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Contributors

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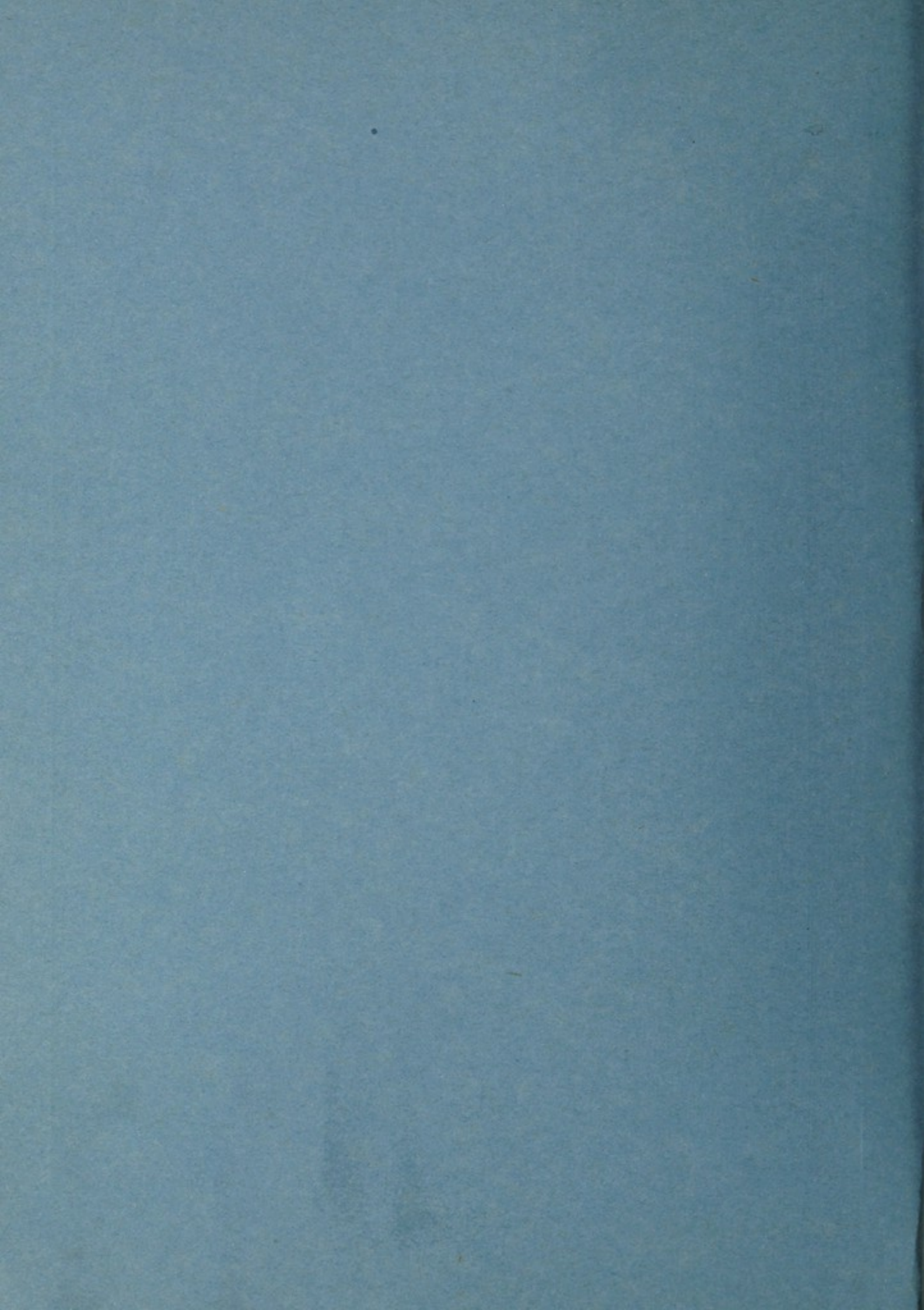
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I



CITY OF NEW SARUM

THE
ANNUAL REPORTS
of the
Medical Officer of Health
and
Chief Public Health Inspector
for the year 1972



TO THE MAYOR, ALDERMEN AND COUNCILLORS

Today I am starting to write my last Annual Report as your Medical Officer of Health, as the post of M.O.H. will be abolished throughout the country in less than a year. It was a post first created about one hundred and fifty years ago in the City of Liverpool and from 1872 when I was appointed a great service gradually developed about 1,500 men were employed by the various local authorities throughout the country. It was a service of dedicated men and women who had such to raise the health standards in this country to the very high levels that now exist. Working within the framework of Local Government the M.O.H. has been an important member of the community in their efforts to control preventable diseases, to improve school health service, and improve the hygiene, sanitation and housing of the communities in their care. Now the work of the doctors will be done by they move out of Local Government into the National Health Service. It is certainly true that there will still be Medical Officers in order to advise the Authority Councils on matters of health and to advise the National Health Service on matters of health.

CITY OF SALISBURY

THE ANNUAL REPORT

OF

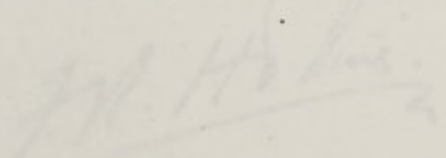
THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1972

