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

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

PETERSFIELD URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER of HEALTH

AND

PUBLIC HEALTH INSPECTOR

for the year

1959

PETERSFIELD URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER of HEALTH

AND

PUBLIC HEALTH INSPECTOR

for the year

1959

PETERSFIELD URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER of HEALTH

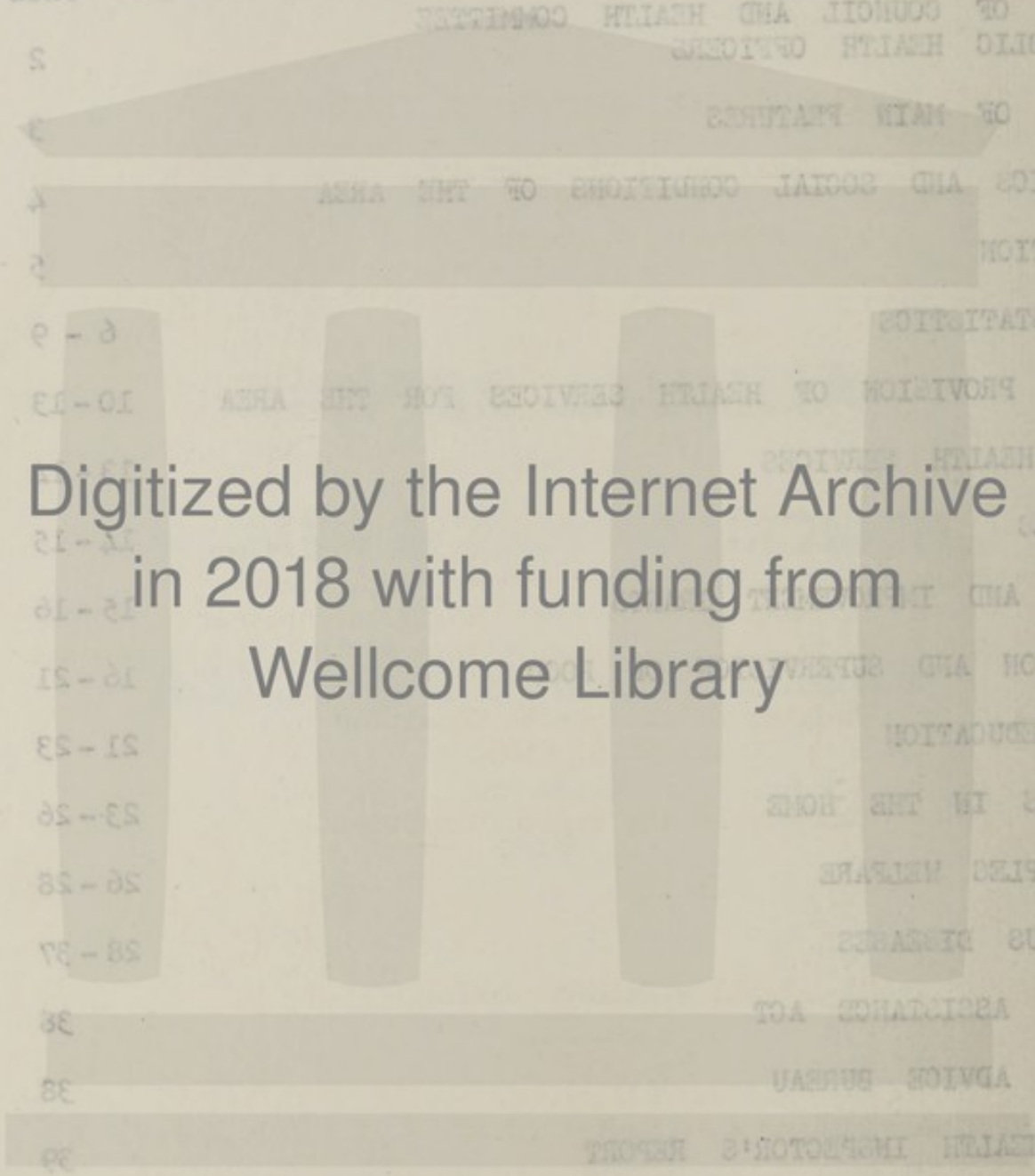
AND

PUBLIC HEALTH INSPECTOR

for the year

1959

CONTENTS



THE URBAN DISTRICT COUNCIL OF PETERSFIELD

Chairman of the Council
(1959-60)
+ Mr. H. C. Jacobs

Vice-Chairman
Mr. J. G. Vince

Members of the Council
(1959-60)

Mrs. A. A. Hayes
Mr. P. L. Burley
+ Brigadier P.R. Antrobus
Mr. G. J. Bassett
+ Mr. R. H. Fielder
Mr. K. Gammon
Mr. L. W. Taylor
+ Mr. K. A. Oates
Mr. M. R. Urquhart
+ Rear Admiral H.R.M. Woodhouse

Chairman of the Health Committee
Mr. R. H. Fielder

+ Members of the Health Committee

PUBLIC HEALTH OFFICERS

Medical Officer of Health
S. Chalmers Parry, M.A., Cantab., M.R.C.S., L.R.C.P., D.P.H.

Public Health Inspector and Meat and Food Inspector
F. G. Bradley, M.A.P.H.I., (Cert. Meat and Foods, R.S.H.)

Clerk (part time)
Miss T.F. Smyth

PETERSFIELD URBAN DISTRICT COUNCIL

Town Hall,
Petersfiel

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

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

Very little infectious disease occurred during the year.

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

There has been a splended response to poliomyelitis vaccination thanks to the excellent co-operation of the general practitioners and the wisdom of the parents.

The percentage of children under the age of one year, who were vaccinated against smallpox, was 80.7. This is the second highest percentage recorded for 1959 among the Urban Authorities in the county.

