

[Report 1959] / Medical Officer of Health, Petersfield R.D.C.

Contributors

Petersfield (England). Rural District Council.

Publication/Creation

1959

Persistent URL

<https://wellcomecollection.org/works/dezyvvvh>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

PETERSFIELD RURAL DISTRICT COUNCIL.

L. M. Swenson
2. Library
London

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

and

CHIEF PUBLIC HEALTH INSPECTOR

for the year

1 9 5 9.



3

1875

1876

1877

1878

1879

1880

PETERSFIELD RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and

CHIEF PUBLIC HEALTH INSPECTOR

for the year

1 9 5 2

V. W. W. W.
Mrs. J. G. W.

C O N T E N T S.

	<u>Pages</u>
Members of the Health Committee and Public Health Officers ..	1.
Summary of Main Features (Pages 3 - 36)	2.
Legislation	3.
Natural and Social Conditions of the Area	4.
Statistics of the Area	5 - 7.
General Provision of Health Services for the Area	8 - 12.
School Health Services	13 - 15.
Hospitals	16.
Food Hygiene	17 - 19.
Health Education	20 - 21.
Accidents in the Home	21 - 24.
Old Peoples' Welfare	24 - 25.
Chiropody Service	25 - 26.
Home Help Service	26.
International Service	26 - 27.
Smallpox Vaccination	27 - 28.
Diphtheria Immunisation	29 - 31.
Whooping Cough Immunisation	31.
Poliomyelitis Vaccination	31 - 32.
Infectious and Other Diseases	33 - 34.
Tuberculosis	35 - 36.
Scabies	36.
Pediculosis	36.
National Assistance Act, 1948	36.
Citizens Advice Bureau	36.
Summary of Main Features (Pages 37 - 42)	37.
Sanitary Circumstances of the Area	38.
Sewerage and Sewage Disposal	38.
Rivers and Streams	39.
Rainfall	39.
Night Soil Collection	39.
Public Cleansing	40.
Shops	40.
Moveable Dwellings	40.
Hop Pickers' Accommodation	40 - 41.
Rural Schools	41.
Insect Infestation	41.
Inspections and Visits	41.
Samples Submitted for Laboratory Examination	42.
Housing	42 - 44.
Inspection and Supervision of Food	44 - 46.
Rodent Control	46 - 48.
Factories	48.

THE RURAL DISTRICT COUNCIL OF PETERSFIELD.

Chairman of the Council:

Mr. I. Fry, J.P.

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

Mr. J.S.G. Crosland.

MEMBERS OF THE COUNCIL:

Mrs. T.H. Barnsley.
Group Capt. J.C. Barraclough.
Mr. B.L.P. Blacker.
Mr. D.S.W. Blacker.
Lady Doris Blacker.
Lt. Comdr. A.J.C. Bullen.
Mr. R.E. Canterbury.
Mr. W.A. Collins.
Capt. A.F. Coryton, D.L., J.P.
Mr. W.A. Coyte.
Mr. J.S.G. Crosland.
Col. The Rt. Hon. Sir Reginald
Dorman-Smith, P.C., G.B.E.
Mr. I. Fry, J.P.
Mr. H. Heath.

Lady Jaffray.
Mr. G.G. Jolliffe.
Mr. H.J.C. Jones.
Capt. C.N. Lentaigue, D.S.O., R.N.
Mr. J.R. McDougall.
Mr. A.H. Moore.
Admiral A.J.L. Murray, C.B., D.S.O.,
O.B.E.
Mr. W.P. Ness.
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. D.V.N. Toplis.
Mr. M.J. Tosdevine.
Rear Admiral E.L. Tottenham, C.B.,
O.B.E.
Miss F.A. Vickers.

MEMBERS OF THE 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.A.P.H.I.

Additional Public Health Inspector:

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

Clerks:

V. W. H. Denman.
Mrs. C.J. Fifield.

RURAL DISTRICT COUNCIL OF PETERSFIELD.

Telephone Numbers:--
Petersfield 319/506/507.

The Old College,
Petersfield,
Hants.

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

I have the honour to present the Annual Report for the year 1959, on the health and sanitary circumstances of the Rural District of Petersfield. It is drafted in accordance with the requirements of the Ministry of Health.

The estimated population showed an increase of 600.

Apart from measles, very little infectious disease occurred.

Vaccination against poliomyelitis was made available to all persons under 26 years of age, and early in 1960, was still further extended to include all persons under the age of 40. In addition, expectant mothers are included in a specially selected group.

It is very satisfactory to record a splendid response to poliomyelitis vaccination; and, thanks to the wisdom of the parents and the excellent co-operation of the general practitioners, 6,700 vaccinations were carried out during the year.

There has been no case of diphtheria in the district for the past seven years; but, as the Ministry points out, this is no time for complacency, as a number of sporadic outbreaks, fortunately on a small scale, has occurred, in the country as a whole. During the past two years, this rise in incidence of diphtheria emphasises the danger of failing to take advantage of the protection afforded by immunisation. 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.

I should like to thank you all for your help and encouragement and I am grateful to the officers of other departments for their willing help and assistance at all times.

I also wish to record my grateful thanks to Mr. Swan, the Chief Public Health Inspector, to Mr. Devenish and the office staff for their valuable co-operation and assistance in compiling this report.

S. Chalman Parry

Medical Officer of Health,
Petersfield Rural District Council.

LEGISLATION.

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

1. House Purchase and Housing Act, 1959.

This Act, inter alia, introduced the system of Standard Grants for the improvement of dwellings. This provides an alternative method to the Discretionary Grant scheme instituted by the Housing Act, 1949.

2. Housing (Underground Rooms) Act, 1959.

This is a short amendment Act altering the Housing Act, 1957 to allow in certain circumstances underground rooms to be dealt with without reference to the standard of fitness laid down in Section 4 of the 1957 Act.

3. Milk and Dairies (General) Regulations, 1959.

These Regulations replace previous ones made in 1949. The changes include:-

Registration of milk distributors is now limited to the Local Authority in whose area the premises are situated.

Provision is made for compensation to be paid by the Local Authority to a person who has been debarred because of illness from employment connected with milk.

Where milk is infected, notice may be served by the Medical Officer of Health on the occupier of registered premises outside (as well as inside) his district.

4. Ice-Cream (Heat Treatment etc.) Regulations, 1959.

These Regulations replace earlier ones issued in 1947. They require that ingredients used in the manufacture of ice-cream are to be pasteurised by certain methods and make it an offence to sell ice-cream which has not been so treated.

5. Slaughterhouse Licence (Forms and Records) Regulations, 1959.

These regulations prescribe the form of application for a slaughterhouse licence or its renewal.

6. Slaughterhouse Reports (Appointed Day) Order, 1959.

This Order appoints 2nd November, 1959 as the earliest date for submission of slaughterhouse reports to the Minister under Section 3 of the Act.

These reports, dealing with slaughtering requirements, have to be made within the year.

STATISTICS OF THE AREA.

Area	54,758 acres.
Rateable Value (1959/60)	£222,967.
Sum represented by a penny rate (1959/60)	£873.
Approximate number of inhabited houses	6807.
"Home" Population (based on Registrar General's final figures from Census) Mid 1959	23,520.

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 for over twenty-four miles.

The area comprises thirteen parishes, three of which have a population of over 3,000 and their villages form the main centres of population.

Increasing availability of main services has led to modernisation and improvement to most villages and hamlets in the area without excessively changing their character and they remain popular residential resorts.

Modern estates have developed in a few urban sections of the district. These are frequently dormitories and are mainly purchased by newcomers to the area.

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	24,758 acres.
Rateable Value (1959/60)	£222,967.
Sum represented by 2 penny rate (1959/60)	£873.
Approximate number of inhabited houses	6807.
"Home" Population (based on Registrar-General's final figures from Census) Mid 1959	23,520

VITAL STATISTICS.

Births.

	<u>1959</u>			<u>1958</u>		
	<u>M.</u>	<u>F.</u>	<u>Total.</u>	<u>M.</u>	<u>F.</u>	<u>Total.</u>
Live Births (Legitimate)	164	182	346.	158	160	318.
(Illegitimate)	8	6	14.	13	6	19.
Total Live Births			<u>360.</u>			<u>337.</u>

Live Birth rate per 1,000 of the estimated population was 15.6 compared with 16.5 for the whole of England and Wales.

Illegitimate live births per cent of total live births 3.9%

	<u>1959</u>			<u>1958</u>		
	<u>M.</u>	<u>F.</u>	<u>Total.</u>	<u>M.</u>	<u>F.</u>	<u>Total.</u>
Still Births (Legitimate)	6	1	7.	2	2	4.
(Illegitimate)	-	-	-	-	-	-
Total Still Births			<u>7.</u>			<u>4.</u>

Still Birth rate per 1,000 total (live and still) births was 19.1 compared with 20.7 for the whole of England and Wales.

