## Contributors

Petersfield (England). Urban District Council.

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PETERSFIELD

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Members of the Council 1972/73

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Chairman of the Health Committee

Mrs. E.V. Bulmer

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Medical Officer of Health

A.G. Farr, M.B.E., M.A., M.B., B.Chir., D.P.H., M.F.C.M. D.T.M. & H., D.I.H.

Chief Public Health Inspector

J.A. Sedgwick, M.A.P.H.I., A.R.S.H.

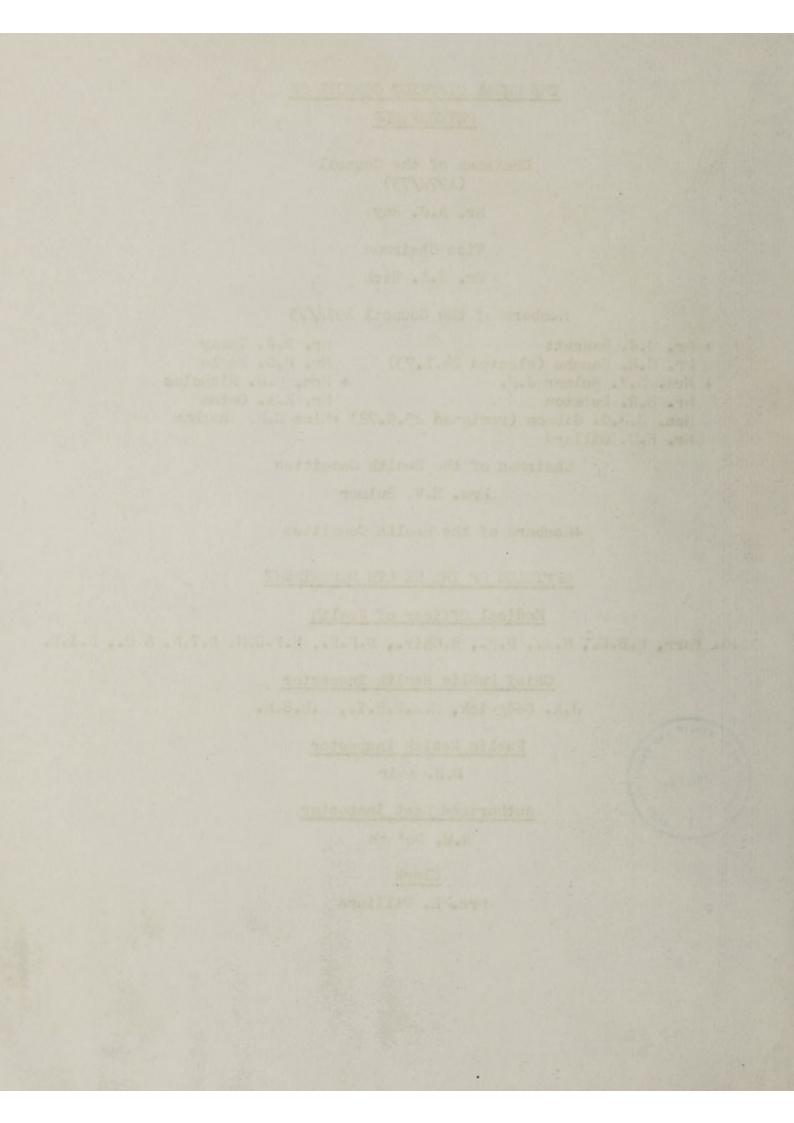


Public Health Inspector D.H. Keir

Authorised Meat Inspector

R.W. De'Ath

Clerk Mrs. L. Williams



#### PETERSFIELD URBAN DISTRICT COUNCIL

Health Pepartment, Town Hall Annexe, Petersfield.

To: The Chairman and Members of the Petersfield Urban District Council

Sir,

I have the honour to present my last Annual Report to the Council. Whilst the vital statistics relate only to the calendar year 1972, I have endeavoured to include events and, where possible, figures for 1973 as well in order to give as complete an account as possible.

I have also given an account of the reorganisation of the National Health Service generally and in Hampshire. This has been dogged by delays and even at this late date the ground organisation has not yet been decided. Small wonder, then, that few people are aware of the impending changes.

On March 31st, 1974, I shall have completed nearly nine years in the service of the Council since my inauspicious start from a hospital bed in 1965. I am grateful for the kindness and support received from members during that time.

We have been fortunate to retain our staff unchanged during 1972 and 1973. It is unsettling to have to change one's job, and I am grateful to the staff of the department for carrying out their duties conscientiously and efficiently through this difficult period.

I should like to thank the other members of your staff for their co-operation and also many others, doctors, nurses, teachers, social workers and voluntary workers for help readily and willingly given.

It is with pleasure

that I have had the honour to be,

Sir

Your obedient servant

Medical Officer of Health

### Petersfield Urban District

The Urban District of Petersfield is an "island" within the rural district of the same name, and comprises the small attractive country town together with a surrounding area of agricultural land. Petersfield is traversed by the main London to Portsmouth road and railway, and both are crossed by an important east/west road link, the A.272 Midhurst to Winchester road. The town has several small manufacturing firms, the largest being the I.T.S. rubber works. It is also an important centre of retail trade, and possesses an abattoir which supplies a wide area.

Area in acres	2,771	
Estimated population	9,130	
Number of hereditaments (March 31st, 1973)	4,425	
Rateable value (March 31st, 1973)	£1,363,283	
Sum represented by a penny rate	£13,062	
General rate 1972/73 County rate 26p U.D.C. 12	p Total - 38p.	

On April 1st, 1974 the district will join with Alton and Petersfield Rural and Alton Urban District to form the East Hampshire District.

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#### GENERAL COMMENTS

#### Reorganisation of the National Health Service

The National Health Service Reorganisation Act 1973 received the Royal Assent on July 5th, which is later than had been hoped, and, while the main framework of reorganisation is now known, the ground level organisation may not be finally decided by April 1st, 1974, and is not likely to be fully operational until some time later.

#### Why Reorganise the National Health Service?

When starting the ...ational Health Service it was politically expedient to divide the service into three branches, each with its own separate organisation and administration. The general practitioner, dental and allied services were run by Executive Councils; the hospital and specialist services by Hospital Management Committees responsible to Regional Hospital Boards. Members of all these authorities were appointed by the Minister after consultation. The local authorities, previously responsible for most of the hospital services, retained district nursing, child health, school health, ambulances and other personal health functions. These services were under the control of elected members. Over the twentyfive years of operation of the National Health Service it is plain that communication and co-operation between the three branches has been imperfect, sometimes with detriment to the individual patient, and that the large sums spent on hospital services have not always been spent to the benefit of most people in the community served. The three divisions will now be united under a single administration with the object of overcoming these problems.