There has been no case of diphtheria in the district during the past sixteen years. But this is no time for complacency; for anumber of sporadic outbreaks, fortunately on a small scale, have 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 am grateful to Mr. Bradley for his valuable co-operation and assistance in compiling this report and also for his help in the administration of the Health Department.

S. Chalmers Parry.

Medical Officer of Health,

STATISTICS OF THE AREA

Area	2,771 acres
Rateable Value at 1.4.1960	£112,924
Estimated Product of a penny rate 1960/61	£443 14s. 11d.
"Home" Population, mid-1959	7230
Number of inhabited houses and flats	2399

NATURAL AND SOCIAL CONDITIONS OF THE AREA

The district is situated in Eastern Hampshire bordering on West Sussex.

The predominant geographical features are the South Downs which lie to the south, and Stoner Hill district which lies to the west.

Petersfield is a market town and shopping centre for the surrounding districts.

The district is mainly residential but there are a few light industries the principal one being a rubber works.

The open space known as The Heath includes a boating lake, cricket ground, tennis courts and golf course.

Playing fields are provided at Love Lane and children's play-grounds are situate at Bell Hill and Sheet.

LEGISLATION

OF PUBLIC HEALTH SIGNIFICANCE

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.

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.

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.

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 pasteurized by certain methods and make it an offence to sell ice-cream which has not been so treated.

SLAUGHTERHOUSE LICENCE (Forms and Records) Regs. 1959

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

SLAUGHTERHOUSE REPORTS (Appointed Day) Order, 1959

This order appointed 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.

VITAL STATISTICS

BIRTHS

	1958			1959		
	M.	F.	Total	M.	F.	Total
Live Births (Legitimate)	62	69	131	54	46	100
(Illegitimate)	2	1	3	3	1	4
Total Live Births			134			104

Live Birth rate per 1,000 of the estimated "Home" population (mid-1959 was 14.38 compared with 16.5 for the whole of England and Wales.

Illegitimate live births per cent of total births - 3.8

	1958			1959		
	M.	F.	Total	M.	F.	Total
Still Births (Legitimate)	1	-	1	1	1	2
(Illegitimate)	-	-	-	-	-	-
Total Still Births			1			2

Still Birth rate per 1,000 total (live and still) births was 18.8 compared with 20.7 for the whole of England and Wales.

DEATHS

	1958			1959		
	M.	F.	Total	M.	F.	Total
From all causes	41	60	101	59	52	111

Death Rate per 1,000 estimated "Home" population was 15.3 compared with 11.6 for the whole of England and Wales.

MATERNAL MORTALITY

	1958	1959
Pregnancy, Childbirth and Abortion	Nil	Nil
From other Puerperal Causes	Nil	Nil

Maternal Mortality rate per 1,000 total (live and still) births 0.0

INFANT MORTALITY (deaths under one year)

	1958			1959		
	M.	F.	Total	M.	F.	Total
Legitimate	1	-	1	1	1	2
Illegitimate	-	-	-	-	-	-
Total Infant Deaths			1			2

Infant Mortality Rate per 1,000 live births was 19.2 compared with 22.0 for the whole of England and Wales.

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 may then be considered reasonably reliable. High rates are commonly associated with overcrowding and defective sanitation.

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

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

Year	Petersfield U.D.C.	England and Wales
1943	34.07	50.0
1944	34.12	46.6
1945	34.76	45.0
1946	36.71	42.0
1947	32.41	39.2
1948	26.35	35.9
1949	19.85	33.3
1950	11.45	30.6
1951	10.51	29.2
1952	14.85	28.2
1953	11.32	26.83
1954	13.11	25.76
1955	17.26	24.24
1956	13.78	23.96
1957	11.09	23.24

The infant mortality rate for the year under review was 19.2 compared with 22.0 for England and Wales

The corresponding figure for 1958 was 7.4 compared with 22.5 for England and Wales.

CAUSES OF DEATH

	Male	Female	Total
1. Tuberculosis of Respiratory System	-	-	-
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	-	1	1
11. " " Lung, Bronchus	6	1	7
12. " " Breast	-	-	-
13. " " Uterus	-	2	2
14. Other Malignant & Lymphatic Neoplasms	5	1	6
15. Leukaemia, Aleukaemia	1	-	1
16. Diabetes	-	-	-
17. Vascular Lesions of Nervous System	13	14	27
18. Coronary Disease, Angina	10	10	20
19. Hypertension with Heart Disease	4	-	4
20. Other Heart Diseases	9	4	13
21. Other Circulatory Diseases	-	5	5
22. Influenza	-	-	-
23. Pneumonia	-	3	3
24. Bronchitis	2	-	2
25. Other Diseases of Respiratory System	1	-	1
26. Ulcer of Stomach and Duodenum	-	-	-
27. Gastritis, Enteritis and Diarrhoea	-	1	1
28. Nephritis and Nephrosis	-	1	1
29. Hyperplasia of Prostate	-	-	-
30. Pregnancy, Childbirth, Abortion	-	-	-
31. Congenital Malformations	-	-	-
32. Other Defined and Ill-defined Diseases	5	8	13
33. Motor Vehicle Accidents	2	1	3
34. All other Accidents	1	-	1
35. Suicide	-	-	-
36. Homicide and Operations of War	-	-	-
	59	52	111

ANALYSIS OF THE CAUSES OF DEATH - ACCORDING TO AGE

Causes of Death	Age Groups																							
	0-1		1-10		10-20		20-30		30-40		40-50		50-60		60-70		70-80		80-90		90-100		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Malignant Neoplasms - Stomach									1														1
Lungs											1		1	1	2		2						7
Uterus									1							1							2
Other Malignant Neoplasms													1	1	3				1				6
Leukaemia																	1						1
Vascular Lesions of Nervous System													2	1	2		2	3	6	9	1	1	27
Coronary Disease - Angina											2		2		1	3	2	4	3	3			20
Hypertension with Heart Disease															1		3						4
Other Heart Diseases			1								1				1	1	3	1	4	1			13
Other Circulatory Disease																2		1		1		1	5
Pneumonia																1		2					3
Bronchitis											1				1								2
Other Diseases of Respiratory System															1								1
Gastritis Enteritis and Diarrhoea																		1					1
Nephritis														1									1
Other Defined and Ill-defined Diseases	2															2	2	3	1	2	-	1	13
Motor Vehicle Accidents			1		1				1														3
All other Accidents															1								1
	2	-	1	1	1	-	-	-	1	2	5	-	6	4	13	10	15	15	15	16	1	3	111

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

AMBULANCE FACILITIES

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

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

HOSPITAL CAR SERVICE

The use of this service may be obtained through the Ambulance Officer (Telephone: Fareham 3626).