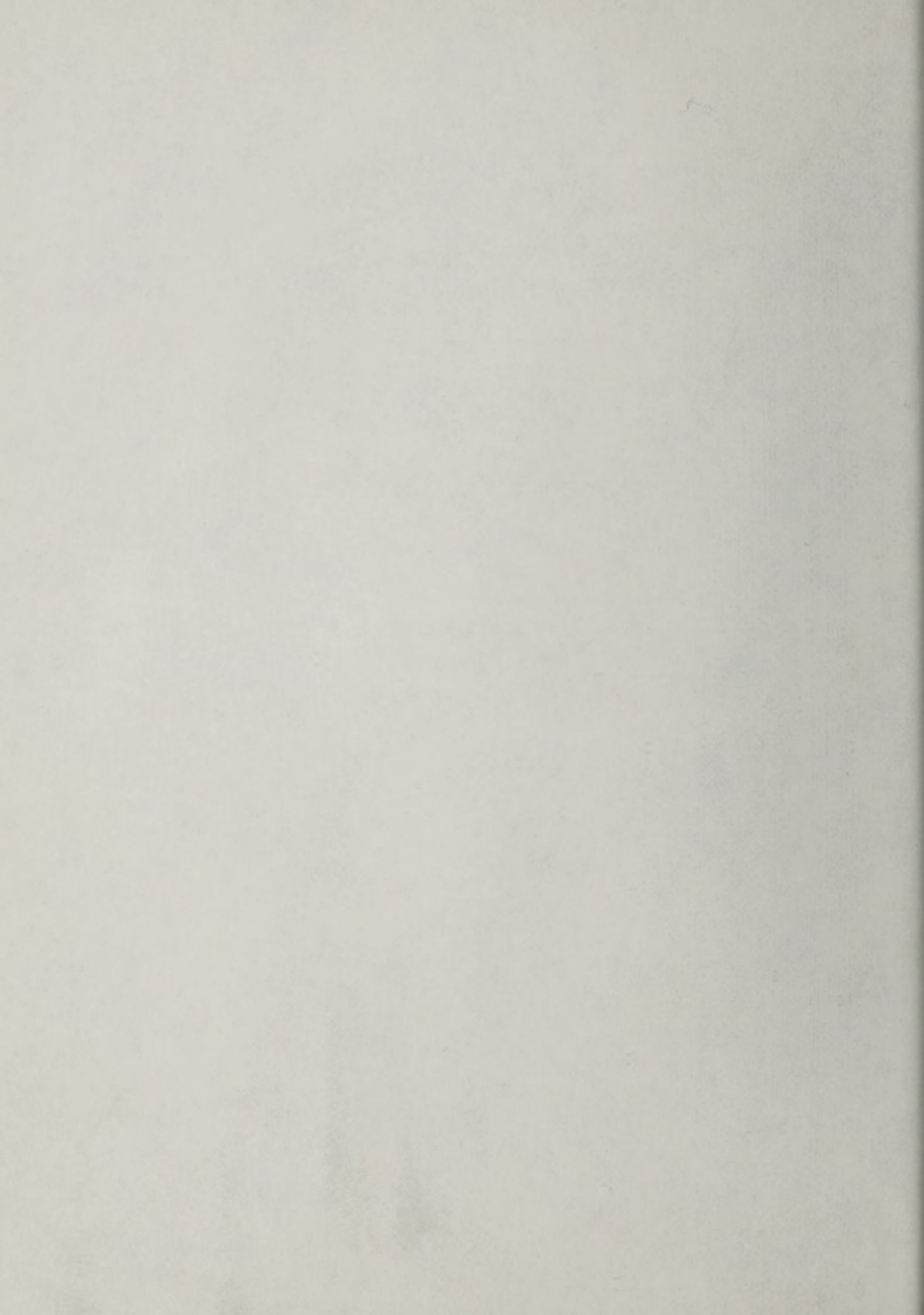
I would like to conclude these opening remarks by expressing my deep sense of gratitude to the Chairman and Members of the Public Health Committee for their constant support and encouragement throughout my period of service, also to my colleagues in the other departments and to Dr. G. H. L. Smith, County Medical Officer of Health for Salisbury.

I am,
Your obedient servant,



Medical Officer of Health

June 1972

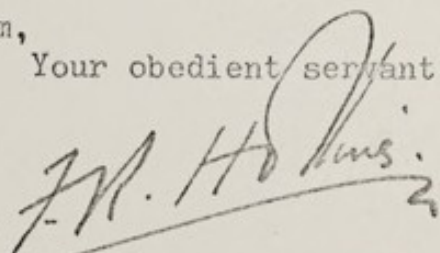


TO THE MAYOR, ALDERMEN AND COUNCILLORS

Today I am starting to write my last Annual Report as your Medical Officer of Health as the post of M.O.H. will be abolished throughout the country in less than a year. It was a post first created about one hundred and fifty years ago in the City of Liverpool and from this single appointment a great service gradually developed whose members were employed by the various local authorities throughout the country. It was a service of dedicated men and women in both medical and paramedical professions whose work and expertise did much to raise the health standards in this country to the very high levels that now exist. Working within the framework of Local Government they enjoyed the support and encouragement of Council members in their efforts to control preventable diseases, build up the school health service, and improve the hygiene, sanitation and housing of the communities in their care. Now the work of the doctors will change as they move out of Local Government into the National Health Service. It is certainly true that there will still be Medical Advisers to advise the Local Authority Councils on medical matters, but these doctors will be members of the National Health Service and not officers of the Council. Nevertheless, it is to be hoped that they will take a keen interest in Council affairs, and that they will be able to attend Public Health Committee meetings, and have a seat allocated to them in Council Chambers. The close relationship of the past may change, but it is vitally important that the Medical Adviser of the future keeps up the interest in Council affairs shown by his predecessor, the Medical Officer of Health, and establishes close links, both personal and official, between the officers and members of the new Councils. It is also important that, even though he is not an executive officer of the Council, a way may be found of granting him delegated powers to deal with the outbreaks of infectious disease, food poisoning, etc., similar to those powers which he possesses at the present time. It is by means of the various steps just outlined that the Medical Officer of Health of today will be transformed into a Medical Adviser of the future who will be of real value to the authority, and who obtains true satisfaction in working with those of other disciplines for the preventive and welfare services of the local authority for which his services are sought and needed.

I would like to conclude these opening remarks by expressing my deep sense of gratitude to the Chairman and Members of the Public Health Committee for their constant support and encouragement throughout my period of service, also to my colleagues in the other departments and to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire.

I am,
Your obedient servant,



Medical Officer of Health.

June, 1973.

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MEMBERS OF THE PUBLIC HEALTH COMMITTEE

Chairman:

Councillor Mrs. M. J. Benson, O.B.E., J.P., 213 Castle Road, Salisbury.

Vice-Chairman:

Councillor S. A. Snook, 40 Roman Road, Salisbury.

The Mayor (Councillor Mrs. H. E. Barker, "Strathavon", Mill Road, Salisbury).

Alderman Mrs. B. D. Brown, 4 Crestmount Drive, Queen Alexandra Road, Salisbury.

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

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

Alderman S. A. Vokes, 58 The Brambles, London Road, Salisbury.

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

Councillor A. S. Clark, 21 New Zealand Avenue, Salisbury.

Councillor K. Royle, 4 Australian Avenue, Salisbury.

Councillor Mrs. B. I. Sheppard, St. Martin's, London Road, Salisbury.

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

Councillor A. C. Wilson, 457 Devizes Road, Salisbury.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

MEDICAL OFFICER OF HEALTH

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

DEPUTY MEDICAL OFFICER OF HEALTH

Dr. J. H. Norris, M.B., B.Ch. (Appointed 14th February, 1972).

