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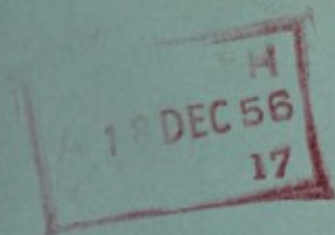
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PETERSFIELD RURAL DISTRICT COUNCIL.



ANNUAL REPORT.

of the

MEDICAL OFFICER OF HEALTH

and

CHIEF PUBLIC HEALTH INSPECTOR

for the year

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PETERSFIELD RURAL DISTRICT COUNCIL.

Mr. A. J. Allen, J.P.,  
COUNCIL.

Vice-Chairman of the Council:

Mr. A. W. Coyte.

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ANNUAL REPORT.

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of the

MEDICAL OFFICER OF HEALTH

and

CHIEF PUBLIC HEALTH INSPECTOR

for the year

Clerks:

V.W.H. Deane.

Miss G. 1 9 5 5.



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THE RURAL DISTRICT COUNCIL OF PETERSFIELD.

Chairman of the Council:

Mr. A.J. Allee, J.P.,

Vice-Chairman of the Council:

Mr. W.A. Coyte.

Chairman of the Public Health Committee.

Mr. W.A. Coyte.

Members of the Council:

Mr. W.A. Allam.  
Mr. A.J. Allee, J.P.,  
Mrs. T.H. Barnsley.  
Lady Doris Blacker.  
Mr. W.H. Blake.  
Mr. G.P. Brutton.  
Sir Hugh Cocke.  
Mr. H. Newman Collard.  
Mr. W.A. Collins.  
Capt A.F. Coryton, J.P.  
Lt. E. Cove.  
Mr. W.A. Coyte.  
Mr. J.S.G. Crosland.  
Mr. A.G. Edney.  
Mr. I. Fry.  
Mr. H. Heath.

Mr. J. Heath.  
Lady Jaffray.  
Capt C.N. Lentaigne.  
Mr. T.J. Marsh.  
Mr. A.H. Moore.  
Admiral A.J.L. Murray, C.B., D.S.O., O.B.E.  
Mr. W.P. Ness.  
Mr. C.A.T. Olding.  
Mr. H.H.C. Oram.  
Admiral E.G. Robinson, V.C., O.B.E.,  
Mr. S.B. Selmes.  
Mrs. E.B.D. Shove.  
Mrs. M.E. Smith.  
Miss W. Stubington.  
Mr. H.C. Swayne.  
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 Public Health Inspector:

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

Additional Public Health Inspector:

L.R. Devenish, Cert.S.I.B., M.S.I.A.,

Assistant Public Health Inspector:

C.C.H. Guy, Cert.S.I.B.

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, 1955 on the health and sanitary conditions of the Rural District of Petersfield.

There were no deaths from infectious disease and, apart from measles, there was no outbreak of infectious disease. The incidence of poliomyelitis in England and Wales was the third highest ever recorded, so we were very fortunate in only having two cases in this district.

No case of diphtheria has been notified for the past eight years. Parents are again reminded that children should be immunised before their first birthday and should receive their first supplementary injection, preferably, just before school age.

It is now possible for children below the age of five years to be immunised against whooping cough alone, or against whooping cough and diphtheria under the County Council's new scheme for whooping cough immunisation.

Mrs. Foster, who was Health Visitor for many years, retired in March, 1956. We should all be grateful to her for the good work she has done in this district. She will be greatly missed and everyone will wish her many years of happiness in her retirement.

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:-

### Food and Drugs Act, 1955.

This is an Act to consolidate previous Food and Drugs Legislation, and it came into force on the 1st January, 1956.

The Act introduces some modification of the existing law in addition to changing procedure in particular, with regard to the taking of samples and giving of evidence.

The definition of "business" has been extended to include canteens, clubs, schools, hospitals and institutions, whether carried on for profit or not.

An important new provision is the power given to a court to disqualify a caterer from using his premises as a catering business for a period not exceeding two years.

### The Food Hygiene Regulations, 1955.

These regulations were made under the Food and Drugs Act, and came into force, with one or two exceptions, on the 1st January, 1956. They add a number of new provisions in respect of the hygienic handling of food, and the construction and maintenance of premises, stalls, vehicles, etc., where food is handled.

There are several regulations which deal with the prevention of the contamination of food.

Nearly all food premises will be required to have a wash hand basin, with hot and cold water, for the use of persons engaged in handling food; and, in addition, a sink with hot and cold water is required for the washing of food and equipment.

Certain foods, that are particularly liable to transmit disease, will be required to be kept at a temperature not exceeding 50°F. when not exposed for sale.

They prescribe the higher maximum penalties for offences against the Food and Drugs Act, 1955. The operation of certain of the regulations, which may require alterations to premises or substantial changes in existing practices, is made subject to a delay of six months; and local authorities (who are the enforcing authorities) are empowered to give certificates of exemption from the requirements of certain regulations if, through special circumstances, compliance with the provisions concerned cannot reasonably be required. There is an appeal to a court of summary jurisdiction against the refusal or withdrawal of a certificate.

## STATISTICS OF THE AREA.

Area .. .. .	54,497 acres.
Rateable Value (1955/56) .. .. .	£138,452
Sum represented by a penny rate (1955/56) . . . .	£527
Approximate number of inhabited houses .. .. .	6202.
"Home" Population (based on Registrar General's final figures from Census) Mid 1955 .. .. .	22,050.



## 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 and the tendency is towards a slight increase in the numbers employed in light industry. Many of the residents in the south of the district work at Portsmouth, the chief source of employment being naval establishments, and a service stores depot in Liphook absorbs a considerable proportion of the labour force over a wide area.

## STATISTICS OF THE AREA.

Area .. .. .	24,487 acres.
Rateable Value (1925/26) .. .. .	£138,452
Sum represented by a penny rate (1925/26) .. .. .	£257
Approximate number of inhabited houses .. .. .	6202.
"Home" Population (based on Registrar General's final figures from Census) Mid 1925 .. .. .	22,050.



# VITAL STATISTICS.

## Births.

	<u>1955</u>			<u>1954</u>		
	M	F	Total	M	F	Total
Live Births (Legitimate)	134	136	270	155	137	292
(Illegitimate)	10	9	<u>19</u>	8	6	<u>14</u>
Total Live Births			<u>289</u>			<u>306</u>

Live Birth rate per 1,000 of the estimated population was 13.1 compared with 15.0 for the whole of England and Wales.