LABORATORY FACILITIES

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester (Tel. Winchester 3807) and specimens of clinical materials (Sputum, swabs, etc.) and samples of water, milk and foodstuffs are sent for bacteriological examination to Dr. M. K. Hughes Director of the Public Health Laboratory. 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.

Some specimens in connection with cases of infectious diseases which have been admitted to the Portsmouth Infectious Diseases Hospital, are sent for bacteriological examination to Dr. K. Hughes Director of the Public Health Laboratory, Milton, Portsmouth (Tel. Portsmouth 74531). These may be left at the Porter's Lodge, of the Infectious Diseases Hospital, 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 (Portsmouth 22331).

Samples of water, sewage, milk, etc. for chemical analyses are sent to the City Analyst, Portsmouth (Tel. Portsmouth 5482).

NURSING IN THE HOME

There are two district nurse/midwives practising in Petersfield. Mrs. M. C. Lapper, S.R.N., S.C.M., (Queen's Nurse) 153 The Causeway, Petersfield (Tel. Petersfield 628), carries out her duties in south Petersfield; Miss E. M. Belshaw, S.R.N., S.C.M., 22 Queens Road, Petersfield, (Tel. Petersfield 676) serves Stroud, Sheet and north Petersfield.

HEALTH VISITING SERVICE

Miss E. J. Read, S.R.N., S.C.M., A.R.S.H., Church Cottage, West Meon (Tel. West Meon 315) carries out the Public Health work in the district under the direction of the County Medical Officer of Health.

MATERNITY CASES

The Grange Nursing Home, Liss, and Northlands Maternity Home, Emsworth, are available for the admission of maternity cases. Applications are generally made to the County Medical Officer who arranges for a home visit by the Health Visitor.

HOME HELP SERVICE

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

CLINICS

The following clinics are held at the County Council Health Clinic Love Lane, Petersfield. (Tel. Petersfield 20)

Ophthalmic Clinic	By appointment
Child Welfare Centre	Wednesday mornings and afternoons.
School Clinic	Byaappointment
Dental Clinic	For an appointment to be fixed telephone between 9 a.m. & 9.15 a.m. (Mondays to Fridays)
Speech Therapy Clinic	Tuesday afternoons by appointment

CHILD WELFARE CENTRE

The Child Welfare Centre is held every Wednesday morning and afternoon at the County Council Health Clinic, Petersfield. The work of the voluntary helpers who assist the medical and nursing staff at the centre is greatly appreciated.

FAMILY PLANNING ASSOCIATION CLINICS

Advice on family planning is given at the following clinics, which are run on a voluntary basis as the service is not available under the National Health Service. A lady doctor and sister are in attendance.

AREA	ADDRESS OF CLINIC	DAY	TIME
Cosham	Child Welfare Centre, Northern Road.	Every Wednesday	1.30 - 3.30 p.m.
Eastleigh	The Red House, 6 Romsey Road.	Every Friday	2.00 - 4.00 p.m.
Fareham	County Council Health Clinic, Assembly Hall, West Street.	Every Monday	5.00 - 7.00 p.m.
Portsmouth	Trafalgar Place, Clive Road, Fratton.	Tuesdays Fridays	1.30 - 3.30 p.m. 6.00 - 8.00
Winchester	The Hut (adjoining Trafalgar House), Trafalgar Street.	Every Tuesday	2.00 - 4.00 p.m.

Any further information can be obtained from the County Medical Officer

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

CHEST CLINIC

A chest Clinic is held at the Queen Alexandra Hospital, Cosham. (Telephone Cosham 79451, extension 58)

Mondays	10.00 a.m.	Old patients
	2.00 p.m.	Old patients
Wednesdays	2.00 p.m.	New patients
Thursdays	2.00 p.m.	Refills

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

A Clinic is also available at the Chest Clinic, Trafalgar Street, Winchester, every Wednesday at 10 a.m. (old patients) and 2.30 p.m. (new patients) and Thursday at 9.30 a.m. by appointment. 1.30 p.m. refills. Dr. A. Capes, Chest Physician is in attendance (Tel.4411 ext.132)

+ VENEREAL DISEASES

Treatment is available at St. Mary's Hospital, Portsmouth:-
Males: Tuesdays and Thursdays 10 a.m. to 12. noon, and 5 p.m. to 7 p.m.
Females: Mondays 5 p.m. to 7 p.m., Wednesdays 2 p.m. to 4 p.m., and Fridays 10 a.m. to 12 noon.

SCHOOL HEALTH SERVICES

+ ORTHOPAEDIC CLINICS

Orthopaedic cases, requiring treatment, are seen by appointment from the appointments officer of each hospital.

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 afternoons. Remedial Clinic held at County Council Health Clinic on Tuesdays all day (except 4th Tuesday afternoon) and Wednesdays all day.
Petersfield	Remedial Clinic held at Petersfield General Hospital as required. Orthopaedic cases requiring remedial treatment are referred to this Clinic.

+ OPHTHALMIC CLINIC

This is held for school and pre-school children at the County Council Health Clinic, Love Lane, on the second Tursday afternoon each month by appointment.

+ 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.

SCHOOL CLINIC

This is held at the County Council Health Clinic, Love Lane, Petersfield, by appointment.

