

[Report 1968] / Medical Officer of Health, Salisbury (New Sarum) City.

Contributors

Salisbury (England). City Council.

Publication/Creation

1968

Persistent URL

<https://wellcomecollection.org/works/hz9zduta>

License and attribution

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

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

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



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



CITY OF NEW SARUM

SALISBURY

THE
ANNUAL REPORTS

of the

Medical Officer of Health

and

Senior Public Health Inspector

for the year 1968

CITY OF SALISBURY

Report of the Medical Officer of Health for Salisbury
to the Minister of Health under the terms of Article 15(4) of
the Public Health Officers Regulations, 1959
for the year ended the 31st December, 1968

- (a) The number of dwellings known to be overcrowded at the end of 1968 together with the number of families and the number of persons dwelling therein:- One dwelling
one family
Nine persons
- (b) The number of new cases of overcrowding reported during 1968:- None
- (c) The number of known cases of overcrowding relieved during 1968 and the number of persons concerned:- Three cases
Twenty-five persons
- (d) Particulars of any cases in which dwelling houses in respect of which the local authority have taken steps for the abatement of overcrowding have again become overcrowded during 1968:- None

J.R. H.S.

Medical Officer of Health.

CITY OF SALISBURY

THE ANNUAL REPORT

OF

THE MEDICAL OFFICER OF HEALTH

AND

THE REPORT

OF

THE SENIOR PUBLIC HEALTH INSPECTOR

FOR THE YEAR

1968

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b3006840x>

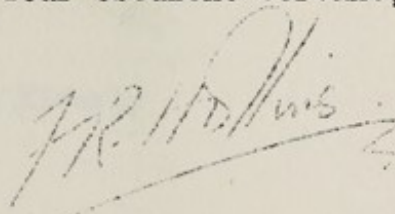
TO THE MAYOR, ALDERMEN AND COUNCILLORS,

I have the honour to submit the Annual Report of the Medical Officer of Health for the year 1968. The report of the Senior Public Health Inspector is also incorporated and forms the second half of this document.

Once again I am very pleased to record the wholehearted co-operation of all members of the staff of the Health Department, and to express my appreciation of the way they carried out their duties during the period under review. I also wish to record my gratitude to the Chairman and members of the Public Health Committee for their continued support throughout the year. I would like to acknowledge the interest shown by Dr. C. D. L. Lycett, County Medical Officer of Health, and to thank the General Practitioners of the City of Salisbury for their very willing co-operation and assistance at all times.

I am,

Your obedient Servant,



Medical Officer of Health

July, 1969.

TO THE MAYOR, ALDERMEN AND COUNCILLORS,

I have the honor to submit the Annual Report of the Medical Officer of Health for the year 1968. The report of the Senior Public Health Inspector is also incorporated and forms the second half of this document.

Once again I am very pleased to record the wholehearted co-operation of all members of the staff of the Health Department, and to express my appreciation of the way they carried out their duties during the period under review. I also wish to record my gratitude to the Chairman and members of the Public Health Committee for their continued support throughout the year. I would like to acknowledge the interest shown by Mr. G. D. Lyett, County Medical Officer of Health, and to thank the General Practitioners of the City of Salisbury for their very willing co-operation and assistance at all times.

I am,

Your obedient servant,

Medical Officer of Health

July, 1969.

INDEX

REPORT OF THE MEDICAL OFFICER OF HEALTH

Index	1
Foreword	3-4
Members of the Public Health Committee	5
Staff of the Health Department	6
Wiltshire County Council Staff - Health Visitors and School Nurses	7
Statistics and Vital Statistics	8-9
The Birth Rate	10
Stillbirths	11
The Illegitimate Rate	12
Causes of Death	13-18
Notifiable Diseases (other than Tuberculosis)	19
Tuberculosis	20
Veneral Disease	21
Immunisation and Vaccination	22
Immunisation and Smallpox Vaccination	23
Cervical Cytology	24-25
Cigarette Smoking and Disease	26-27
Housing for the Elderly	28-29
Drugs in the Home	30-31
Toilet Facilities for the Disabled	32
Provision for the Care of the Sick and Elderly	33
Sewage Disposal	33
Water Supplies	33
Common Lodging Houses	33

REPORT OF THE SENIOR PUBLIC HEALTH INSPECTOR

General Hygiene	34
Noise Abatement	34
Rag Flock and Other Filling Materials Act, 1951	34
Offices, Shops and Railway Premises Act, 1963	34-35
Public Health Administration	36-37
Housing Statistics - Slum Clearance	38
Inspection of Dwelling Houses	39
Premises and Occupations which are Controlled by Bye-laws and Regulations	40
Food Hygiene (General) Regulations, 1960	41
Food and Drugs Act, 1955: Poultry Inspection	42
Food Inspection	42
Milk Sampling	43
Prevention of Damage by Pests Act, 1949	44-45
Meat Inspection	46-54
Factories Act, 1961	55-57

INDEX

REPORT OF THE MEDICAL OFFICER OF HEALTH

1	Index
2	Foreword
3	Members of the Public Health Committee
4	Staff of the Health Department
5	Sanitary Council Council Staff - Health Visitors and School Nurses
6-9	Statistics and Vital Statistics
10	The Birth Rate
11	Stillbirths
12	The Infantile Rate
13-16	Causes of Death
17	Notifiable Diseases (other than Tuberculosis)
18	Tuberculosis
19	Venereal Diseases
20	Immunisation and Vaccination
21	Immunisation and Smallpox Vaccination
22-23	Cervical Cytology
24-25	Glaucoma Screening and Diseases
26-27	Housing for the Elderly
28-29	Houses in the Home
30-31	Toilet Facilities for the Disabled
32	Provision for the Care of the Sick and Elderly
33	Boys' Hostel
34	Water Supplies
35	Common Lodging Houses

REPORT OF THE SENIOR PUBLIC HEALTH INSPECTOR

36	General Hygiene
37	Public Houses
38	Bag Black and Other Filth Materials Act, 1957
39-40	Offices, Shops and Railway Premises Act, 1953
41-42	Public Health Act, 1936
43	Housing Statistics - 1954
44	Inspection of Dwelling Houses
45	Premises and Occupations which are Controlled by By-laws and Regulations
46	Food Hygiene (General) Regulations, 1955
47	Food and Drugs Act, 1955: Monthly Inspection
48	Food Inspection
49	Milk Sampling
50-51	Prevention of Damage by Pests Act, 1953
52-53	Plant Inspection
54-55	Factories Act, 1954

Foreword

In preparing this report I have closely followed the method and general layout which I adopted last year. This arrangement seemed to enable the statistics to be easily understood, and to illustrate the trends which might have a possible bearing on the health and welfare of the community at large, or on certain special groups in that community. Consequently, the various sections, tables, etc., are directly comparable with those of last year so as to provide a continuing basis for observation.

The general health of the population of the city remained very good for the period under review, and there were no major outbreaks of infectious or other form of transmissible disease. There was, however, one outbreak of measles in the middle of the year but this did not assume major proportions, and as no emergency measures had to be instituted to counteract this or any other health hazard the report does not have to cover anything of this nature.

Such a report should have certain well defined objectives, the first of which is to give a factual account of the work of the department for the year 1968. This has to include statistics and other basic information required by the Ministry of Health and Social Services and used by them for compiling the national reports. However, a report of this nature should not, in my opinion, be limited to basic facts and figures alone, and so the next objective should be to highlight all those trends which are taking place in our community, and which may ultimately affect the health and welfare of many people. A great increase in the aged section of the population might require plans to be prepared for special increased numbers of suitable dwellings. This is just a simple example to illustrate the point. However, when statistics are considered it must never be forgotten that the graphs and tables used in preventive medicine and community care are based on the needs of individual men, women, and children. This being so let us remember that when we speak of community health it is the health of these individuals we are talking about. I am convinced that we must never lose sight of this elementary fact, so that when a reference is made to the aged or any other problem highlighted by statistical analysis we should try to picture the individuals concerned - each with their particular needs and problems. By doing so we shall retain that personal touch which I consider so essential for doctors to possess, especially those who are dealing with communities and populations rather than individual patients.

Health Education is a third objective in writing an annual report, and this is a subject I consider to be extremely important. I feel it is my duty to keep emphasising major health hazards even at the risk of being accused of constant repetition. The public must be made aware of dangers, and it is only by giving them the widest possible publicity, by this constant repetition that people will be influenced to an extent that progress is likely to be made.

One obvious example is the danger of smoking cigarettes, a subject that is dealt with in detail in the appropriate section of the report. Unfortunately, it makes gloomy reading especially when it is realised that deaths from this cause are about seven times greater than those due to accidents on the roads. This is a fact about which everyone must surely be appalled, and so the message must be simple and straightforward, one that cannot be repeated too often in the face of a steadily rising tide of death and human suffering.

In the foregoing paragraphs I have outlined the scope of the report, and in the following pages will be found details of some of the problems that have to be faced, and suggestions for their relief, or an account of the steps that are being taken to deal with them. However, as they are closely bound with individual human beings the solutions are rarely simple and never easy. But this should not deter those who have the health and welfare of the community at heart.

Such a report should have certain well defined objectives, the first of which is to give a factual account of the work of the department for the year 1968. This has to include statistics and other basic information required by the Ministry of Health and Social Services and used by them for compiling the national reports. However, a report of this nature should not, in my opinion, be limited to basic facts and figures alone, and as the next objective should be to highlight all those trends which are taking place in our community, and which may ultimately affect the health and welfare of many people. A great increase in the aged section of the population might require plans to be prepared for special increased numbers of suitable dwellings. This is just a simple example to illustrate the point. However, when statistics are considered it must never be forgotten that the graphs and tables used in preventive medicine and community care are based on the needs of individual men, women, and children. This being so let us remember that when we speak of community health it is the health of these individuals we are talking about. I am convinced that we must never lose sight of this elementary fact, so that when a reference is made to the aged or any other problem highlighted by statistical analysis we should try to picture the individuals concerned - each with their particular needs and problems. By doing so we shall retain that personal touch which I consider so essential for doctors to possess, especially those who are dealing with communities and populations rather than individual patients.

Health Education is a third objective in writing an annual report, and this is a subject I consider to be extremely important. I feel it is my duty to keep emphasising major health hazards even at the risk of being accused of constant repetition. The public must be made aware of dangers, and it is only by giving them the widest possible publicity, by this constant repetition that people will be influenced to an extent that progress is likely to be made.