	<u>1955</u>			<u>1954</u>		
	M	F	Total	M	F	Total
Still Births (Legitimate)	3	4	7	6	1	7
(Illegitimate)	-	-	<u>-</u>	-	1	<u>1</u>
Total Still Births			<u>7</u>			<u>8</u>

Still Birth rate per 1,000 total (live and still) births was 24.2 compared with 23.1 for the whole of England and Wales.

## Deaths.

	<u>1955</u>			<u>1954</u>		
	M	F	Total	M	F	Total
From all causes	121	110	231	104	96	200

Death rate per 1,000 estimated population was 10.4 compared with 11.7 for the whole of England and Wales.

## Maternal Mortality.

Pregnancy, childbirth, abortion .. .. . NIL

## Infant Mortality (deaths under one year).

	<u>1955</u>			<u>1954</u>		
	M	F	Total	M	F	Total
Legitimate .. .. .	7	4	11	1	5	6
Illegitimate . . . .	-	-	<u>-</u>	1	1	<u>2</u>
Total Infant Deaths			<u>11</u>			<u>8</u>



## STATISTICS

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.

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
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
1952.	24.9	27.8
1953.	28.5	26.8

The infant mortality rate for the year under review was 38.0 compared with 24.9 for England and Wales.



Causes of Death.	Male	Female	Total
1. Tuberculosis of Respiratory System.	-	2	2
2. Other forms of Tuberculosis.	-	-	-
3. Syphilis.	-	1	1
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal Infections.	-	-	-
7. Acute Poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other Infective and Parasitic Diseases.	-	-	-
10. Malignant Neoplasm, Stomach.	7	3	10
11. " " Lung, Bronchus.	8	1	9
12. " " Breast.	-	1	1
13. " " Uterus.	-	1	1
14. Other Malignant & Lymphatic Neoplasms.	11	8	19
15. Leukaemia, Aleukaemia.	1	-	1
16. Diabetes.	1	-	1
17. Vascular Lesions of Nervous System.	15	19	34
18. Coronary Disease, Angina.	15	10	25
19. Hypertension with Heart Disease.	2	3	5
20. Other Heart Disease.	20	32	52
21. Other Circulatory Disease.	4	3	7
22. Influenza.	-	-	-
23. Pneumonia.	5	3	8
24. Bronchitis.	10	2	12
25. Other Diseases of Respiratory System.	1	-	1
26. Ulcer of Stomach and Duodenum.	3	-	3
27. Gastritis, Enteritis and Diarrhoea.	-	1	1
28. Nephritis and Nephrosis.	-	1	1
29. Hyperplasia of Prostate.	2	-	2
30. Pregnancy, Childbirth, Abortion.	-	-	-
31. Congenital Malformations.	1	-	1
32. Other Defined and Ill-defined Diseases.	9	13	22
33. Motor Vehicle Accidents.	2	-	2
34. All other Accidents.	1	4	5
35. Suicide.	2	2	4
36. Homicide and Operations of War.	1	-	1
	121	110	231



## 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, Director of the Public Health Laboratory.

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.

The use of the Hospital Car Service may also be obtained through the Ambulance Officer (Telephone, Fareham 3626).

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 and Health Visiting in the homes and clinics.

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 M. Saville, S.R.N., S.C.M., (Queen's Nurse), R.S.H. Certificate, 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. Gawthorp, S.R.N., S.C.M., R.S.H. 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., 16 Glenthorne Meadow, East Meon. (Tele: East Meon 63).	East Meon.	
Miss B.E. Bloomfield, S.C.M., 20 Burnat Ash Cottages, Steep Marsh, Petersfield. (Tele: Petersfield 676).	Langrish. Stroud. Steep. Sheet. N. Petersfield.	Miss E.J. Read, S.R.N., S.C.M., R.S.H. Certificate.
Mrs. M.C. Lapper, S.R.N., S.C.M., (Queen's Nurse), 22 Queen's Road, Petersfield. (Tele: Petersfield 628).	Ramsdean. S. Petersfield. Buriton.	
Miss J.E. Bramidge, S.R.N., S.C.M., (Queen's Nurse), Rustlings, 106 Catherington Lane, Horndean. (Tele: Horndean 2276).	Horndean. Lovedean. Blendworth. Catherington.	Mrs. M. Fitzgerald, S.R.N., S.C.M., R.S.H. Certificate
Mrs. E. Wiggett, S.R.N., (Queen's Nurse), 2 Pampas Cottages, South Lane, Clanfield. (Tele: Horndean 2219).	Clanfield. Hogs Lodge.	Miss B.G. Osborn, S.R.N. S.C.M., R.S.H. Certificate, Orthopaedic Nursing Certificate.
Miss J.E. Bramidge, S.R.N., S.C.M., (Queen's Nurse), Rustlings, 106 Catherington Lane, Horndean. (Tele: Horndean 2276).	Chalton. Rowlands Castle. Redhill. Idsworth. Finchdean.	Miss E.M. Wheeler, S.R.N., S.C.M., R.S.H. Certificate.

≡ Midwifery only.

△ General Nursing only.



### Home Help Service.

The office of Mrs. Drake, the assistant organiser of the Home Help Service is situated at the rear of the Town Hall, Petersfield, (Telephone, Petersfield 771, extension 18). The office is open Monday to Saturday, 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, Love Lane, Petersfield:-

☞ Ophthalmic Clinic	By appointment.
☞ Orthopaedic Remedial Clinic	1st Tuesday mornings and other Tuesday afternoons by appointment.
Child Welfare Centre	Wednesday mornings and afternoons.
School Clinic	Friday mornings. (Medical Officer attends 1st Friday only).
Dental Clinic	By appointment.
Speech Therapy Clinic	Friday afternoons 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 and 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, Love Lane..	Every Wednesday. (morning and afternoon).
Stockheath	St. Francis Church Hall, Riders Lane, Leigh Park.	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 Centres 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.	1st Friday.

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

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



## \* Tuberculosis Clinics.

Queen Alexandra Hospital, Cosham, (Telephone. Cosham 79451, Ext. 114).

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. J.P. Sharp, the Chest Physician, is in attendance.

Royal Hants County Hospital, Winchester.

Thursday. 1.30 p.m. Refills.