	<u>1959</u>			<u>1958</u>		
	<u>M.</u>	<u>F.</u>	<u>Total.</u>	<u>M.</u>	<u>F.</u>	<u>Total.</u>
Total live and still births	178	189	367.	173	168	341.

Deaths.

	<u>1959</u>			<u>1958</u>		
	<u>M.</u>	<u>F.</u>	<u>Total.</u>	<u>M.</u>	<u>F.</u>	<u>Total.</u>
From all causes.	122	114	236.	117	112	229.

Death rate per 1,000 estimated population was 10.3 compared with 11.6 for the whole of England and Wales.

Maternal Mortality.

Pregnancy, childbirth, abortion NIL.

Infant Mortality (deaths under one year).

	<u>1959.</u>			<u>1958.</u>		
	<u>M.</u>	<u>F.</u>	<u>Total.</u>	<u>M.</u>	<u>F.</u>	<u>Total.</u>
Legitimate	3	1	4.	2	2	4.
Illegitimate	1	-	1.	-	-	-
Total Infant Deaths			<u>5.</u>			<u>4.</u>

Infant mortality rate per 1,000 live births was 13.1 compared with 22.0 for the whole of England and Wales.

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 and Wales.
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
1954.	26.7	25.7
1955.	27.9	24.8
1956.	24.2	23.9
1957.	21.6	22.5

The infant mortality rate for the year under review was 13.1 compared with 22.0 for England and Wales.

Causes of Death.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis of Respiratory System	3	-	3
2. Other forms of Tuberculosis.	-	-	-
3. Syphilis.	-	-	-
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal Infections.	-	-	-
7. Acute Poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other Infective and Parasitic Diseases.	-	-	-
10. Malignant Neoplasm, Stomach.	3	1	4
11. " " Lung, Bronchus.	9	3	12
12. " " Breast.	-	6	6
13. " " Uterus.	-	1	1
14. Other Malignant & Lymphatic Neoplasms.	13	11	24
15. Leukaemia, Aleukaemia.	-	1	1
16. Diabetes.	-	-	-
17. Vascular Lesions of Nervous System.	16	27	43
18. Coronary Disease, Angina.	14	13	27
19. Hypertension with Heart Disease.	-	4	4
20. Other Heart Disease.	19	20	39
21. Other Circulatory Disease.	9	6	15
22. Influenza.	-	3	3
23. Pneumonia.	9	1	10
24. Bronchitis.	6	1	7
25. Other Disease of Respiratory System.	1	-	1
26. Ulcer of Stomach and Duodenum.	-	1	1
27. Gastritis, Enteritis and Diarrhoea.	1	1	2
28. Nephritis and Nephrosis.	-	2	2
29. Hyperplasia of Prostate.	2	-	2
30. Pregnancy, Childbirth, Abortion.	-	-	-
31. Congenital Malformations.	-	2	2
32. Other Defined and Ill-defined Diseases.	10	8	18
33. Motor Vehicle Accidents.	5	-	5
34. All other Accidents.	2	1	3
35. Suicide.	-	1	1
36. Homicide and Operations of War.	-	-	-
	122	114	236

GENERAL PROVISION OF HEALTH SERVICES

FOR THE AREA.

Laboratory Facilities.

Bacteriological work is carried out by the Public Health Laboratory at Milton, Portsmouth, (Telephone: Portsmouth 22331) and specimens of clinical material (sputum, swabs, etc) and samples of water, milk and foodstuffs are sent for bacteriological examination to the Director, Doctor K. Hughes.

Specimens may be left at the Porter's Lodge of Priors Dean Hospital, Milton Road, Portsmouth, at any time. Urgent specimens can be dealt with, when the laboratory is closed, by telephoning the technician on call at St. Mary's Hospital (Telephone: Portsmouth 22331).

At Winchester, specimens may be deposited in the sample box placed outside the laboratory, or they may be left at the Main Hall of the Royal Hampshire County Hospital at any time when the laboratory is closed. At week ends, and on public holidays, arrangements are made for dealing with specimens during the morning and evening. Urgent specimens can be dealt with at any time and the Director, Doctor M.H. Hughes, is available at Twyford 3349 for telephone consultation when he is not in the laboratory.

Samples for chemical analysis are sent to the City Analyst, Portsmouth (Telephone, Portsmouth 23641).

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 and Midwives.	District Served.	Names and Addresses of Health Visitors.
Ms. Eames, S.R.N., S.C.M., Morganboy, Stonehill Road, Headley Down, Bordon. (Tele: Headley Down 2170)	Passfield.	
Ms. E. Beake, 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. Hammer	
Ms. A.P. Oakley, S.R.N., S.C.M., Boss Cottage, Western Road, Liss. (Tele: Liss 3139).	Greatham. Liss.	Miss V. Gawthorp, S.R.N., S.C.M., . . . H.V. Certificate,, Cherry Croft, Liphook Road, Headley, Bordon. (Tele: Headley Down 3322)
Miss May, S.R.N., S.C.M., Q.N., (S.H. Certificate), 2, Goslings Croft, Selborne, Barton. (Tele: Selborne 219)	Empshott.	
Ms. J.M. Beaton, S.R.N., S.C.M., N., 1, Privett Road, High Cross, Froxfield. (Tele: Hawkley 243).	Colemore. Hawkley. Priorsdean. Oakshott.	
	Froxfield. Privett	
Miss E.F. Moore, S.C.M., 5, Glenthorne Meadow, East Meon. (Tele: East Meon 263).	East Meon.	Miss E.J. Read, S.R.N., S.C.M., . . . H.V. Certificate,, Church Cottage, West Meon, Petersfield. (Tele: West Meon 315)
Miss E.M. Belshaw, S.R.N., S.C.M., 2, Queen's Road, Petersfield. (Tele: Petersfield 676)	Langrish. Stroud. Sheet, Steep, N. Petersfield.	
Ms. M.C. Lapper, S.R.N., S.C.M., (Queen's Nurse), 53, The Causeway, Petersfield. (Tele: Petersfield 628)	Ramsdean. S. Petersfield (part). Buriton (part).	
Ms. E. Wiggett, S.R.N., Q.N., Pampas Cottages, South Lane, Clanfield. (Tele: Horndean 2219)	Clanfield. Buriton (part). Hogs Lodge. Chalton. S.E. Horndean.	Mrs. J.E. Venables, S.R.N., H.V. Cert., 34, Beacon Square, Emsworth. (Tele: Emsworth 3222)
Ms. M.J. Daniels, S.R.N., Linda Grove, Bowlplain. (Tele: Waterloo 3083)	Lovedean.	Miss E.M. Wheeler, S.R.N., S.C.M., . . . H.V. Certificate, 9, Hulbert Road, Bedhampton. (Tele: Havant 307)
Ms. L. Hampson, S.R.N., S.C.M., Q.N., Nelson Crescent, Horndean. (Tele: Horndean 2276).	Horndean. Lovedean. Blendworth. Catherington.	

Nursing and Health Visiting in the homes and clinics(continued).

Names and Addresses of Nurses and Midwives.	District Served.	Names and Addresses of Health Visitors.
Mrs.Pritchard, S.R.N., Claremont, Hob Lane, Hedge End, Southampton. (Tele: Botley 2629)	Horndean(part).	Miss E.M.Wheeler, S.R.N.,S.C.M., H.V..Certificate, 9,Hulbert Road, Bedhampton. (Tele:Havant 307).
Miss Munro,S.R.N.,S.C.M., Q.N.,20,Uplands Road, Rowlands Castle. (Tele: Rowlands Castle 469)	Rowlands Castle. Redhill. Idsworth. Finchdean.	

Ø General Nursing only.

* Midwifery only.

Clinics.

The following Clinics are held at the County Council Health Clinic, Love Lane, Petersfield, (Tele: Petersfield 20).

* Ophthalmic Clinic	Second Tuesday afternoon of each month by appointment.
Child Welfare Centre	Wednesday mornings and afternoons.
School Clinic	By appointment.
Dental Clinic	By appointment (which can be obtained by telephone between 9a.m. and 9.15a.m.Tele:Petersfield 954, Mondays to Fridays)
Speech Therapy Clinic	Tuesday 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
Glanfield	Memorial Hall.	1st Friday.
East Meon	Institute Hut.	1st and 3rd Thursdays.
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 Wednesday.

Child Welfare Centres (continued).

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

Centre	Hall	Afternoons
Alton	Assembly Rooms.	Every Tuesday.
Cowplain	St. Wilfred's Church Hall, Padnell Road, Cowplain.	Every Monday.
Grayshott	Village Hall.	1st and 3rd Fridays.
Havant	County Council Health Clinic, 4 Park Way.	2nd and 4th Tuesdays.
Headley	Village Hall.	2nd and 4th Fridays.
Longmoor	The Barracks.	2nd and 4th Mondays.
Oakhanger	Village Hall.	3rd Friday (2.0p.m. to 2.45p.m. only).
Petersfield	Health Clinic, Love Lane.	Every Wednesday.
Selborne	Village Hall.	1st Wednesday.
Waterlooville	St. George's Hall, Hambledon Road.	2nd and 4th Thursdays.