MEMBERS OF THE PUBLIC HEALTH COMMITTEE

Chairman

Alderman H. R. Kidwell, 4 Netheravon Road, Salisbury.

Vice-Chairman

Councillor Mrs. M. J. Benson, 213 Castle Road, Salisbury.

The Mayor

Alderman Mrs. B. D. Brown, 23 Thistlebarrow Road, Salisbury.

Alderman W. H. Lambert, 90 Queen Alexandra Road, Salisbury.

Alderman S. A. Vokes, 17 Wilton Road, Salisbury.

Councillor Mrs. H. E. Barker, "Strathavon", Mill Road, Salisbury.

Councillor R. W. Burton, 83 Greencroft Street, Salisbury.

Councillor A. S. Clark, 22 Stanley Little Road, Salisbury.

Councillor M. C. Davey, 84 Downsway, Salisbury.

Councillor R. F. Rigiani, 7 Wain-a-Long Road, Salisbury.

Councillor M. S. Robbins, 85 Brown Street, Salisbury.

Councillor Mrs. C. M. Till, 140 Bouverie Avenue South, Salisbury.

Councillor Mrs. K. M. Whaley, "Glenside" Shady Bower, Salisbury.

STAFF OF THE HEALTH DEPARTMENT

MEDICAL OFFICER OF HEALTH

Dr. F. R. Hollins, B.A., M.B., B.Ch., B.A.O., D.P.H. (LOND.)

DEPUTY MEDICAL OFFICER OF HEALTH

Dr. I. E. Jameson, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

SENIOR PUBLIC HEALTH INSPECTOR

Mr. S. Appleyard, C.S.I.B., M.A.P.H.I.

DEPUTY SENIOR PUBLIC HEALTH INSPECTOR

Mr. L. Weeks, C.S.I.B., M.A.P.H.I.

PUBLIC HEALTH INSPECTORS

Mr. A. H. Kay, C.S.I.B., A.R.S.H., M.A.P.H.I.

Mr. H. H. Seddon, C.S.I.B., A.R.S.H., M.R.I.P.H.H., M.A.P.H.I.

Mr. H. Dixon, C.S.I.B., M.A.P.H.I.

MEAT INSPECTORS

Mr. J. Goldsborough, C.M.I. (Resigned 10th February, 1968)

Mr. A. Kendall, C.M.I.

Mr. R. R. White, C.M.I. (Commenced 6th March, 1968)

Mr. J. W. Davey, C.M.I. (Commenced 1st July, 1968)

CLERICAL STAFF

Mrs. J. Weeks

Mrs. C. Gould

Miss A. Bramley

Mrs. D. Ralls

(Commenced 18th December, 1968)

WILTSHIRE COUNTY COUNCIL

The following Health Visitors are employed by the Health and Welfare Department for duties in the City:-

Miss M. H. Norman, S.R.N., S.C.M., H.V. Cert.

Miss E. C. N. Cross, S.R.N., S.C.M., R.F.N., H.V. Cert. (Retired Dec. 1968)

Mrs. J. M. Heard, S.R.N., S.C.M., H.V. Cert.

Miss J. P. Humpherson, S.R.N., S.C.M., H.V. Cert.

Miss S. Dicks, S.R.N., S.C.M., H.V. Cert.

Miss S. V. Munby, S.R.N., S.C.M., H.V. Cert.

Mrs. H. Exley, S.R.N., S.C.M., H.V. Cert., Q.N.

Miss M. C. R. Butler, S.R.N., S.C.M., O.N.C.E., H.V. Cert.

Miss A. M. Yates, R.S.C.N., S.R.N., S.C.M., H.V. Cert.

Miss L. Sage, S.R.N., S.C.M., H.V. Cert.

Miss S. Evans, S.R.N., S.C.M., H.V. Cert. (Commenced December, 1968)

The following School Nurses are also employed by the Wiltshire County Council for duties in the schools in the City:-

Mrs. B. A. Brown, S.R.N., S.C.M.

Mrs. N. M. Dalzell, S.R.N., S.C.M.

STATISTICS

General Statistics

Area in acres	3,640
Number of inhabited houses (a) 1968	12,304
(b) 1964	11,095
Rateable Value	£1,828,782
The sum represented by a penny rate	£7,122

Under this heading it will be seen that there has been a further increase in the number of inhabited houses. Compared with last year the increase has been 200 whilst in the five year period 1st January, 1964 to the 31st December, 1968 it has been just over 1,000. This figure becomes more significant when it is realised that many unfit houses have been demolished and new modern houses and blocks of flats put in their place. Furthermore, many substandard houses have been improved to a reasonable standard so that there has been a raising of the quality and amenities provided in the older houses as well as an actual increase in new up-to-date accommodation.

This generally improved standard of housing certainly assists the work of the Health Department. Large clearance areas have no longer to be considered in the routine work of the department. Instead it is the problem of individual unfit houses, or advice in carrying out improvements to older properties that is important in the sphere of housing and accommodation. In spite of the increase in the total number of inhabited dwellings it will be seen that there has been no further increase in the total acreage of the city which has now remained constant for a number of years.

VITAL STATISTICS

Registrar General's estimated mid-year Home Population for 1968	36,320
Registrar General's estimated mid-year Home Population for 1967	35,990

BIRTHS

	<u>Total</u>		<u>Male</u>		<u>Female</u>	
	1968	1964	1968	1964	1968	1964
Live - Legitimate ..	544	567	295	306	249	261
Illegitimate ..	56	50	31	23	25	27
All births ..	600	617	326	329	274	288
Total Birth Rate per 1,000 population 1968 .. .. .	..	..	..	..	..	16.5
Total Birth Rate per 1,000 population 1964 .. .. .	..	..	..	..	..	17.2
Area comparability factor .. .. .	..	..	..	..	..	1.0
Adjusted Birth Rate .. .. .	..	..	..	..	..	16.5
Illegitimate Live Births (percentage of total live births)						9.0

	<u>Total</u>		<u>Male</u>		<u>Female</u>	
	1968	1964	1968	1964	1968	1964
Stillbirths - Legitimate	5	2	..	3	..
Illegitimate	-	-	..	-	..
Stillbirth rate per 1,000 live and stillbirths	8.0
Total Live and Stillbirths	605

VITAL STATISTICS (Contd.)

DEATHS

	<u>Total</u>			<u>Male</u>			<u>Female</u>		
	554			281			273		
Total Death Rate per 1,000 population	15.3	
Area comparability factor	0.65	
Adjusted Death Rate	9.9	
Infant Deaths (deaths under one year of age)	14	
Infant Mortality Rates									
Total infant deaths per 1,000 total live births	23.3	
Legitimate infant deaths per 1,000 legitimate live births	23.8	
Illegitimate infant deaths per 1,000 illegitimate live births	0	
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	10.9	
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	3.3	
Peri-natal Mortality Rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	11.5	
Maternal Mortality (including abortion)	0	
Rate per 1,000 total live and stillbirths	0	

It will be noticed that the population of the City shows a further slight increase. It should be pointed out that these figures are estimates based on the middle of the year when the population is normally expected to be most stable. The figures are subject to a variety of errors as they are purely estimates so that we shall not know the actual population until after the next census. Nevertheless, looking at these estimates over a period of years they give a remarkable picture of a stable population, that has had none of the population explosions of so many other places. In the past twelve months the estimated increase has only been 330 indicating what very slight variations there have been. As a matter of fact the 1961 census gives the actual population of the city as 35,492 or only about a 1,000 less than it is today. This stability of population has been of great importance in planning housing development as it does enable enormous waiting lists to be avoided.

The Birth Rate

Year	Salisbury City	England and Wales
1964	17.23	18.5
1965	16.57	18.1
1966	16.69	17.7
1967	17.6	17.2
1968	16.2	-

In recent years there has been a great change in the attitude of most people in this country on the subject of family planning. This change, coupled with a very considerable increase in the use of oral contraceptives, could have an obvious affect on the birth rate and hence the total population in future years. It has been estimated that some 900,000 women are using oral contraceptives regularly at the present time, and the number is undoubtedly increasing. However, these observations are of most importance at national level and so further comment is outside the scope of this report.

The table shows the changes that have occurred in the City birth rate during the past five years. It also shows that the rate fell sharply during 1968 and is the lowest for some years. Whether this fall will prove significant or not is impossible to say as a similar occurrence took place in 1965 and 1963. As a result of these changes no particular trend or pattern is indicated by the present drop. None the less these figures are always of considerable importance.

During the same period the death rate rose slightly to 9.9. which indicates the extent of the natural increase - i.e. birth rate over death rate.

Stillbirths

Year	Male	Female	Total	Rate for Salisbury
1968	2	3	5	8.00
1967	7	6	13	20.00
1966	3	2	5	8.25
1965	6	3	9	14.95
1964	6	4	10	15.95
1963	3	8	11	17.42

This year the total fell very steeply from a rate of 17.42 to 8.00. This means that the relatively high figure last year was merely a variation due to the very small number involved. All the mothers of these infants had attended ante-natal clinics during their pregnancies. The five deaths were all legitimate and no illegitimate stillbirths occurred during the year. The table is an example of how misleading rates can be when dealing with very small numbers, and that under these circumstances a high figure such as that of last year has, by itself, no real significance.

The Illegitimate Rate

Last year I mentioned the concern that was being expressed throughout the country at the very high illegitimate live birth rate. This rate is the percentage of the total live births that are illegitimate, and though the baby may be born elsewhere the figures are corrected to give an accurate rate. The following table shows the figures for 1964-1968 compared with those of the previous decade, and in this way sets out the problem very clearly.

Year	Rate	Year	Rate
1954	5.5	1964	8.1
1955	4.3	1965	10.45
1956	4.4	1966	10.98
1957	4.9	1967	9.9
1958	6.0	1968	9.0

Illegitimacy is a subject of great importance as it creates such major social and welfare problems. Admittedly, it has always existed, but in the present decade it has assumed much more serious proportions than hitherto, and so it is essential that the extent of the problem is fully known and appreciated. Fortunately, in the case of Salisbury it has shown a slight reduction for the third year running. Unfortunately, this is much too short a period from which to draw any valid conclusions as it may only represent the trough of a wave and not a true downward fall. Nevertheless, it is certainly preferable to any further increase in the already very high figures. The fact that 9% of the babies in Salisbury during 1968 were illegitimate must give rise to serious thoughts on the part of teachers and youth leaders, and cause grave concern to parents - especially when compared with the figures of the previous decade.