SPEECH THERAPY CLINIC

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

CHILD GUIDANCE CLINIC

Cases are seen by appointment at the County Council Health Clinic Havant.

DENTAL CLINIC

Dental Clinics for treatment of school children, expectant and nursing mothers, are held as required at the schools and at the County Council Health Clinic, Love Lane. (Telephone Petersfield 954 between 9 a.m. and 9.15 a.m. for appointment).

+ These services are the responsibility of the Regional Hospital Board.

HOSPITALS

GENERAL

There are four general hospitals available for the admission of patients from Petersfield.

Petersfield General Hospital

The Petersfield Hospital (Tel. Petersfield 1221/2) has twenty-four beds available for medical and surgical cases. It is administered by the Portsmouth Group Hospital Management Committee.

The Royal Portsmouth Hospital, Portsmouth (Tel. Portsmouth 22281)

St. Mary's Hospital, Portsmouth (Tel. Portsmouth 22331)

Royal Hampshire County Hospital, Winchester (Tel. Winchester 5151)

HEATHSIDE HOSPITAL, PETERSFIELD

This institution which is under the control of the same Committee as the General Hospital, Petersfield, has been utilised for the care of chronic sick patients since the 1st October, 1949. There are 40 beds available.

INFECTIOUS DISEASES

Since the closure of the Petersfield Infectious Diseases Hospital there is no infectious diseases hospital situated in the district.

ANY infectious diseases hospital is now available for the admission of cases occurring in the district. Patients are generally admitted to Portsmouth Infectious Diseases Hospital, Milton Road (Tel. Portsmouth 22331) which is under control of the Regional Hospital Board.

Special arrangement has been made for the admission of children suffering from acute poliomyelitis to Lord Mayor Treloar Hospital, Alton, (Tel. Alton 2238).

SANATORIA

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

SMALLPOX

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

HOUSING

PROVISION OF NEW HOUSES

During the year no houses were completed by the Council. 42 houses were built by private enterprise.

IMPROVEMENT GRANTS

Local Authorities can consider applications for grants from owners who wish to modernise their houses.

There are two types of grants: (1) Standard Grants, under which owners can obtain, as a right, subject to certain conditions as to the state of repair, half the cost up to a maximum of £155 of installing five basic improvements: Bath, wash-hand basin, water closet, hot water system and a food store. (2) Discretionary Grants, under which half the estimated cost of more extensive improvements may be paid at the discretion of the local Council, subject to a maximum grant of £400. Certain conditions must be complied with as to the state of repair and the house must have a useful

life of more than fifteen years.

During 1959 sixteen improvement grants were paid by the Council in respect of improvements to sixteen houses of which one was a standard grant.

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLY

The Food and Drugs (Milk and Dairies) Act, 1944, is the principal Act dealing with milk production and distribution.

The Ministry of Agriculture Fisheries and Food is responsible for the supervision of milk production on the farms, whilst Local Authorities control milk distributors and retain dairies.

The Milk (Special Designation) Act, 1949 and Regulations made thereunder, deal with the issue of licences for the following grades of milk:-

1 Tuberculin Tested
2 Pasteurised
3 Sterilised

1. Tuberculin Tested

Milk Licences to produce this grade of milk are issued by the Ministry of Agriculture Fisheries and Food.

Local Authorities may issue "Dealers" licences authorising the use of the designation in relation to milk sold in the district.

Nine Dealers Licences were issued during the year.

2. Pasteurised Milk

The Act places responsibility on Food and Drugs Authorities for issuing licences to Pasteurise.

The Hampshire County Council which is the Food and Drugs Authority in this district, delegated its functions under the Milk (Special Designations) Pasteurised and Sterilised) Regulations, 1949, to the Councils of County Districts who will continue the supervision and sampling of Pasteurisation Plants.

Two kinds of pasteurising plants are permitted by the Regulations: (1) "Holder Type" in which the milk is held at a temperature of 145° - 150° F. for thirty minutes; (2) H.T.S.T. plants in which the minimum temperature is 161° F. and the milk is held for fifteen seconds.

Two licences to produce Pasteurised Milk were issued by this Council in 1958. Over 90% of all the milk sold in the district is pasteurised. All the milk supplied to schools is pasteurised.

In addition, nine "Dealers" licences to sell Pasteurised Milk were issued during the year.

3. Sterilised Milk

The regulations require that milk should be filtered and clarified, homogenised and heated to and maintained at not less than 212° F. for such a period as to ensure that it will comply with a turbidity test as prescribed in the regulations. There are no plants for the production of this grade of milk in the Urban District, but six "Dealers" licences were issued.

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 or who serve food to large numbers - that the utmost care must be taken to obviate the risk of food poisoning, which may occur even in the best equipped 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 safely to handle food of this nature.

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

Made up meat dishes and other vulnerable foods 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.

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 1½ 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.

Many outbreaks of bacterial food poisoning would never have occurred if the food, after being cooked, had been rapidly cooled and 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 the preparation and serving of food; the risks are well known and the simple methods by which they may be avoided are within the reach of all.

That they are not practised is a direct reflection upon the managements responsible."

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.

In this connection, the Health Department would be glad to receive complaints from the general public of unhygienic methods practised in any food shops.

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 possible 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 decease 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.

"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 of 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 O 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.

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 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 of 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 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.

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 unguarding "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 fireguard 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 waar 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.

* Accidents in the Home - Burns and Scalds (Ministry of Health)

OLD PEOPLE'S WELFARE

In this District the nearest Old People's Home, under the control of the County Council, which provides accommodation for old people from all parts of the county is Coldharbour Wood, Rake. Tel. Liss 2326.

I am indebted to Mr. F. J. Bryan Long, County Welfare Officer, for the following information on the County Council's scheme for short stay accommodation in Old People's Homes:-

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 rew 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 journeys when a number of other matters are dealt with in addition to this.