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

Ante-natal Clinics.

The following Ante-natal Clinics are held:-

Centre	Hall	Day of month when held at 2.0p.m.
Alton	General Hospital, Anstey Road.	1st, 2nd, 3rd and 4th Thursdays.
Liss	British Legion Hall Rake Road.	1st Thursday and 3rd Wednesday.

* Chest Clinics.

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

Mondays. 10.0 a.m. Old patients.
2.0 p.m. Old patients.

Wednesdays. 2.0 p.m. New patients.

Thursdays. 2.0 p.m. Refills.

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

Health Department, The Castle, Winchester. (Telephone, Winchester 4411, Ext. 132).

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

Thursday. 9.30 a.m. Patients by appointment.
1.30 p.m. Refills.

Dr. A. Capes, the Chest Physician, is in attendance.

Northfield Hospital, Redan Road, Aldershot. (Telephone Aldershot 1965).

Mondays. 9.30 a.m. Old patients.
2.0 p.m. Refills.

Tuesdays. 9.30 a.m. Old patients.
11.15 a.m. New patients.
1.30 p.m. Old patients

Dr. D.J. ap Simon, the Chest Physician, is in attendance.

* 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 : 3.0 p.m. to 7.0 p.m, Mondays.
9.30 a.m. to 11.0 a.m., Thursdays.

Portsmouth - St. Mary's Hospital.

Males : 10.0a.m. to 12.0 noon.,
5.0 p.m. to 7.0 p.m., } Tuesdays and Thursdays.
Females : 5.0p.m. to 7.0 p.m., Mondays.
2.0p.m. to 4.0p.m., Wednesdays.
10.0 a.m. to 12.0 noon., Fridays.

Winchester - Royal Hants County Hospital.

Males : 10.30 a.m. to 12.0 noon., Saturdays.

Females : 2.15 p.m. to 4.0 p.m., Tuesdays.

SCHOOL HEALTH SERVICES.

Orthopaedic Clinics.

Orthopaedic cases, requiring treatment, are seen by appointment from the Appointments Officer at each Hospital, at the following Clinics:-

Alton.

Surgeon's Clinic held at Lord Mayor Treloar Hospital on Fridays.

Remedial Clinic held at Lord Mayor Treloar Hospital daily.

Havant.

Surgeon's Clinic, held at Havant War Memorial Hospital, on fourth Tuesdays, p.m.

Remedial Clinic, held at County Council Health Clinic, 4 Park Way on Tuesdays, all day (except fourth Tuesday, p.m.) and Wednesdays all day.

Petersfield.

Remedial Clinic, held at Petersfield General Hospital as required.

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 Clinic, Park Way.

Petersfield.

Held at County Council Health Clinic, Love Lane, on the second Tuesday afternoon of each month and staffed by Dr. R.M. Cross.

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 Clinic, Love Lane, Petersfield, by appointment.

Speech Therapy Clinics.

Cases attend at the County Council Health Clinic, Love Lane, Petersfield, on Tuesdays at 1.30 p.m. by appointment through the County Medical Officer.

Clinics are also held at the County Council Health Clinics 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 Clinic, Park Way, Havant, or Manor Park Health Clinic, Aldershot.

Dental Clinics.

These are held for treatment of school children, pre-school children and expectant and nursing mothers by appointment at the County Council Health Clinics 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.	Wednesdays.	1.30 - 3.30 p.m.
<u>GUILDFORD.</u> St. Luke's Hospital, Warren Road.	Fridays. Enquiries to Hon. Secretary, Mrs. Farmer, 27, Harvey Road, Guildford. (Telephone: Guildford 4235).	6.0 - 7.30 p.m. (by appointment only).
<u>MIDHURST.</u> Welfare Hall, Petersfield Road.	1st and 3rd Thursdays.	2.30 - 4.0 p.m.
<u>PORTSMOUTH.</u> Trafalgar Place, Clive Road, Fratton.	Tuesdays	1.30 - 3.30 p.m.
	Fridays.	6.0 - 8.0 p.m.
<u>WINCHESTER.</u> The Hut (adjoining Trafalgar House), Trafalgar Street.	Tuesdays.	2.0 - 4.0 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.

LIST OF CLINICS MOST ACCESSIBLE TO EACH PARISH.

PARISHES	Child Welfare.	Chest	Orthopaedic	Ear, Nose and Throat	Eye	Speech	Dental
BRAMSHOTT	Liphook Grayshott	Aldershot	Alton	Haslemere Guildford	Haslemere Petersfield	Petersfield	Petersfield.
BURTON	Petersfield	Cosham	Petersfield	Petersfield	Petersfield	Petersfield	Petersfield
CLANFIELD	Clanfield	Cosham	Havant Petersfield	Petersfield Portsmouth	Petersfield Portsmouth	Petersfield Havant	Petersfield Havant
COLEMORE & PRIORSEAN	Petersfield Selborne	Aldershot	Alton	Petersfield	Petersfield	Petersfield	Petersfield
EAST MEON	East Meon	Winchester	Petersfield	Petersfield Winchester	Petersfield Winchester	Petersfield Winchester	Petersfield Winchester
FROXFIELD	Petersfield Alton	Winchester	Petersfield	Petersfield	Petersfield	Petersfield	Petersfield
GREATHAM	Liss Longmoor	Aldershot	Petersfield	Petersfield Haslemere	Petersfield Haslemere	Petersfield	Petersfield
HAWKLEY	Liss	Aldershot	Petersfield	Petersfield Haslemere	Petersfield Haslemere	Petersfield	Petersfield
HORNDEN	Cosham	Havant	Petersfield Portsmouth	Petersfield Portsmouth	Petersfield Portsmouth	Petersfield Havant	Petersfield Havant
LANGRISH	Petersfield East Meon.	Winchester	Petersfield	Petersfield	Petersfield	Petersfield	Petersfield
LISS	Liss	Aldershot	Petersfield	Petersfield Haslemere	Petersfield Haslemere	Petersfield	Petersfield
ROWLANDS CASTLE	Rowlands Castle	Cosham	Havant	Portsmouth	Havant Portsmouth	Havant	Havant
STEEP	Petersfield	Cosham Winchester	Petersfield	Petersfield	Petersfield	Petersfield	Petersfield

General.

HOSPITALS.

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 1221) 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 22331).

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 22281).

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 Health Visitor.

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 Priors Dean Hospital, Milton Road, Portsmouth (Telephone, Portsmouth 22331) 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 2811).

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 2264) deals with the admission of these patients.

PREVENTIVE MEASURES.

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 who serve food to large numbers - that the utmost care must be taken to avert the risk of food poisoning, which may occur even in the best equipped canteen.

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

Customers have now become more clean food minded; and, if any uncleanliness is observed in food premises, they often complain to the management.

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

A high standard of hygiene is a benefit to food traders, for it attracts business; and it is of course all in the interest of the general public to encourage safer practices..

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. "No touch" technique should be practised by all food handlers.

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.

Vulnerable foods - which include pressed meat, brawn, meat pies, stews, tiffles, 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 provide a perfect medium for the growth and multiplication of bacteria.

The ordinary group of food poisoning organisms, (i.e. the Salmonellae) are killed by heating, but the fact that they occur in a product, which is going to be heat treated, is no absolute safeguard against any spread - as the infection is often carried from the raw material on the hands and utensils to some article of food in the same premises, which is either already cooked or not subject to heat treatment.

There is, however, another type of germ that is not killed by heat and does not even require the presence of air for it to produce its toxins if the temperature conditions are suitable and the intervals of time between the end of cooking and the consumption of food is sufficiently long.

Food Hygiene (Continued).

This organism is not uncommonly found in meat, so the sooner meat is eaten after cooking, the less likelihood there is for cases of food poisoning from this source of infection to occur.

In 1958, there were 69 general outbreaks, 10 family outbreaks and 9 sporadic cases making a total of 88 incidents of food-poisoning due to this organism.

Almost all these outbreaks were associated with meat and the meat had invariably been cooked some hours or even a day or more ahead of requirements. The report of the Public Health Laboratory Service for that year states that the spores of the present strain survive up to 4 hours' boiling and, as the organism is fairly widespread in nature, methods of prevention must be concentrated far more on care over cooking and storage.

As a general rule, meat - whether as cuts or in pies or stews - should be thoroughly cooked and eaten hot; if this is impossible, it should be cooled rapidly within $1\frac{1}{2}$ hours of cooking and refrigerated until required. In any event, there should be the shortest possible time between cooking and eating in order to limit the number of organisms; for it is only when the organism has been allowed to multiply that trouble will occur.