To tackle the problem is not easy but it is something that must be done by all those who have the interests of young people at heart. Health Education and discussions on personal relationships organised at schools and youth clubs are part of the answer. Such a programme when carefully planned will provide the young people with the basic knowledge they require, and at senior level would include frank discussions on the tragedy of the unwanted child and the unmarried mother. But it seems to me that something further is required - something that only parents and a stable home background can provide. I refer to a sense of self discipline, and instilling them with those values of traditional morality which modern psychiatrists are now regarding as being more and more important in the development of a truly integrated personality.

CAUSES OF DEATH IN THE CITY OF SALISBURY, 1968

CAUSE OF DEATH	Sex	Total all Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS										
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over		
Tuberculosis of respiratory system	M	2	-	-	-	-	-	-	-	-	-	1	-	1	75 and over
Other infective and parasitic diseases	F	1	-	-	-	-	-	-	-	-	-	-	-	1	
Malignant Neoplasm - stomach	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
Malignant Neoplasm - lung, bronchus	F	1	-	-	-	-	-	-	-	-	-	-	-	-	
Malignant Neoplasm - breast	M	5	-	-	-	-	-	-	-	-	-	2	1	2	
Malignant Neoplasm - uterus	F	6	-	-	-	-	-	-	-	-	-	2	2	10	
Leukaemia	M	19	-	-	-	-	-	-	-	-	-	2	2	5	
Other Malignant Neoplasms, etc.	F	3	-	-	-	-	-	-	-	-	-	3	3	3	
Diabetes Mellitus	M	11	-	-	-	-	-	-	-	-	-	5	5	3	
Other Endocrine etc. diseases	F	8	-	-	-	-	-	-	-	-	-	-	-	-	
Other diseases of blood, etc.	M	2	-	-	-	-	-	-	-	-	-	-	-	-	
Other diseases of nervous system, etc.	F	2	-	-	-	-	-	-	-	-	-	-	-	-	
Chronic Rheumatic Heart Disease	M	2	-	-	-	-	-	-	-	-	-	-	-	-	
Hypertensive disease	F	2	-	-	-	-	-	-	-	-	-	-	-	-	
	M	3	-	-	-	-	-	-	-	-	-	-	-	-	
	F	4	-	-	-	-	-	-	-	-	-	-	-	-	

Causes of Death (Cont'd.)

CAUSE OF DEATH	Sex	Total all Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS							
					1-	5-	15-	25-	35-	45-	55-	65-	75 and over
Ischaemic Heart disease	M	77	-	-	-	-	-	1	7	12	21	36
Other forms of heart disease	F	75	-	-	-	-	-	-	-	3	8	64
Cerebrovascular disease	M	16	-	-	-	-	-	-	1	1	5	9
Other diseases of circulatory system	F	18	-	-	-	-	-	-	-	2	1	15
Influenza	M	30	-	-	-	-	-	-	1	10	10	9
Pneumonia	F	43	-	-	-	-	-	-	-	3	11	29
Bronchitis and emphysema	M	13	-	-	-	-	-	-	-	2	7	3
Asthma	F	9	-	-	-	-	-	-	-	1	3	5
Other diseases of respiratory system	M	8	-	-	-	-	-	-	-	-	2	5
Peptic Ulcer	F	3	-	-	-	-	-	-	-	-	1	2
Intestinal obstruction and hernia	M	24	-	2	-	-	-	-	-	-	3	17
Cirrhosis of liver	F	20	-	1	-	-	-	-	-	-	2	16
Other diseases of digestive system	M	12	-	-	-	-	-	-	-	-	4	4
Hyperplasia of prostate	F	3	-	-	-	-	-	-	-	-	1	1
	M	1	-	-	-	-	-	-	-	-	-	1

Causes of Death (Cont'd.)

CAUSE OF DEATH	Sex	Total all Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								75 and over																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
					1-	5-	15-	25-	35-	45-	55-	65-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Other diseases, genito-urinary system	M	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Causes of Death

The return of deaths prepared by the Registrar General clearly illustrates once again the main causes of death in the community, and the ages at which these causes are most likely to occur. The total number of deaths which occurred among the inhabitants of the City of Salisbury during 1968 was 554, an increase of 152 over the previous year. Only 127 of these deaths occurred under the age of 65 years, and 296 over the age of 75 years. These figures show very plainly the number of people who now live on into the seventh; eighth and ninth decades of life, and serve to highlight the point I made under the heading Housing for the Elderly.

The three main causes of death are cardio-vascular disease, cancer, and diseases of the respiratory system. The first of these was responsible for 292 deaths or more than half of the total, and 152 of these 292 were due to coronary heart disease. These figures demonstrate that this group of conditions is now the major cause of death. It is perhaps of interest to note that about two thirds of deaths from coronary heart disease occurred in people over the age of 75 years.

Cancer of the Lung:

This disease has, yet again, proved to be the most important of the malignant tumours as a cause of death. It was responsible for twice as many deaths as cancer of the breast, and twice as many also as cancer of the stomach.

Year	Cancer of the lung			All forms of Cancer
	Male	Female	Total	Total Deaths
1968	19	3	22	96
1967	18	1	19	76
1966	18	4	22	84
1965	23	2	25	97
1964	17	2	19	82

Deaths from this type of cancer have been steadily increasing throughout the country, though there have not been any significant changes in its incidence in Salisbury in the past few years. Nevertheless, nearly all cases of lung cancer are directly attributable to cigarette smoking, and for this reason it must be looked upon as a disease that is almost entirely preventable.

Cancer of the Uterus:

Under the heading Cervical Cytology reference was made to the services that are available for women to have medical checks for this condition. It is a disease that has attained very wide publicity yet it was only responsible for eight deaths during the year. This was one quarter of all female deaths due to malignant tumours and so must be regarded as important but it is not the most important and this is a fact that tends to be overlooked.

Cancer of the Breast:

This is a disease which has not aroused much publicity in recent years, certainly nothing that can be compared to cancer of the cervix. Yet it is interesting to note that it has caused more deaths in Salisbury than has cancer of the uterus. Cancer of the breast is a very common form of malignant tumour, and the outlook is favourable when it is discovered early.

Year	Deaths from breast cancer	Deaths from Cancer of the Uterus
1968	11	8
1967	7	1

For this reason women should never be worried about consulting their doctors if they discover a lump in the breast. As a matter of fact the Cancer Information Service has published a leaflet explaining to women (with the aid of simple diagrams) how to examine their breasts. These leaflets are available free from the Public Health Department and from the City Library so that all who wish to do so may take one when they visit either of these two places.

Respiratory Diseases:

These conditions were responsible for 82 deaths during the year. This was an increase of 25 compared to 1967. The main increase was due to pneumonia over the age of 70 years. In this modern age it is interesting to see that there were only six deaths from these diseases under the age of 65 years, three of which were in infants under one year. When it is remembered that it is not many years ago since pneumonia was known as "The Young Persons' Enemy" the great advances in the treatment of this condition will be apparent.

Accidents

Compared to the causes already mentioned accidents caused the deaths of very few of the inhabitants of the City during 1968. Five were killed as a result of motor vehicle accidents and seven from all other forms of accidents. This does not mean that these causes should be ignored. All these are preventable and it is only by repeated warnings, lectures, and publicity that the numbers of casualties can be controlled. The committees who are responsible for this deserve the greatest credit for the work they do in this important field.

Year	Deaths from motor vehicle accidents	Deaths from all other accidents
1968	5	7
1967	4	6

Notifiable Diseases other than Tuberculosis

Notified Cases	All ages	Under 1 year	1-5	6-15	16-25	26-45	46-65	66+	Age Un-known	Treated in hospital
Measles	181	4	125	48	-	1	-	-	3	-
Whooping Cough	4	2	3	-	-	-	-	-	-	-
Infective Hepatitis	3	-	-	1	-	-	-	1	-	-
Peurperal Sepsis	-	-	-	1	-	-	-	-	-	-
Dysentery	-	-	1	-	-	-	-	-	-	-

It will be apparent from the above table that, apart from a moderate outbreak of measles in the middle of the year, there were very few cases of notifiable disease. The fact that only four cases of whooping cough were notified is, perhaps, the most interesting finding. Whether or not this represents a true picture of the incidence of the disease is difficult to say; children who are fully protected by preventive inoculations can have the condition so mildly that it may be easily missed by the parents.

A small number of cases of infective hepatitis occurred towards the end of the year, and a little outbreak occurred which extended into 1969. The cases referred to in the table ran a normal course with no untoward complications.

Food Poisoning

The following are particulars of cases of food poisoning during 1968:-

(a) Total number of outbreaks	2
(b) Total number of cases ..	12
(c) Number of deaths	0

The department often gets notice of suspected food poisoning and all such reports are fully investigated. During the year a total of twelve cases were confirmed and these occurred in two outbreaks. One of these involved a family of four and was due to a rare form of organism in this region - *Salmonella enteritidis* var. *danzysz*. The symptoms were quite mild, but all cases were kept under observation until free from infection.

The second outbreak was due to the common organism *Salmonella typhimurium* and involved two families. In this outbreak there were a number of ramifications due to contacts with a number of families. However, all were checked and warned and the outbreak did not spread. All positive cases were kept under observation until quite free from infection.

Tuberculosis

T.B. Register 1968

<u>Male</u>	-	Pulmonary:	83	Non-Pulmonary:	16	Total:	99
<u>Female</u>	-	Pulmonary:	61	Non-Pulmonary:	15	Total:	76

Total number of cases on register 175

Recovered and discharged during the year Male: 9 Female: 12 Total: 21

Total number of deaths during the year Male: 4 Female: 1 Total: 5

New cases taken on register Male: 11 Female: 4 Total: 15

Seven of the new male cases and none of the female cases were suffering from the pulmonary form of the disease.

One female case left the district.

T.B. Register 1967

<u>Male</u>	-	Pulmonary:	92	Non-Pulmonary:	14	Total:	106
<u>Female</u>	-	Pulmonary:	76	Non-Pulmonary:	14	Total:	90

Total number of cases on register 196

Recovered and discharged during the year Male: 3 Female: 6 Total: 9

New cases taken on register Male: 3 Female: 4 Total: 7

Two of the new male cases and three of the female cases were suffering from the pulmonary form of the disease.