SENIOR PUBLIC HEALTH INSPECTOR

Mr. S. Appleyard, C.S.I.B., Cert. M & O.F. (Retired 14th August, 1972)

CHIEF PUBLIC HEALTH INSPECTOR

Mr. L. Weeks, C.S.I.B., Cert. M & O.F., M.A.P.H.I. (Appointed 14th August,
(Post redesignated from Senior to Chief 18th September, 1972)

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR

Mr. K. C. Clark, C.S.I.B., Cert. M & O.F., M.A.P.H.I. D.A.P.C. (Appointed
18th September, 1972).

PUBLIC HEALTH INSPECTORS

Mr. A. H. Kay, C.S.I.B., Cert. M & O.F., M.A.P.H.I., N.B.Bldg.

Mr. H. H. Seddon, C.S.I.B., Cert. M & O.F., A.R.S.H., M.R.I.P.H.H., M.A.P.

Mr. H. Dixon, C.S.I.B., Cert. M & O.F., M.A.P.H.I.

MEAT INSPECTORS

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

Mr. R. R. White, C.M.I., A.M.R.S.H.

Mr. J. W. Davey, C.M.I.

Mr. R. G. Palmer, C.M.I. (Resigned 14th July, 1972).

Mr. J. M. Griffiths, C.M.I. (Appointed 1st August, 1972)

WILTSHIRE COUNTY COUNCIL

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

Deputy Area Superintendent (Redesignated from Area Nursing Officer
1st October, 1972)

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

Health Visitors

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

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

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

Miss M. S. R. Butler, S.R.N., S.C.M., O.N.C.E., 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.

Miss J. E. Prichard, S.R.N., S.C.M., H.V.Cert.

Miss F. P. Kirkham, S.R.N., S.C.M., H.V.Cert., H.V. Diploma of Social
Science.

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

Mrs. M. B. Andrews, S.R.N., S.C.M., H.V.Cert., R.M.N. (Commenced 3rd
January, 1972)

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

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

Mrs. C. Statham, S.R.N.

STATISTICS

General Statistics

Area in acres	3,640
Number of inhabited dwellings (a) 1972	12,400
(b) 1968	12,304
Rateable value	£2,041,711
The sum represented by a penny rate	£19,419
Rateable value for the year 1962	£659,567
The sum represented by a penny rate in 1962	£2,668

Perhaps the most disturbing feature in the above set of figures is the drop in the total number of inhabited dwellings. It will be seen that this has fallen by 177 compared to the previous year, and taken in conjunction with the fact that there were no new council properties available during the year created a serious housing shortage. Even though the population of Salisbury continues to be extremely stable the housing waiting list rose during the year. In other respects the general standard of housing continues to improve as old properties are brought up to acceptable modern standards. The group dwelling programme for the elderly continued in accordance with the policy of a new one each year, and it is confidently hoped that this programme will be continued.

Further details regarding the survey of properties in Salisbury which was carried out in the third quarter of the year will be found in the report of the Chief Public Health Inspector.

VITAL STATISTICS

Registrar General's estimated mid-year Home Population for 1972	35,890
Registrar General's estimated mid-year Home Population for 1971	35,550

Births

	<u>Total</u>		<u>Male</u>		<u>Female</u>	
	1972 : 1968		1972 : 1968		1972 : 1968	
Live - Legitimate	465	544	228	295	237	249
- Illegitimate	53	56	31	31	22	25
- All births	518	600	259	326	259	274
Total birth rate per 1,000 population 1972						14.4
Total birth rate per 1,000 population 1968						16.5
Area comparability factor						1.01
Local adjusted rate						14.5
Ratio of local adjusted rate to national rate .. .. .						.98
Illegitimate live births as percentage of all live births						10.0

Births (continued)

				<u>Total</u>	<u>Male</u>	<u>Female</u>
Stillbirths - Legitimate	..	..	..	7	4	3
- Illegitimate	..	..	..	0	0	0
- Total	..	..	..	7	4	3
Total live and stillbirths	..	..	..	525	263	262
- Legitimate	..	..	..	472	232	240
- Illegitimate	..	..	..	53	31	22

DEATHS

				<u>Total</u>	<u>Male</u>	<u>Female</u>
All ages	..	..	..	568	277	291
Total death rate per 1,000 population	..	..	..	..	..	15.8
Area comparability factor	..	..	..	..	..	.66
Adjusted death rate	..	..	..	..	..	10.4
Ratio of local adjusted rate to national rate	..	..	..	..	..	.86

Infant mortality rates -

Deaths under 1 year per 1,000 live births	..	..	..	..	..	25.0
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	..	..	..	..	..	26.0
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births	..	..	..	..	..	19.0
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	..	..	..	..	..	14.0
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	..	..	..	..	..	14.0
Peri-natal mortality rate (stillbirths and deaths under 1 week combined, per 1,000 total live and stillbirths)	..	..	..	..	..	27.0
Stillbirths per 1,000 total live and stillbirths	..	..	..	..	..	13.0

				<u>Total</u>	<u>Male</u>	<u>Female</u>
Deaths of infants under 1 year of age				13	6	7
- Legitimate	..	..	..	12	6	6
- Illegitimate	..	..	..	1	0	1
Deaths of infants under 4 weeks of age	..			7	4	3
- Legitimate	..	..	..	6	4	2
- Illegitimate	..	..	..	1	0	1
Deaths of infants under 1 week of age	..			7	4	3
- Legitimate	..	..	..	6	4	2
- Illegitimate	..	..	..	1	0	1

Age Structure of the Population

Census Year	1951	1961	1971
% of children aged 0-15 years	20.5	22.3	22.0
% of females born 1910 or earlier	21.3	22.3	25.4
% of males born 1905 or earlier	10.9	11.6	12.6

Sex Structure of the Population

Census Year	1951			1961			1971		
	Persons	M	F	Persons	M	F	Persons	M	F
	33,079	15,292	17,787	35,492	16,490	19,002	35,235	16,630	18,605

In looking at these two tables the first rather striking point is that the number of children in the 0-15 year group has remained extraordinarily steady, and the increase in the percentage of elderly men has been relatively small. The number of elderly women, however, has increased quite dramatically so that this group now comprises more than a quarter of the total female population of the City. In round figures this means that in the City there are over 4,000 elderly women compared to only about half that number of elderly men. Furthermore, as the young age group has remained constant any increases in population are likely to be among the elderly and it is this section of our community that is accounting for a large part of the population explosion throughout the county.