Meat, sliced after cooking in institutions, should be maintained either in the cold or at a temperature above 60°C .

For minces, meat should be minced when raw and eaten freshly cooked; stockpots are a hazard, and the same chopping board should not be used for both raw and cooked meat.

Pressure cooking must be considered one of the safest measures against the survival of spores.

If all meat were eaten on the day it was cooked, these outbreaks would cease. Soups, stews, gravies, pies, pease-pudding, etc., provide even better conditions for the multiplication of the germs than solid meat. Gravy should never be re-heated; soup and stock, if re-heated, must be boiled.

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.

A recent report from the Public Health Laboratory Service on Food Poisoning in England and Wales, states:- "Good hygiene and the exclusion from food handling of persons with septic lesions on the skin will not by themselves ensure the safety of such frequently implicated food as brawn, pressed meats, ham and bacon, the additional measure is refrigeration".

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

Food Hygiene (Continued).

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 should never be left in a warm humid kitchen to cool off slowly, nor in a warm oven where it has been cooked. A well ventilated larder can secure good and efficient cooling; and, as soon as it is cooled right through, it can be placed in a refrigerator.

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

It is, therefore, 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.

The Chief Medical Officer to the Ministry of Health has 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 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."

As a regular customer, the housewife can, however, influence traders by making it clear that she only chooses those who take special care to ensure the freshness and cleanliness and good storage of foods which they sell.

It is not generally appreciated that the germs which commonly cause food poisoning do not necessarily alter the smell, taste or appearance of the food. Protection of the family lies in personal hygiene, kitchen hygiene and the good management of the buying, storing, cooking and cooling of the 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.

Food Poisoning Statistics 1951 - 58 (from reports P.H.L.S.)

Year	General Outbreaks.	Family Outbreaks.	Sporadic Cases.	Total Incidents.
1951	343	287	2,717	3,347
1952	372	340	2,807	3,519
1953	492	422	4,363	5,277
1954	506	630	4,880	6,016
1955	612	723	7,626	8,961
1956	563	616	6,534	7,713
1957	473	501	6,097	7,071
1958	285	601	6,414	7,300

It is encouraging to note in the above table, for the third year in succession, there has been a drop in the reported incidence of food poisoning (i.e. from 473 in 1957 to 285 in 1958). This improvement may well have resulted from the higher standard of cleanliness demanded by the Food Hygiene Regulations.

But it will be seen that, in 1958 family outbreaks are still high. They increased by 20% and sporadic cases, (which are those that are unconnected, as far as is known) increased by 5%. It is, therefore, clear from the figures of the thousands of incidents (representing many more thousands of people affected) that more health education is needed; for much of this poisoning is preventable.

Egg products are possibly one of the main sources of salmonellae in foods.

It is possible that, if egg and egg products, meat and meat products, and feeding stuffs and fertilizers could be protected from contamination with salmonellae in the first place, or if all products likely to be contaminated with salmonellae could be adequately heat-treated, the incidence of food poisoning would fall considerably.

Whilst latest food hygiene regulations may help to decrease food poisoning due to organisms other than salmonellae, there will be little difference in the general picture so long as the distribution of contaminated food stuffs is allowed to continue.

Authorities state there is no evidence to show that food poisoning organisms are present in the flora of newly caught fish or that fish suffer from salmonellae infections; but the situation is quite different with poultry or meat. Salmonellae are often present in the intestines of both diseased and healthy animals. The infection may easily be spread in slaughterhouses and food shops or kitchens by dogs, cats, rats, mice or even pigeons, as each of these species may carry the germ. But infection of beef and beef products appears to occur more frequently after slaughter and possibly after the meat has left the slaughterhouse.

Health Education (Continued).

"Prevention of salmonellae 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."

Statistics show that people are spending more on food than ever before; and one of the causes of food poisoning in families might be partly due to changes in our food habits. Although the processed foods, deep frozen foods etc., are prepared under excellent and hygienic conditions, like other foods, they can easily be contaminated and become a vehicle for food poisoning, if not properly handled and stored.

As proved before, most of the cases of food poisoning, in which it was possible to trace the food, have been due to processed and made-up meat dishes.

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 several illustrated coloured posters on the subject, including the "For Health's Sake" series-

"Wash Your Hands"

"Cover all Cuts, Sores and Burns, before handling Food"

"Keep Food covered from Flies"

"Keep cooking utensils clean"

"Cool food quickly."

"Keep the lid on dustbins".

These good posters and the counter-card with black finger-prints, that emphasises the warning "Please Don't Touch - hands leave germs" cover most of the essential points of good food handling and are a great asset when linked with routine inspection and supervision.

Regretably, it has not been possible to carry this out owing to the shortage of staff.

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

ACCIDENTS IN THE HOME.

More people are killed by accidents in the home than by accidents on the road, the fact is not really surprising since people spend much more time in their houses; but it does mean that we must do everything we can to reduce home accidents.

Over 6,000 persons die annually in England and Wales as a result of accidents in their homes. Most fatalities result from four main causes - falls, poisoning, burns and scalds, and suffocation, and of these, about 700 are due to burns and scalds.

More than four-fifths of the fatalities concern the young and the old, and as high a proportion as two-thirds involve infants under one year and elderly people of seventy-five and over who are prone to falls, gas poisoning and burns. The majority of home accidents are preventable.

Accidents in the Home (Continued).

Accidents in Children.

According to the Chief Medical Officer's most recent report to the Ministry of Health, 733 children, including 638 under five years of age, suffered fatal accidents in their homes. This figure of 733 fatalities, which forms 11% of all fatal domestic accidents is, happily, the lowest figure yet recorded, but most burns and scalds and poisoning accidents to children must be regarded as preventable.

These must be attributed mainly to inadequate supervision; but carelessness, thoughtlessness, apathy and lack of knowledge of the adults in charge all play their part. Women and girls suffer more than twice as many burning accidents as men and boys, for full skirted loose garments present a much greater fire risk than narrow or close fitting ones.

Occasionally children have been found suffocated by plastic bibs or bags.

The U.S. National Safety Council reported 28 fatalities from plastic "garment bags" between January and June.

It seems that the plastic bag becomes electrically charged and, if pulled over a child's head, it clings tenaciously and resists removal.

If a small child is found dead with a plastic bib firmly plastered over his face, the adhesive qualities of saliva and food remnants around the baby's mouth are generally blamed. But, now the electrical properties of the bib may be called in question.

Plastic bibs should always be secured to the baby's clothes to prevent disaster; and small children should not be allowed to play with plastic bags or they may use them as "space helmets" etc. Plastic bags must be regarded as potentially lethal to young children.

Accidents in Old People.

The accident rate is high in old people. With increase in age, physical and mental deterioration may reduce the capacity to co-ordinate thought and action. Some old people become fatigued, forgetful or absent-minded, and these psychological features may be accompanied by physiological changes, failing vision, impaired hearing and sense of smell, and muscular weakness and the infirm and the handicapped are liable to accidents through inexpert handling of heating and lighting appliances and inability to avoid obvious hazards. Falls account for nearly two-thirds of fatal home accidents and three-quarters of these fatalities affect people of seventy-five and over.

The majority of the victims are women.

Thermal Accidents.

Statistics about non-fatal accidents are not available but it is estimated that each year not less than 50,000 persons need hospital treatment for burns and scalds caused by domestic accidents and that about 80% of the deaths, resulting from extensive burns, are due to clothing catching fire. Most of these accidents are due to the clothing coming in contact with the heating element or flame of an unguarded or inadequately guarded coal, gas, electric or oil heating appliance. "Open" fires are responsible for more fatal accidents than any other type.

Accidents in the Home (Continued).

Scalds have a much lower death rate than burns, but the incidence nearly equals that of burns and the degree of disfigurement or disablement may be equally severe. They occur most commonly in children under five years of age, and the most serious accidents result from children falling into buckets or basins of hot water placed on the floor. They may also be caused by children pulling over themselves vessels, saucepans or pans containing hot fluids or fat or by pulling the flexes of electric kettles.

Approximately two-thirds of the hospitals admissions for scalds, sustained at home, occur in children under five years of age.

Preventive Measures.

The majority of these burning and scalding accidents could be avoided, and, in spite of the publicity that has been given to the subject during recent years, the position has not MUCH improved.

While propaganda of all kinds plays a valuable part in prevention, it is the personal contact of doctors, nurses and social workers with the people in their homes that is likely to bring the most rewarding results.

Under the Children and Young Persons Acts, 1933 and 1953, parents and guardians are liable to a fine if a child of 12 years or under is seriously injured from burns caused by an unguarded "heating appliance liable to cause injury to a person by contact therewith".