There is one serious criticism of the new plan. Social Services are playing an increasingly important role in the care and rehabilitation of the sick, but they remain a function of the new county and metropolitan district councils, whereas the present local government health services will be removed to the new Area Health Authority. The difficulties of this division are recognised but again it is not at present expedient either to make the National Health Service a local government function or Social Services a central government responsibility.

#### The New Administrative Framework

In England there will be 14 Regional Health Authorities for areas corresponding to the present regional hospital boards. The chairman and members, to a total of about fifteen, will be appointed by the Secretary of State. They will be responsible for strategic planning of the service, for the execution of major building projects, and the provision of certain specialised services, for example the blood transfusion service, and for the co-ordination and supervision of their Area Health Authorities. The latter will be coterminous with the new counties and metropolital districts (except in London), and will be responsible for the provision of all N.H.S. services in the area. The Chairman and members of the A.H.A. (about fifteen persons) will be appointed by the Secretary of State but must include four members of the corresponding local authority. Section 10 of the act requires <u>consultative committees</u> to be set up between the County Council and District Councils and the A.H.A. It is thought two at least will be needed, one for education and social services and one for environmental health and infectious disease control to include representatives of all the district councils.

A Health Area may be divided into <u>Health Districts</u>. It is unfortunate that an alternative term to "district" has not been used, as it is easily confused with a local government district. The health district is a geographical area served by district general hospital, that is a hospital providing all the common specialist services. In Hampshire they will be:-

Health District	New L.G. Districts wholly or partly served
North Hampshire	Basingstoke, Hartley Wintney (part) E. Hants (part).
Central Hampshire	Winchester (part) Test Valley (part) Eastleigh (part).
Southampton & S.W. Hants	Southampton, New Forest (part), Test Valley (part) Eastleigh (part) Fareham (part)
Portsmouth & S.E. Hants	Portsmouth, Havant, Gosport, Fareham (part) E. Hants (part) Winchester (part).

Rushmoor and part of Hartley Wintney will be in the Frimley (Surrey) H.D. and the western parts of New Forest and Test Valley will be a part of Salisbury (Wilts) H.D.

#### Health "Ombudsman"

A Health Commissioner has been appointed to look into complaints about the Health Service in England.

#### Community Health Councils

Each A.H.A. is required to establish these councils; it is expected there will be one for each health district and that about half the members will be appointed by the local government district(s) served. The councils are consultative and advisory only but the A.H.A. must provide facilities for their meetings. They will publish annual and other reports and the A.H.A. will be required to publish replies to issues raised therein

#### Family Doctor and Dental Services

There will be no change in the service to patients who will remain registered as at present. The arrangements for changing doctors will be the same except for the fact that the Executive Council(s) will become the Family Practices Committee of the A.H.A. The district nursing services and health visiting service will be unchanged; it is likely attachment of these staff to individual groups of doctors will be even more widely practised than at present.

#### Hospital Services

There will be no change in the present services. It should be noted that the patient and his doctor will have freedom of choice to attend any hospital as at present.

#### Medical Officer of Health

This title will disappear after 127 years and the present local authority Health or Public Health departments will be changed. County districts will be responsible for environmental health matters and community health will be the responsibility of the "community physicians" (many of whom will be ex. A.O's. H!) Section 112 of the Local Government Act 1972 requires local authorities to appoint officers for the proper discharge of their functions, but relieves them of the obligation to appoint certain officers specified under previous legislation; two of the posts so abolished by title are that of Medical Officer of Health and Public Health Inspector.

Clearly at both county and district levels the new local authorities will need medical advice and section 11 of the N.H.S. Reorganisation Act empowers the A.H.A. to provide staff, services and facilities to the local authorities and vice-versa. The School Health Service will be staffed and provided for the local education authority by the A.H.A., who will also provide medical advice for the Social Services department.

Most new County Districts have set up an environmental health department which will be responsible for many of the functions of existing public health departments. It is intended that the A.H.A. will make the services of a particular doctor available to each local authority district council within the area. Presumably this will be by agreement between the two authorities, and the doctor concerned will have knowledge and experience in local government. It seems probable that the appointment would be on a part-time basis, and that the doctor concerned would be employed on other community health duties for the rest of his time.

For this arrangement to work well it will be necessary for the doctor to gain the confidence and support of members and officers of the district council and to be fully conversant with their policy and affairs. This can only be achieved by attending and taking part in some at least of the committees, officers meetings and working parties.

Medical Officer's of Health and other local authority medical staff provide a staff medical service to a varying degree to the existing authorities; in the smaller district authorities the service is small, but even the smallest of the new county districts will employ numbers sufficient to make the introduction of an organised occupational health service worthwhile. The A.H.A. will certainly be interested in developing such a service, already operating in two hospital groups in Hampshire. It seems probable that an N.H.S. occupational health service for its staff could provide a similar service for local authority staffs within the area. This would be of advantage to both, for a full occupational health service brings substantial benefits both to the individual employee, and the employer, but requires a considerable number of employees to justify a comprehensive service.

It will be suprising if the N.H.S. is able to put the new organisation into effect on April 1st, 1974 and it is likely that for some months at least many of the community health inclions will have to be carried on by the doctors already doing this work for the present local authorities. It is to be hoped that the new local authorities will be tolerant of this situation.

The biggest changes in the reorganisation of the N.H.S. will be in the local authority/community health field and clearly there will be initial confusion and difficulty. But with goodwill and co-operation considerable progress is possible in this field. At its inception in 1948 the N.H.S. was hailed as the best in the world; since then other countries have overtaken us. If we can really progress in community health it could take us to the top of the table again.

For this strangement to work well it will be ascessnry for the doctor to gein the confidence and support of memorie and officers of the district council and to be fully conversant with their policy and effeired This can only be achieved by attending and taking part in some at least of the only be achieved by attending and taking parties.

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#### STAFF

There were no changes in staff in 1972 or 1973. Miss Boniface was married, but as Mrs. Williams, has continued as clerk to the Department and to the Area Nursing Officer. During 1972 Mrs. Stowe was appointed as a part-time clerk to the Area Nursing Officer, and has helped us by "watching the shop" during holidays or illness.

Mr. Nicholas Payne applied to the authority for attachment as a pupil Public Health Inspector; he had been accepted as an applicant for training by Highbury Technical College for their sandwich course, but all students have to be attached to a recognised Public Health Department for training. The Council was not able to offer Mr. Payne employment as a trainee, but his attachment without salary was agreed. In September 1973 he became a salaried trainee attached to Petersfield Rural District and will continue as such with the new authority in 1974.