DEATHS (continued)

The mid-year estimate for the total population of the City for the year 1972 was calculated to be 35,890 - an increase of 665 persons in the twelve month period since the census. During this time the total number of births again fell slightly and so did the death rate, though the actual number of deaths rose. However, to consider the changes in a little more detail during the period I have served as your Medical Officer of Health the following comparisons are tabulated.

	<u>1967</u>	<u>1972</u>
Total Population	35,990	35,890
Total Births	632	518
Total Deaths	529	568

These figures show very clearly that during this six year period the total population of the City has remained virtually unchanged, though there have been some small swings during that time. Nevertheless, housing still presents a serious problem as the waiting time for new applicants on the Council waiting list is between two and three years. These facts serve to highlight the necessity to continue long term forward planning for new housing even in an area where there has been no increase in the population over a period of six years.

In order to consider the population in a little more detail during my period of office the following rates and figures are tabulated.

Ratio of Births to Deaths

1967 - 17.6 per 1,000 : 9.6 per 1,000 = 632 actual births : 506 actual deaths
1968 - 16.5 per 1,000 : 9.9 per 1,000 = 600 actual births : 554 actual deaths
1969 - 14.8 per 1,000 : 9.7 per 1,000 = 539 actual births : 517 actual deaths
1970 - 14.4 per 1,000 : 10.5 per 1,000 = 521 actual births : 529 actual deaths
1971 - 14.8 per 1,000 : 10.7 per 1,000 = 525 actual births : 529 actual deaths
1972 - 14.5 per 1,000 : 10.4 per 1,000 = 518 actual births : 568 actual deaths

The first thing to notice is that there has been a definite fall in the birth rate of about 3 per 1,000 in the 1970s compared with the previous decade, whereas deaths have, on the whole, varied hardly at all when the total numbers involved are considered.

THE BIRTH RATE

Year	Salisbury City	England and Wales
1967	17.6	17.2
1968	16.2	16.9
1969	14.8	16.3
1970	14.4	16.0
1971	14.8	16.0
1972	14.5	14.8

The table shows the annual birth rate for the City of Salisbury during the years I have held office as Medical Officer of Health. It also shows the comparison of the local figures with the national rate for England and Wales.

It will be apparent that the local rate which fell quite dramatically from the high figures in the 1960s has been relatively stable, apart from minor fluctuations, during the past four years. The lowest figure since the second world war was that of 1970, the previous record being 14.75 in the year 1955. It is of interest that the average rate for the last four years is now below that figure.

The national figure which had been showing a steady fall dropped sharply this year so that there is now very little difference between the local and national rates. It would appear that family planning is having an effect on the rates, as there is little doubt that the interest in this subject is growing steadily, and more and more people are now planning their families and limiting the number of their children! I consider that this is an excellent thing as it has been proved statistically that children of large families are more liable to suffer handicaps of one kind or another than are the members of small families, who enjoy the vital benefits of individual parental care and attention, while financial considerations also play their part.

I also consider that these lower figures are most important from the national point of view though we must not make the mistake of regarding the population explosion as wholly due to the birth rate. As I have pointed out elsewhere in this report a very important aspect of this problem is the increased life expectancy of the aged.

The Birth Rate (continued)

Composition of sexes at birth

Year	Males	Females	Total	% Males	% Females
1967	317	315	632	50.2	49.8
1968	326	274	600	54.3	45.7
1969	284	255	539	52.7	47.3
1970	281	240	521	54.4	45.6
1971	282	243	525	53.7	46.3
1972	259	259	518	50.0	50.0

The above table gives details of the actual live births in the City. In the past six years the general trend in the total has been slightly downward since the large drop at the end of the sixties. The variation between the two sexes shows slight fluctuations, but there is no obvious trend as the percentages for the years 1967 and 1972 are virtually the same when such small numbers are involved.

STILLBIRTHS

Year	Male	Female	Total	Rate for Salisbury
1967	7	6	13	20.0
1968	2	3	5	8.0
1969	5	2	7	13.0
1970	3	4	7	10.9
1971	1	4	5	9.0
1972	4	3	7	13.0

Apart from the figures for the year 1967 these figures are extraordinarily stable. They are within acceptable limits and do not call for any special measures or actions.

THE ILLEGITIMATE BIRTH RATE

Year	Rate	Year	Rate
1956	4.4	1967	9.9
1957	4.9	1968	9.0
1958	6.0	1969	12.0
1959	5.36	1970	11.0
1960	5.39	1971	11.0
1961	5.62	1972	10.0

This table shows that there has been very little change in the number of illegitimate births for the year 1972 compared to those of the previous three or four years. The rate is still approximately double what it was ten years ago, and the minor variations in the rates are not significant as the numbers are small.

CAUSES OF DEATH IN THE CITY OF SALISBURY, 1972

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75 and over	
Tuberculosis of respiratory system	M	2	-	-	-	-	-	-	-	-	1	-	1
Syphilis and its sequelae	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, buccal cavity etc.	M	1	-	-	-	-	-	-	-	-	-	-	1
Malignant neoplasm, stomach	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, intestine	M	2	-	-	-	-	-	-	-	-	1	-	1
Malignant neoplasm, larynx	F	6	-	-	-	-	-	-	-	2	1	-	1
Malignant neoplasm, lung, bronchus	M	4	-	-	-	-	-	-	-	-	-	-	3
Malignant neoplasm, breast	F	8	-	-	-	-	-	-	-	-	1	7	1
Malignant neoplasm, uterus	M	10	-	-	-	-	-	-	-	-	-	3	3
Malignant neoplasm, prostate	F	-	-	-	-	-	-	-	-	-	-	-	-
Leukaemia	M	11	-	-	-	-	-	-	1	1	2	-	4
Other malignant neoplasms	F	6	-	-	-	-	-	-	-	-	-	3	-
Benign and unspecified neoplasms	M	8	-	-	-	-	-	-	-	1	1	2	2
Diabetes mellitus	F	4	-	-	-	-	-	-	-	-	-	-	-
Other endocrine etc. diseases	M	5	-	-	-	-	-	-	-	-	1	2	2
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-
	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-	-	-	-	-	-	-	-	-	-	-
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	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-
	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-
	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-
	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-
	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-
	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-
	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-
	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-
	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-
	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-
	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-	-
	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-
	M	11	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	-
	M	8	-										

CAUSES OF DEATH (Continued)