The Heating Appliances (Fireguards) Act, 1953, and the Regulations made under it require that, from the 1st October, 1954, all gas, electric and oil fires must be fitted, when sold, with a guard attached. Some householders have still taken no steps to acquire guards for the fires purchased before the Regulations came into force.

Efficient Fireguards.

The most effective simple way of reducing the number of serious burning accidents is by the use of the properly designed and fixed fire-guard of the British Standard Specification. It forms a protection from burning by falling into an open fire, by children tampering with one, or by clothing accidentally brushing against a fire.

Safer Clothing.

The most frequent cause of serious burns is clothing catching alight. The provision of fireguards for all types of fires and the choice of safer garments for women and children to wear will reduce these accidents. The flammable nature of nearly all fabrics currently in use makes the guarding of fires doubly important. Pyjamas are much safer than nightdresses, particularly for children. Full skirted party dresses and other loose flimsy garments also require special caution.

A special Committee, set up by the British Standards Institution, recommended that a standard of durable flame-resistance of fabrics should be established and that goods, offered for sale to the public as flame-resistant, should be warranted as such and identified accordingly.

It is now possible to buy children's clothing, made of flame-resistant material; you can also buy material to make up yourself. It may be slightly more expensive, but surely it is worth spending about two shillings a yard more to prevent serious burns to young children.

Prevention of Scalding Accidents.

Overcrowding is frequently a contributory factor, and the kitchen is the most dangerous room. There is no doubt that kitchen discipline and kitchen design could do much to reduce the incidence of scalds. The cooker and the sink should not be on opposite sides of the room, but should be sited along one wall, or two adjacent walls, and jointed by a work surface.

Although in some cases, scalding accidents may be precipitated by the shape, design and use made of the kitchen or by the form of domestic equipment, it is nevertheless clear that the majority of incidents are due to carelessness.

While the final responsibility for the prevention of burns and scalds in the home must rest with the householders, every authority, organisation and individual has something to contribute to the provision of safety in the home and it is only by the combined efforts of everyone that the incidence of burns and scalds can be reduced.

OLD PEOPLE'S WELFARE.

The Old People's Home under the control of the Hampshire County Council, in this area, is Coldharbour Wood, Rake, (Telephone, Liss 2326) which provides accommodation for about 58 old people from all parts of the county.

I am indebted to Mr. F. J. Bryan Long, County Welfare Officer, for the following information on the County Council's schemes for short-stay accommodation in Old People's Homes and for Boarding-out Elderly People in private households.

Provision of Short Stay Accommodation in Old People's Homes.

The Welfare Committee of the County Council operate a scheme whereby any places temporarily vacant in the County Homes for old people are made available to elderly persons to enable the relatives or friends with whom they live to take a holiday.

Such temporary vacancies arise when residents are in hospital or away on holiday and when a new resident needs time to clear up his affairs. Some use is also made of sick bays during the summer months when there is less demand for nursing care.

This scheme has enabled families to take a rest from giving constant attention to elderly relatives and has been of help also in times of illness and other domestic crises, when a younger relative or friend has been temporarily unable to care for an elderly person.

During the year, a total of 78 old people in the County were given a holiday in this way, the length of stay varying between a week and a month.

Accommodation under this scheme cannot be offered to old people needing regular medical and nursing care; generally they should be able to wash and dress themselves, get to the dining room for meals and attend to their own toilet.

Applications for short stay admission may be made either to the local Area Welfare Officer or direct to the County Welfare Officer at The Castle, Winchester.

Boarding-out Scheme for Elderly People. **

The Welfare Department first began a "home finding" scheme in 1952.

No separate record is kept of the expenses involved in running this scheme and, indeed, it would be extremely difficult to compile such a record since arrangements are often made in the course of a day's journey when a number of other matters are dealt with in addition to this.

The National Assistance Board make a weekly grant sufficient to pay for board and to allow for 7s.6d. - 10s.6d. a week pocket money.

No average charge figure is available. Terms are negotiated separately in each case in the light of the standard of accommodation and services offered, the financial resources of the applicant and any other relevant factors.

The total number of officers at present involved is fourteen but none are fully occupied on this scheme.

Foster homes are found through Press advertisements and contacts through voluntary and statutory bodies.

Foster homes are found mainly on a short stay basis but considerable numbers of people are permanently boarded. Visiting is done by county Welfare Officers. Some old people often share a home with another. Alternative action to boarding out is considered when applications are made.

Eighty-five have been successfully placed in permanent accommodation. One hundred and fifty-one have been successfully placed in short stay accommodation. Also, 103 have been successfully placed for three months to two years.

(** Reference - "Boarding out Schemes for Elderly People" produced by The National Old People's Welfare Council).

CHIROPODY SERVICE.

Very good Chiropody services have been established for old people by the British Red Cross Society, the Hampshire Council of Social Service and the numerous Local Old People's Welfare Committees.

The Minister of Health has suggested that, at this stage, priority should be given to the elderly, the physically handicapped and expectant mothers and that Local Health Authorities might wish to develop their Schemes by using existing voluntary services.

The Hampshire County Council will make grants to both the British Red Cross Society and the Hampshire Council of Social Service; and the latter will make small grants to the various Local Old People's Welfare Committees.

The County Medical Officer wishes General Practitioners to let him know of any patients needing Chiropody treatment for whom there is no immediate local facility and he will make the necessary arrangements.

Chiropody Service (Continued).

Further development of the Chiropody Service in relation to the physically handicapped and expectant mothers will be dealt with through the British Red Cross Society.

HOME HELP SERVICE.

Petersfield Divisional Office is situated at the rear of the Town Hall, Petersfield (Telephone, Petersfield 771, extension 18) and is open Mondays to Fridays 9 a.m. to 12 noon and Saturdays 9.30 a.m. - 10 a.m. when Mrs. Holmes, or her clerk, Mrs. Eaton, will be available. Applications for Home Help should be made direct to this office.

The area covered by the Petersfield Division consists of Petersfield Urban and Rural Districts, Droxford Rural District and Alton Urban and Rural Districts.

INTERNATIONAL TRAVEL.

Travellers from abroad, 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.

The International Sanitary Regulations, 1956, specify the following periods for the validity of International Certificates of Vaccination:-

<u>Type of Vaccination.</u>	<u>Validity.</u> (After date of vaccination or inoculation).	
	<u>Begins</u>	<u>Ends</u>
Smallpox primary vaccination	8 days)	3 years
Smallpox re-vaccination	at once)	3 years
Cholera primary vaccination	6 days)	6 months
Cholera re-vaccination within 6 months	at once)	6 months
Yellow fever primary vaccination	10 days)	6 years
Yellow fever re-vaccination within 6 years.	at once)	6 years.

But the Health Authorities of some countries vary these periods and details of immunisation requirements can be obtained from the airline or steamship company concerned, or from the Consulates of the countries to be visited.

Persons, who are required to be vaccinated or inoculated against more than one disease, are advised to tell the doctor of all the vaccinations or inoculations needed as they may have to be done in a particular order with certain minimum intervals.

The vaccinations against smallpox and cholera must be recorded on the international certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculation, and authenticated and stamped AT THE OFFICE by the Health Department of the District.

International Travel (Continued).

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 Health Centre, King's Park Road, Southampton, on Wednesdays at 2.30p.m. by appointment only. (Telephone: Southampton 23788).

For inoculations for which there is no international certificate, an ordinary certificate by the doctor is sufficient.

SMALLPOX VACCINATION.

The speed of air travel makes the task of preventing the imported case of smallpox particularly difficult; so the earliest possible detection of the disease is of the utmost importance in preventing the spread.

Outbreaks of smallpox in this country generally arise from the importation of the disease from abroad; smallpox may be introduced into this country in an insidious way as in 1957 through the entry of persons in apparent good health but in whom smallpox is incubating.

In such circumstances, the disease - modified by vaccination - has often gone unrecognised until it has appeared in classical form in others exposed to infection.

During 1958, a case occurred on board ship in a member of the crew of an inward bound vessel. This necessitated immediate re-vaccination of passengers and crew; admission of the patient to a smallpox hospital and surveillance of all on board. Yet five further cases arose in the country before the disease was eradicated. It is 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.

In England and Wales in 1958, the percentage of infants under the age of one year, who were vaccinated, was 44.5 and the figure for 1959 was 45%. It is still far below what may be regarded as satisfactory. This low acceptance rate and the resulting lack of protection to the individual and the community is causing much concern; the aim should be to see that every healthy infant is vaccinated - not only because routine baby 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 extent of immunity against this disease is not sufficient to prevent an epidemic.

It is therefore important that primary vaccination should be carried out; it 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 it is believed that the risks attending primary vaccination are less in infancy than at any other age and, since many persons will need to be vaccinated at some time, it is highly desirable that this should be done early in life, if only as an

Smallpox Vaccination (Continued).

insurance against possible untoward effects of vaccination later on.