#### ENVIRONMENTAL HYGIENE

#### Sewage Disposal

The treatment plant has continued to operate efficiently. Negotiations took place in regard to the charge to be made for the reception and treatment of sewage from The Grange Abattoir. This required the collection of a series of samples for chemical analysis and a charge has been levied calculated upon the strength and volume of the sewage received as compared with domestic sewage. Consideration is being given to means of partially purifying this effluent before discharge into the council's sewers; when introduced this should reduce the load upon the council's sewage treatment plant and the charge to the owners of the abattoir.

#### Refuse Disposal

A once weekly "back door" collection of domestic refuse is made, and disposal is to the tip at Buriton, operated by the Rural District Council. There have been some problems associated with the payment of bonus of which the most difficult remains the use of skips to save time over returning the empty bin. This practice may lead to spilling of items of paper and other light materials as well as causing dust.

#### Water Supply

The district is supplied by the Mid Southern Water Company. The supply has been satisfactory in quality and sufficient in quantity.

#### Swimming Pools

The public swimming pool had two good seasons in 1972 and 1973. The clarity and purity of the water was generally satisfactory. Chlorine content and acidity or alkalinity are tested daily. However, it must be understood that when a pool is very heavily used it is not possible to maintain absolute purity without a chlorine concentration which is unpleasant to the users. Housing

#### Petersfield Urban District 1972/73

Туре	Total at 31.12.71	Completed in 1972	Total at 31.12.72	Completed in 1973	Total at 31.12.73
Council House (units)	549	12	561	6	567
Private Dwellings	ty for att	51	applied to	66	216

#### Food Hygiene

Work at The Grange Abattoir in leased in 1972 and continues to increase in 1973. During the period reviewed there has been a large increase in the cost of livestock and therefore of meat. Beef has seen the biggest rise, but all other meat has increased in price. Several different causes have contributed to this, of which the policy of doing away with subsidies to farmers to come into line with the E.E.C. agricultural policies and a substantial increase in world prices are principally responsible. Increased meat prices have been followed by increased costs of animal foodstuffs and a severe shortage of protein foods which may limit and perhaps even reduce the numbers of animals reared for meat.

Major extensions to the abattoir received planning approval and work is expected to start in 1974. This should result in increased capacity and also to E.E.C. certification, allowing of export of meat to the community. The present situation requires that any raw meat imported into Europe requires certification by a veterinary surgeon; how this will be achieved in practice has yet to be divulged. During this period of rebuilding it is intended to continue to slaughter and dress animals as at present and at the same rate. This will cause problems and will require particular care on the part of the staff of the abattoir to maintain their standards of cleanliness and hygiene.

The control of the hygiene of food shops, restaurants and hotels is carried out in conjunction with the County Council's Weights and Measures department and we are grateful to Mr. Preston, the Inspector of Weights and Measures, and his staff for their assistance. Bacteriological investigations are carried out at the Public Health Laboratory, Portsmouth, whose Director, Dr. D.J.H. Payne and his staff are always most helpful. No outbreak of food poisoning is known to have occurred in Petersfield. This does not mean that there may not have been individual cases, but it is unlikely that there was any serious occurrence.

During the summer of 1973 a form of illness in which an "upset tummy" (colic, nausea, vomiting and diarrhoea) was the most common symptom, was widespread in Fareham, Gosport and Portsmouth. Despite most exhaustive investigations, no causative germ could be isolated, but it was clearly an infectious condition, and therefore probably of viral origin. Later studies may confirm this. The same illness seems to have become prevalent in and around Petersfield in September. There has been no evidence to connect the spread of this illness with either water or food.

#### Family Doctor Service

Dr. A.H. Knowles retired from N.H.S. practice in 1972 and Dr. R.M.S. Cross in 1973. Dr. B.M. Rogers was appointed to the Petersfield practice.

The proposal to build a Health Centre at Petersfield has been shelved; the restricted site presented difficulties in providing adequate facilities, and the building of new health centres has been virtually stopped as part of the restriction of government spending.

During 1972 an additional Health Visitor was appointed for work in and around Petersfield, Mrs. Tyrer, who resigned in 1973 being replaced by Miss J.A. Owen. In the Autumn of 1973 the district nurses and health visitors in Petersfield and the surrounding area became fully attached to the doctors practicing from the Heath Road surgery.

#### Hospitals

There are two small hospitals in the town, Heathside, a geriatric long stay unit. and Petersfield Hospital. Local doctors provide day to day supervision in both, which are part of the Portsmouth Hospital Group. Certain outpatient diagnostic and treatment facilities are provided at Petersfield Hospital.

#### Social Services

Yet more changes have been thrust upon this important County Council department. It was wisely decided to organise the field staff in areas corresponding to the new County Districts, so that the Petersfield office ceased to be a branch of the Havant area; Mr. Cattenach, who had been in charge of the old Petersfield "group" moved to Gosport as Area Director and Miss Robertson came from Havant as Area Director, East Hampshire. She retired at the end of 1973; Mr. Ashmead being appointed as her successor. To complete what cannot be regarded as a very satisfactory example of local government planning and administration, the Area Headquarters are expected to move in 1974 to offices in the new Alton Health Centre which is now almost completed. It is to be hoped that the Social Services Department will retain an office in Petersfield with part of the staff of twenty whole and part-time workers operating from

Petersfield base.

	114 02	Year	r of Birth	Total	Total		
Year	1973	1972	1971-69	1968-70	Children	Attendances	
1972	3/ 16 tvon	120	104	116	340	2,791	
1973	114	136	121	ailding o	371	2,431	

#### Petersfield Child Health Clinic

This continues to be a busy clinic, catering for a number of children from the country around Petersfield as well as from the town. The running of these clinics is much helped by the efforts of a very devoted band of voluntary workers.

#### Voluntary Services

People who need help find it mostly from relatives and neighbours and from the many voluntary organisations, local or national which provide service.

The British Red Cross Society has premises at Readon Close and they act as agents for the County Health Department in the provision of home loans of medical and nursing equipment. They arrange training courses in home nursing and first aid, run a club for handicapped people.

The Womens Royal Voluntary Service operate a Meals on Wheels service within the Urban District.

There is an "Age Concern" committee based on Petersfield, but covering many of the surrounding rural parishes. This committee operates an amenity food depot once a week at the Town Hall, provides a minibus service in the town, and a Luncheon Club which receives financial support from the County and Urban District Councils. The "Social Activities" for the elderly has continued to thrive and provides a popular centre for learning and practicing a number of different hobbies.

The Handicapped Children's group has grown over the past two years in the support it has attracted and the service it is able to provide for parents and children.

### VITAL STATISTICS

Many of the statistics recorded below and the rates derived from them are from too small numbers of observations to be significant, and therefore comparison with the national figures may not be valid.