The National Assistant 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 H.C.C. 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.

Further development of the Chiropody Service in relation to the physically handicapped and expectant mothers will be dealt with through the B.R.C.S.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES INTERNATIONAL SANITARY REGULATIONS, 1952

International Travel

Travellers from abroad, who may have been contacts of small-pox or other dangerous diseases while out of this country, are required to show t their doctors notices issued to them on arrival at airports in the event of their becoming ill during the succeeding 21 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. Internati nal certificates are issued in connection with small-pox, yellow fever and cholera.

The International Sanitary Regulations, 1956, specify the following periods for the validity of international certificates of vaccination:

Type of Vaccination	Validity (After date of vaccination or inoculation)	
	Begins	Ends
Smallpox primary vaccination	8 days	3 years
Smallpox - re-vaccination	At once	3 years
Cholera - primary vaccination	6 days	6 months
Cholera - re-vaccination with six months	At once	6 months
Yellow Fever - primary vaccination	10 days	6 years
Yellow Fever - re-vaccination within six 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 must be recorded on the international vaccination certificate form prescribed by the World Health Organisation, dated and signed by the Doctor doing the inoculation and, in the case of smallpox and cholera, authenticated and stamped by the Health Department of the district.

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

In this area, yellow fever vaccinations are carried out at the Pathological Laboratory of the Royal South Hants and Southampton Hospital Exmoor Road, Southampton, on Tuesdays by appointment. (Telephone Southampton 26211)

For inoculations where no international certificate is required, 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 insiduous 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 boardship in a mumber 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 <u>first vaccination</u> 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 stage 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 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 80.7. This is the second highest percentage recorded for 1959 among the Urban Authorities in the County, the average percentage for the Urban Authorities in Hampshire was 69.0.

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 165 vaccinations against smallpox were carried out:-

Vaccination	pre-school children	School Children	Over 15 years of age
Primary Re-vaccination	88 7	1 12	5 52
Total	95	13	57

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 80 and in 1959 there was a further rise to 192 cases. This is the second year in which there has been a rise in the incidence of diphtheria for over ten years.

Events in 1958 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.

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 immunization of children cannot be relaxed.

The Immunization 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 immunization 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 immunization 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 reinforcing dose just before entering school, and again every four or five years throughout school life. Alternatively, if an 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 reinforcing 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 60.9% 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, 187 immunisations against diphtheria were carried out.

Immunisation	Pre-School Children	School Children
Diptheria Primary	1	1
Diptheria Booster	-	26
Diptheria/Whooping cough Primary	13	-
Diptheria/Whooping cough Booster	1	22
Diptheria/Tetanus Booster	1	4
Triple Primary	94	6
Triple Booster	4	14
Totals	114	73

Children may be immunised by their own Doctors or at a Child Welfare Centre.

It is satisfactory to report that there has only been one death from diphtheria since the Council's scheme for diphtheria immunisation by general practitioners was commenced in 1935

No cases of diphtheria have occurred during the past sixteen years.

There have been no cases in local children since 1941

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 immunisations 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.

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 immunisation against the two 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.

During the year, 164 immunisations against whooping cough were carried out. Children may be immunized by their own Doctors at the Child Welfare Centre.

POLIOMYELITIS - PERSONAL PRECAUTIONS

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 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 1947-54 began in selected areas of Hampshire.

Later in 1957 and 1959, the age groups were extended to include all persons under 40 years of age. In addition, special groups were selected and these included expectant mothers. During the year, 1,426 vaccinations against poliomyelitis were carried out.

	Pre-School Children 1 - 4 years	School Children 5 - 14 years	Adults over 15 years
Primary	125	447	57
Booster	143	613	41
Total	268	1060	98

This great 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 siezed the golden opportunity.

NOTIFIABLE DISEASES

Particulars of cases of infectious diseases that occurred during the course of the year are shown in the following table.

Diseases	Total Cases Notified M.	F.	Total Deaths M.	F.
Meningoccal Meningitis	-	1	-	-
Scarlet Fever	-	-	-	-
Diphtheria	-	-	-	-
Puerperal Pyrexia	-	-	-	-
Pneumonia	-	-	-	-
Dysentery	-	-	-	-
Erysipelas	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-
Enteric Fever (including Paratyphoid)	-	-	-	-
Acute-Poliomyelitis & Polio-encephalitis	-	-	-	-
Cerebro-spinal Fever	-	-	-	-
Measles	14	14	-	-
Whooping Cough	3	-	-	-
Totals	17	15	-	-

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

Age Group	Measles M.	F.	Whooping Cough M.	F.
Under 1 year	-	-	1	-
1 year	5	-	-	-
2 years	4	3	-	-
3 years	-	3	1	-
4 years	1	2	-	-
5 - 9 years	4	6	1	-
10 - 14 years	-	-	-	-
15 - 24 years	-	-	-	-
25 and over	-	-	-	-
Age unknown	-	-	-	-
Total all ages	14	14	3	1

Only certain forms of Pneumonia are notifiable. No deaths from infectious diseases occurred.

TUBERCULOSIS

Age Period	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	-	-	-	-	-	-	-	-
15 - 25	-	-	-	-	-	-	-	-
25 - 35	-	-	-	-	-	-	-	-
35 - 45	-	-	-	-	-	-	-	-
45 - 55	-	-	-	-	-	-	-	-
55 - 65	-	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Totals	-	-	-	-	-	-	-	-

On 31st December, 1959 the total number of cases on the register was seventy eight.

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

Where necessary, cases of pediculosis (head lice) may be referred for treatment at the County Council Health Centre, Love Lane, Petersfield by special 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

During the year no official action was taken under Section 47 of the National Assistance Act, 1948, in connection with the removal to hospital of persons "who are suffering from grave chronic disease or, being aged and 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 potential case was brough to the notice of this department.

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 a.m. to 12.30 p.m. and from 2.p.m. to 4.00 p.m. On Saturday it is open from 9 a.m. to 12.00 p.m.