Dr. H.S. Fraser, the Chest Physician, is in attendance.

Health Department, The Castle, Winchester.

Wednesday. 10.0 a.m. Old patients.  
2.30 p.m. New patients.

Thursday. 9.30 a.m. Patients by appointment.

Northfield Hospital, Redan Road, Aldershot.

Tuesday. 11.15 a.m. New patients.

## \* 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.  
9.30 a.m. to 11.0 a.m., Thursdays.

Portsmouth - St. Mary's Hospital.

Males : 10.0 a.m. to 12.0 noon., }  
5.0 p.m. to 7.0 p.m., } Tuesdays and Thursdays.

Females : 5.0 p.m. to 7.0 p.m., Mondays.  
2.0 p.m. to 4.0 p.m., Wednesdays.  
10.0 a.m. to 12.0 noon., 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 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 a.m. and 1.30 p.m.

#### Petersfield.

Remedial Clinic, held at County Council Health Centre, Love Lane, 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, Love Lane.

### \* 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, Love Lane, 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, Love Lane, Petersfield, on Thursdays at 1.30 p.m., 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 Council Health Centre, Love Lane, Petersfield.

### Vermineous Cleansing Clinic.

Arrangements can be made for the treatment of special cases, by appointment, at the County Council Health Centre, Love Lane, Petersfield.

### 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
<u>COSHAM.</u> Child Welfare Centre, Northern Road.	Wednesday.	1.0 - 3.30 p.m.
<u>PORTSMOUTH.</u> Trafalgar Place, Clive Road, Fratton.	Tuesdays.	1.0 - 3.30 p.m.
	Fridays.	7.0 - 9.0 p.m.
<u>WINCHESTER.</u> 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.



## 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.

### 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, Portsmouth (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 (Tele: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 Estimated Population.	
		Petersfield R.D.	England and Wales
Scarlet Fever	12	0.54	0.73
Pneumonia	2	0.09	0.62
Erysipelas	1	0.04	0.13
Measles	359	16.27	15.54
Whooping Cough	13	0.58	1.77
Puerperal Pyrexia	8	0.36	0.27
Poliomyelitis	2	0.09	0.14
Dysentery	1	0.04	0.82
Cerebrospinal Meningitis.	1	0.04	0.02

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

Age Group	Scarlet Fever	Measles	Whooping Cough	Pneumonia	Puerperal Pyrexia	Erysipelas.	Poliomyelitis	Dysentery	Cerebrospinal Meningitis
Under 1 year	-	6	-	-	-	-	-	-	-
1 - 2 years	-	19	-	-	-	-	-	-	-
2 - 3 years	-	31	-	-	-	-	-	-	-
3 - 4 years	-	33	-	-	-	-	1	-	1
4 - 5 years	-	37	3	-	-	-	-	-	-
5 - 10 years	12	205	9	-	-	-	-	-	-
10 - 15 years	-	26	-	-	-	-	1	-	-
15 - 20 years	-	1	-	-	4	-	-	-	-
20 - 35 years	-	-	-	-	4	-	-	1	-
35 - 45 years	-	-	1	1	-	-	-	-	-
45 - 65 years	-	1	-	1	-	1	-	-	-
Over 65 years	-	-	-	-	-	-	-	-	-

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	Pneumonia	Puerperal Pyrexia	Erysipelas	Poliomyelitis	Dysentery	Cerebro-spinal Meningitis
Bramshott	1	47	5	-	-	-	-	-	-
Buriton	-	9	2	-	-	-	-	-	-
Glanfield	2	2	-	1	-	1	-	-	-
Colemore & Priorsdean	-	-	-	-	-	-	-	-	-
East Meon	-	72	-	-	-	-	1	-	-
Froxfield	-	8	2	-	-	-	-	-	-
Greatham	-	12	-	-	-	-	-	-	-
Hawkley	-	-	-	-	-	-	-	-	-
Horndean	4	23	-	-	1	-	-	-	-
Langrish	1	13	-	1	-	-	-	-	-
Liss	-	130	4	-	7	-	1	-	1
Rowlands Castle	4	6	-	-	-	-	-	-	-
Steep	-	37	-	-	-	-	-	1	-
Totals	12	359	13	2	8	1	2	1	1

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	-	-	-
Glanfield	2	-	-	-	-	-	-	-	-	-	-	-
Horndean	3	-	-	-	-	-	1	-	-	-	-	-
Langrish	-	-	1	-	-	-	-	-	-	-	-	-
Rowlands Castle	1	2	1	-	-	-	-	-	-	-	-	-
Totals	6	2	2	-	-	-	1	-	1	-	-	-



## Food Hygiene.

It should constantly be borne in mind by all concerned in the handling, preparation and storage of food - 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 canteens.

Any food handler should report to his employer if he is suffering from any of the following conditions:-

- (1) Diarrhoea or vomiting.
- (2) Septic cuts or sores, boils or whitlows.
- (3) Discharges from the ear, eye or nose.
- (4) Any feverish illness.

A high standard of hygiene is a benefit to food traders, for it attracts business; whereas a low hygienic standard will obviously have the reverse effect.

Everyone has now become more clean food minded; and, if any uncleanness is observed in food premises, the customers generally complain to the management.

This new look in food hygiene is a good thing, as it is of course all in the interest of the general public to encourage safer practices.

The hygiene standard of such shops and restaurants therefore lies to some extent in the hands of the customers.

The washing of hands immediately after using the toilet is absolutely essential for everybody, for toilet paper is porous; and, once contaminated, the hands will leave bacteria behind on everything they touch.

Cakes, boiled sweets, cooked food and vulnerable foods should be handled by tongs or servers and not fingered by the hands, for they are never clean enough to safely handle food of this nature.

In fact, the occupation of those concerned in the preparation and serving of food should be called "food non-handling".

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; and, if kept at warm temperatures, the germs will multiply very rapidly.

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

A high standard of hygiene for food traders is best obtained by observing the following simple rules:-

- (1) Protection of food from all sources of contamination (dust, and droplet infection as well as from flies, cockroaches, rats and mice).
- (2) Personal cleanliness of "food non-handlers".
- (3) Proper storage and display of food at safe temperature.

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

Many outbreaks of bacterial food poisoning would never have occurred if the 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.



## Food Hygiene (continued).

But emphasis should rightly be placed 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.

The food must be at certain temperature and moisture conditions over a period of time before the food poisoning organisms will multiply and produce food poisoning.