YEAR	P I S	1968	1969	1970	1971	1972
TOTAL ESTIMATED	POPULATION	8610	8580	8730	8980	9130
LIVE BIRTHS			-	tai		
(legitimate)	Male	63	65	59	58	69
WETA 1 04	Female	65	53	55	52	51
	TOTAL	128	118	114	110	120
LIVE BIRTHS	rafield Bring District	Pote				
(illegitimate)	Male	3	5	4	5	2
	Female	2	3	-	4	5
ser for	TOTAL	5	8	4	9	7
TOTAL LIV	E BIRTHS	133	126	118	119	127
	8 1 1 1	63	entitre JA	111		
BIRTH RATES	CRUDE RATE	15.4	14.7	13.5	13.3	13.9
LIVE BIRTHS/1000	CORRECTED RATE	16.8	16.0	14.7	14.5	15.6
POPULATION	ENGLAND & WALES	16.9	16.3	16.0	16.0	14.8
Sander of the links	TAS TILIATION JATANON	19				
ILLEGITMATE LIVE BIRTHS	Petersfield	3.7%	6.0%	3.4%	8.0%	6.0%
PER CENT TOTAL LIVE BIR	THS England & Wales	-	8.0%	8.9%	8.0%	9.0%
1971 1972 Level	1968 1969 1990	1.2.1				
STILL BIRTHS	LEGITIMATE	2	4	2	4	-
ath man athen at an day	ILLEGITIMATE	100 (-W	1. br-19	1	-	-
y plantdiceboa.	TOTAL	2	4	3	4	-
STILL BIRTH RATE PER PI	ETERSFIELD U.D.	14.8	31.0	25.0	33.0	-
1000 BIRTHS (Live & sti	11) ENGLAND & WALES	-	13.0	13.0	12.0	12.0
TOTAL Live and	Still Births	135	130	121	123	127

#### BIRTHS PETERSFIELD URBAN DISTRICT

## INFANT DEATHS

## Infant Mortality Petersfield Urban District

Category	1968	1969	1970	1971	1972
Legitimate	2	1	4	_	3
Illegitimate		-	-	24.A22.6	-
TOTAL	2	1	4	07_10	3
Rate - Petersfield U.D.	15	8	34	-	24.0
England & Wales	18	18	18	18	17.0

## Deaths under 1 year of Age

### NEO-NATAL MORTALITY

Petersfield Urban District

Deaths under 4 weeks of Age

Category	1968	1969	1970	1971	1972
Legitimate	1	_ 8	3	TELE LEAS	2
Illegitimate	-	-	3	-	-
TOTAL	1	-	3	-	2
Rate - Petersfield U.D.	7.5	BAUSE	25.0		16.0
England & Wales	12.3	12.0	12.0	12.0	12.0

PERINATAL MORTALITY RATES

(Stillbirths and deaths under 1 week per 1000 live and still Births)

and the second second second	1968	1969	1970	1971	1972
Petersfield U.D.	22.2	31	49	33	8
England & Wales	25.0	23	23	22	22

#### DEATHS

# Deaths and Death Rates Petersfield Urban District

JANE FINALE TOTAL	1968	1969	1970	1971	1972
Estimated Population	8610	8580	8730	8980	9130
Total Deaths	121	130	121	133	93
Crude Death Rate Petersfield U.D.	15.2	15.2	14.0	14.8	10.2
Corrected Death Rate Petersfield U.D.	12.3	12.8	10.8	11.4	7.3
Death Rate, England & Wales	11.9	11.9	11.7	11.6	12.1

## Age Distribution of Deaths

# Petersfield Urban District 1972

Age	Male	Female	Total	% of all Deaths		
Over 75 years	26	26	52	56%		
65 years and over	37	30	67	72%		

## Principal Causes of Death Petersfield Urban District 1972

and the second s	Male		Female		Total		% of all	deaths
Cause	1971	1972	1971	1972	1971	1972	1971	1972
Cancer of the lung	6	1	1	4	7	5	a liteer	Popt
All other cancer	12	7	12	11	24	18	Dismono	eitso
Total	18	8	13	15	31	23	23%	24%
Cerebrovascular disease	14	5	17	5	31	10	23%	1.0%
Ischaemic Heart disease	13	10	14	7	27	17	20%	18%

The number of deaths recorded in 1972 was unusually low and the corrected death rate reflects this. However, the numbers are too small for this to be of any significance.

# CAUSES OF DEATH

# Petersfield Urban District 1972

DISEASE	MALE	FEMALE	TOTAL	
Malignant Neoplasm, Oesophagus	1	11111	2	Ratin
Malignant Neoplasm, Stomach	3	2	5	Into?
Malignant Neoplasm, Intestine	2	3	5	Crude
Malignant Neoplasm, Lung, Bronch	1	4	5	Corre
Malignant Neoplasm, Breast	as.Les	5	5	Death
Other Malignant Neoplasms	1	-	1	
Benign and Unspecified Neoplasms	A dud Lad	1	1	
Diabetes Mellitus	adaU h	ell'ender	1	
Other Endocrine etc. Diseases		1	1	
Other Diseases of Nervous System	1	10K _	14	
Hypertensive Disease		1	1	-rowed
Ischaemic Heart Disease	10	7	17	
Other Forms of Heart Disease	1	3	4	65 ye
Cerebrovascular Disease	5	5	10	
Other Diseases of Circulatory System	6	2	8	
Influenza	1 1	Potorets	1	
Pneumonia	6	3	9	
Bronchitis and Emphusema	5		5	
Other Diseases of Respiratory System	1	197	1	Curro Quanta
Peptic Ulcer	1	1	2	3 20 7
Other Diseases of Digestive System	_	1	1	o undite
Nephritis and Nephrosis	1		1	
Hyperplasia of Prostate	1	-	1	
Congenital Anomalies	2		2	DEGVOID
Motor Vehicle Accidents	2	-	2	a plaer
All other Accidents	1	mon - alle	l	danie -
TOTALS	52	41	93	oute To

### INFECTIOUS and NOTIFIABLE DISEASES

Notifications Received.	Petersfield	Urban	District
Disease	1972	1973	
Dysentery	1	-	
Encephalitis	-	1	
Food Poisoning	6	1	
Jaundice	1	-	
Measles	2	3	
Scarlet Fever	-	i	
Tuberculosis (non pulmey)	2	1	

#### Food Poisoning

Four of the six cases occurring in 1972 were connected with an outbreak of Salmonella typhimurium in cattle. The other two cases were sporadic; one was S. vejle, a rare type in this country, the patient being probably infected in the Far East. The other was caused by S. agona but no source could be traced.

The single case recorded in 1973 was due to S. enteritidis and no source of infection could be found.

#### IMMUNISATION

The table which follows is compiled by the County Medical Officer from computer records and statistics supplied from this office.