PETERSFIELD URBAN DISTRICT COUNCIL

Health Department,
Town Hall,
PETERSFIELD.

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

I have the honour to present my eleventh Annual Report on the sanitary circumstances of the district.

As in previous years meat inspection continues to occupy a large amount of time, with many evening visits necessary. The number of animals slaughtered continues to increase, in 1959 there was an increase of nearly 2,000 animals over the previous year. The quality of the meat sold by the Company continues to be of a high standard. Most of the carcase condemnations were emergency slaughtered animals.

Routine sampling of milk was continued. Only one failure was reported during the year. The results of the milk bottle samples were again very satisfactory.

Some of the older houses in the district are rapidly deteriorating, and action will have to be taken as soon as it is possible to rehouse the tenants.

One maintenance treatment of the sewers for rat infestation was carried out in June, but no traces of infestation were recorded.

I wish to thank Miss T. Smyth for her help and assistance during the year.

H. G. Bradley.

Public Health Inspector

REPORT ON THE WORK OF THE PUBLIC HEALTH INSPECTOR
for the year ended 31st December, 1959

WATER SUPPLY

The chief source of supply is from two deep boreholes situated at Sheet. This is augmented by spring water from Oakshott.

The two sources of supply were sufficient to meet requirements. These supplies are chlorinated and samples are regularly sent for analysis.

All the houses in the district are supplied direct from the Council's main, with the exception of four houses supplied from wells.

WATER SAMPLES

	Number of samples	Highly Satisfactory	Satisfactory	Unsatisfactory
Oakshott	50	47	1	2
Boreholes	44	34	6	4
Mixed	11	11	-	-
Total:	105	92	7	6

DRAINAGE AND SEWERAGE

The sewage works operated satisfactorily during the year and samples indicated that a satisfactory effluent was being produced.

Houses which drain to cesspools can have these emptied twice a year without charge on application to the Health Department.

Houses which have pail privies have these emptied twice weekly by the Southern Counties Cleansing Service. These houses are mainly situated at Stroud where there is no sewer and the service worked satisfactorily during the year.

PUBLIC CLEANSING

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

Refuse collection is carried out weekly.

These services are the responsibility of the Surveyor's Department.

SHOPS

Shops are inspected for compliance with the Shops Act, mainly when visiting the premises under other Statutes.

INSECT INFESTATION

No case of infestation by bed bugs was reported, but several complaints of flea and cockroach infestation were received; advice was given in these cases.

Owing to the hot dry summer more complaints than usual were received of wasps nests, these were all successfully cleared.

In the Autumn eight cases of fly infestation in roof spaces of houses were reported.

These were all treated with insecticides and in each case the infestation was completely cleared. In three of the cases the infestation was very heavy, and these required several treatments.

This type of infestation is due to the hibernation of flies for the winter, and the cases were all in different parts of the district.

REFUSE TIPS

The tip in the Causeway was closed for the Summer, following complaints of fly infestation received from householders living in the neighbourhood. Tipping recommenced here in October.

During the Summer a new tip was started at the Sewage Works, Durford Road, where there are no houses nearby.

Daily treatment with tip dressing was carried out at both places, but in a hot dry summer, many flies are brought to the tip with the refuse, and many of these disperse before insecticides can be used.

CAMPING SITES

Regular inspections were made of all licensed sites. These are all reasonably well kept.

The site in The Causeway, which has been approved by the Caravan Club of Great Britain, is now licensed for 100 caravans. A central block of sanitary conveniences is available, together with wash basins and showers.

During the year drainage was extended all round the site and now almost all the caravans have satisfactory means of disposing of waste water.

GENERAL INSPECTION OF THE AREA

Total number of visits made (including food inspections)	2,784
Number of complaints received and dealt with	139

VISITS AND INSPECTIONS

Bakehouses	4
Butchers and Fishmongers	117
Cafes	67
Camping Sites	32
Common Lodging House	2
Dairies (including sampling)	142
Drainage (including drain testing)	108
Factories	62
Food Preparing Premises	10
Fried Fish Shops	4
Grocers and Confectioners	163
Greengrocers	44
Housing (Public Health and Housing Acts)	142
Hotels	23
Ice Cream (re sale of)	10
Infectious Disease	13
Market	133
Miscellaneous	164
New Buildings	61
Meat Inspection (Grange Slaughterhouse)	645
Privies and Cesspools	10
Refuse Dumps re Flies and Rodent Control	66
Rodent Control	514
Sewage Works re Rodent Control	16
Schools	4
Shops (Shops Act)	38
Water Supply (including sampling)	110

RODENT CONTROL

Complaints of infestation by rats were again relatively few in number, but survey work was carried out, mainly when visiting premises for other purposes.

Regular treatments were given to the Council's Refuse Tip and Sewage Works. Small infestations in the Council Yard and Sheet Institute were also dealt with.

One maintenance treatment of the Sewers in The Causeway and Cranford Road area was carried out in June, but no infestation was recorded.

The following table gives details of inspections and treatments for the year 1959

	TYPE OF PROPERTY				
	Local Authority (except houses)	Dwelling Houses	Business Premises	Agri-cultural	Total
1. Number of Properties in Local Authority's District	15	2,245	280	20	2,560
2. Number of Properties inspected as a result of:					
(a) Notification	-	47	5	1	53
(b) Survey under the Act	15	55	5	-	75
(c) Otherwise (when visited primarily for some other purpose)	-	106	118	10	234
3. Total inspections carried out including re-inspections	76	277	142	19	514
4. Number of Properties inspected which were found to be infested by:					
(a) Rats (Major	3	-	-	-	3
(Minor	1	53	6	2	62
(b) Mice (Major	-	-	-	-	-
(Minor	-	6	1	-	7
5. Number of infested Properties treated by Local Authority	4	59	7	2	72
6. Number of notices served under Section 4 of the Act.	Nil	Nil	Nil	Nil	
7. Number of "Block" control schemes carried out	-	5	-	-	5