In a recent report, the Chief Medical Officer to the Ministry of Health stated:-

"The remedy is largely in the hands of caterers. The general public can do little in the matter except by way of complaint, for they are not individually aware of what goes on in the kitchens of the establishments they patronise. Nowadays there is little excuse for unhygienic practice in the preparation and serving of food; the risks are well known and the simple methods by which they may be avoided are within the reach of all. That they are not practised is a direct reflection upon the managements responsible".

It is hoped that the coming into force of the Food Hygiene Regulations, 1955, will result in a marked reduction in food poisoning. These Regulations affect the owner or manager of any "food business" as well as anyone concerned in the actual selling or putting on sale, preparation, transport, storage, packaging, wrapping, service or delivery of food.

## Health Education.

The Central Council for Health Education has continued to keep this Department informed of all their up-to-date posters and pamphlets.

There is still a need to keep the importance of food hygiene before the public eye; for there has been no reduction in reported food poisoning in 1954. In fact, in his last Annual Report to the Ministry of Health, the Chief Medical Officer stated - "The number of incidents of food poisoning was 14% more than in 1953, sporadic cases increased by 12%, family outbreaks 49% and general outbreaks by 3%.

The principal source of infection is still the made up meat dish, which is dangerous because of the time which elapses between its preparation and consumption.

Prevention of salmonella food poisoning depends on knowing more of the potential sources of contamination and is a long term problem; otherwise the remedies for the elimination of food poisoning are simple and can easily be applied. From the continued high incidence of food poisoning, however, it is evident that certain caterers still find difficulty in applying them".

In order to encourage good habits of personal hygiene among members of the staff of catering establishments, housewives and others, the Ministry of Health has prepared four illustrated coloured posters, which cover the four essentials of good food handling:-

- (1) "Wash your hands well".
- (2) "Finger food as little as possible".
- (3) "Cover all cuts and sores properly".
- (4) "Cover food against flies".



## Health Education (continued).

The seeds of good hygiene are sown at home, but if they are to germinate and develop successfully, cultivation must be encouraged at school.

Children have gradually become more used to modern methods of sanitation and it is unfortunate that these are not always available in school buildings.

## Vaccination.

Outbreaks of smallpox in this country only arise nowadays from the importation of the disease from abroad. The speed of air travel makes the task of prevention particularly difficult, so the earliest possible detection of the disease is of the utmost importance in preventing the spread.

In the most recent Ministry of Health Report, it is reported that during the past ten years there have been twenty-three importations of the major form of smallpox and one of the minor form; and that the maximum number of cases consequent on an importation has been 135 cases.

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 England and Wales in 1955, the percentage of infants under the age of one year who were vaccinated was only 36.4. This is far below what may be regarded as satisfactory; the aim should be to see that every healthy infant is vaccinated - not only because routine infant vaccination is thought to be justified as the first step in establishing a satisfactory immunity in later years, but also on account of the immediate protection thereby conferred, and the occurrence of outbreaks of imported smallpox from time to time only confirms that the general immunity against this disease is not sufficient to prevent an epidemic.

It is therefore all the more important that primary 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 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 third month.

"The acceptance" rates for infant vaccinations vary considerably in different parts of the country. In this district, the percentage of children under the age of one year, who were vaccinated, was 53.9%.

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.

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## Vaccination (continued).

The re-vaccination of children within two or three years of first entering school not only maintains or revives their individual protection, but is likely to facilitate substantially the control of local outbreaks of smallpox. It also ensures that any further vaccination in later life will be less likely to have any serious reactions or complications.

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

In his last report, the Chief Medical Officer to the Ministry of Health said "the routine re-vaccination of children of school age is a useful measure as a follow-up of a primary vaccination done in infancy, but the total number of such re-vaccinations done in 1954 was slightly fewer than in 1952 and only a little greater than 1950; these being years in which, as in 1954, the figures for this age group were not markedly influenced by outbreaks of smallpox". In 1952, he had said that the total numbers of school children re-vaccinated over the whole country suggests that not more than one in twenty-five of the children entering or leaving school, who had been primarily vaccinated in infancy, were re-vaccinated. So it is hardly surprising that the Ministry is now strongly urging that re-vaccination of school children should be encouraged.

It is unfortunately something of a paradox that the application of preventative measures, so easily and fully available, should in a great many instances have to await the occurrence of the very condition they are designed to prevent before advantage is taken of them.

During the year, 292 vaccinations against smallpox were carried out:-

Vaccination.	Pre-school children.	School children.	Over 15 years of age.
Primary	169	10	9
Revaccination	-	34	70
TOTALS	169	44	79

In this district, the percentage of children under the age of one year, who were vaccinated in 1955, was 53.9%.

## International Travel.

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.

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.

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### International Travel (continued).

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 which are held at certain recognised centres where the vaccination is performed.

In this area, yellow fever vaccinations are carried out at the Royal South Hants and Southampton Hospital, Fanshaw Street, Southampton.

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.

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

"The fatality ratios in the younger age groups are still high when compared with the other age groups; and the Registrar General's mortality indices have always shown diphtheria to be a most fatal disease at these young ages. A more complete protection in the under 5 age group would soon cause a reduced incidence in the early school age group (5 - 9) and the disease might well be almost eliminated.

Only if an adequate level of immunisation is maintained can diphtheria be driven altogether from this country.

The great majority of parents nowadays 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.

If parents leave their children unprotected, there may well be other outbreaks.

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.

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## Diphtheria Immunisation (continued).

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 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.

During the year, a slide was shown at the Savoy Cinema, Petersfield, and leaflets and consent cards were distributed by kind arrangement with the management.

The object of publicity campaigns is to secure the immunisation of not less than 75% of the babies before their first birthday.

The figure for the first half of 1955 in England and Wales is estimated to be 38.4 per cent; while, in this district, 45.3 per cent of the children born during the year 1954, were immunised before they attained the age of one year.

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

During the year four hundred and fifty three immunisations against diphtheria were carried out.

Immunisation.	Pre-School children.	School children.
Primary	56	9
Re-inforcing or "Boosters"	22	110
Combined Primary	231	7
Combined "Booster"	6	12
Total	315	138

Children may be immunised by their own doctors, or 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, Waterlooville and Stockheath.



### Whooping Cough Immunisation.

At the beginning of 1955, the Hampshire County Council's scheme for Whooping Cough Immunisation began operating through the whole of Hampshire.