Immunisation Statistics Petersfield Urban District 1972

Year	TR	IPLE	D	IP-TET	1	DIPH	P	OLIO	SM	ALLPOX	MEASLES	RUBELLA
of Birth	Pri.	Reinf	Pri.	Reinf	Pri.	Reinf	Pri.	Reinf	Pri.	Reinf		
72	1	-	-	an din el	-		1	1000	10 25	andon b	Bode ene	(In-rel)
71	21	1	57	- 8101	-	- 10	80	-	1		53	-
70	11	1	24	10 10 <u>1</u> 10	-	-	35	1	-	-	44	te-sit
69	Love	d ellen	3	10000		200-20	4	do -100	8		12	-
65/68	a Hm	7	1	123	-	-	1	115	1 112	indit_oo)	11	to-oth
Others Under 16	-	1	-	34	-	-	-	39	5	26	7	2
TOTAL	33	10	85	157	9 -0	Boy - 3	121	155	14	26	127	2

	Inmuliisation of School C	nituren -	
District.		1972	1973
Number of schools involved		5	6
Forms scrutinised		225	342
Numbers fully protected		85	102
Attending school clinic	Polio ) Dip/Tet)	43	30
Attending family doctor		24	76
Refusals		6	18
Immunised against German Meas	sles G.P. School Clinic	10 57	12 66
Immunised against Polio/Tet		the six of	116

#### IMMUNISATION and TRAVEL

Immunisation of School Children

Travellers may be required to produce international certificates of vaccination or immunisation against Smallpox and Yellow Fever. As from 1st January, 1974 there is no longer an international legal requirement for a cholera vaccination certificate. However, certain countries will have reservations and may still require evidence of vaccination before allowing free movement of travellers. Therefore international certificates are still available.

<u>Smallpox</u> and <u>cholera</u> vaccination should be arranged through the general practitioner, whose signature requires verification by the local authority before the certificate is valid. <u>Yellow Fever</u> is available only at certain designated centres of which Southampton and London are the nearest. These certificates do not need verification.

Because the quarantine requirements can change from day to day travellers should consult the carrier who should have up to date information.

Leave plenty of time for carrying out immunisations - at least one month is advisable.

Although there is no legal obligation certain diseases are more prevalent in other countries than in Britain, and immunisation against typhoid fever and other diseases may be wise. A government publication "Health Protection" gives details of this.

Malaria is common in a number of tropical and sub tropical countries; this can be a serious and fatal disease if not treated promptly. There are several effective prophylactic drugs against malaria, e.g. proguanil, chloroquin or pyrimethamine and a supply should be carried and carefully used according to directions if exposed to malaria.

#### Urban District of Petersfield

Public Health Department, Town Hall, Petersfield.

To:

The Chairman and Members of the Petersfield Urban District Council

Ladies and Gentlemen,

I beg to submit my Report for 1972 on the sanitary circumstances of the area, and on the duties for which I am responsible.

As in previous years the major proportion of the time of the Department is occupied in meat inspection duties at the private abattoir of the Petersfield Wholesale Meat Company, where the throughput showed an increase of 3.88% over the previous year, based on cattle units. Compared with 1967 the throughput shows an overall increase of 72%.

To meet the reasonable demands of the trade there is no alternative but to work outside normal office hours. 24% of all inspections are carried out at such times involving early morning work and regular weekend stand-by duty. Saturday slaughtering is now minimal, mainly consisting of emergency casual slaughter.

The other work of the Department apart from food complaints, calls for no special comments.

There appears to be an increase in the number of food complaints. These are mainly of trivial nature, but wherever action is deemed to be necessary, these are passed on to the Weights and Measures Department of the Hampshire County Council.

I wish to thank the Chairman and Members of the Public Health Committee for their support, and I am grateful to the officers and staff of all the Council's Departments for their help and co-operation.

J.a. Jødgwick.

Chief Public Health Inspector

#### Water Supply

The water undertakers for the area are the Mid Southern Water Board. The majority of the water is obtained from two deep boreholes at Sheet, augmented by spring water from Oakshott. The supply, which is chlorinated and filtered, would appear to be adequate at all times, and I know of no houses in the Urban area which have not a piped supply of water.

The undertakers arrange for regular chemical and bacteriological examination of the water to be made, and the Council is supplied with copies of the relevant reports. These indicate that at no time was the water other than fit for human consumption.

#### Swimming Baths

There are two swimming baths in the area, namely the Petersfield Swimming Bath adjacent to the Town Hall, and the Churchers College Swimming Bath.

The water in the Petersfield Swimming Bath is tested thrice daily for residual chlorine and pH value, and similar tests are carried out at Churchers Swimming Bath. In both baths a satisfactory standard is maintained.

#### Sewerage and Sewage Disposal

So far as I am aware, there are only two pail closets in the area. In addition there are 32 cesspools serving 42 houses.

#### Public Cleansing

All the roads in the District are kept clean by the Council.

A once weekly collection deals with all domestic refuse, and a separate collection of trade refuse is made.

This service is operated by the Surveyor's Department.

#### Refuse Tips

There is no refuse tip in the Urban area, but an arrangement has been entered into with the Petersfield Rural District Council whereby refuse from the Urban area is disposed of at the Buriton tip of the Rural District Council.

#### Shops

Most of the provisions of the Shop Act 1950 are administered by the County Council. All shops, however, receive regular inspections, and advice and instructions given regarding cleanliness, and the maintenance of proper standards of hygiene.

## Offices, Shops and Railway Premises Act, 1963

This Act, which became operative during 1964, makes provision for the safety, health and welfare of shop and office workers, and the following information had been recorded.

Des Sectors Se	Class of Preimes	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered Premises receiving a general inspection during the year
	Offices	11 10/00	52	12
	Retail shops	8	93	20
REGISTRATIONS AND GENERAL INSPECTIONS	Wholesale shops, ware- houses Catering establish- ments open to the	0	- : lo golaiv Lagot 4 555 My bevorgal	2
	public, canteens	5	21	12
	Fuel storage depots	0	0	0
	Totals	24	170	46

TABLE A - Registrations and Gene	eral Inspection	s
----------------------------------	-----------------	---

## TABLE B - NUMBER OF VISITS OF ALL KINDS (including General Inspections) TO REGISTERED PREMISES

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## TABLE C - Analysis by Workplace of Persons Employed in Registered Premises at end of Year

	the second se	
denis constrain	Class of workplace	Number of Persons Employed
rensed for 175.0	Offices	432
ANALYSIS OF	Retail shops	559
PERSONS EMPLOYED IN REGISTERED	Wholesale departments, warehouses	50
PREMISES BY WORKPLACE	Catering establishments open to the public	126
stle aidt to shu	Canteens contract bas starpebant and	they an14 alter
iaid up to the	Fuel Storage Depots	0
	Total	1,181
	Total Males	463
	Total Females	718

It was not necessary to institute any proceedings during the year.