A study of the foregoing abstracts from the Tuberculosis Register shows that there has been a further reduction in the total number of cases on the Register. This reduction has occurred in spite of an increase in the number of new cases registered during the year. This is mainly due to the large number who were satisfactorily treated and discharged as cured. This steady reduction in the number of cases on the registers is in keeping with the general picture of the disease in this country. Mass Radiography is now only finding about 0.7 cases per 1,000 persons x-rayed which is an extremely low figure indeed. B.C.G. continues to be offered to all secondary school children in the city schools and is a very important part of the preventive campaign. Arrangements for this work are made by Dr. C. D. L. Lycett, County Medical Officer of Health, Wiltshire County Council, and sessions are usually well attended. The majority of new cases of pulmonary tuberculosis seen today no longer occur in the young age groups, but tend to be found in late middle life or in old age.

Young people are, of course, highly susceptible but vaccination acts effectively in reducing this susceptibility, while modern medical techniques and chemotherapeutic agents have revolutionised the treatment and prognosis of a disease that used to be a major cause of suffering and death.

Veneral Disease

New Cases Registered in Salisbury

Gonorrhoea		Early Syphilis		Late Syphilis	
Male	Female	Male	Female	Male	Female
19	18	2	-	2	-

Information concerning the veneral diseases is included in the report this year as it is a problem that is becoming serious throughout the country. It will be seen that thirty-seven new cases of Gonorrhoea were registered in the Salisbury Clinic during the year, and of these nineteen occurred in young people between 16 - 19 years of age. Syphilis is a much rarer disease and only a total of four cases were registered. Unfortunately, no female cases were seen, though it may be that they attended another clinic.

These figures do not refer to cases in Salisbury itself as patients who suffer from these diseases tend to visit clinics far away from their own towns. Nevertheless, the figures do indicate that a high proportion of the new cases of Gonorrhoea occur in very young age groups.

Immunisation and Vaccination

These are the responsibility of the Wiltshire County Council as the Local Health Authority, and Dr. C. D. L. Lycett, County Medical Officer of Health is responsible for making the appropriate administration arrangements to ensure that all children are immunised correctly and at the proper ages.

Immunisation against Poliomyelitis, Whooping Cough, Diphtheria, Tetanus and Measles is carried out at the Clinics, but vaccination against Smallpox is only performed by General Practitioners. Mothers can, therefore, receive all immunisations, except vaccination against smallpox, either at the Clinic or from their private doctor - whichever is the more convenient. Smallpox vaccination, on the other hand, can only be done by the private doctor with whom the baby or child is registered.

B.C.G. vaccination against Tuberculosis is offered to all children at Secondary Modern or Grammar School level.

The following tables give the details of immunisations and vaccinations carried out in the City of Salisbury and were provided through the courtesy of Dr. C. D. L. Lycett, County Medical Officer of Health and Principal School Medical Officer, Wiltshire County Council.

POLIOMYELITIS IMMUNISATION STATISTICS

AGE GROUP	2nd inj.	3rd inj.	4th inj.	3 oral doses	2 orals after 2 inj.	4th oral after 3 inj. or 3 oral
1968	-	-	-	228	-	-
1967	-	-	-	261	-	82
1966	-	-	-	4	-	176
1965	-	-	-	2	-	-
1964	-	-	-	3	-	7
1959 - 1963	-	-	-	40	-	252
1953 - 1958	-	-	-	-	-	7
Others under 16	-	-	-	1	-	13
Others over 16	-	-	-	6	-	37
TOTALS	-	-	-	555	-	574

IMMUNISATION AND SMALLPOX VACCINATION STATISTICS

Year of Birth		1968	1967	1966	1965	1964	1959-63	1953-58	Others under 16
Primary imms. completed during 1968	Diph.	219	230	3	3	1	19	2	-
	Wh/c.	215	218	1	3	-	-	-	-
	Tet.	219	230	3	3	1	20	4	3
	Meas-les	6	39	85	84	74	327	93	-
	Reinf.injcts.	-	99	203	19	43	406	6	-
	administered during 1968	Wh/c.	-	13	21	1	2	25	-
	Tet.	-	99	203	19	43	493	12	12

	Months					Years	
Age group	0-3	3-6	6-9	9-12	1	2-4	5-15
Vaccinations	-	-	-	-	-	121	27
Re-vaccinations	-	-	-	-	-	9	36

Cervical Cytology

In recent years the subject of cervical cytology has aroused great interest and controversy throughout the country, and has now become recognised as an important routine screening procedure in the early diagnosis and prevention of cervical cancer. The subject has aroused such a wide general interest among women of all ages that I consider it desirable to include a detailed account in this report of the facilities available for having this examination in the City of New Sarum. By doing so I trust that all women and womens' organisations will be made fully aware of these facilities, and know where they can go to have the examination carried out. I would also like to emphasise that the procedure is very simple; quick, and is carried out with a minimum of discomfort.

As a matter of fact women in the City and its environs are really very fortunate in regard to the facilities that are open to them in respect of this examination, especially when these are compared to other parts of the country. At the present time there are three ways in which cervical cytological examinations can be obtained. Firstly, there are the Private Practitioners. The majority of practices within the City are prepared to carry out this examination for their female patients either on request; as a routine procedure, or when there is a definite indication that it should be done. Where such facilities cannot be carried out in the Practice by the Private Doctor patients are advised to attend the Cytology Clinic. The fact that so many doctors are doing these tests for their patients makes it relatively easy for a woman to have the examination performed without a lengthy period of waiting.

Secondly, there is the Salisbury Cytology Clinic to which reference has already been made. This Clinic is run by the Wiltshire County Council as the Local Health Authority, and its operation is a responsibility of the County Health Committee. Sessions are held on two afternoons per month at the Central Health Clinic, Avon Approach and it is, of course, a free service. Any woman married or single over the age of 18 years can make an appointment either by calling at, or telephoning the Central Health Clinic and there is no lengthy period of waiting. In fact she will only have to wait a few weeks at the most, and possibly a good deal less. This compares very favourably indeed with many parts of the country where the waiting time is very much longer.

Finally, there is the Salisbury Hospital Group. Though no special clinics are held specifically for this purpose in the various hospitals in the Salisbury area the examination is carried out as a routine procedure on all patients attending the Gynaecological and post natal clinics.

Cervical Cytology (Cont'd.)

The foregoing account indicates very clearly that the women of Salisbury and its surroundings have a very good service available for cervical cytology. The fact that there is no waiting list at the Salisbury Cytology Clinic shows that the present demand is being dealt with adequately. The Pathology Department is now handling about 8,000 tests per year though these come from a much wider area than Salisbury alone. Nevertheless, the facilities are not fully extended and it is hoped that many more women will take advantage of these services to have this test. But it is no use just to have it on the one occasion, and all women whether married or single, young and old should arrange for it to be repeated at regular intervals as advised either by their own or the clinic doctors.

Cigarette Smoking and Disease

In the whole of health education there is hardly a more important subject at the present time than the dangers of cigarette smoking. Once again a year has gone by in which there has been a further large increase in the number of deaths directly attributable to this cause in spite of the warnings that have been given. It is one of the greatest tragedies of the present time that if the habit of smoking cigarettes was given up completely deaths in Britain could be reduced by nearly a tenth. But so far the public has ignored the warnings so death and suffering continue to increase. The situation becomes even more tragic when it is remembered that it is those in the prime of middle life who are most affected. Men die at a time when they should be at their best, leaving widows and young families so that serious socio-economic factors must be added to that of bereavement.

In my opinion it is high time for parents and teachers to take a long hard look at themselves and the example they set to young people in the matter of cigarette smoking. As one who has spent a great deal of time on health education I have had to discuss the subject with many groups of school leavers. On numerous occasions I have been told of parents or teachers who are heavy smokers, and these children say it in such a way that they obviously intend to follow this example. Do parents really want to bring up their children to die of cancer of the lung or coronary heart disease in their forties, or do teachers ever stop and think that they are setting an example which may be followed by many of their pupils with the same result. Pipes and cigars offer a safe alternative for those who are unable to abandon the habit, and should help to set an example to the young people in their care.

The latest report from the Chief Medical Officer, Ministry of Health makes gloomy reading when dealing with this subject as the figures which he quotes illustrate the current trend only too clearly. Between 1966 and 1967 deaths from cancer of the lung increased by more than 1,200 to a total of 28,252 for the year 1967. The great majority of these were due to excessive cigarette smoking. But there are other diseases whose onset and incidence is directly affected by cigarette smoking. The most important of these is coronary heart disease, and men in the middle age groups are twice as likely to die from this disease if they smoke 20 cigarettes or more per day. The incidence of bronchitis is also directly affected by cigarette smoking, whilst this habit may also be an important factor in cancer of the bladder. The Chief Medical Officer stated that deaths which could be attributed to smoking cigarettes exceeded 50,000 per year. This figure is nearly seven times the number killed each year on our roads but it rarely receives anything like the publicity that is given to road deaths. But in addition to those who die there is an immeasurable amount of human suffering and illness not to mention the loss to the country of countless working hours.

Cigarette Smoking and Disease (Cont'd.)

It is little use people thinking that cancer of the lung can be controlled by improved and more frequent mass miniature x-ray surveys. By the time lung cancer is demonstrable in this way it is usually too late. Similarly, once bronchitis has become established the changes in the tissues are largely irreversible. Nevertheless, if serious changes have not already occurred a persons' chances are greatly improved by giving up smoking cigarettes. If a man aged about 35 years of age smoking more than twenty cigarettes a day gives up and remains a non-smoker for 5 years the chances of developing lung cancer are reduced by twenty five per cent. This is a very great improvement and it is perfectly true to say that giving up smoking at any age reduces the chances of developing these conditions if they have not already started.

In conclusion it is the duty of all who are engaged in the field of Preventive Medicine to do their utmost to ensure that everyone realises the dangers in a packet of cigarettes. When I say realise the danger I do not mean in an impersonal or casual sort of way, but that they thoroughly understand the true dangers and the risks involved. More than this one cannot do, but if our young people do understand this much then I think we have taken a step in the right direction.