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS							75 and over
					1-5	5-15	15-25	25-35	35-45	45-55	55-65	
Anaemias	M	2	-	-	-	-	-	-	-	-	-	2
	F	2	-	-	-	-	-	-	-	-	-	1
Mental disorders	M	1	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-
Multiple sclerosis	M	1	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-
Other diseases of nervous system	M	2	-	1	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-
Chronic rheumatic heart disease	M	2	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	-
Hypertensive disease	M	2	-	-	-	-	-	-	-	-	-	-
	F	3	-	-	-	-	-	-	-	-	-	-
Ischaemic heart disease	M	4	-	-	-	-	-	-	-	-	-	-
	F	85	-	-	-	-	-	-	-	-	-	-
Other forms of heart disease	M	70	-	-	-	-	-	-	-	-	-	-
	F	14	-	-	-	-	-	-	-	-	-	-
Cerebrovascular disease	M	22	-	-	-	-	-	-	-	-	-	-
	F	29	-	-	-	-	-	-	-	-	-	-
Other diseases of circulatory system	M	39	-	-	-	-	-	-	-	-	-	-
	F	7	-	-	-	-	-	-	-	-	-	-
Influenza	M	13	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-
Pneumonia	M	1	-	-	-	-	-	-	-	-	-	-
	F	21	-	1	-	-	-	-	-	-	-	-
Bronchitis and emphysema	M	31	-	-	-	-	-	-	-	-	-	-
	F	25	-	-	-	-	-	-	-	-	-	-
Asthma	M	7	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-
Other diseases of respiratory system	M	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	-	-	-	-

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS									
					1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75 and over		
Peptic Ulcer	M	-	-	-	-	-	-	-	-	-	-	-	1	-
Appendicitis	F	1	-	-	-	-	-	-	-	-	-	-	1	-
Intestinal obstruction and hernia	M	-	-	-	-	-	-	-	-	-	-	-	1	-
	F	2	-	-	-	-	-	-	-	-	-	-	1	-
Cirrhosis of liver	M	1	-	-	-	-	-	-	-	-	-	-	1	-
	F	2	-	-	-	-	-	-	-	-	-	-	1	-
Other diseases of digestive system	M	-	-	-	-	-	-	-	-	-	-	-	1	-
	F	2	-	-	-	-	-	-	-	-	-	-	1	-
Nephritis and nephrosis	M	3	-	-	-	-	-	-	-	-	-	-	1	-
	F	3	-	-	-	-	-	-	-	-	-	-	1	-
Other diseases, genito-urinary system	M	-	-	-	-	-	-	-	-	-	-	-	1	-
	F	2	-	-	-	-	-	-	-	-	-	-	1	-
Diseases of musculo-skeletal system	M	-	-	-	-	-	-	-	-	-	-	-	1	-
	F	5	-	-	-	-	-	-	-	-	-	-	1	-
Congenital anomalies	M	1	-	-	-	-	1	-	-	-	-	-	1	-
	F	1	-	-	-	-	-	-	-	-	-	-	1	-
Birth injury, difficult labour, etc.	M	-	-	-	-	-	-	-	-	-	-	-	1	-
	F	3	3	-	-	-	-	-	-	-	-	-	1	-
Symptoms and ill defined conditions	M	-	-	-	-	-	-	-	-	-	-	-	1	-
	F	8	-	4	-	-	-	-	-	-	-	-	1	-
Motor vehicle accidents	M	6	-	-	-	3	-	-	-	-	-	-	1	-
	F	1	-	-	-	-	-	-	-	-	-	-	1	-
All other accidents	M	5	-	-	-	-	-	-	-	-	-	-	1	-
	F	6	-	-	-	-	-	-	-	-	-	-	1	-
Suicide and self-inflicted injuries	M	2	-	-	-	-	-	-	-	-	-	-	1	-
	F	1	-	-	-	-	-	-	-	-	-	-	1	-
All other external causes	M	1	-	-	-	-	-	-	-	-	-	-	1	-
	F	2	-	-	-	-	-	-	-	-	-	-	1	-
Total all causes	M	277	4	2	-	4	3	7	13	31	79	134		
	F	291	3	4	-	1	4	2	8	15	63	191		

DEATHS

In considering the death returns the first thing to note is the very small number of deaths occurring in the younger age groups of the population. In the period under review only 37 deaths occurred in people under the age of 45 years, and of these 15 were under the age of one year. These figures emphasise how modern medicine has conquered so many of the acute diseases which were responsible for the high death rates in the younger groups in past decades.

Last year twelve children died under the age of one year so there has been no significant change in the present period, and of the 15 deaths in 1972 only one was due to pneumonia. The corrected total of deaths for the City was 518, a slight reduction compared to the figure for 1971. But the most significant fact is that out of this total of 518 deaths no less than 325 occurred in persons who were over the age of 75 years.

Deaths	1967	1971	1972
Total	506	529	518
Cardiovascular	269	285	290
Cancer (all forms)	76	99	89

The principal causes of death remain unchanged with those due to cardiovascular causes being by far the commonest, with a tendency for them to increase still further as can be seen from the accompanying table. Nevertheless, only 15 deaths of the total of 290 due to all forms of cardiovascular disease occurred under the age of 55 years. In considering the type of disease it is interesting to note that 155 people out of the total number of 290 died as the result of coronary heart disease all but 13 of whom lived to 65+ years. The sex/age differences were also quite marked. There were 70 cases of ischemic heart disease in women but only three deaths occurred under the age of 65 years, and only 15 under the age of 75 years. In men on the other hand there were 85 deaths from this condition of whom 10 died under the age of 65 years and 36 under the age of 75 years.

Cancer is the next commonest cause of death and it will be noted that there was a slight reduction in the total number of cases compared to the year 1971. But such minor variations are only cyclical waves. In men the commonest form was cancer of the lung and bronchus which accounted for 11 out of a total of 43 male cancer deaths, or approximately 25%. In women the total number of deaths from cancer was 46 of which 6 or nearly 1 : 8 were due to cancer of the lung and bronchus. Breast cancer was responsible for 8 deaths or more than 1 : 6. Cervical cancer only accounted for 4 out of the total of 46 female deaths.

Deaths (continued)

These figures show that in men cancer of the lung is by far the commonest cause of cancer deaths and the number is also quite significant in women. As a matter of fact lung cancer has been showing a tendency to stabilize in the male part of the population of the country as a whole, whilst the number of female cases continues to increase.

Chronic Cough	1	-	-	-	-	-	-	-	-
Optic Neuritis	1	1	-	-	-	2	-	-	-

The figures in the above table show that very few cases of infectious disease occurred in the City during the year. No serious complications occurred among the patients treated.