At the end of 1972 the total number of registered premises was 170, involving 1,181 employed persons.

All the registered premises (with very minor exceptions,) have been brought up to the required standard, and employers generally have been co-operative.

No complaints were received from employees during the year.

Since the Act came into force, work carried out at premises in response to informal action includes:-

(a)	Premises renovated or repaired	26
(b)	Premises cleansed and/or re-decorated	24
(c)	Abatement of overcrowding	4
(d)	Machinery fenced	5
(e)	Provision of:-	to atimated
	Additional water closets	17
	Improved water closets	14
	Additional wash basins	30
	Running hot water	61
	Thermometers	63
	Improved space heating	12
	First Aid equipment	40
	Water Supply	2
	Soap and Towels	12
	Proper seating	13
	Clothing accommodation	6
	Accommodation for drying clothing	7
	Accommodation for meals	10
	Improved lighting	11
	Improved ventilation	9 8
	Hand rails or guard rails	
	Abstract of Act	24

### Caravan Sites

Broadways Caravan Site off The Causeway is now licensed for 175 caravans. Mostly these are dwellings of a superior type, and the site operator is gradually complying with all the requirements of his site licence. This is a very well run and maintained site. Over recent years a proper and adequate supply of water has been laid on, and fire fighting equipment installed to the satisfaction of the County Fire Authority. During the year the inadequate and overloaded septic tank at this site was abandoned, and a connection made to the new sewer laid up to the site by the Council. There is also a well run site for 25 caravans at Durford Road, in addition to a small number of temporary sites for one or two caravans only, with limited planning permission.

#### Insect Infestation

Complaints regarding insect pests were of the usual normal variety, and where necessary, visits of inspection were made and advice given in connection with treatment.

#### General Inspection of the Area

Total	numb	er of viol	ts made (	inclu	uding	food	inspec	tion)	 1,740
Number	r of	complaints	received	and and	dealt	with	1		 147

### Visits and Inspections

Bakehouses										3	
Butchers and Fis	shmongers									30	
	-										
						1. 10	1-0-11/071	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			100			11 - 1 O V	Second III.		0.1		
					1	and the second second	••	and then			
~ -									••		
Grocers and Cont	fectioners									110	ļ
Greengrocers										6	
Housing (Public	Health and	Hous	sing A	(cts)						186	
Hotels										2	
Infectious Disea	956									10	
		100		1.1.1		1000	1.000	1.1			
						10000			1000		
		••	••	••	••			• •	••	1.	
								••	••		
Meat Inspection	(Grnage Sl	aught	erhou	ise)	••	••				860	
Offices, Shops a	and Railway	Prem	ises	Act						131	
Privies and Cess	spools									5	
	· · · · · · · · · · · · · · · · · · ·									203	
SCHOOLS	00 00			••	••	••	••	••		-	
	Butchers and Fis Cafes Caravan Sites Drainage Factories Fried Fish Shops Grocers and Cons Greengrocers Housing (Public Hotels Infectious Dises Market Miscellaneous New Buildings Meat Inspection Offices, Shops a Privies and Cess	Butchers and Fishmongers Cafes Caravan Sites Drainage Factories Fried Fish Shops Grocers and Confectioners Greengrocers Housing (Public Health and Hotels Infectious Disease Market Miscellaneous New Buildings Meat Inspection (Grnage SI Offices, Shops and Railway Privies and Cesspools Rodent and Pest Control	Butchers and Fishmongers Cafes Caravan Sites Drainage Factories Fried Fish Shops Grocers and Confectioners Greengrocers Housing (Public Health and Hous Hotels Infectious Disease Market Miscellaneous New Buildings Meat Inspection (Grnage Slaught Offices, Shops and Railway Prem Privies and Cesspools Rodent and Pest Control	Butchers and Fishmongers Cafes Caravan Sites Drainage Factories Fried Fish Shops Grocers and Confectioners Greengrocers Housing (Public Health and Housing A Hotels Infectious Disease Market Miscellaneous New Buildings Meat Inspection (Grnage Slaughterhou Offices, Shops and Railway Premises Privies and Cesspools Rodent and Pest Control	Butchers and Fishmongers	Butchers and Fishmongers	Butchers and Fishmongers	Butchers and Fishmongers	Butchers and Fishmongers	Butchers and Fishmongers	Butchers and Fishmongers

#### Rodent Control

Complaints received in connection with the presence of rats were relatively few in number and no serious infestations were located. The sites of all complaints were visited and treated. No sewers were found to be harbouring rats.

#### ANNUAL REPORT ON RATS AND MICE

Prevention of Damage by Pests Act, 1949

Year Ended 31st December, 1972

	meet pasts were of the usual normal variety,	Type of	Property
	PROPERTIES OTHER THAN SEWERS	NON- AGRICULTURAL	AGRICULTURAL
1.	Number of properties in district	4,342	41
2.	a. Total number of properties (including nearby premises) inspected following notification	144	and 100 100 3
	b. Number infested by (i) Rats (ii) Mice	126 13	3-
3.	a. Total number of properties inspected for rats and/or mice for reasons other than notification	47	envetað entesti 4 rotost
	b. Number infested by (i) Rats (ii) Mice	12	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

### SUMMARY OF WORK CARRIED OUT UNDER PUBLIC HEALTH AND HOUSING ACTS

### 1. Inspection of dwelling houses during the year:-

- (a) Total number of dwelling houses inspected for housing defects (under Public Health or - 76 Housing Act)
  - (b) Number of inspections for the purpose

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2

- (2) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be - 3 unfit for human habitation
- Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) 21 found not to be, in all respects, reasonably
   fit for human habitation
- 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 - 18 Local Authority of their Officers

3. Action under Statutory Powers during the year:-

Proceeding under Sections 9, 10 and 12 of the Housing Act, 1957:-

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

- Number of dwelling houses in respect of which demolition or closing orders were made
- (2) Number of houses in respect of which an undertaking was received

### 4. Overcrowding: -

No cases of overcrowding were found during the year.