The scheme includes combined immunisation against whooping cough and diphtheria as well as immunisation against whooping cough alone; but it does not provide for the immunisation against whooping cough alone after the age of 5 years.

Combined whooping cough and diphtheria immunisation is often preferred for the primary immunisation of young children, so as to reduce the total number of inoculations needed for immunisation against the two infections.

While diphtheria immunisation has been commenced generally at the 7th or 8th month, whooping cough immunisation is started much earlier - usually at the 3rd or 4th month of infancy, and experts say there is no reason why diphtheria immunisation also should not begin at the earlier ages.

### 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, Love Lane, Petersfield, by appointment.

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, 1955 was two hundred and eleven. Of the thirty one additions to the Register during the year, twelve were transferred to this area from other districts.

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# Tuberculosis (continued).

The following table gives the number of cases of Tuberculosis registered in the Rural District at the beginning and end of 1955:-

	Respiratory			Non-Respiratory		
	M	F	Total	M	F	Total
Number on Register at the beginning of the year (1955)	79	58	137	21	29	50
New additions to the Register during the year.	14	10	24	6	1	7
Removals from the Register during the year.	1	3	4	3	-	3
Number on Register at the end of the year (1955).	92	65	157	24	30	54

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

	New Cases. (including transfers)				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0 - 1	-	-	-	-	-	-	-	-
1 - 5	1	-	2	1	-	-	-	-
5 - 15	-	-	1	-	-	-	-	-
15 - 25	2	1	1	-	-	-	-	-
25 - 35	1	4	-	-	-	1	-	-
35 - 45	3	4	-	-	-	-	-	-
45 - 55	6	1	2	-	-	-	-	-
55 - 75	1	-	-	-	-	-	-	-
TOTALS	14	10	6	1	-	1	-	-

Analysis of removals from the Register:-

Removals	Respiratory			Non-Respiratory.		
	M	F	Total	M	F	Total
Recoveries	-	-	-	-	-	-
Deaths	-	1	1	-	-	-
Transfers	1	2	3	3	-	3
TOTALS	1	3	4	3	-	3

No action was taken in 1955 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, Public Health Inspectors, Health Visitors and voluntary organisations, is greatly appreciated in these difficult and distressing cases.

### HEALTH VISITING.

There has been a lot of publicity lately about the work of the Health Visitor - and rightly so - for some people do not even realise the fact that she is a qualified nurse. On that account, it was proposed at a Medical Conference that her designation should be changed to that of "Health Nurse".

In the circumstances, it is felt that a brief description of her duties and training, together with an outline of the views expressed by the Working Party's recent report on "Health Visiting" are specially indicated.

First of all, who and what is a Health Visitor?

She is a State Registered nurse with an additional qualification in midwifery and with the Health Visitor's certificate of the Royal Society of Health. Her qualifications are prescribed by the Regulations of the Ministry of Health. Her total training occupies a period of at least four and a half years (and it may extend over five and a half years). She is a health-teacher with an expert knowledge of the care of children and of expectant and nursing mothers, and is an essential field-worker in preventive medicine. Her work includes the care of the aged and advising on the health of the community as a whole and on the measures necessary to prevent the spread of infection. Many health visitors in addition carry out the duties of the school nurse or of the tuberculosis visitor. She is a most important link between the Public Health Department and the general practitioners; and it is hoped that in future she may work in even closer contact with the family doctor so that he can readily call upon her services should a family require them.

This, and many other recommendations were made by a working party appointed in 1953 by the Ministers of Health and Education in England and Wales and the Secretary of State for Scotland - under the Chairmanship of Sir Wilson Jameson - to advise them generally on health visiting. The report was unanimous and there was general agreement that the main function of the health visitor should be educational and advisory. Nearly all witnesses supported the view that the health visitor should not undertake nursing and midwifery duties.

The value of visiting mothers and children in their homes - as distinct from clinic contacts - for the purpose of education or advice was stressed.



## Health Visiting (continued).

Specialization of health visitors was deprecated by the working party, as it meant an increase in multiple visiting of homes. Whilst there was a need in the health and welfare services for social workers with specialised functions, these were "single-purpose" visitors, called in to help with a special problem; on the other hand, the only general purpose social worker should be the health visitor, who already had easy access to the home and acted as adviser to the whole family. She will be in a position to recognise situations in which the expert help of specialized social case workers is needed and should co-operate fully with them.

The importance of the health visitor's part in educating the tuberculous patients and their families about the nature of the disease and the prevention of infections, as well as in persuading contacts to attend for examination, was emphasised. They all agreed that the Health Visitor had an important function to perform in the home supervision of tuberculous patients and that she should always be employed as the school nurse in her area.

Regarding the question of combined duties - by which Health Visitors act as home nurses or midwives, or both - the Working Party, after considering a mass of conflicting evidence, noted that those in favour of combined duties were heavily outnumbered and concluded that there was insufficient grounds for recommending that combined work should be regarded as a general principle or that the practice should be more widely extended.

All witnesses welcomed a closer association between Health Visitors and General Practitioners. The Health Visitor would be able to get in touch with all available social agencies that could help the doctor's patient. In co-operation with nurse and midwife, she was likely to be most useful to the general practitioner, in his dealings with mothers and children - especially in infant feeding problems, with the tuberculous and with the old and handicapped, because her training and experience will specially fit her for this.

## ACCIDENTS IN THE HOME.

Deaths from accidents in the home continue to increase each year - especially among the very young and the very old.

A great many of these accidents can be prevented; and an investigation, carried out on the prevention of burns and scalds, which form the chief group of preventable accidents, has been recently published in two important articles.

Five years ago Dr. Leonard Colebrook and his colleagues made a survey on the prevention of burning accidents which, no doubt, hastened the coming into force of the Heating Appliances (Fireguards) Act and its Regulations in October, 1954. The report strongly stressed the need for better guarding of coal, gas and electric fires in homes, safer clothing materials - especially for children - and the better design of certain table and kitchen ware. They have now published a progress report which has brought to light the fact that the situation has not changed much for the better in the past ten years and the short comings of the Act and Regulations that did not, of course, deal with the safety of electric fires, gas fires and oil heaters already in people's homes, nor with open coal fires which are, incidentally, by far the commonest cause of burning accidents.

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## Accidents in the Home (continued).