Foal Poisoning

The following are particulars of cases of foal poisoning during 1972:-

- (a) Total number of outbreaks 1
- (b) Total number of cases 1
- (c) Number of deaths 0

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er forms of

Home Safety

continue to be

NOTIFIABLE DISEASES OTHER THAN TUBERCULOSIS

Notified Cases	All ages	Under 1 year	1-5	6-15	15-25	26-45	46-65	66+	Age Un-known
Measles	20	-	12	8	-	-	-	-	-
Infective Hepatitis	2	-	-	-	-	1	-	-	1
Scarlet Fever	4	-	2	2	-	-	-	-	-
Sonne Dysentery	23	-	3	12	6	-	-	1	1
Whooping Cough	1	-	1	-	-	-	-	-	-
Ophthalmia Neonatorum	1	1	-	-	-	-	-	-	-

The figures in the above table show that very few cases of infectious disease occurred in the City during the year. No serious complications occurred among the patients notified.

Food Poisoning

The following are particulars of cases of food poisoning during 1972:-

- (a) Total number of outbreaks 1
- (b) Total number of cases 1
- (c) Number of deaths 0

TUBERCULOSIS

T.B. Register 1972

Male	-	Pulmonary:	34	Non-Pulmonary:	23	Total:	57
Female	-	Pulmonary:	8	Non-Pulmonary:	5	Total:	13
Total number of cases on register							70

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Recovered and discharged during the year:	33	27	60
Total number of deaths during the year:	6	2	8
New cases taken on register:	6	3	9
Left district:	10	8	18

Five of the new cases were suffering from the pulmonary form of the disease and four from the non-pulmonary form.

Details of the new cases that occurred in the City are as follows:-

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Pulmonary</u>	<u>Non-Pulmonary</u>
5-9 years	0 ...	1 ...	0 ...	1
25-29 "	1 ...	0 ...	0 ...	1
35-39 "	1 ...	1 ...	1 ...	1
45-49 "	1 ...	0 ...	1 ...	0
55-59 "	2 ...	0 ...	2 ...	0
65-69 "	2 ...	0 ...	2 ...	0

Only nine new cases of tuberculosis occurred in the City during the year and of these three were non-pulmonary. This is an extremely low figure and illustrates the way pulmonary tuberculosis has been controlled in the last twenty years. The other interesting aspect of the matter is the age distribution. Only one of those who contracted pulmonary tuberculosis was under the age of thirty-five years of age. A striking example of how a disease that used to be the scourge of the young has been brought under almost complete control.

VENEREAL DISEASES

New cases registered during the years 1971 and 1972.

Year	Clinic	Syphilis Early		Syphilis Other		Gonorrhoea		Other Venereal Conditions		Total of all Venereal Conditions	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1971	Salisbury	0	0	0	0	9	5	30	33	41	38
1972	Salisbury	1	0	0	0	8	8	53	31	62	39

The incidence of venereal disease is extremely difficult to estimate in a community as there is a strong tendency for those who suspect that they may have contracted the condition to visit a clinic outside their home area. In the case of Salisbury the table shows the number of cases attending the special clinic during the years 1971 and 1972. It will be seen that as far as syphilis and gonorrhoea are concerned the number of cases notified is very small and shows little variation, but in the case of other venereal infections there has been an increase in the number of male patients. However, the numbers are small, and no conclusions can be drawn from the figures.

IMMUNISATION AND SMALLPOX VACCINATION STATISTICS

		Children born in years					1963	1957	Others
		1972	1971	1970	1969	1968	- 67	- 62	under 16
Primary imms. comple- ted during 1972	Diph.	188	208	10	3	2	5	1	0
	Wh. cough	188	206	10	2	0	1	0	0
	Tetanus	188	208	11	3	2	6	3	5
	Measles	0	307	51	15	14	11	1	0
	Polio.	188	208	12	4	1	6	2	0
Reinf. imms. given in 1972	Diph.	0	150	208	12	123	285	2	0
	Wh. cough	0	112	159	5	4	3	0	0
	Tetanus	0	150	208	12	125	291	43	0
	Polio.	0	148	195	10	126	285	2	3

SMALLPOX*

Age group	Months					Years	
	0-3	3-6	6-9	9-12	1	2-4	5-15
Vaccinations	0	0	1	0	14	18	11
Re-vaccinations	0	0	0	0	0	0	25

* N.B. Vaccination discontinued as a routine measure in early childhood September 1971.

The above table gives full details for the City and was provided through the courtesy of Dr. C. D. L. Lycett, County Medical Officer of Health.

THE DISTRICT COMMUNITY PHYSICIAN

The abolition of the Medical Officer of Health marks the end of an era in which preventive medicine focussed firstly on the control of infectious diseases and especially on the causes which were environmental, e.g. contaminated water supplies, etc. Then came measures to control very high infant mortality rates, child health, etc. Throughout the period of his existence the Medical Officer of Health has achieved great success because his plans were based entirely on sound scientific principles. Today, as a result of his efforts and all those other workers in the field of public health, infectious diseases are no longer a problem, infant mortality is extremely low, and maternity and child health has reached a high standard. Purely environmental matters are now the responsibility of engineers and public health inspectors so that the character of his work has altered, and the emphasis no longer rests on disease control as the major part of his duty. It is against this background that the new conception of the District Community Physician must be viewed, but to do so it is necessary to think of his work in two different spheres though there is bound to be a certain degree of over-lapping.

Firstly, it is hoped that he will be the Medical Adviser to the Local Authority District Council, and, as has already been mentioned elsewhere, in this capacity he will have responsibility for giving advice on outbreaks of infectious diseases, medical aspects of housing, and such other matters where medical knowledge and experience is required. His other duties lie within the National Health Service, though here too, especially in the case of housing there is bound to be an overlap and the need for close collaboration and liaison with the District Council.

A District Community Physician will primarily be concerned with the medical services in his district. This will include assessing the needs of the community particularly those who comprise the so-called "At Risk" groups.. This will mean working very closely with his clinical colleagues both inside and outside the hospital so that if, and when, gaps in the services are discovered plans can be made to remedy them. Great stress has been laid in the various documents concerning the Reorganisation of the Health Service about the need for multidiscipline teams, and in this connection the principal unit in the District will be the District Management team. The D.C.P. will have an important role in this team, providing information both demographic, epidemiological and ecological so that health care services may be further developed and unified within and without the hospital. This concept of the totality of health care will involve not only the doctors, nurses, administrators, etc. in the N.H.S. but must of necessity include the Social Services, Local Authority District Council, voluntary agencies, and such bodies as Community Health Care Councils, professional advisory committees, etc. All will have a part to play and contributions to make. The efforts of all must be co-ordinated so that the

The District Community Physician (continued)

patients will obtain the maximum benefit, and in my opinion much of this co-ordination will be the responsibility of the District Community Physician. He has had medical training, a local authority working background, and has always been engaged in the collection and analysis of data in his work in the field of preventive medicine.