Smallpox is no longer endemic in Europe and the chance of the individual stay-at-home Englishman ever encountering it may be remote, but not everyone remains at home and vaccination is often a pre-requisite for travel or for entry into many countries, as well as an essential personal protection in those areas in which smallpox is endemic. It is necessary in certain types of employment within this country and obligatory for service with the Armed Forces.

So, the probability is that for one reason or another a substantial number of residents in this country will find it desirable to be vaccinated on some occasion during their lives.

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 55.5

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.

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 change of rapid spread of smallpox.

During the year three hundred and forty-two vaccinations against smallpox were carried out:-

Vaccination.	Pre-school children.	School children.	Over 15 years of age.
Primary	216	9	4
Re-vaccination	7	21	85
TOTAL	223	30	89

DIPHTHERIA IMMUNISATION.

The following information has been based on reports from the Ministry of Health and Registrar General and on pamphlets issued by the Central Council for Health Education.

During the year 1958, there was an increase both in the incidence and mortality of diphtheria in England and Wales. The number of cases of diphtheria rose from 37 in 1957 to 78; and deaths from 4 to 8 in 1958. In 1959, the number of cases rose again from 78 to 102. This is the second time in succession that there has been a rise in the incidence of diphtheria for many years.

The rise in incidence in the past two years has been due to a number of sporadic outbreaks, fortunately on a small scale.

It is quite clear that there is still a danger that this disease could again become a serious problem and that efforts to maintain a high level of immunisation of children cannot be relaxed.

Events in 1958 and 1959 should act as a warning to those who feel that diphtheria is a thing of the past and that an increase in its incidence is improbable.

The Immunisation Campaign got well under way after 1943 and each year until 1957 showed a drop in the number of cases. The average number of cases before the Campaign was 50,000 a year. Although complete eradication of the disease from an area where cases occur endemically is not an easy matter, there is evidence that there are good prospects for maintaining freedom once it has been gained.

Experience over the last few years has shown that in school communities, where immunisation rates are low, diphtheria infection, when once introduced, can gain momentum and lead to an outbreak. The need for early immunisation and for the booster dose is therefore stressed.

A more complete protection in the under 5 age group would soon cause a reduced incidence in the early school (5-9) age group 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.

Although the number of immunisations given to babies under 1 year has decreased only very slightly, the number of "booster" doses for school children has dropped considerably over the past few years.

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 of 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.

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

Diphtheria Immunisation (Continued).

extra booster is given at 15 to 18 months as well as the one at school entry, there is probably no need for further booster doses during 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 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.

In this district 51% of the children born during the year 1958 were immunised before they attained the age of one year. Although children up to five years of age are the most susceptible age group, all under fifteen years should be immunised.

During the year four hundred and forty-three immunisations against diphtheria were carried out:-

Immunisation.	Pre-School children.	School children.
Diphtheria - Primary.	3	3
Diphtheria - Re-inforcing or "Booster".	4	30
Diphtheria/Whooping Cough combined - Primary.	4	1
Diphtheria/Whooping Cough combined "Booster".	-	17
Diphtheria/Tetanus "Booster".	-	22
Triple - Primary.	263	10
Triple - "Booster".	11	75
TOTALS	285	158

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.

Diphtheria Immunisation (Continued)

(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 throughout the whole of Hampshire.

The scheme includes combined immunisation against whooping cough and diphtheria, triple immunisation against whooping cough, diphtheria and tetanus and immunisation against whooping cough alone; but it does not provide for the immunisation against whooping cough alone after the age of five years.

In 1959 two children were immunised against whooping cough alone, these were in the age groups 1 - 4 and 5 - 14.

Combined whooping cough and diphtheria immunisation with or without tetanus is often preferred for the primary immunisation of young children, so as to reduce the total number of inoculations needed for immunisations against three infections.

While diphtheria immunisation has been commenced generally at the seventh or eighth month, whooping cough immunisation is usually started much earlier - at about the third or fourth month of infancy - and, according to authorities, there is no reason why diphtheria immunisation, or triple immunisation against whooping cough, diphtheria and tetanus, should not be given at the earlier age.

POLIOMYELITIS VACCINATION.

In May, 1956, the County Council's scheme for poliomyelitis vaccination of children, born in the years 1947 - 54, began in selected areas of Hampshire. Later, in 1957, and 1958, the age groups for registration were extended and the vaccinations were carried out as supplies of vaccine became available, and further extended in 1959 to include persons up to the age of 26. In addition, expectant mothers and doctors are included in a specially selected group.

There has been a splendid response to poliomyelitis vaccination, and, thanks to the excellent co-operation of the general practitioners, six thousand seven hundred poliomyelitis vaccinations were carried out during the year:-

	Pre-School children.	School children.	Adults
Primary	628	1,295	1,514
Boosters	546	2,054	663
TOTALS	1,174	3,349	2,177

Poliomyelitis Vaccination (Continued).

This phenomenal success is due not only to the general practitioners, who have given practically all the inoculations, but also to the parents who have so wisely seized the golden opportunity.

Personal precautions against Poliomyelitis.

The World Health Organisation has issued six points for the personal protection of the public against Poliomyelitis.

The six rules for the individual to observe are as follows:-

1. Wash hands frequently, especially before eating.
2. Protect food from flies; thoroughly wash uncooked food, such as fruit and vegetables.
3. Avoid intimate association, such as shaking hands with families in which poliomyelitis has occurred within three weeks.
4. Treat feverish illnesses with caution; bed rest, or at least avoiding over-exertion for a week is advisable.
5. Avoid over-exertion.
6. Avoid unnecessary travel to and from communities where the disease is prevalent.

POLIOMYELITIS VACCINATION			
In May, 1956, the County Council's scheme for poliomyelitis vaccination of children, born in the years 1947-52, began its second year. In 1955, the scheme was extended to include children born in 1953 to 1955. In 1956, the scheme was further extended to include children born in 1956 to 1958. In addition, expectant mothers and doctors are included in a special group.			
There has been a splendid response to poliomyelitis vaccination, and this to the excellent co-operation of the general practitioners. At least seven hundred poliomyelitis vaccinations were carried out during "8-56".			
Triple - Primary.			
Adults	School children	Pre-School children	Total
1,314	1,295	628	3,237
Total			
32			

PREVALENCE 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	14	0.61	1.05
Measles	149	6.47	11.91
Whooping Cough	8	0.34	0.70
Puerperal Pyrexia	2	0.08	0.20
Dysentery	1	0.04	0.71
Pneumonia	5	0.21	0.59
Poliomyelitis (P)	-	-	0.02
Poliomyelitis (N.P.)	-	-	0.006
Erysipelas	-	-	0.07
Malaria	-	-	-
Food Poisoning	4	0.17	0.22
Meningococcal Infection	-	-	0.005

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

Age Group	Scarlet Fever	Measles	Whooping Cough	Puerperal Pyrexia	Dysentery	Pneumonia	Food Poisoning.
Under 1 yr.	-	2	2	-	-	-	-
1 - 2 yrs.	1	17	-	-	-	-	-
2 - 3 yrs.	1	13	-	-	-	1	-
3 - 4 yrs.	1	24	3	-	-	-	-
4 - 5 yrs.	-	35	1	-	-	-	1
5 - 10yrs.	9	48	2	-	-	-	-
10 - 15yrs.	1	8	-	-	-	-	1
15 - 20yrs.	-	-	-	1	-	-	-
20 - 35yrs.	1	-	-	1	1	-	-
35 - 45yrs.	-	1	-	-	-	-	1
45 - 65yrs.	-	1	-	-	-	2	-
Over 65yrs.	-	-	-	-	-	2	1

Notifiable Diseases(Continued).

There were no cases of Malaria, Meningococcal Infection, Poliomyelitis or Erysipelas.

The following table shows the number of cases of Infectious Disease notified during the year and the parishes in which they occurred:-

Parish	Scar- let Fever.	Meas- les.	Whoop- ing Cough.	Puer- peral Pyrexia.	Dysen- tery.	Pneu- monia.	Food Poison- ing.
Bramshott	2	59	-	-	1	-	-
Buriton	-	2	-	-	-	-	-
Clanfield	3	10	-	-	-	-	-
Colemore & Priorsdean	-	5	-	-	-	-	-
East Meon	-	3	-	-	-	1	-
Froxfield	-	9	-	-	-	-	-
Greatham	-	4	3	-	-	-	-
Hawkley	-	-	-	-	-	-	-
Horndean	9	29	4	-	-	4	4
Langrish	-	9	-	-	-	-	-
Liss	-	10	1	2	-	-	-
Rowlands Castle	-	2	-	-	-	-	-
Steep	-	7	-	-	-	-	-
Totals	14	149	8	2	1	5	4

Analysis of Scarlet Fever cases according to Parish.