Woollen garments, which do not catch fire and burn easily, gradually gave place to cottons, which are much more combustible.

The number of burning accidents to children under five has increased by no less than 62% since the introduction of flannelette into this country. Natural silk, which is almost incombustible, has been replaced by artificial silks which are readily ignited; and, while nylon and terylene are relatively safe, some of the modern finishing processes confer a high degree of flammability on these fabrics. The report urges that fabrics should be graded in terms of flammability when offered for sale; at present, the public has no means of knowing whether or not such a finish has been used. Research is also being carried out into the manufacture of non-flammable material as an alternative to flannelette and winceyette for children's wear. In addition, investigations are being carried out for rendering cotton or other combustible materials flame-resistant.

Four out of every five deaths from burns resulted from the clothing catching alight in both 1945 - 50 and the 1951 - 55 series; and there has been an increase of clothing burns from 36% to 50% in the present series affecting females more than males.

With regard to the design of garments, burning accidents were twelve times more frequent in persons wearing night dresses compared with pyjamas.

Children were the victims of scalding in more than 80% of the total incidents - the 0 - 4 age group being chiefly affected.

Another important survey was carried out by Dr. Tempest on Domestic Burns and Scalds in Wales during 1955. He confirmed that the majority of domestic burns and scalds were preventable, and that the most serious burns occurred as a result of clothes catching fire in women and children under the age of 14.

Loose-fitting garments, which stand away from the body - like loosely flowing night-dresses - were particularly dangerous.

There was evidence of widespread ignorance and apathy about the need for fireguards and overcrowding was found to be an important factor in domestic accidents to children.

As one reviewer aptly states:- "A severe burn or scald may be fatal; but those, who recover, may be left with permanent psychological as well as physical scars."



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 1955 on the sanitary circumstances of the area and the duties for which I am responsible.

During the last few years there has been a spate of new, consolidating, and amending legislation affecting local government. This Department has received its full share together with copies of the various regulations which appear to be the modern method of penal control.

The new law has, I feel, been easier to produce than to enforce. We have done our best to comply with the intentions of the legislators, but it is physically impossible to do all that is necessary. Inevitably also, extensive changes in law tend to slow down activities temporarily.

Meat inspection has been a "must" and every animal slaughtered for sale for human consumption has been inspected.

Housing activities have increased and accelerated. We have not been able to do very much under the "repair" sections of the Housing Acts, but have been concentrating on "demolition" properties, many of which have been rehabilitated. The Council's improvement grant scheme dovetailed very successfully to everybody's advantage.

There was a tendency towards the end of the year to concentrate on food premises. The Food Hygiene Regulations were not revolutionary, but served to focus attention once more on a very unsatisfactory state of affairs. The widening of the scope of control added considerably to our duties and responsibilities.

The improvement in the water supply figures was unfortunately not maintained. The time necessary to deal methodically with connections of piped supplies could not be spared. The figures do however show a slow but marked improvement during the last few years.

It is unfortunate that the main drainage schemes are not going ahead. The East Meon scheme particularly is pressing. The provision of sewerage would enable us to carry out our obligations which we are at the moment unable to do for very practical and sensible reasons.

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

A. SWAN.  
Chief Public Health Inspector.



## SANITARY CIRCUMSTANCES OF THE AREA.

### Water.

There was no evidence of any main water shortage during the year. Results of routine bacteriological examinations were satisfactory. All main supplies are chlorinated.

The Water Undertakers of the Rural District are:-

- (a) The Portsmouth and Gosport Water Company, 26 Commercial Road, Portsmouth, which supplies the parishes of Clanfield, Horndean and Rowlands Castle, and
- (b) The Wey Valley Water Company, Farnham, 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 properties in the district which have not a piped supply of water indoors are summarised as follows:-

145 dwellings have stored rainwater.

154 dwellings have wells from which water is drawn by a bucket or pump in the garden.

285 dwellings have main supply which is drawn from standpipes in the garden.

3 dwellings obtain their water from springs.

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

### Sewerage and Sewage Disposal.

Because of the urgent measures taken by the Government in February, 1956 to meet the economic situation by restricting capital expenditure the Minister of Housing and Local Government has not yet given his consent to enable the Council to proceed with the Buriton, East Meon and Greatham schemes.

In view of the limited amount of grant-aided work which can be approved for each financial year the Minister asked the Council in November, 1955, in which order they wished to place these schemes. It was decided that the priority should be (1) Buriton, (2) East Meon, (3) Greatham and (4) Clanfield and Horndean.

continued over/.....



## Sewerage and Sewage Disposal (continued).

Later, as a result of a complaint from the East Meon Parish Council an investigation was made into the sanitary circumstances in the centre of the village. Because of the unsatisfactory results the Medical Officer of Health wrote to the Minister of Health with a view to the East Meon scheme being carried out immediately on the ground that there is a risk to health. The result of his representations, and those which the District Council made to the Minister of Housing and Local Government in consequence, is awaited.

The Minister has investigated the small scheme proposed to be carried out at the Bramshott sewage disposal works, and whilst he has not approved the proposals in their entirety he has agreed to the construction of two additional humus tanks and certain minor improvements in design and operation. He considers that the latter will be adequate for the satisfactory treatment of the sewage flow at present discharged from the works, and can form part of the Council's future proposals for extending the works when a comprehensive scheme for the parish is undertaken at a later date.

## 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. (Reconstruction of the river's course at East Meon was commenced).

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 River 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.



## Rainfall.

Captain A.F. Coryton has been good enough to let me have the following figures for 1955. The average fall for a year is 34".

January	3.22 inches.	July	.37 inches.
February	1.61 inches.	August	.74 inches.
March	1.34 inches.	September	2.35 inches.
April	.24 inches.	October	4.61 inches.
May	4.94 inches.	November	3.16 inches.
June	2.42 inches.	December	4.19 inches.

Total for the year: 29.19 inches.

## Night Soil Collection.

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

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

## Public Cleansing.

The County Council carries out 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 eighty-seven licences were issued in respect of individual moveable dwellings. Eighteen of these were new applications. Two applications were refused.

The number of moveable dwellings and the number of fresh applications varies little from last year.



shop pickers camps during  
the 1st April, 1955.

strict in connection with preparation.

to a number of points.

tance were received to

Food Preparation Pro.