Housing for the Elderly

In my annual report for 1967 I dealt at some length with the problems facing the City of Salisbury as a result of the steady increase in the aged section of the inhabitants. The importance of the subject fully justifies a further reference to it again this year as it is a relevant factor in all planning operations for future housing schemes. At the present time rather more than 16% or approximately 1 : 6 of the total population of the City are aged 65 years or more, a proportion that has been rising steadily and is above the national average. Such a high percentage is a very sobering thought, and one that all who are concerned with housing projects will have to bear constantly in mind. Figures from the Registrar General's Department indicate the nation wide extent of the problem and how it is steadily increasing. The latest tables show that the expectation of life for a boy at birth is now 68.7 years, and for a girl 74.9 years. Furthermore, 70% of all males born and 82% of all females can expect to reach the age of 65 years. These are all average figures governed by the conditions that existed in England and Wales during the years 1965/67, and maintain the upward trend. When it is remembered that they take into account all deaths from accident or disease from infancy onwards it will be obvious that very large numbers of people are now living well into their eighth and ninth decades. Nevertheless, these numbers will undoubtedly increase and the expectancy figures rise still higher as further advances in medical science take place.

It is much more economical for the country, and far more satisfactory for the elderly people themselves if they can continue to live in their own homes in the midst of the community rather than have to be admitted to geriatric residential units. There is no doubt that very large numbers of old people can look after themselves successfully and happily provided they have suitable housing, and some extra help. Some may require supervision, or home help, or have special items of equipment in the house, or a combination of some or all of these aids. In 1967 the City Council resolved to build one new group dwelling each year for five years and then review the subject again. This resolution is now being implemented, and the next to be built is in stage II of the Friary Development. These group dwellings are in the care of a warden, and are designed for those who can look after themselves but require some supervision. Where necessary some additional features such as handrails etc. can be provided to assist those who are partially incapacitated. In 1968 a further resolution was taken when the Council decided to allocate as many ground and first floor flats and flatlets as possible to elderly people. No actual numbers were quoted as it is necessary to allow flexibility in order to preserve a balance and true sense of proportion so as to meet the needs of all sections of the community. These actions illustrate that the City Council is well aware of the difficulties of housing for the elderly. They also show that such problems are being tackled early which should obviate the risk of being suddenly faced with a major crisis that is difficult or impossible to solve.

Housing for the Elderly (Cont'd.)

As a result of the housing provided and planned for elderly people by the City Council, together with the various almshouses and hospitals run by the Charitable foundations the problems of housing the elderly should remain within reasonable limits for the next few years. Nevertheless there can be no complacency or relaxation of effort if the problem is to be kept firmly under control.

In an effort to reduce the risk of such happening the Home Survey Committee of the City Council organized a collection of unwanted drugs. This was made possible by the volunteered co-operation of the local branch of the Pharmaceutical Association. The object was to gather in all unwanted drugs, and at the same time to impress on householders the need for developing a sense of responsibility. Local chemists agreed to allow their premises to be used as collecting points, and to accept the quantities and types of drugs received. Householders were asked through publicity in the press and by circulars to deposit their unwanted drugs and hand them in to their local chemist. By adopting this method it was considered that people would more readily develop more responsible attitudes towards drugs and medicine than if a separate collecting organization was set up to collect them from the houses.

A similar scheme had been tried the previous year which had proved quite successful and it was hoped that even larger quantities would be handed in on this occasion. The period chosen was 10th October - 2nd November, 1955 and the following table shows the results. The most interesting fact by far the most important result was the handling in of more than 5,000 capsules of sleeping drugs, tranquillizers, etc. These capsules are invariably brightly coloured and could be very easily so identified. Many of the other tablets could also be quite dangerous, and so, judging by the nature of the drugs and the quantities handed in to the various chemists, the campaign was a considerable success.

All drugs handed in were destroyed.

Quantities of Capsules and Tablets received		
1st week	2nd week	
2,328	751	1. D.D.A.
69	19	2. Amalgams, Sedatives, Hypnotics
		3. Salicylates and Anti-acids

Drugs in the Home

In these days when people use many more medicines and drugs than in the past quantities of these substances gradually collect in the home. Some of these may be actually in the category of dangerous drugs but all are potentially dangerous to young children. Many of the capsules and tablets are brightly coloured so that they can easily be mistaken for sweets. Every year accidents occur in homes due to children swallowing tablets or capsules which they discover in odd drawers or cupboards.

In an effort to reduce the risk of such happenings the Home Safety Committee of the City Council organised a collection of unwanted drugs. This was made possible by the wholehearted co-operation of the local branch of the Pharmaceutical Association. The object was to gather in all unwanted drugs, and at the same time to impress on householders the need to develop a sense of responsibility. Local chemists agreed to allow their premises to be used as collecting points, and to check the quantities and types of drugs received. Householders were asked through publicity in the press and by specially printed leaflets to collect all unwanted drugs and hand them in to their local chemists. By adopting this method it was considered that people would more readily develop a more responsible attitude towards drugs and medicines than if a complicated administrative organisation was set up to collect them from the houses.

A similar scheme had been tried the previous year which had proved quite successful and it was hoped that even larger quantities would be handed in on this occasion. The period chosen was 20th October - 2nd November, 1968 and the following table shows the results. The most interesting and by far the most important results was the handing in of more than 2,000 capsules of sleeping drugs, tranquillisers, etc. These capsules are invariably brightly coloured and could be very deadly to children. Many of the other tablets could also be quite dangerous, and so, judging by the nature of the drugs and the quantities handed in to the various chemists, the campaign was a considerable success.

All drugs handed in were destroyed.

Quantities of Capsules and Tablets received		
	1st week	2nd week
1. D.D.A.	-	-
2. Analgesics, Sedatives, Hypnotics	2,358	721
3. Stimulants and Anti-obesity	69	19

Drugs in the home (Contd.)

Quantities of Capsules and Tablets received		
	1st week	2nd week
4. Antihistamine	163	128
5. Drugs acting on Alimentary System	107	250
6. Anti-infection	131	143
7. Drugs acting on Respiratory System	169	271
8. Cardio-vascular System	784	122
9. Nutritional	366	100
10. Urinary Tract	229	66
11. Endocrine	50	22
12. Unidentified	474	446

Toilet facilities for the Disabled

In our modern society a very high proportion of the population now have their own cars, and each year the percentage becomes even higher. Consequently, the population has become very much more mobile so that families now take advantage of holidays and week ends to visit places of interest. Cities and towns have developed facilities to attract these visitors, including such essentials as car parks, public toilet blocks, etc. But at the present time almost all the toilet facilities which are provided by local authorities are only suitable for those who possess reasonably normal physical powers. Unfortunately, the proportion of those who suffer from severe physical handicaps is quite considerable and steadily increasing. Up to the present very little has been done to help those people by providing toilet facilities specially designed to meet their needs. As a result they are often unable to go out and enjoy touring in the cars of friends or relations, or to visit cities and towns of interest. These severely handicapped people are condemned to forego a great deal of pleasure that those who are not so afflicted take for granted purely because of this lack of suitable toilets.

It is high time that steps were taken by local authorities throughout the country to consider the needs of these people, and it is with great pleasure that I report on the progressive attitude of Salisbury City Council in this matter. A specially designed toilet for disabled persons will be provided in the new shopping area in the Old George Mall. This is very central for shoppers and visitors, and should encourage people to take disabled friends and relatives into central Salisbury for little outings. Furthermore, there will be other specially designed units in the toilet blocks to be provided at the new car parks. These should prove very helpful for disabled visitors who wish to come and see our city as they will be able to come secure in the knowledge that careful thought and consideration has been given to their special needs.

Provision for the Care of the Sick and Elderly

Under Section 47 of the National Assistance Act, 1948 or the National Assistance (Amendment) Act, 1951, provision is made to permit the removal to hospital of sick and elderly people who are living under circumstances where they cannot properly look after themselves. To do so it is necessary to present the facts to a magistrate who grants the necessary authority. It is not a course of action that I like to follow as I have generally found simple persuasion and explanation will make these patients amenable to temporary hospitalisation. During the year it was not necessary to take action under these Acts as the one difficult case agreed to enter hospital voluntarily.

Sewage Disposal

There are no public health problems to report under this heading as the large modern sewage works continues to operate efficiently.

Water Supplies

Water supplies for the City of Salisbury are controlled by the South Wilts Water Board. Water is obtained from deep wells in the chalk from which it is pumped to suitable storage reservoirs sited at strategic points. Samples of all water intended for human consumption are sent to the Public Health Laboratory at weekly intervals. These samples are taken before and after the addition of chlorine and copies of all reports are sent to your Medical Officer of Health. Throughout the year all samples were satisfactory and there were no outbreaks of any water borne infection.

Common Lodging Houses

There are at present no registered common lodging houses in the City.

REPORT OF THE SENIOR PUBLIC HEALTH INSPECTOR

General Hygiene

One thousand, three hundred and nine inspections of premises (*1,611) and 1,702 additional visits were made (1,797), including the following:-

224	inspections of dwellings
179	" " drainage systems,
83	" " restaurant kitchens,
28	" " butchers' shops,
16	* * bakehouses,
27	" " factories.

One hundred and twenty informal and 51 statutory notices were served and 132 informal and 44 statutory notices had been complied with at the end of the year, the latter including some outstanding from 1967. More inspections of dwellings, drainage systems, restaurant kitchens, shops and offices were made and twice as many informal notices were served as in 1967.

As previously reported, all plans received in the City Engineer's Department relating to the construction or re-planning of shops, warehouses, factories, cafes and other premises with which the Public Health Department is concerned are examined for compliance with the relative statutes administered by this Department, and some of this work is reflected in the items shown on pages 35 to 37.

Noise Abatement Act, 1960

Complaints involving factories on night work were dealt with by late night visits and meter recordings. In one case the matter was satisfactorily resolved but in the other investigations were still proceeding.

Rag Flock and Other Filling Materials Act, 1951

All the material used in the upholstery trade in the City still comes from sources where the British Standard Specifications are complied with, therefore no samples were submitted for examination, saving both time and expense.

Offices, Shops and Railway Premises Act, 1963

One hundred and forty-two premises received a general inspection during the year, the total of registered premises now standing at 572, of which 379 have been inspected. An additional 301 visits were made to follow-up notices etc. 56 informal notices were served and 73 complied with, the latter including some outstanding from 1967.

Offices, Shops and Railway Premises Act, 1963 (Cont'd.)

Six non-fatal accidents were reported, 4 due to falls, 1 to the use of machinery and 1 to the use of hand tools. In one case informal advice was given and in another a notice was served for the execution of works and subsequently complied with.