SUMMARY OF WORK CARRIED OUT UNDER PUBLIC HEALTH AND HOUSING ACTS

1. Inspection of dwelling houses during the year:-

(1)(a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 85

(b) Number of inspections for the purpose 142

(2)(a) Number of dwelling houses (included under sub-heading (1) above, which were inspected and recorded under the Housing Consolidated Regulations, 1925 54

(b) Number of inspections made for the purpose . 106

(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 2

(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be, in all respects, reasonably fit for human habitation 24

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 18

3. Action under Statutory Powers during the year:-

Proceeding 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 nil

(2) Number of dwelling houses which were rendered fit after service of formal notices:-

(a) By owners 1

Proceeding under Sections 16 & 17 of the Housing Act, 1957:-

(1) Number of dwelling houses in respect of which demolition or closing orders were made . . . . nil

4. Overcrowding:-

No cases of overcrowding were found during the year.

INSPECTION AND SUPERVISION OF FOOD

MILK

The Food and Drugs Act, 1944, which came into force on the 1st October, 1949, places the responsibility for the supervision of the retail dairies and distributors on Local Authorities.

Under the Milk (Special Designation)(Pasteurised and Sterilised) Regulations, 1949, the licensing of Pasteurising plants is the responsibility of Food and Drugs Authorities. The Hampshire County Council have delegated their functions to the Councils of County Districts.

There are two Pasteurising plants in the district, both functioned very well during the year, the one failure reported was due to raw milk being bottled as pasteurised by mistake.

The one High Temperature Short Time Pasteurisation Plant has now operated for over eleven years without a failure in the Phosphatase Test.

Regular samples were again taken to check the sterilisation of milk bottles. Of 156 bottles tested only 6 were unsatisfactory.

Clean bottles are beneficial to all concerned and there is less souring of milk. The average count per pint bottle of the satisfactory bottle samples was only 53, as the accepted standard is 600 per pint bottle, this reflects great credit on the dairymen concerned.

Details of Milk Producers and Dealers:-

Number of Retail Purveyors	6
Wholesale Dealers	1
Licensed Retailers of Tuberculin Tested Milk	8
Licensed Producers of Pasteurised Milk	2
Licensed Retailers of Pasteurised Milk	6
Licensed Retailers of Sterilised milk	4
Inspections made of Dairies	142

Details of Sampling

Visits re sampling:- 110

	No. of Samples	Satisfactory	Failed Methylene Blue Test	Failed Phosphatase Test	Spoiled in Laboratory
Pasteurised Milk	93	90	-	1	2

MILK BOTTLES

No. of Samples	Satisfactory	Fairly Satisfactory	Unsatis-factory
156	150	-	6

The average count per pint bottle of the satisfactory samples was 53.

The Standard laid down by the Public Health Laboratory Service is:-
Mean Bottle Count reckoned as per pint bottle:-
Not more than 600 - Satisfactory
Over 600 but less than 2,000 Fairly Satisfactory
Over 2,000 - - Unsatisfactory

MEAT INSPECTION

The Petersfield Wholesale Meat Company Limited continued the wholesale meat business established on de-control of meat; facilities are available for local butchers to have food animals slaughtered.

The Company sell meat to a large area of Eastern Hampshire, Sussex and Surrey, including Portsmouth, Southampton, Winchester, Farnham, Guildford and Haslemere and even to the Channel Isles, as well as the immediate neighbourhood of Petersfield.

The modernisation of the slaughterhouse was completed during the year. A second and larger chill room was also constructed, and there is now chill room facilities for the whole of the normal output.

The lighting now complies with the standard laid down in the Slaughterhouse Regulations 1958, which now gives more than ample light for meat inspection. The new arrangements now give much more room for meat inspection to be carried out.

One hundred per cent inspection of all carcases and offal is being maintained, and it is very necessary as meat is sent to so many other districts. To maintain this standard of inspection means many evening visits, but since the chill room was constructed hardly any slaughtering is done on Sundays.

The number of animals slaughtered continues to increase, the total animals killed 17,766, was nearly 2,000 more than in 1958. This figure represents 8,885 cattle units.

Cysticercus Bovis - Four cases of this disease were discovered during the year, all were single cysts; two occurred in the heart and two in the head of the infected animals.

TUBERCULOSIS

The incidence of Tuberculosis discovered was again very small, the percentage being very similar to those of 1958.

EMERGENCY SLAUGHTER

Animals can still be sent in by farmers for emergency slaughter at their own risk. Most of the condemned carcases were of animals slaughtered in this way.

MEAT INSPECTED AND CONDEMNATIONS

Details of Inspections	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	1789	617	1413	4560	10587
All diseases except Tuberculosis - whole carcases condemned	2	5	40	27	44
Carcases of which some part or organ was condemned	301	64	12	55	1620
Percentage of the number inspected affected with disease other than Tuberculosis	19.38	11.19	3.68	1.82	15.71
Tuberculosis only - whole carcases condemned	3	-	-	-	1
Carcases of which some part or organ was condemned	19	2	-	-	69
Percentage of the number inspected affected with Tuberculosis	1.25	0.32	-	-	0.66

CONDEMNATIONS

DISEASES IN FOOD ANIMALS - CATTLE

DISEASES	Whole Carcases and all Offal		Hind Quarters		Fore Quarters		Other part Carcases		Livers		Part Livers		Lungs		Heads and Tongues		Hearts		Spleens and Skirts		Tripes and Guts		Udders	
	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs
Bone-Taint							5	260																
Abscesses									42	586			5	54	6	192	1	7			10	560		
Actinomycosis															4	131								
Angioma									33	454														
Bruising	1	588					1	260																
Cysticercus Bovis															4	129	4	27						
Distomatosis									204	2856	387	2322												
Dropsy	1	517																						
Emaciation	1	410																						
Hydatid Cysts									2	29			1	11										
Mastitis																							12	370
Pleurisy													18	191			11	72						
Septicaemia	4	2218																						
Tuberculosis	3	1860	1	162	4	610	2	72	1	14			8	90	7	220			2	4	2	60		
Totals	10	5393	1	162	4	610	8	592	282	3941	387	2322	32	346	21	672	16	106	2	4	12	620	12	370