# INSPECTIONS AND VISITS.

## Totals.

Accumulations .. .. .	9
Bakehouses .. .. .	19
Building Byelaws .. .. .	13
Cafés .. .. .	36
Cesspools .. .. .	48
Dairies .. .. .	124
Disinfection of Premises .. .. .	4
Drains inspected .. .. .	198
Drains tested .. .. .	25
Factories .. .. .	28
Food Preparing Premises .. .. .	86
Food Vans .. .. .	10
Hop-pickers' Camps .. .. .	14
Houses (Public Health and Housing Acts) .. .. .	87
Houses (Operation Rescue) .. .. .	274
Houses (Improvement Grants) .. .. .	732
Houses (Works in progress) .. .. .	289
Housing applications .. .. .	39
Ice Cream .. .. .	4
Infectious Disease .. .. .	26
Keeping of Animals .. .. .	5
Knackers Yards .. .. .	22
Licensed Premises .. .. .	22
Meat Inspection .. .. .	203
Meat Shops .. .. .	41
Miscellaneous .. .. .	87
Moveable Dwellings .. .. .	261
National Assistance Act, 1946 .. .. .	46
Nuisances .. .. .	56
Offensive Trades .. .. .	4
Piggeries .. .. .	24
Rodent Control .. .. .	87
Schools .. .. .	21
Shops .. .. .	4
Slaughter-houses .. .. .	28
Unsound Food .. .. .	5
Verminous or dirty premises .. .. .	3
Verminous premises disinfested .. .. .	2
Water supply .. .. .	172

TOTAL

3158



Samples submitted for laboratory examination:-

Water	..	..	..	..	..	69.
Milk	..	..	..	..	..	116.
TOTAL						185

H O U S I N G.

Provision of New Houses.

The following sixty-six new Council houses were erected during the year:-

Houses -

Dennis Way, Liss.

Numbers 1, 3, 5, 7, 9, 11, 13, 15, 17, 19 and 21.

Cardew Road, Liss.

Numbers 2, 4, 14, 16 and 26.

Hays Cottages, Steep.

Numbers 17, 18, 19, 20, 21 and 22.

Kings Way, Rowlands Castle.

Numbers 1 to 14 (inclusive).

Bungalows -

Dennis Way, Liss.

Numbers 2, 4, 6, 8, 10, 12, 14 and 16.

Hays Cottages, Steep.

Numbers 11, 12, 27 and 28.

Triggs Cottages, Bramshott.

Numbers 5 and 6.

Flats -

Cardew Road, Liss.

Numbers 6, 8, 10, 12, 18, 20, 22 and 24.

Hays Cottages, Steep.

Numbers 13, 14, 15, 16, 23, 24, 25 and 26.

During the year, eighty two 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) .. ..	421
(b) Number of inspections made for the purpose . . . .	758
(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	334
(b) Number of inspections made for the purpose . . . .	469



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

- (3) Number of dwelling-houses found to be unfit for human habitation and not capable at reasonable expense of being rendered so fit .. .. . 138
- (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 .. 86
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 . . . . . 74
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 .. .. . 1
- (2) Number of dwelling-houses which were rendered fit after service of formal notices -
- (a) By owners .. .. . NIL
- (b) By Local Authority in default of owners . . . . . NIL
- (b) Proceedings under Public Health Acts -
- (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied .. .. . NIL
- (2) Number of dwelling-houses in which defects were remedied after service of formal notices -
- (a) By owners .. .. . NIL
- (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 . . . . . 10
- (2) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. . 2
- (3) Number of dwelling-houses closed in pursuance of an undertaking given by the owner under Section 11 . . . . . 2
- (d) Proceedings under Sections 10(1) and 11(2) of the Local Government (Miscellaneous Provisions) Act, 1953 -
- (1) Number of dwelling houses closed .. .. . 1
4. Overcrowding -
- No statutory action was taken during the year regarding overcrowding.



## Housing Conditions.

The proposals required by the Minister of Housing and Local Government under Section 1 of the Housing Repairs and Rents Act, 1954 were formally submitted and approved. 132 houses were recorded as suitable for action under the demolition sections of the Housing Acts, but no clearance areas were proposed.

It was emphasised that the figure of 132 was only a broad estimate and would be subject to adjustments as the Council's policy progressed in each parish.

The fact that the programme provided for the whole of the problem to be dealt with within five years meant that we should not be faced with the "patching" problem which is a matter of concern to so many Council's.

It is interesting to look back over housing records. These show a marked increase since 1949 in the total number of houses in the higher categories although there is much still to be done. The provision of modern amenities in all houses is going to be a long and slow process.

In the demolition programme the first parish to receive attention was Bramshott and it was hoped that if the building programme continued this would be followed in the next year by Liss and Horndean (part). The districts of Passfield and Hammer Vale had necessarily to be excluded from the programme at this stage because of the difficulty of providing alternative accommodation.

Comparatively few properties listed for demolition are in fact demolished. Nearly all houses which can be adapted or improved, with or without the aid of grant, are rehabilitated and, in the main, only very sub-standard dwellings are demolished.

Apart from the programme, the Council pursued the policy of dealing with any unfit houses which became empty and I feel that, on the whole, the picture at the end of 1955 was as bright as could be expected.

The number of applications for improvement grants has been increasing steadily since the first grant was made by the Council on the 12th February, 1953 and, in order to keep the cost within bounds, it was decided in June, 1955, to adopt a policy for dealing with grant applications.

A twenty year programme was formulated by the end of which a sixpenny rate would have been incurred and the loan repayments on the earliest grants would have been expiring. The programme was approved for the period to the 31st March, 1960, when it will be reconsidered in the light of experience during the intervening years.

It is estimated that, apart from demolition properties, about 62% of the houses inspected during the rural housing survey were in need of improvement and the Council's twenty year plan would permit nearly one third of them to be improved, with grant assistance.

It is interesting to note that the scheme does not appeal to the speculative landlord; almost all applications received have been from owner/occupiers or owners of farm cottages. Since the Act came into force, grants have been made involving 113 properties. 46 of these were owner/occupied; 6 were tenanted and 61 were agricultural. The total amount of grant paid was £31,863. 7s. 6d and the actual cost of the work excluding repairs was £78,508.



## Housing Conditions (continued).

The improvements and conversions which have been effected fall more or less into three main groups:-

- (1) The addition of a bathroom and provision of amenities of the required standard, in houses which are of good basic design and structurally sound.
- (2) The complete reconditioning and replanning of old, often derelict property, possibly including the conversion of two or more houses into a smaller number of units.
- (3) The adaptation, for use as a house, of a building not formerly used for housing accommodation.