Parish	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov
Bramshott	-	1	-	-	-	-	-	-	-	-	-
Clanfield	-	-	-	1	-	-	-	-	-	-	2
Horndean	1	-	2	-	1	-	-	-	-	-	4
TOTALS	1	1	2	1	1	-	-	-	-	-	6

TUBERCULOSIS.

The total number of cases on the register on the 31st December, 1959, was two hundred and fifty-nine. Of the forty-two additions to the Register during the year, six were transferred to this area from other districts.

The apparent increase in the incidence of tuberculosis is misleading, but there is no cause for alarm, as there were only **fourteen** new cases notified among the normal residents; the remaining notifications were in respect of patients who were at a Chest Hospital at the time of notification.

The following table gives the number of cases of Tuberculosis registered in the Rural District at the beginning and end of 1959:-

	Respiratory			Non-Respiratory		
	M.	F.	Total.	M.	F.	Total.
Number on Register at the beginning of the year (1959)	109	78	187	26	35	61
New additions to the Register during the year.	31	10	41	-	1	1
Removals from the Register during the year.	20	6	26	2	3	5
Number on Register at the end of the year (1959).	120	82	202	24	33	57

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	-	-	-	-	-	-	-	-
5 - 15	2	2	-	-	-	-	-	-
16 - 25	3	3	-	-	-	-	-	-
26 - 35	4	5	-	-	-	-	-	1
36 - 45	8	3	-	-	-	-	-	-
46 - 55	8	-	-	-	-	-	-	-
56 - 75	4	-	-	-	1	-	-	-
Over 75	-	-	-	-	-	-	-	-
TOTALS	29	13	-	-	1	-	-	1

Analysis of removals from the Register:-

Removals	Respiratory			Non-Respiratory		
	M	F	Total	M	F	Total
Recoveries	-	-	-	-	-	-
Deaths	1	-	1	-	1	1
Transfers	19	6	25	2	2	4
TOTALS	20	6	26	2	3	5

No action was taken in 1959 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).

Tuberculosis (continued)

No action was taken in 1959 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).

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.

NATIONAL ASSISTANCE ACT, 1948.

Section 47 of the National Assistance Act, 1948 applies to persons "who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention".

No official action was taken during the year but circumstances were investigated in all cases brought to my notice.

The assistance given by the Welfare Officer, Public Health Inspectors, Health Visitors and Voluntary Organisations is greatly appreciated.

CITIZENS' ADVICE BUREAU.

The local office of the Citizens' Advice Bureau, which is under the auspices of the National Council of Social Service, is in the Town Hall Annexe at the rear of the Town Hall (Telephone: Petersfield 749).

The office is open Monday to Friday from 9.0 a.m. to 12.30 p.m. and from 2.0p.m. to 4.30p.m. On Saturday it is open from 9.0 a.m. to 12.30 p.m.

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 1959 on the sanitary circumstances of the area and the duties for which I am responsible.

The Health Department's ability to carry out Council's policy under Public Health and Housing law depends to a considerable extent on diverse plans keeping in step. Because of financial restrictions, there was a hold up for several years in the Council's main drainage programme and many potential improvements to property were delayed accordingly.

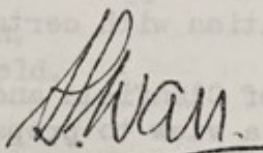
With the schemes now going ahead in accordance with a time table, the various interests can again be co-ordinated with marked results.

Housing activities are not spectacular when carried out on the scale with which we have been able to cope but they fit well into the general picture of improvements in the district since the war.

The private sources of water supply continue to give trouble and conversion to mains supply is encouraged. Sometimes the fault is in storage, sometimes in collection and sometimes in the source or pumping equipment. We did not make the usual progress in getting piped water supplies indoors and some of the present individual sources are unreliable. We must try to improve this position as soon as possible.

No routine inspections of food shops have been carried out for two years - whether or not this is the reason for an increasing number of complaints I cannot say, but there appears to be a serious need for inspections to ensure compliance with the regulations.

As the district develops there is an increasing need for closer co-operation between departments and individuals and I am grateful for all the help given.



Chief Public Health Inspector.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

Supplies from all sources proved adequate during the year and there was no shortage of main water.

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.

The policy of persuading owners to provide a supply of water in pipes, and to take water into the houses by means of pipes, has continued and these results are indicated in the table below.

In the parishes of Buriton and East Meon the problem of water supply can be linked with the provision of main drainage, and the completion of main drainage schemes will result in a further reduction of the number of dwellings obtaining water from standpipes.

The properties in the district which have not a piped supply of water indoors are summarised as follows:-

118 dwellings have stored rainwater.

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

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

Sewerage and Sewage Disposal.

Work on the Buriton scheme was completed in November, 1960.

The scheme for the main drainage of the parish of Greatham is in progress and it is anticipated that it will be completed by May, 1961.

An Inquiry has been held and a new outline scheme for Weston was put to the Ministry who have approved it. Details of this scheme will be submitted after consultation with certain bodies.

The village of Clanfield and outlying districts of Horndean are being surveyed with a view to preparing drainage schemes.

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 Parish of Hawkley, forms part of the boundary between Greatham and Hawkley and then passes through the Parish of Liss.
- (3) The River Meon, which flows through the Parish of East Meon, and passes into Droxford Rural District at West Meon.

The district resolves itself into three separate drainage areas:-

- (a) West Sussex River Board Area.
- (b) Thames above Teddington Area.
- (c) Hampshire River Board Area.

Rainfall.

Captain A.F. Coryton has been good enough to let me have the following figures for 1959, taken in Greatham. The average fall for a year is 36".

January	3.63 inches.	July	4.64 inches.
February	.16 inches.	August	2.76 inches.
March	3.28 inches.	September	.09 inches.
April	3.13 inches.	October	3.22 inches.
May	1.05 inches.	November	4.90 inches.
June	1.27 inches.	December	7.97 inches.

Total for the year: 36.10 inches.

July 10th, 2.40 was recorded in 8 hours, this is a record for the area since 1844.

Wight Soil Collection.

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

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

Public Cleansing.

A much wider use of litter bins is apparent and the problem of more frequent emptying now seems largely to have replaced that of street scavenging.

A collection of house refuse is 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 & Priorsdean.	Fortnightly	Thursday.
East Meon.	Fortnightly	Thursday.
Froxfield.	Fortnightly	Thursday.
Greatham.	Fortnightly	Friday.
Hawkley.	Fortnightly	Friday.
Horndean.	Weekly	Monday and Tuesday.
Langrish.	Fortnightly	Thursday.
Liss.	Weekly	Wednesday and Thursday.
Rowlands Castle.	Weekly	Monday.
Steep.	Fortnightly	Friday.

Shops.

It is the duty of the County Council to enforce the general provisions of the Shops Act, 1950, but District Councils have responsibility, as part of their duties under the Public Health Acts, to enforce the provisions of section thirty eight of the Act relating to ventilation, temperature and sanitary conveniences.

With the co-operation of the Engineer and Surveyor, we are consulted about all new proposals to ensure compliance with public health requirements.

No formal action was taken during the year.

Moveable Dwellings.

There are four licensed sites in the district and one hundred and seventeen licences were valid in respect of individual moveable dwellings. Fourteen of these were new applications. One application was refused. Three caravans left the district.

The number of moveable dwellings still tends to increase a little from year to year.

Sir Arton Wilson reported very comprehensively to the Minister of Housing and Local Government on the problems which arise in connection with caravans used as residential accommodation.

Legislation based on his recommendations will go far to ensure fair treatment, linked with firm control if Site Operators, Planners and the Licensing Authority will work together.

Hop Pickers' Accommodation.

The number of pickers requiring lodging was again limited because of mechanical picking at one of the farms. Only one group of hutments is now used for housing pickers.

The growers were most co-operative and there were no breaches of byelaws.

Hop Pickers' Accommodation(continued)

The fire risk due to the use of primus stoves in the huts is not a responsibility of the local authority, but they have again recorded their concern.

Rural Schools.

Occasional visits were made to schools in the district in connection with sanitary accommodation, washing facilities and food preparation. All schools in this district are now provided with a water carriage system of drainage. Other improvements are effected from time to time.

Insect Infestation.

Routine mosquito control was carried out during the "invasion" seasons. A number of complaints received during the year were dealt with but there were no major infestations.

There was a continued increase in the number of complaints of other insect pests in the home and we assisted with disinfestation where possible.

Houses suspected of being verminous are fumigated in cases where occupants are to be moved to Council accommodation.

INSPECTIONS AND VISITS.