It will be apparent from what I have said that I envisage the future District Physician having a tremendous job to do. In about a hundred and twenty five years the Medical Officer of Health achieved great success and was responsible for remarkable advances in the health of the population of this country. Today, he is moving into a new sphere because of that very success. A great challenge lies ahead just as it did in the past, and it remains for him to pick up the gauntlet; accept that challenge in the hope and expectation of still further benefitting the health and well-being of the community.

PROBLEMS OF THE CARE OF THE AGED

The case of the elderly is one of the great fields where medical and social work has to combine to meet demands which are steadily increasing. In the course of the present century there has been a dramatic change in the age structure of the population of this country so that those who are now old age pensioners form a large proportion which is still growing in size. The latest figures from the Registrar General show that this elderly section now totals almost a sixth of the total population of England and Wales. The life expectancy in this country was only 27 years until about two hundred years ago. It was only about 55 years of age until well into the present century, and it was only following the introduction of the antibiotics, and the control of acute disease that it suddenly increased in the last few decades to just under 70 years of age for men and 75 years for women. This means that very large numbers of women, and to a lesser extent men, now live on into the eighth and ninth decades of life. Even so, it is an interesting fact that in the thousands of years which have elapsed since they were written the life expectancy of men has not increased beyond the figure quoted in the psalms.

But this great extension of life expectancy in recent times poses many problems - problems both for the Health Services and the Local Authorities. I have already referred to the great difference in life expectancy that exists between the sexes, and so one of the greatest problems is that of lonely elderly women who may live for many years after the death of their husbands and whose families no longer live in the vicinity. The incidence of illness and disabilities increases sharply with age and this adds a further dimension to the problem. Recent surveys have shown that all those with major forms of illness are well known to their general practitioners, but minor conditions e.g. chiropody, the onset of early visual and hearing defects pass unnoticed as they are not mentioned by these patients. This points to the need for some method of identifying these vulnerable groups, as it has to be remembered that those suffering from acute illness initiate treatment by seeking medical advice immediately, whereas those who are in the early stages of chronic or degenerate conditions very often do not do so.

This leads on to the problems of primary medical care, supportive and supervisory services, hospital care for those who need it, day care whether in a day hospital or a day centre, and finally housing and accommodation. The best form of accommodation for a very large proportion of aged people is the supervised group dwelling provided by the Local Authority. It permits them to enjoy an independent life with the added security of a warden who can always be consulted in an emergency, and so prolong a person's period of independence. Such units are also economical as they do not have to employ trained nursing staff, and by housing those living alone in small, convenient flats suitable to their needs, release larger houses for the use of families.

Problems of the Care of the Aged (continued)

The problems of the elderly are steadily increasing as their numbers rise. In the beginning of this article I mentioned the proportions but perhaps the figures themselves are more revealing. The mid year estimate of the Registrar General gives the number of old age pensioners in England and Wales as 8,000,000 out of a total population of 49,000,000. In the City of Salisbury the 1971 census figures show the total population as 35,250 of whom 5,600 were aged 65 years of age and over, whilst 25% of the female population was aged 60 years and over.

When I took up my present appointment six years ago one of my first actions was to draw attention to the problem of the aged and as a result one group dwelling a year has been built in the City. In view of the continuing increase in the aged section of the population I have no doubt at all that this policy must be continued though subject to review at regular intervals. I trust that after 1st April, 1974, when Salisbury and the neighbouring districts combine that the medical adviser will be able to undertake a critical review of group dwelling needs throughout the new authority with the object of establishing a uniform policy to cover the various parts of the District.

But there is much more to be considered than this aspect of the matter. A Geriatric Health Care planning team as proposed in the re-organised National Health Service will have to consider the total health care of this section of the community both inside and outside the hospital. Such a task will call for close collaboration between the National Health Service on the one hand and the Local Authorities on the other, so that by combined efforts we may gradually provide total care for all members of this vulnerable group in our community to the highest possible standards.

PROVISION FOR THE CARE OF THE SICK AND ELDERLY

No cases were dealt with under Section 47 of the National Assistance Act of 1948, or the National Assistance (Amendment) Act, 1951. Under this legislation a Medical Officer of Health can apply to a magistrate to have a patient compulsorily removed to a hospital if they cannot look after themselves properly, or be cared for adequately in their own homes being sick, aged, or both. I have always found it possible to persuade such cases that have been referred to me to enter hospital voluntarily.

SEWAGE DISPOSAL

The sewage plant at the periphery of the City has continued functioning perfectly throughout the year. There have been no problems of river pollution from the discharge of the effluent into the river Avon.

REFUSE DISPOSAL

Carried out by controlled tipping on a site within the City.

WATER SUPPLIES

All water samples taken during the year both before and after chlorination were satisfactory.

COMMON LODGING HOUSES

There are no common lodging houses registered in the City.

THE
A N N U A L R E P O R T
of
THE CHIEF PUBLIC HEALTH INSPECTOR
for the year
1972

1. INTRODUCTION

It is my pleasure to present my Report for 1971.

I N D E X

Routine work of the district inspectors has to be interrupted for part of the year in order to carry out the Housing Survey necessary to provide information called for by the Secretary of State for the Environment to enable both central government and the local authorities acting together to plan and carry through a development of new houses and older houses. As will be seen later in the Report, 1,000 houses were visited.

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Table 1

1970

1	1970	1970
2	1970	1970
3	1970	1970
4	1970	1970
5	1970	1970
6	1970	1970
7	1970	1970
8	1970	1970
9	1970	1970
10	1970	1970
11	1970	1970
12	1970	1970

1. INTRODUCTION

It is my pleasure to present my Report for 1972.

Routine work of the district Public Health Inspectors had to be interrupted for part of the year in order to carry out the Housing Survey necessary to provide information called for by the Secretary of State for the Environment to enable both central government and local authorities acting together to plan and carry through a decisive drive on slums and older houses. As will be seen later in the Report, 1,000 houses were visited.