CONDEMNATIONS

DISEASES IN FOOD ANIMALS

DISEASES	CALVES					SHEEP				PIGS									
	Carcases		Heads		Plucks		Carcases		Part Carcases		Livers		Carcases		Part Carcases inc. Heads		Plucks		Lungs		Livers	
	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs	No	lbs
Abscesses	1	47	2	28	4	21	2	102	1	6	33	72	5	451	8	182						
Bruising							1	47	1	8					2	28						
Cirrhosis																					141	601
Decomposition																	73	810				
Distomatosis											10	26										
Oedema	1	52					5	210														
Fever Acute	6	331					2	131					6	518								
Immature	11	280											3	62								
Inflamation							2	148														
Jaundice	5	231					2	134					2	171								
Joint Ill	5	222																				
Pleurisy	1	47															35	380				
Septicaemia	5	242					5	231					12	982								
Tuberculosis													1	70	69	1020						
Pneumonia																			1279	2558		
Emaciation	5	212					8	257					4	210								
Erysipelas													7	560								
Swine Fever																						
Dead on Arrival													5	260								
	40	1664	2	28	4	21	27	1260	2	14	43	98	43	3284	79	1230	108	1190	1279	2558	141	601

Food Premises.

The following table shows the number of different types of food premises in the district.

Butchers and Food Preparing Premises (Registered Section 16, Food and Drugs Act, 1955)	5
Grocers	22
Greengrocers	6
Fishmongers	2
Confectioners and Sweets	11
Food Hawkers	4
Cafes	16
Hotels serving Meals	5
Other Hotels	14
School Canteens	6
Factory Canteens	1
Bakehouses	2
Fried Fish Shops	2
Slaughterhouse	1
Bairies	7
Clubs	3
Chemists	4
Ice Cream (Registered Premises, Section 16) Sale of	24
" " " " " " Manufacture of	Nil

The following foodstuffs were voluntarily surrendered and condemned:-

Haddock		14 lbs.
Herring Melts		14 lbs.
Golden Cutlets		20 lbs.
Scampi		2 lbs.
Frozen Rabbits		120 lbs.
Ham	10 tins	118 lbs.
Corned Beef	8 tins	48 lbs.
Meat	27 tins	50 lbs.
Peas	5 tins	
Soup	8 tins	
Milk	8 tins	
Fruit	38 tins	
Fish	7 tins	

ADULTERATIONS

The law relating to the composition of food and drugs is administered by the County Council. The Food and Drugs Act, 1955 places restrictions on the addition of other substances to any food constituents. Probably the most important section in Part I of the Act is section 2, which relates to the sale of food and drugs which are not of the nature,

substance or quality demanded by the purchaser. Most of the prosecutions which arise are in respect of offences under this section.

Report of the Chief Sampling Officer relating to the samples of Food and Drugs taken in Petersfield Urban District during the year 1959/60

1. I beg to report that during the year ended the 31st March, 1960, 382 samples were procured under the Food and Drugs Act, 1955, within the area of the Petersfield Urban District Council.

2. Milk Samples

360 Samples of milk, including 100 of the Channel Islands variety, were procured, 20 - 13 of which were Channel Islands milk - being unsatisfactory due to deficiencies in fat.

In the case of the unsatisfactory Channel Islands milk samples, they formed part of separate consignments of milk, the average fat content of each of which was not below the required minimum of four per cent for such milk. With milk of this variety, however, it is necessary that each churnful should conform to the standard of four per cent of fat, but in the particular circumstances all the milk was being dispatched to a dairy company where it was mixed with similar milk, so that no prejudice resulted from the discrepancies in the individual churns. It was not considered necessary to take further action in these cases but the attention of the producers was drawn to the requirements.

Discrepancies in the seven unsatisfactory samples of ordinary milk proved to be due to natural causes, the milk given by the cows being below the appropriate minimum of three per cent of fat. Thus no offence was involved under the Act, but the vendors were acquainted with the results and were advised to consult the County Milk Advisory Officer with a view to an improvement in the quality of the milk being effected.

3. Miscellaneous samples

22 samples of various articles other than milk were procured. Only one was unsatisfactory and this related to Orange Juice, which was deficient of fruit juice.

The sample was submitted for analysis as the result of a complaint from the purchaser to whom the article had been supplied in response to a request for "Orange Juice" at a small cafe. The product proved to be highly diluted fruit juice, but inquiries indicated that it had been served in this condition due to a genuine misunderstanding. The legal requirements were fully explained to the proprietor of the cafe and in the circumstances, and with the approval of the complainant, it was not considered necessary to take further action.

4. It will be appreciated that in connection with pre-packed articles, which now form a high proportion of food and drugs sold by retailers, there 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 subuect 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.

J. S. Preston
Chief Sampling Officer
County Wights and Measures Office,
Trafalgar House,
Winchester.

FACTORIES ACT, 1937
Part I of the Act

1. Inspections in connection with health.

Premises	Number on Register	Inspections	Number of written Notices
(1) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	7	-
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	47	45	-
(3) Other premises in which Section 7 is enforced by the Local Authority	7	10	-
	66	62	-

Cases in which DEFECTS were found:-

	Found	Remedied
Want of cleanliness	1	1
Sanitary conveniences unsuitable or defective	2	-
Not separate for sexes	-	-

Mr. A. N. Jones is H.M. Inspector of Factories for the Portsmouth District which includes Petersfield Urban District. His address is:- 2 - 4 Fawcett Road, Southsea; Telephone: Portsmouth 34395.