	<u>TOTALS.</u>
Accumulations	18
Bakehouses	8
Cafes	7
Clean Air Act, 1956	2
Dairies	70
Drains Inspected and Tested	226
Factories	45
Food Premises	50
Food Vans	3
Hop Pickers' Camps	8
Houses (Public Health, Housing & Rent Acts).. .. .	118
Houses (Works in progress).. .. .	547
Housing applications	14
Ice Cream	2
Infectious disease	43
Insect Infestation	20
Keeping of Animals	1
Knackers Yards	28
Licensed Premises	16
Meat Inspection	147
Meat Shops	19
Miscellaneous	270
Mosquito control	6
Moveable Dwellings	477
National Assistance Act, 1948	51
Nuisances	104
Overcrowding	3
Offensive Trades	9
Rodent Control.. .. .	115
Schools	74
Shops	14
Slaughterhouses	41
Unsound food.. .. .	2
Verminous or dirty premises	5
Water supply.. .. .	134

TOTAL

2697

Samples submitted for laboratory examination:-

Water	..	..	..	16
Milk	..	..	..	65
Milk bottles(for sterility)	..	..	..	84
Milk for Ring Test	..	..	..	11
TOTAL				176

H O U S I N G .

Provision of New Houses.

The following sixty-four new Council housing units were erected during the year:-

Houses -

28, 30, 32, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 58, 62, 64, 66, Dennis Way, Liss.

22, 23, 24, 25, 26, 55, 56, 57, 58, 67, 68, 69, 70, Admers Crescent, Liphook.

1, 3, 5, 7, 9, 11, Cardew Road, Liss.

1 and 2, 19, 20, 21, 22, Hill View, East Meon.

Bungalows -

1, 2, 3, 4, 5, 6, Lambs Lease, Liss.

Flats -

50, 52, 54, 56, Dennis Way, Liss.

59, 60, 61, 62, 63, 64, 65, 66, Admers Crescent, Liphook.

During the year two hundred and seventy 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, Housing & Rent Acts)	..	118
(b) Number of inspections made for the purpose	.. ..	547
(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	.. ..	29
(b) Number of inspections made for the purpose	.. ..	87
(3) Number of dwelling houses found to be unfit for human habitation and not capable at reasonable expense of being rendered so fit	.. ..	16
(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	.. ..	27

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	..	11
---	----	----

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

3. Action under Statutory Powers during the year -

(a) Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957 -

(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 1
(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 16, 17 and 23 of the Housing Act 1957 -

(1) Number of dwelling houses in respect of which Demolition Orders and Closing Orders were made 11

(2) Number of dwelling houses demolished in pursuance of Demolition Orders 11

(3) Number of dwellinghouses closed in pursuance of an undertaking given by the owner under Section 16 6

4. Overcrowding -

No statutory action was taken during the year regarding overcrowding.

Housing Conditions.

In 1955 this Council reported to the Minister that their programme provided for 132 slum properties to be dealt with by the end of 1960.

Sixty-five such properties have been repaired or re-conditioned, 58 have been demolished and 79 are awaiting decision or outcome of orders or undertakings; making a total of 202.

Of these, 79 were included in the report to the Minister and the remaining 123 were discovered during routine investigation or were referred by the Housing Committee.

I estimate that there are a further 157 houses to receive attention under this main heading, 53 of which were included in the original report to the Minister. 24 of these are situated in the Conford and Hammer Vale areas and are not programmed before 1963.

Many other houses not included in the housing programme have been renovated and re-conditioned with grant aid.

Housing Conditions (continued).

No opportunity was lost in dealing with demolition type properties in the area if they became vacant and provided us with an opportunity for demolition proceedings without the necessity of expensive rehousing.

Sixteen houses were in fact dealt with in accordance with the following table:-

Parish.	Houses dealt with.	Houses empty.	Families rehoused or needing rehousing by this Council.
Buriton.	4	1	3
Colemore.	1	-	1
East Meon.	3	-	3
Froxfield.	1	-	1
Greatham.	1	-	1
Horndean.	5	3	1
Liss.	1	1	-
TOTALS	16	5	10

Nowadays, because of the cost of new building, nearly all properties have a relatively high market value for improvement and modernisation and only a very few are actually demolished.

The making of improvement grants has had a marked effect on the housing conditions in the district because a policy of complete overhaul and regular maintenance is pursued in connection with all grant aided properties.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

We were unable to maintain the same degree of supervision and control of distributors and retail dairies as in recent years. There are twenty two distributors of milk on this Council's register.

Of the 68 samples taken, three failed to pass the required test.

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

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

Dealer's Licences to use the designation "Pasteurised"	13
Dealer's Licences to use the designation "Sterilised"	3
Supplementary Licences to use the designation "Pasteurised"	8
Supplementary Licences to use the designation "Sterilised"	3

Milk Supply (continued).

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

Dealer's Licences to use the designation "Tuberculin Tested" .. 7

Supplementary Licences to use the designation "Tuberculin Tested".8
Meat and Other Foods.

There was no complaint about the meat shops in the area. In general meat was of good quality and well handled.

New Regulations in connection with construction and equipment to secure humane slaughter and hygienic conditions have been introduced. Some of the provisions are not immediately enforceable, but the probability is that only one of the three slaughterhouses will be retained.

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 eighty-four entries in this Council's register in respect of ice cream premises and sixteen in respect of preserved food premises.

Meat Inspection.

The following carcasses were examined during the year:-

Cattle (excluding cows)	259
Cows	12
Sheep	1145
Pigs	1078
Calves	77

TOTAL	2571
-------	------

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.

1 part carcase of beef and organs.
29 ox livers.
2 part ox livers.
2 pig carcasses and organs.
13 pigs' heads and tongues.
4 pigs' lungs.
10 pigs' livers.
2 pigs' plucks.
15 sheeps' livers.
15 sheeps' lungs.
5 sheep carcasses and organs.

Total weight of meat condemned: 1087 lbs.

Inspection and Supervision of Food (continued).

Details of other condemned food:-

	lbs.
2 x 6lb. Tins Corned Beef.	12.
1 x 6lb. Tin Corned Beef.	6.
39 pairs Kippers.	10.
11 lb. Boneless Cooked Ham.	11.
TOTAL	39 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, 1955, which place restrictions on the addition to, or abstraction of substances from, food and drugs.

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

181 samples were procured under the Food and Drugs Act, 1955.

177 milk samples, including 20 of the Channel Islands variety, were procured and were satisfactory except in six cases, two of which affected Channel Islands milk.

The six samples which were the subject of adverse report were deficient of fat. The samples of Channel Islands milk formed part of a consignment, the average fat content of which was satisfactory and although with milk of this variety it is a requirement that each churn shall contain milk of not less than four per cent of fat, the circumstances were not such as to warrant the institution of legal proceedings, although the vendor's attention was drawn to the position. Discrepancies in the ordinary milk proved to be due to natural causes not involving offences under the Act, but here also, the vendors concerned were acquainted with the results, in the hope that some improvement would be effected.

Four samples of articles other than milk were procured, and these proved to be genuine.

It will be appreciated that in connection with pre-packed articles, which now form a high proportion of food and drugs sold by retailers, these are distributed over wide areas and duplication of the sampling of such articles in the various Districts of the County is avoided as far as possible. Products of this type are not readily subject to interference after packing, and except as regards conditions of storage, a single check over a given period is normally adequate where the result is satisfactory.

RODENT CONTROL.

Rodent control in the area is carried out by Council staff, by private servicing companies and by local rat catchers.

Treatments are a free Council service, but in 1959, where business premises were involved a charge was made.

Rodent Control (continued)

The treatment side is very important, but is complementary to duties of inspection under the Prevention of Damage by Pests Act, 1949.

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. No complaints were made in respect of treatments, largely because of our ability to make "follow up" visits.

The following table gives details of inspections and treatments for the period 1st April, 1959, to the 31st March, 1960:-

	Type of Property.				
	Local Authority.	Dwelling Houses.	All other (including business premises)	Totals of Cols. (1),(2) and(3).	Agri-cul-tural.
	(1)	(2)	(3)	(4)	(5)
1.Number of properties in Local Authority's District.	16	6393	520	6929	278
2.Number of properties inspected as a result of:-					
(a) Notification	1	160	24	185	31
(b) Survey under the Act.	6	1473	59	1538	129
(c) Otherwise(when visited primarily for some other purpose.)	2	260	8	270	3
3.Total inspections carried out,including re-inspections.	24	2290	124	2438	370
4.Number of properties inspected which were found to be infested by:-					
(a)Rats(Major	3	15	2	20	18
(a)Rats(Minor	4	640	4	648	49
(b)Mice(Major	-	2	1	3	2
(b)Mice(Minor	-	21	3	24	2
5.Number of infested properties(in 4 above)treated by the L.A.	7	666	9	682	70
6.Number of "Block" control schemes carried out.	32				

Rodent Control (continued).

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. A.N. Jones 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 & 6 are to be enforced by Local Authorities.	4	41	-
(2) Factories not included in (1) in which section 7 is enforced by the Local Authority.	54	45	-
(3) Other Premises in which section 7 is enforced by the Local Authority.	-	-	-
TOTALS	58	86	-