Offices Remedied After Inspection

Sanitary Conveniences Regulations, 1964:

Compartments repaired	..	..	..	..	..	..	..	..	22
Ventilation improved	..	..	..	..	..	..	..	..	11
Compartments labelled	..	..	..	..	..	..	..	..	9

Washing Facilities Regulations, 1964

Running hot water provided	..	..	..	..	..	..	..	..	19
Wash basins (with hot and cold water) provided/renewed	..	..	..	..	..	..	..	..	3
Washhand basins cleansed	..	..	..	..	..	..	..	..	2
Soap and clean towels provided	..	..	..	..	..	..	..	..	1

Floors, passages and staircases:

Handrails provided	..	..	..	..	..	..	..	..	19
Floors repaired; coverings renewed	..	..	..	..	..	..	..	..	35
Openings in floors fenced	..	..	..	..	..	..	..	..	4
Stair treads renewed/repared	..	..	..	..	..	..	..	..	8
Open sides guarded	..	..	..	..	..	..	..	..	10

Fencing of machinery:

Machinery guarded	..	..	..	..	..	..	..	..	16
Interlocks provided	..	..	..	..	..	..	..	..	1

Cleanliness:

Rooms/staircases and landings cleansed	..	..	..	..	..	..	..	..	27
Floors cleansed	..	..	..	..	..	..	..	..	1

Temperature:

Thermometer provided on each floor	..	..	..	..	..	..	..	..	26
Heating of rooms provided	..	..	..	..	..	..	..	..	3

Ventilation:

Improved	18
----------	----	----	----	----	----	----	----	----	----

Lighting:

Satisfactory lighting provided	13
--------------------------------	----	----	----	----	----	----	----	----	----

Overcrowding:

Abated	4
--------	----	----	----	----	----	----	----	----	---

Drinking water:

Vessels provided	..	..	..	..	..	..	..	..	1
Drinking water provided	..	..	..	..	..	..	..	..	3

First Aid Order, 1964:

First aid box provided	30
------------------------	----	----	----	----	----	----	----	----	----

Information for Employees Regulations, 1965:

Abstract posted after notice	31
------------------------------	----	----	----	----	----	----	----	----	----

PUBLIC HEALTH ADMINISTRATION

Work completed during the year 1968

Housing

Roofs repair	10
Gutters repaired or renewed	4
Rainwater pipes repaired or renewed	4
External walls repaired or re-pointed	2
Windows and door sill renewed	3
Dampness abated:-	
i. repairs to roof	8
ii. repairs to gutters or rainwater pipes	5
iii. repairs to external walls	6
iv. waterproofing of internal walls	6
Wallplaster repaired	3
Ceiling plaster repaired	3
Windows repaired	4
Doors repaired	4
Doors renewed	1
Floors repaired	4
Floors renewed	3
Stairs repaired	2
Firegrates or ranges renewed	1
Verminous rooms disinfested	6
Bath reset	1
Water supply repaired	2
Obsolete chimney stack removed	1

Sanitary Conveniences

Cistern repaired	2
Water supply restored	2

Drainage

Drains/sewers examined	90
Drains/sewers cleansed	66
Drains/sewers repaired or reconstructed	25
Inspection chambers provided	4
Fresh air inlet fixed	1
Soil or ventilating pipe repaired	1
Access points provided	2

Nuisances

Offensive accumulation removed	5
Nuisance from keeping animals abated	1

Prevention of Damage by Pests Act, 1949

Treatment for rats	..	..	..	..	..	..	..	..	2
Harbourage cleared	..	..	..	..	..	..	..	..	2

Factories and Workplaces

Sanitary conveniences provided at Building Sites	..	..	..	..	..	..	..	1
Sanitary conveniences repaired and redecorated	..	..	..	..	..	..	..	1
Intervening ventilated space provided	..	..	..	..	..	..	..	1
Doors and fastenings provided to water closet compartments	..	..	..	..	..	..	..	1
Water-closets cleansed	..	..	..	..	..	..	..	1
Notices affixed	..	..	..	..	..	..	..	2
Yard surface paved	..	..	..	..	..	..	..	1

Food-preparing premises, shops, cafes, restaurant kitchens, stalls, etc.

Rooms cleansed or redecorated	..	..	..	..	..	..	..	10
Fittings, benches, etc. cleansed	..	..	..	..	..	..	..	4
Structural repairs carried out	..	..	..	..	..	..	..	1
Canopies to ranges cleansed	..	..	..	..	..	..	..	1
Floors repaired	..	..	..	..	..	..	..	3
Ventilation improved	..	..	..	..	..	..	..	1
Sinks provided/renewed	..	..	..	..	..	..	..	3
Wash-hand basin provided	..	..	..	..	..	..	..	4
Water heaters provided	..	..	..	..	..	..	..	1
Water heaters repaired	..	..	..	..	..	..	..	1
Water closets redecorated	..	..	..	..	..	..	..	1
Clean towels provided	..	..	..	..	..	..	..	1
Hand washing materials provided	..	..	..	..	..	..	..	1
Hand washing notices provided	..	..	..	..	..	..	..	1
First-aid boxes provided or re-stocked	..	..	..	..	..	..	..	2
Overclothing provided	..	..	..	..	..	..	..	1
Adequate storage facilities provided	..	..	..	..	..	..	..	2
Refuse bins provided	..	..	..	..	..	..	..	1
Walls rendered	..	..	..	..	..	..	..	1
Windows repaired	..	..	..	..	..	..	..	1
Extra lighting installed in food rooms	..	..	..	..	..	..	..	1

Food Hygiene (Markets, Stalls & Delivery Vehicles) Regulations, 1966

Handwashing basins provided	..	..	..	..	..	..	..	2
Hot water provided at washbasins	..	..	..	..	..	..	..	8
Handwashing materials provided at washbasins	..	..	..	..	..	..	..	6
Names and addresses displayed	..	..	..	..	..	..	..	2
Covering provided to stalls	..	..	..	..	..	..	..	6
Clean and washable overclothing provided	..	..	..	..	..	..	..	3
First aid materials provided	..	..	..	..	..	..	..	4

HOUSING STATISTICS

SLUM CLEARANCE

HOUSES DEMOLISHED

Clearance Area No. 33

61-67 Culver Street
73-77 Culver Street

Clearance Area No. 41 (Part)

2-7 Friary Lane
5, 7, 11, 13, 15 The Friary
24-28 The Friary
32-50 The Friary
75-83 The Friary

Individual Unfit Houses Demolished

23-29 Lower Road, Bemerton

Demolition Orders determined

3 and 4 Eversglade

Individual Unfit Houses Closed

3 Lampard's Terrace, Exeter Street
13 Old Street
4 Blechyndens Almshouses
92 Brown Street
9 Guilder Lane
58 Windsor Street*

Parts of Dwelling Houses Closed

93 Fisherton Street

Closing Orders Determined

99 Exeter Street
58 Windsor Street*

*Closed but subsequently made fit

INSPECTIONS OF DWELLING HOUSES

Housing Act, 1936 and 1957

Unfit Properties

Preliminary inspections	..	..	..	..	..	..	..	9
Detailed inspections	..	..	..	..	..	..	..	15
Additional visits	..	..	..	..	..	..	..	74

Housing Act, 1961 (Multiple Occupation Regulations)

Inspections	..	..	..	..	..	..	..	15
Visits	..	..	..	..	..	..	..	16
Preliminary notices served	..	..	..	..	..	..	..	2
Complied	..	..	..	..	..	..	..	1

Rent Act, 1957

Interviews at office or premises	1
----------------------------------	----	----	----	----	----	----	----	---

No applications for Certificates of Disrepair or cancellations of such certificates were received during the year.

Public Health Acts, 1936 and 1961

Inspections	..	..	..	..	..	..	..	224
Additional visits	..	..	..	..	..	..	..	265
Preliminary notices served	..	..	..	..	..	..	..	31
Complied	..	..	..	..	..	..	..	30
Statutory notices served	..	..	..	..	..	..	..	51
Complied	..	..	..	..	..	..	..	44

Housing Act, 1957 - Part IV - Overcrowding

Number of new cases	..	..	..	..	..	..	..	1
Number of inspections	..	..	..	..	..	..	..	4
Number of additional visits	..	..	..	..	..	..	..	4
Houses measured for permitted numbers	..	..	..	..	..	..	..	16
Overcrowding relieved	..	..	..	..	..	..	..	2

Public Health Act, 1936, Sections 83-85

Number of inspections in connection with verminous premises	..	..	..	..	..	..	..	22
Number of additional visits entailed	..	..	..	..	..	..	..	24
Number of new cases	..	..	..	..	..	..	..	2
Number of verminous rooms sprayed	..	..	..	..	..	..	..	12
Number of verminous rooms dusted with powder	..	..	..	..	..	..	..	5
Number of verminous rooms gassed	..	..	..	..	..	..	..	1

PREMISES AND OCCUPATIONS WHICH ARE CONTROLLED BY BYE-LAWS
AND REGULATIONS

The Liquid Egg (Pasteurisation) Regulations, 1963

There are no egg pasteurisation plants within the City.

The Market Place

Forty-five general inspections and 186 individual inspections of stalls were made with a view to observing the sale of unsound food and also compliance with the Food Handling Bye-laws and the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, four informal notices being served and complied with.

Offensive Trades

There is still only one such trade carried on within the City, viz. a marine store. The premises are regularly inspected and are generally kept clean, tidy and free from vermin.

Moveable Dwellings

Five inspections with two additional visits and two interviews were made of the one site and one additional visit to an individual van was made during the year.

Ice-cream

Twenty-nine samples of ice-cream were submitted for bacteriological examination and 25 were found to be satisfactory (grades 1 and 2), 3 fairly satisfactory (grade 3) and 1 unsatisfactory (grade 4). This standard is set by the Public Health Laboratory Service, which suggests that over a period of six months 50% should fall into Grade 1, 80% into Grades 1 and 2, not more than 20% in Grade 3 and none into Grade 4. The 1 unsatisfactory sample was associated with unsterile rinse water used with the servers and follow-up samples after advice had been given were satisfactory.