MILK

#### Milk Supply

Under the Milk (Special Designations) Regulations 1963, all the milk sold by retail within the Petersfield Urban District must be classified as Untreated, Pasteurised, Sterilised or Ultra Heat Treated. The following table shows the licences issued:-

Total licences issued	12
Untreated	2
Pasteurised	8
Sterilised	2
Ultra Heat Treated	6

### Milk Supplies - Brucella Abortus

(i)	Number o	of samples of raw milk examined	None
(ii)	Number o	of positive samples found	None
(iii)	Action t	taken in respect of positive samples	None

## The Liquid Egg (Pasteurisation) Regulations 1963

(i)	Number of egg pasteurisation plants in district	None
(ii)	Number of samples of liquid egg submitted to the	
	Alpha-Amylase test and their results	None
(iii)	Comments on the administration of these	
	Regulations	None

## Food Hygiene (General) Regulations 1960

Type of Premises		Premises fitted to comply with Regulation 16	Premises to which Regulation 19 applies	Premises fitted to comply with Regulation 19
Baker & Confectioner	3	3 1000 30 3	3	3
Butchers	7	7 10 10101	Come 6	6
Cafes and Restaurants	7	7	7	7
Canteens	4	4	4	4
Dairies	1	1	Tepan -	-
Fishmongers	1	1	1	1
Fish Restaurants	2	2	2	2
Greengrocer	4	194 gul4 constevo 1	o asass4:	3
Grocer	17	17	3	3
Public Houses	18	18	7	7
Sweet Shops Ice Cream -	5	5	5	-
(Registered premises)	27	27	-	-

Regular routine visits are made to all food premises in the area. Advice and instruction is given to all food handlers, particularly with regard to personal cleanliness and hygienic practices. In all 207 visits were made for this purpose.

During the year the following foodstuffs were voluntarily surrendered and condemned as unfit for human consumption:-

Tons	Cwts.	lbs.

1.	Meat		R, including	Tons	Cwts.	lbs.			
(a)	Slaughterhouses	(i) (ii)	Carcase meat Offal	17 29	4 12	12 14	46	16	26
(b)	Wholesale premises	(i) (ii)·	Carcase meat Offal	Loval		-	ti.	-	-
(c)	Retail shops	(i) (ii)	Carcase meat Offal	they bed		96 28	tion .	1	12
2.	Cooked meat & meat	produc					-	-	27
3.	Canned meats						tion.	2	4
4.	Other Canned Foods							2	27
5.	Fish (fresh)						-	-	23
6.	Fruit & Vegetables	(fresh	)				-	-	36
7.	Frozen foods due to	cabin	et breakdown				7	4	27
8.	Other foods							-	47
					produc	Total	48	7	5

#### 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 1 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 purchases. Most of the prosecutions which arise are in respect of offences under this section. I am indebted to Mr. J.S. Preston, Chief Inspector of Weights and Measures, Hampshire County Council for the following information on samples taken in the District during the year:-

During the year ended 31st December, 1972, 128 samples were procured under the Food and Drugs Act, 1955, within the area of the Petersfield Urban District Council.

#### Milk Samples

Fifteen samples of milk, including four of "Channel Islands", were taken. All were found to be satisfactory.

#### Other Food and Drugs

113 samples of articles other than milk were submitted for analysis, only three involving adverse reports, none of which called for legal action, although they were the subject of inquiries from the traders concerned. They affected the following products:-

Steak and Kidney Pie - contaminated with mould.

The sample, which consisted of two meat pies, was submitted following a consumer complaint. The pies proved to be out of condition and to be affected by mould growth. After full investigation the case was dealt with by a warning.

#### Bread - contained discoloured fragments.

The loaf of bread was found to contain a number of small darkish coloured fragments which analysis showed to consist of charred dough. The complaint was not, therefore, regarded very seriously, but it was referred to the bakery company responsible.

Mincemeat - deficient of soluble solids.

This product, a home-made variety, contained 61.5% soluble solids, whereas a minimum of 65% is required by the Food Standards (Preserves) Order. The result, which was doubtless due to the inclusion of insufficient sugar, was referred to the producer.

#### General

The usual attention was given to the requirements of the Labelling of Food Order and the Pharmacy and Medicines Act regarding the labelling and descriptions of food and drugs. No matters of consequence occurred.

#### MEAT INSPECTION

The Petersfield Wholesale Meat Company continue to expand their business which is carried on from The Grange Abattoir, with a corresponding increase in staff.

In addition to slaughter for the Company's own use, the abattoir kills an increasing number of animals for private butchers in the area. There is also an expanding kill for individual deep freezer requirements.

Facilities are also available for the emergency slaughter of injured or sick animals.

A full inspection of all carcases and offal is carried out in accordance with the Regulations. Although it is necessary to carry out certain inspection duties every Saturday, actual slaughtering during the weekend was confined to five Saturdays and Good Friday.

#### Tuberculosis

It is pleasing to record that out of a total of 59,565 cattle and pigs, only 29 pig heads were found to be affected by Tuberculosis.

#### Cysticercus Bovis

82 cases of cysticercus bovis were discovered in 1972, compared with 77 in 1971, the majority being single cysts only, and, in appropriate cases the bovine carcases were submitted to refrigeration.

## MEAT INSPECTED AND CONDEMNED

Details of Inspection	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	9,988	1,754	389	25,362	47,823
All diseases except Tuberculosis and cysticerci	ividual deep	at 101	himser ding kill	an expe	an 1 else
Whole carcases condemned	2	28	32	18	114
Carcases of which some part or organ was condemned	2,050	653	4	1,137	9,530
Percentage of number inspected infected with diseases other than tuberculosis or cysticerci	20.54	39.04	9.25	4.55	20.10
Tuberculosis only	that out of	o record	i załasal rev absec	at al atq es a	Lno
Whole carcases condemned	-	-	TLV 60	arranaks	-
Carcases of which some part or organ was condemned	bovis vere d g sin <del>g</del> s dyn	Acerato	a of ayar	82 can	29
Percentage of number inspected infected with tuberculosis	-	-	ville care	ed ets de	0.06
Cysticerci					-
Carcases of which some part or organ was condemned	70	12		n n <u>-</u> land	-
Carcases submitted for treatment by refrigeration	25	1	-	-	-
Generalised and totally condemned	-	-	-	-	-

## PETERSFIELD URBAN DISTRICT COUNCIL

DISLASES	Car	ole cases Offal	1.	ind rters		ore rters	Liv	vers	Kid	neys	Lu	ngs	a	ads nd gues	Hea	arts		eens nd rts	Udd	lers
	No.		No.	lbs.	No.	lbs.	No.	lbs.	No.	lbs.	No.	lbs.	No.	lbs.	No.	lbs.	No.	lbs.	No.	lbs.
Abscesses			4	76	1	14	939	11350	10	94	11	137	15	487						
Actinomycosis													22	731						
Bruising			27	1513	8	359								-						
Cirrhosis							668	8665												
Contamination											4	50	9	304	1	4		- 0.0		
Cysticercus Bovis (82)			-										58	1853	81	316	79	182		
Emaciation	11	3634				1 married													+	
Fascioliasis							568	7467					-						1	
Fever-Acute	7	2639		and an					1										hh	22.05
Mastitis	2	1070						and a					-				-		44	1185
Nephritis	1	512	-						73	579	-								-	
Oedema	2	635																		
Parasitic Cysts											17	217								
Pericarditis															22	85	-		-	
Peritonitis	3	1.395	3	62					-											
Pleurisy	1										5	65								
Pneumonia	1	220		-							23	274					-			
Septicaemia	3	1327							-		-		-		1		-		-	
Telangiectasis			-		-		282	4694											1	
Arthritis			2	55																
Total	30	11432	36	1706	9	373	2457	32176	83	673	60	743	104	3375	104	405	179	182	44	1185

