number of properties inspected by the Local Authority during the 15 months ended 31st March 1954 as a result of (a) notification (b) survey under the Prevention of Damage by Pests Act, 1949 (c) otherwise e.g. when visited primarily for some other purpose.	(a) -	173	32	24	229
	(b) 12	1441	264	59	1776
	(c)		89		89
Number of properties inspected which were found to be infested by rats	Major 8	107	55	15	185
	Minor 2	309	14	4	329
Number of properties inspected which were found to be seriously infested by mice.	-	15	1	5	21
Number of infested properties treated by Local Authority.	10	431	54	24	519
Number of "block" control schemes carried out					35

N.B. -  
Local Authority's Properties. Council houses are included under Dwelling Houses. Premises occupied in connection with the Council's undertakings are included under this heading.

Combined Dwelling and Business Premises occupied by the same person are included under Business Premises.

Farm, Smallholdings, Poultry Farms and other premises devoted to commercial, agriculture or horticulture are included under Agricultural Property and not under Business Premises.

Unclassified Properties. Properties which do not appropriately fall under other classifications are included under Business Premises.

Degree of Infestation. "Major" includes only properties with an estimated rat population exceeding twenty rats.

Treatment means a complete operation for the destruction of rats or mice in the property.



FACTORIES.

Mr. S.H. Carter is H.M. Inspector of Factories for the Portsmouth District, which includes the Petersfield Rural District. His address is 9 Western Parade, Southsea.

Inspections for purposes as to health.

Premises.	Number on Register	Inspections	Number of written Notices.
(1) Factories in which section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	3	-	-
(2) Factories not included in (1) in which section 7 is enforced by the Local Authority .. .. .	55	36	2
(3) Other Premises in which Section 7 is enforced by the Local Authority .. .. .	-	-	-
<b>TOTALS</b>	<b>58</b>	<b>36</b>	<b>2</b>