Grade	Premises				Vans			
	1	2	3	4	1	2	3	4
Hard Ice-cream	17	8	3	1	-	-	-	-
Soft Ice-cream	-	-	-	-	1	-	-	-

Food Hygiene (General) Regulations, 1960

The number of food premises subject to the above named regulations is 262 (as shown) and all have wash-hand basins for personal use and sinks for the washing of utensils, crockery and equipment:-

73	Licensed Hotels and Public Houses
69	Groceries and provisions
34	Restaurant and snack bars
23	School kitchens
19	Butchers
14	Licensed clubs
9	Canteens
7	Fish and chip fryers
4	Bakers
3	Wet fish shops
3	Guest houses
2	Caterers
2	Wholesalers

A total of 267 inspections with 77 additional visits were made during the year, the following table showing the variety of such premises visited:-

<u>Type of Premises</u>	<u>Inspections</u>	<u>Additional visits</u>
Restaurant kitchens	83	20
Private school kitchens	1	2
County school kitchens	8	3
Church hall kitchens	1	2
Hostel kitchen	1	1
Nursing home kitchen	1	1
Snack bars	15	12
Social clubs	-	1
Licensed premises	17	4
Licensed premises, selling snacks	7	4
Ice-cream dealers	2	1
Butchers	28	-
Bakers	16	17
Fried fish	3	-
Wet fish	6	-
Grocers	42	2
Greengrocers	10	1
General stores	12	3
Sweet manufacturers	3	-
Flour confectioners	1	-
Sugar confectioners	5	1
Delivery vans	4	-
Caterers	4	-
Wholesale food store	-	2
Notices served .. .. .	.. .. .	22
Notices complied with .. .. .	.. .. .	17

Food and Drugs Act, 1955: Poultry Inspection

There are no poultry processing premises within the City.

Food Inspection

Details of the amount of food examined and voluntarily surrendered by wholesalers, shopkeepers, canteens, etc., as unfit for human consumption are shown below. The first item given (fresh meat condemned in the City) includes meat condemned at the abattoir for decomposition etc., (not as a result of routine meat inspection) and also meat condemned at butchers' shops in the City.

18,821 lbs. meat (8 tons, 7 cwt., 3 qtr., 3 st., 6 lbs.)

491 lbs. tinned meat

2,734 tins fruit, fish, soup, vegetables, milk etc.

30 lbs. apricot pulp

12 x 28 lbs. bags of sprouts

10 boxes of lettuce

14 lbs. fresh fish

109 packets of cheese

Several breakdowns of refrigerated display counters occurred during the year, resulting in the surrender of the following unsaleable articles of food:-

62 various rolls, gateaux, sponges etc.

45 chicken pies

30 meat pies

13 packets of sausage rolls

There were also 7 cwt. 1 qtr. 4 st. of various packed foods and approximately 20 gallons of frozen ice-cream, mousse etc.

The following complaints of unsound food being sold, offered for sale, or deposited with a view to sale, were reported to the Public Health Committee and column (4) indicates the action taken.

Article	How discovered or reported	Nature of complaint or other irregularity	Action authorised
Tin of garden peas	Complaint after sale	Containing a beetle	Warning letter indicating legal proceedings for a future offence
Loaf of bread	Complaint after sale	Contaminated by mould growth.	Warning letter indicating legal proceedings for a future offence
Apple pie	Complaint after sale	Sour	Warning letter indicating legal proceedings for a future offence

Other complaints, in which no official action was taken, included the sale of marmalade, canned tomatoes, gammon, corned beef, sweets, and coca cola.

Milk Sampling

There are 49 distributors of "Pasteurised" and "U.H.T." milk on the register, including 2 dairies, selling bottled milk only: 3 new Dealers' licences were issued during the year. The dairies (including a pasteurising plant) are visited regularly: 29 inspections and 298 visits for samples being made. Two hundred and twenty-four samples were submitted for cleanliness and pasteurising efficiency, with an additional 26 samples for pasteurising efficiency alone, plus 106 washed bottles, results being shown below.

Milk Samples

<u>Number taken</u>	<u>Examination undertaken</u>	<u>Number satisfactory</u>	<u>Percentage satisfactory</u>
224	Statutory test for "Pasteurised" milk	217	97%
26	Phosphatase test only for "Pasteurised" milk	26	100%
19	Statutory test for untreated milk	12	63%
106	Washed bottles submitted for bacterial cleanliness	99	93%
4	The presence of tubercle bacilli	4	100%
19	The presence of Brucella Abortus	19	100%

Two hundred and fifty milk samples (224 + 26: lines 1 and 2 in the table above) were submitted to the statutory test for pasteurised milk which comprises a phosphatase test (to check the efficiency of heat-treatment) and a methylene blue test (which indicated the cleanliness or keeping quality of the milk:) the latter test, however, cannot be applied during hot weather and in these circumstances the phosphatase test only is undertaken - vide line 2.

Three shops began selling Ultra High Treated milk during the year but two discontinued and reverted to ordinary milk.

Biological Milk Samples

All samples submitted for the presence of tuberculosis since 1952 have proved negative.

Cream Sampling

In November an informal sampling scheme of bottled and cartoned cream began with the ultimate object of fixing standards of cleanliness and at the end of the year 28 such samples had been submitted.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The Council retain the services of a private servicing company to carry out work on their behalf. They are engaged on an annual basis at a set fee for which they undertake to investigate all complaints received. Council-occupied property and private residential premises are treated under this inclusive fee but the servicing company are at liberty to make their own arrangements for contracts with business premises, including farms, schools, hospitals, etc. A token payment of seven shillings and sixpence is charged, by the Council, to occupiers of residential property for a complete treatment to eradicate rats or mice.

The sewage works and sewer treatments are excluded from the contract. This work is done by the City Engineer's staff under the supervision of a public health inspector.

The above arrangements have been in operation eighteen months and have proved satisfactory. It has the advantage of the constant availability of a trained operator who can work without supervision. This has eliminated the wastage experienced in recent years due to rodent operatives leaving on short notice and having to again train unskilled labour, only to find they resigned after a short period of employment.

Summary of work carried out

SURFACE INFESTATIONS

Total number of complaints received	203
Total number of properties inspected	460
Number found to be infested by Rats	155
Mice	31

SEWERS

Total number of manholes in foul and connected systems	1,453
--	-------

10% Test baiting (June)

Number of manholes test baited	166
Number of manholes showing bait taken	3

The Prevention of Damage by Pests Act, 1949 (cont'd.)

Treatment of suspect areas (June)

Area A	(14 manholes)	No takes
do. B	(14 manholes)	No takes
do. C	(10 manholes)	Two had complete takes

Treatment of suspect areas (October)

Area C	(12 manholes)	No takes
--------	---------------	----------

It is interesting to note that the infested area was on a redevelopment housing site which was treated for surface infestation. This points the need to ensure that such sites are kept free from infestations and to recommend the sealing of the branch sewer and drains until such times as they are brought into use, to prevent entry of rats through the partially constructed system.

DISTRICT HEATING DUCTS

Treatment for rats, which was mentioned in last year's report, commenced in December, 1967, and continued until February to ensure complete eradication.

MEAT INSPECTION - 1968

Introduction

Four inspectors are employed full-time at the abattoir. Of the total number of animals slaughtered, approximately 30% are for local butchers, but this is subject to a wide seasonal variation and the term "local" as understood by the trade does not just cover the City but also the surrounding area as far afield as Frome, Yeovil, Warminster, Bath, Andover, Reading, Southampton, Blandford and Shaftesbury.

The hours which the public slaughterhouse is open (and therefore the hours during which slaughtering takes place) have not been specified by the City Council. They have, however, prohibited slaughtering on Sundays and on Bank Holidays, except for the Sunday prior to Christmas and on Good Friday if no slaughtering takes place on the following day.

Administration

The Corporations slaughtering contractor's are F.M.C. (Meat) Ltd., who have in their employment, in addition to their Manager, 3 buyers, 3 salesmen, 6 cutters, 26 ancillary workers (including 17 porters and checkers), 13 clerical and administrative workers, 2 stockmen, 17 slaughtermen, an engineer and assistant, canteen manageress and night watchman. Total 74.

Emergency Slaughter

The term "emergency slaughter" should only apply where immediate slaughter of a sick or injured animal is carried out in order to salvage the carcass. During and after the war the definition broadened and now includes animals which are suffering from some chronic or undefined illness and which are consigned alive by farmers to the abattoir as so-called "casualties". It is this last category in which a decision as to the fitness of the carcass for human consumption is so difficult to make, as, in the majority of instances, no precise history of the illness or description of the symptoms are available.

Admission of dead animals

The admission of dead animals and animals which have been killed and not bled to the abattoir is now prohibited. Undressed carcasses which have been bled and dressed carcasses are only permitted if they are accompanied by a certificate signed by a veterinary surgeon.

Animals sent in for emergency slaughter - the so-called "casualties" - if alive, need not be accompanied by such a certificate, but in view of the danger from anthrax, foot-and-mouth, etc. such a certificate is always desirable.

Admission of dead animals (Cont'd.)

Animals which arrive dead or die naturally after arrival are taken to a local knacker's yard and examined by a local veterinary surgeon; if suitable they are used for pet food.

Export Trade

Due to an amended book-keeping system, figures for this class of trade are not now available.

Number of animals slaughtered and inspected

The number of animals slaughtered and inspected during the year is shown below:

TABLE I

Cattle other than cows	14,617
Cows	3,830
Calves	2,004
Sheep	39,327
Pigs	64,843
Total	124,621

The total number of animals slaughtered shows an increase over last year of 7,896 - an increase in the number of cattle and pigs and a decrease in the number of calves and sheep.

As more work is involved in inspecting, or for that matter slaughtering, cattle than, for instance, sheep, it was necessary, for statistical purposes, to find some sort of standardised unit. The following, therefore, was adopted:- one cattle unit became equal to two pigs, three calves or five sheep. This unit figure for 1968 was 59,402, an increase of 5,567 over 1967, giving an average number of units per week of 1,142. (In 1958 the figure was 387).

Table II shows the number of animals slaughtered and inspected since the abattoir commenced operations in 1954.

TABLE II

Number of animals slaughtered within
the City since the boundary extensions in 1954

Year	Number of animals	Number of "units"	Average number of "units" per week
1954 (9 months)	41,782 ^(a)	16,972	435
1955	29,562	13,806	265
1956	34,131	15,145	291
1957	43,951	18,661	359
1958	47,820	20,140	387
1959	71,504	26,622	512
1960	87,583	35,617	685
1961	87,293	37,938	730
1962	93,853	40,972	788
1963	85,283	41,611	800
1964	99,297	46,172	888
1965	116,033	53,790	1,034
1966	114,663	51,782	996
1967	116,725	53,835	1,035
1968	124,621	59,402	1,142

(a) Including 2,624 animals inspected at the
Stratford-sub-Castle Slaughterhouse

Result of post-mortem inspection

Nine hundred and twenty whole carcasses were rejected as unfit for human consumption, an increase of 290 over 1967, which represents 0.74% of the total number of animals slaughtered. In addition, 64,656 animals had some part rejected as unfit for human consumption. This means that some 51.9% of the animals slaughtered had some diseased condition or infestation present.