DISEASES IN FOOD ANIMALS CATTLE Year Ending 31st December, 1972

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# PETERSFIELD URBAN DISTR

DISEASES IN FOOD ANIMALS CATTLE Year Sadiag

DISAASS		Cas						Livera	Kidney
			adi	Nos	I.brie			No. The	
Essaepada				4	76	L			10
galekois					1513		359		
Cirhosis		_							
Contamination	_							2. 2. 29	
Cysticercus Bovis (8	(\$3)			10	6.178		•		
Residetion		11						terre to the second	
Testoliasis	_							568 7467	
Fever-Noute		5	2639						
Mastitis		S	1070						
Nephritis		1	512				•		73
Oedema									
Paresitio Cysts								17	
Pericarditia									
Peritonitis			1 395		Sð				
Pleurisy									
Freumonia		1	055						1.75
Septioaemia			1327						
Telangiectaria									
				5					
and the second s		30			1706		ASTA	aksy sale	

# DISEASES IN FOOD .NIM.LS - Year Ending 31st December, 1972

Livers Hearts		CALVES				Part.	20	SH	EEP		*	
DISEASES	Car	cases		art cases	Car	rcases		art cases	Lu	ngs	Li	vers
to. Ibo. No. Ibo.	No.	lbs.	No.	lbs.	No.	lbs.	No.	lbs.	No.	lbs.	No.	lbs.
Abscessed			1	6		1914 6	7	39	5			abada
Arthritis	-					266 13	23	83		-		rtin
Blood Splashing						S Ł	144	441		paid-		8100
Bruising			3	20	2	76	8	32			ach	14175
Emaciation	4	124			7	170						(trato)
Fascioliasis			A			3	0	11		noit	272	531
Fever - Acute	7	454			4	180					13. 91	Cory
Immaturity	4	89					9	2 2			281	Tauan
Moribund	1	60					4	5 69		45		evol.
Oedema					1	34	1	20			1.710	Prot
Parasitic Infestation							1	2	69	130	578	1118
Peritonitis	1	196			3	177				nolt		
Pleurisy	1	52	0.00	15 (80)							0.0	Part
Pneumonia	4	433						2 246	35	65	100	1703
Pyaemia	10	430		13. 9	11	Mar H		141 5			an la	Plou
Septicaemia	1-55	07 9763			ï	45		82 8				Poet
Total	32	1838	4	26	18	682	183	615	104	195	850	1649

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# DISEASES IN FOOD ANIMALS - Year Ending 31st December, 1972

PIGS

DISEASES	Car	cases	Caro	art cases uding ads	Plu	icks	Lungs	Livers	Hearts
The No. 1be	No.	lbs.	No.	lbs.	No.	lbs.	No. 1bs.	No. 1bs.	No. 1bs.
Abscessed	10	1297	419	4144					
Arthritis	116	1239	237	992					SEODED L
Blood Spleshing		-	1	5				1	2 LAUSTA
Bruising			169	1852					<u>B10000</u>
Cirrhosis			1				1	21 62	TTOTOTA
Contamination	2	410	2	35	16	91	1.54	- mar	ALCORERA
Coryne Bacterium			177	1777				0.000	020881
Emaciation	2	79						03001	- 29V81
Fever - Acute	5	694						- East	CONTRACT.
Moribund	2	182						20	MOLTON
Oedema	1	33					-	-	Principo
Parasitic Infestation								2441 5383	alai
Pericarditis					459	2650	1 071 1	1.018	491 238
Peritonitis	7	746					A	1	Pleuri
Pleurisy	2	141	4	84	1673	9362	- CC	13	CERENCIA
Pneumonia	5	509	1				3376 7035		F.Sugar
Pyaemia	36	3841	1000					81200	Septic
Pyaemic Arthritis	16	1376					I DEOT 24	LES	-
Septicaemia	5	947							
Tuberculosis			29	286					
Heat Exhaustion	2	194							
Lymphatic Leukaemia	3	193							
Urticaria			15	95					
Total	114 1	1881	1053	9270	2148	12103	3376 7035	2462 5445	491 238

## FACTORIES ACT, 1961

## Part 1 of the Act

# 1. Inspection in connection with health -

DESCRIPTION	Number on Register	Inspections	Number of written Notices	Occupiers Prosecuted
<ol> <li>Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities</li> </ol>	1	1	15300 -	-
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	60	24	2	
<ul><li>(3) Other premises in which Section 7 is enforced by the Local Authority</li></ul>	1	l	-	48
TOTALS	62	26	2	-

# 2. Cases in which defects were found -

84.5	2.0	Number of defect	Number of Cases in		
	1.00		Ref	erred	which prose-
	Found	Remedied	cutions were instituted		
Want of Cleanliness	.4	4	2.8 - 3.9		LAROT T
Overcrowding	-	-	-	-	
Unreasonable temperature	1 1	1	for bortog	Longoos	-
Inadequate ventilation	1	1	and Cher	-	-
Ineffective drainage of floors	-	- <u>- [[</u> []]	an Link	ender-	-
Sanitary Conveniences:- (a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	6	6	-		-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act	-	-	-	-	-
TOTALS	12	12	-	-	-

#### METEOROLOGY

A rain guage was installed at the rear of the Town Hall in January 1960 by the West Sussex River Board, and the following information has been compiled from records kept by the Surveyor's Department.

11994 1728		media inte	N.C.	ELL'S LLES			
Month	Ra	infall	Average Annual Rainfall since 1960				
	m.m's	Indus	m.m's	Inches			
January	120.3	4.74	102.2	4.06			
February	96.5	3.82	63.2	2.51			
March	88.6	3.50	65.8	1.67			
April	79.7	3.13	71.7	2.81			
May	89.0	3.51	68.9	2.66			
June	45.7	1.80	59.0	2.33			
July	46.0	1.81	55.4	2.17			
August	23.1	0.91	72.0	2.84			
September	25.8	1.02	87.0	3.48			
October	29.9	1.18	88.7	3.50			
November	97.9	3.80	112.7	4.47			
December	150.3	5.89	91.8	4.52			
TOTAL	892.8	35.11	938.2	37.01			

Longest period without measurable rain -26 days (14th August - 8th September)

Highest daily rainfall -

21.50 m.m. (0.84") on 1st December

Samither Convert

(b) Unmitteble of