There have been a few striking examples of the third type involving the conversion of outbuildings, stables etc., and these conversions have effected an economy in the use of building land and have turned to useful purpose, derelict and unsightly structures which might have been a source of trouble if nothing had been done to them. Wherever possible the individual character has been preserved.

The Act requires that an improved dwelling shall be in a good state of repair, which frequently results in a thorough overhaul of the property apart from the provision of additional amenities. Comprehensive and external painting, although it is not grant aided, is a desirable part of any scheme, as the subsequent life of the property materially depends on proper maintenance.

Subsequent inspections in connection with grant conditions are being carried out and owners are prompted on the subject of house maintenance.

## INSPECTION AND SUPERVISION OF FOOD.

### Milk Supply.

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

Of the one hundred and sixteen samples taken, eight failed to pass the required test.

There is one dairy in the district where pasteurisation is carried out and it is supervised under powers delegated by the County Council. One processing plant closed down during the year.

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

Dealer's Licences to use the designation "Pasteurised" .. .. .	14
Dealer's Licences to use the designation "Sterilised" .. .. .	1
Supplementary Licences to use the designation "Pasteurised" .. .. .	9
Supplementary Licences to use the designation "Sterilised" .. .. .	3

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

Dealer's Licences to use the designation "Tuberculin Tested" . . . .	9
Supplementary Licences to use the designation "Tuberculin Tested" .. .	8



## Meat and Other Foods.

The Government's policy of moderate concentration of slaughtering was continued. In this area only three licences were authorised in respect of slaughterhouses run in conjunction with individual butchers retail businesses; the remaining butchers obtaining their supplies from wholesale suppliers.

At the end of 1954, the Council were satisfied that there was sufficient slaughtering accommodation available for the district and that no additional facilities were required. They therefore determined by resolution, in accordance with Section 4(2) of the Slaughterhouses Act, 1954 that no further licences would be granted or renewed in respect of premises not already licensed except in exceptional cases and then only with the consent of the Minister of Food.

The Minister approved the resolution with effect from the 4th April, 1955.

Section 16 of the Food and Drugs Act, 1955, 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 sixty-six entries in this Council's register in respect of ice cream premises and thirteen in respect of preserved food premises.

## Meat Inspection.

The following carcasses were examined during the year:-

Cattle (excluding cows)	232
Cows	27
Sheep	769
Pigs	749
Calves	109
TOTAL	<u>1,886</u>

It is apparent from the following table of meat condemned as a result of these examinations that the quality of meat handled was very high due, no doubt, to the fact that the majority of animals were slaughtered by the purchasers for their own use.

- 8 bovine heads and tongues.
- 7 bovine lungs.
- 2 bovine plucks.
- 25 bovine livers.
- 12 parts bovine livers.
- 1 carcase of pork and all organs.
- 12 pigs' heads.
- 1 pig's kidney.
- 15 pigs' lungs.
- 5 pigs' livers.
- 2 flanks of pork.
- 1 carcase of mutton and all organs.
- 9 sheep's livers.
- 1 sheep's lung.

Total weight of meat condemned      11 cwts    1 qtr.



## Meat and Other Foods (continued).

Details of other condemned food:-

	lbs.
Sago	132
Cheese	9
Tomatoes	26
Cod Fillets	28
Total.	195 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:-

<u>Article.</u>	<u>Number of samples taken.</u>	
	<u>Genuine.</u>	<u>Unsatisfactory.</u>
Butter and Other Fats	3	-
Drugs	2	-
Milk	89	1
Sausage, Meat and Fish Products	4	-
Spirits	5	-
Other Foods	11	-
Totals	114	1

The ninety samples of milk proved to contain an average of 4.03% fat and 8.63% non fatty solids.

A sample of Channel Island Milk was purchased from a dairyman at Rowlands Castle on the 21st July and certified to contain 3.09% Milk Fat and 8.39% Non-Fatty Solids (Freezing Point (Hortvet) - 0.542°C.). The matter was duly reported to the Ministry of Agriculture, Fisheries and Food who, after investigation decided not to take any further action on this occasion.

## RODENT CONTROL.

The Council's rodent operators continued to give good service and again, chiefly as a result of their tactful approach, it was not found necessary to serve any statutory notices during the year under the Prevention of Damage by Pests Act, 1949.

In general, control measures during the year were satisfactory.

We continued to treat at farms upon request and, as far as I know, results were satisfactory in all cases.

There was a general decrease in infestation throughout the country and in this district we received only just over half the number of complaints we did in the previous year. The total number of treatments did not decrease in proportion, but the degree of infestation was far less severe.



# Rodent Control (continued).

This gave us an opportunity to carry out our obligations under Section 2 of the Prevention of Damage by Pests Act, 1949.

The following table gives details of inspections and treatments for the period 1st April, 1955 to the 31st March, 1956.

	Type of Property				Agri-cultural
	Local Authority	Dwelling Houses	All other (including business premises)	Total of Cols (1) (2) and (3). (4)	
	(1)	(2)	(3)	(4)	(5)
1. Number of properties in Local Authority's District	16	6011	461	6488	278
2. Number of properties inspected as a result of:-					
(a) Notification	1	107	8	116	14
(b) Survey under the Act	6	1449	60	1514	182
(c) Otherwise (when visited primarily for some other purpose)	6	34	25	65	22
3. Total inspections carried out, including re-inspections	26	1985	118	2129	391
4. Number of properties inspected which were found to be infested by:-					
(a) Rats (Major	2	164	7	173	30
Minor	5	455	10	475	32
(b) Mice (Major	-	-	-	-	-
Minor	-	14	-	14	3
5. Number of infested properties (in 4 above) treated by the L.A.	11	622	16	649	61
6. Number of notices served under Section 4 of the Act.					
(a) Treatment	-	-	-	-	-
(b) Structural Work.	-	-	-	-	-
7. 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.

Farms, 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 2/4 Fawcett Road, Southsea.

Inspections for purposes as to health:-

Premises.	Number on Register	Inspections	Number of written Notices.
(1) Factories in which sections 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 .. .. .	53	29	-
(3) Other Premises in which Section 7 is enforced by the Local Authority . . . .	-	-	-
TOTALS	56	29	-