Table III shows the number of whole carcasses rejected as unfit for human consumption and the reasons therefore: Table IV shows a similar comparison for part carcasses and offal and Table V summarises the number of animals from which some part or organ was rejected.

TABLE III

WHOLE carcasses rejected as unfit for human consumption

Diseases and conditions rendering animals unfit for food	Cattle other than Cows	Cows	Calves	Sheep	Pigs
<u>Bacterial Diseases:</u>					
Swine erysipelas	-	-	-	-	3
<u>Generalised systemic infections:</u>					
Fever	-	-	4	3	5
Injury, acute septic	1	1	-	-	5
Mastitis, acute septic	-	4	-	-	-
Multiple Abscesses	-	1	1	3	96
Pericarditis, acute septic	-	-	-	-	14
Peritonitis, acute septic	3	3	-	3	12
with septic pleurisy	-	2	-	1	24
with septic pneumonia	-	1	-	-	3
Pleurisy, acute septic	-	1	-	5	29
with septic pneumonia	-	-	-	-	2
Pneumonia, acute septic	1	3	3	2	166
with necrotic tail	-	-	-	-	144
Polyarthrititis	-	-	3	-	91
Pyæmia	1	-	9	1	13
Septicaemia	1	1	12	2	2
Endocarditis, Acute Bacterial	1	1	-	-	2
Enteritis, Haemorrhagic	-	-	-	-	1
Bacterial Necrosis, Acute	1	-	-	-	-
Enteritis	-	-	1	-	-
<u>Parasitic conditions:</u>					
C. Bovis, Generalised	1	-	-	-	-
Carried forward:	10	18	33	20	612

TABLE III (Cont'd.)

Diseases and conditions rendering animals unfit for food	Cattle other than Cows	Cows	Calves	Sheep	Pigs
Brought forward	10	18	33	20	612
<u>Degenerative and other conditions:</u>					
Anaemia	-	-	-	1	1
Icterus	-	-	-	-	5
Oedema	-	8	2	20	7
with emaciation	-	11	-	59	4
with bruising	1	1	3	7	1
with peritonitis	-	-	-	1	-
with arthritis	-	-	-	-	2
Pyelonephritis	-	-	-	-	3
Uraemia	-	-	4	-	3
<u>Neoplasms:</u>					
Multiple	-	2	1	-	-
<u>Other miscellaneous conditions:</u>					
Bruising, extensive	-	2	-	6	8
Emaciation, Pathological	-	2	-	5	5
Immaturity	-	-	4	1	-
Moribund	-	1	4	4	10
Odour, abnormal	1	-	1	-	3
with extensive bruising	-	-	1	-	-
with gangrene	-	-	-	-	1
Contaminated with pus	-	-	-	-	5
Colour, abnormal	-	-	-	-	7
Bruising, Oedema and interstitial myositis	-	1	-	-	-
Osteomyelitis	-	-	1	-	-
Bad Bleeding	-	-	-	1	2
Extensive Bruising, Oedema, abnormal odour & septic inj.	-	1	-	-	-
Bloodsplashing, extensive	-	-	-	-	2
Arthritis, oedema and abscesses	-	-	-	-	1
Total:	12	47	54	125	682

TABLE IV

PART carcasses and offals rejected

Diseases and conditions rendering animals unfit for food	Cattle other than Cows	Cows	Calves	Sheep	Pigs
<u>Bacterial diseases:</u>					
Actinomycosis	74	16	-	-	74
Johne's disease	2	1	-	-	-
Tuberculosis	-	-	-	-	951
<u>Local inflammatory processes:</u>					
Abscesses	1,147	264	8	72	596
Arthritis	8	20	5	34	745
Bites	-	-	-	-	24
"Black Beef"	12	34	-	-	-
Bruising	571	409	10	54	387
Cirrhosis	20	16	2	11	427
Cysts	9	2	-	1	15
Emphysema	13	89	-	-	-
Erythema/Rash	-	-	-	-	74
Fat Necrosis	19	6	1	25	-
Fatty Change	25	35	7	38	90
Fibrosis/Callous/Scar	7	5	1	5	75
Fractures/Dislocations	9	4	7	10	26
Hydro Nephrosis	11	39	2	6	26
Mastitis	-	2	-	-	1
Metaplasia	-	-	-	-	6
Necrosis	-	5	-	2	649
Nephritis	17	384	5	3	202
Oedema	13	68	3	22	14
Pleurisy, Pericarditis and peritonitis	4,390	1,243	80	184	8,073
Pneumonia	237	45	27	2,136	11,038
Rupture	1	-	-	-	60
Telangiectasis	44	557	-	-	-
Ulceration	-	-	-	-	1

TABLE IV (Cont'd.)

Diseases and conditions rendering animals unfit for food	Cattle other than Cows	Cows	Calves	Sheep	Pigs
<u>Parasitic Infestations:</u>					
Ascariasis	-	-	-	-	9,269
Cysticercus Bovis	91	22	-	-	-
Cysticercus Ovis	-	-	-	9	-
Fascioliasis	3,526	1,184	-	957	-
Hydatidosis	64	84	1	80	33
Linguatula	37	16	-	-	-
Liver Parasites	200	53	-	4,164	509
Lung Parasites	205	98	-	4,271	3,318
<u>Neoplasms</u>					
Miscellaneous	1	7	1	-	-
<u>Miscellaneous</u>					
Aspiration	144	90	7	5	15,492
Abnormal Odour	18	4	4	-	1
Bile Staining	2	-	2	6	166
Blood Splashing	46	16	-	10	56
Contamination	872	301	27	1,218	279
Haemorrhage	1	6	1	-	7
Laceration	-	-	-	-	16
Melanosis	28	5	3	10	6
Congestion	-	2	2	-	30
Injuries	-	-	-	-	12
Atelectasis	-	-	-	-	12
Calcification	1	-	-	-	-

TABLE V

Summary of CARCASSES AND OFFAL Rejected

	Cattle other than Cows	Cows	Calves	Sheep	Pigs	Total
<u>DISEASES AND CONDITIONS OTHER THAN TUBERCULOSIS AND CYSTICERCUS BOVIS</u>						
Whole carcasses unfit	11	47	54	125	682	919
Carcasses of which some part or organ was unfit	8,894	2,973	146	12,752	38,869	63,594
Percentage of the number inspected affected with diseases and conditions other than tuberculosis and cysticercus bovis	60.9%	78.8%	9.9%	32.7%	61.0%	51.76%
<u>TUBERCULOSIS ONLY</u>						
Whole carcasses unfit	-	-	-	-	-	-
Carcasses of which some part or organ was unfit	-	-	-	-	951	951
Percentage of the number inspected affected with tuberculosis	-	-	-	-	1.47%	0.76%
<u>CYSTICERCUS BOVIS ONLY</u>						
Carcasses of which some part or organ was unfit	89	22	-	-	-	111
Carcasses submitted to treatment by refrigeration	89	22	-	-	-	111
Generalised	1	-	-	-	-	1

Tuberculosis

Five hundred and ninety one pigs were found to be affected with tuberculosis, (the majority only affected in the head), the increased percentage of cases matching the increased throughput.

Cysticercosis

Cysticercosis covers tape worms found in man, the cystic stages of which are found in cattle and pigs respectively; and two tape worms found in dogs, the cystic stages of which are found in sheep: (this is the principal reason for not allowing dogs to enter a slaughterhouse). The latter two tape worms are not transmissible to man.

112 cases of *Cysticercus bovis* were found; as the cyst is easily destroyed by freezing all affected carcasses were transferred either to cold storage in Salisbury or Southampton and kept there for twenty-one days at a temperature not exceeding 20°F.

The percentage incidence of the total number of cattle slaughtered and affected with *Cysticercus bovis* was 0.05%.

Disposal of meat and offal rejected as unfit for human consumption

As no means of sterilisation is provided at the abattoir, all meat and offal rejected as unfit for human consumption is taken in large containers to the by-products factory of F.M.C. (Meat) Ltd., at Calne, Wiltshire, except for a small amount of livers taken by Dinnodog Products Ltd., Tisbury.

One hundred and eighty-nine tons, seventeen hundredweight and eight pounds were so rejected as Table VI shows. This shows an increase of 41 tons over 1967.

TABLE VI

Weight in lb. of meat and offal rejected for human consumption

	Meat	Offal	Total
Tuberculosis	10,151	-	10,151
Other diseases	139,336	275,785	315,121
Total	149,487	275,785	425,272

On no occasion during the year was it necessary to seize any meat under Section 9 of the Food and Drugs Act, 1955.

Conclusion

As stated in my last report, the throughput continued to increase annually and plans for further extensions to the abattoir are now being considered.

ANNEX

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1968
FOR THE CITY OF SALISBURY IN THE COUNTY OF WILTSHIRE

Prescribed Particulars on the Administration
of the Factories Act, 1961

PART I OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	16	2	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	174	23	3	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out- workers' premises)	101	5	1	-
Total:	291	30	4	-

2 - Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	by H.M. Inspector (5)	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6) ..	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) Insufficient	1	1	-	-	-
(b) Unsuitable or defective	3	3	-	2	-
(c) Not separate for sexes ..	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
TOTAL:	4	4	-	2	-

PART VIII OF THE ACT

Outwork

(Sections 133 and 134)

Nature of work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133 (i)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<u>Wearing apparel:</u>						
Making, etc. cleaning & washing	3	-	-	-	-	-
Furniture & upholstery	-	-	-	-	-	-
TOTAL:	3	-	-	-	-	-

(Signed) F. R. Hollins
Medical Officer of Health

July, 1969

PART VII OF THE ACT

Ontario

(Sections 133 and 134)

Section 134		Section 133				Nature of work
Provisions	Notions served	No. of instances of work in manufacture and processing	No. of persons for whom services are supplied	No. of cases of delinquency occurring while in the Council	No. of outworkers in light industries by Section 133 (1) (c)	
(5)	(3)	(2)	(4)	(1)	(2)	(1)
						Washing dresses:
						Making, etc. of clothing & washing
						Furniture & upholstery
						TOTAL:

(Signed) J. H. HOLLAND

Medical Officer of Health

July, 1969