Particular attention was paid to premises subject to the Offices, Shops & Railway Premises Act, 1963, and I am pleased to record that all the initial general inspections were completed by the end of the year. Co-operation from owners has been good in the majority of cases and repairs and improvements were carried out without undue delay.

In July the Report of the Robens Committee on Safety and Health at Work was published and this recommends replacing the existing statutory provisions, which are piecemeal and cumbersome, with a comprehensive and orderly set of revised provisions under a new enabling Act, together with the setting up of a new national authority for health and safety at work. It acknowledges the important part local authorities have to play but considers that their work should be more effectively co-ordinated and integrated with the proposed national authority.

Much other work has been undertaken in the year, but cold statistics often fail to reveal the results achieved by advice given on routine visits etc., which are never committed to paper in notice form.

The meat inspection figures show the vigilance exercised by Mr. Kay and the Authorised Meat Inspectors at the Abattoir and I would claim that we have a meat inspection service second to none. One particular point of note is the continuing co-operation between Veterinary Inspectors and Public Health Inspectors. I am concerned at the avoidable losses from bad dressing and manurial contamination, and hope that the Fatstock Marketing Corporation Ltd. will find it possible to improve this position, which must rate as a large economic loss to them.

In the food distribution services I would have liked to have seen a greater number of visits, and hope to remedy the position in 1973. The staff have, however, done all possible in the time available. Stress has been laid on the essentials of cleanliness, correct storage, rotation of stocks and, most important, the avoidance of cross-contamination between raw meat and ready-to-eat meat products. If any trader requires advice it

will be freely given by the Department, and so far as time permits the Inspectors can give talks on food hygiene and related subjects at any food premises in the City.

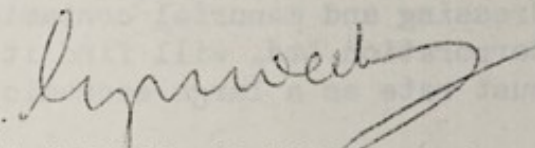
Salisbury is a delightful city with a minimum of air pollution. There is no heavy industry within its boundaries, and most of the factories are modern, and confined mainly to one area. There was one incident of acid smutting which was dealt with, but most of the pollution now must be from domestic chimneys. These remarks refer, of course, to chimney emissions: the question of pollution from the internal combustion engine is quite a different matter! More and more people are installing central heating but some do not see the necessity for regular servicing of oil-fired systems.

I had to spend an increasing amount of time on local government reorganisation in the second half of the year. An Environmental Health Working Party consisting mainly of technical officers of the five constituent authorities was set up, the purpose of which was to consider the implications of reorganisation and in due course to submit its views on the duties, structure and staffing of the Department of the new Council. In addition I was a member of the Working Party on Consumer Protection created by the Wiltshire County Council, the membership of which consisted of one clerk and one technical officer from each of the five County Districts together with similar officers of the County Council. The terms of reference set by the County Local Government Committee were "to consider likely administration problems arising from the transfer of functions resulting from the Local Government Bill". Both of these parties still had much work to do at the end of 1972.

On 18th September Mr. K. C. Clark joined the staff as my deputy, and very quickly proved to be a great asset both in this capacity and as an experienced inspector.

I am,

Your obedient servant,



Chief Public Health Inspector.

June, 1973.

2. ENVIRONMENTAL CONTROL - GENERAL

The number of inspections and visits during the year amounted to 643 and a breakdown is given in respect of these and notices served and complied with under the various sub-headings which follow.

Complaints

During 1972, 246 complaints were received mainly from members of the public. They related to housing and drainage defects, food, insect and rodent pests, and the usual types of nuisance complaints e.g. noise, odour, etc.

Drainage

Many older buildings in the City are drained in combination, and when works of maintenance are necessary the cost is recoverable from the owners. This work is time-consuming as it involves preparation of certificates and notices and close supervision of the work, as there is a right of appeal against the notices.

As the law stands the local authority may clear choked drains up to a limit of £2. At today's prices this has become a totally unrealistic figure, and, in order to ensure that straightforward drain clearing can continue to be done without the delays and unpleasantness which have to be endured if notices have to be served, I hope that the Act will be amended to increase this amount as soon as possible.

My thanks are due for their help to the officers and workmen of the City Engineer's Department with whom the inspectors have enjoyed excellent co-operation.

	Inspections	Other Visits	Notices Served		Notices Complied	
			PN	SN	PN	SN
Drainage defects	81	124	7	-	6	-
Section 24 sewers	116	174	3	17	-	17
Drain tests	32	3	-	-	-	-

Noise Control

There is a growing awareness of the amount of avoidable noise which can more accurately, I think, be referred to as noise pollution, that we have to tolerate. But so often one man's noise is another man's pleasure as, for example, pop music. Fortunately the complaints received were few, and the majority concerned machinery, notably pneumatic drills and compressors. In all cases relief was obtained, and by the end of the year the majority of such equipment was fitted with mufflers. This was achieved with the co-operation of the public undertakings and contractors as at the present time the provisions of the Noise Abatement Act, 1960, do not cover the use of this type of equipment in public highways.

The Act does, however, place certain limitations on the sounding of chimes from ice cream sales vans. They can only be sounded between noon and 7 p.m. and must be so operated as not to give reasonable cause for annoyance to persons in the vicinity. Whilst the provisions relating to times can be readily enforced, it would be very difficult to take effective action in relation to the noise level and the frequency and length of time the jingle is played. I look forward to stronger legislation to enable these latter matters to be quite properly, in my view, rigidly controlled.

Several complaints relating to ventilator exhaust fans, and high pitched whining from industrial machinery were received. One was passed to the Salisbury & Wilton R.D.C. as the factory concerned was outside the city boundary, whilst another serious nuisance of this type within the City was reduced to an acceptable level by the occupiers adopting advice given by this Department.

Inspections	Other Visits	Notices Served		Notices Complied	
		PN	SN	PN	SN
15	25	1	1	-	-

A noise survey was carried out by the Wolfson Institute of Noise and Vibration Control, Southampton University, as part of the Relief Road project in order to assess the impact of the new road upon the noise environment. The study was divided into two main parts: the first comprising the measurement of the present environment and the second predicting future noise levels that will prevail when stages III and IV are built.

Clean Air

I have already commented in the Introduction that fortunately there are no serious problems of this nature in the City. However all plans relating to the construction of industrial type chimneys are examined to ensure that they will be of sufficient height to prevent smoke emissions becoming a nuisance or prejudicial to health. Discussions always take place with architects and engineers where modifications are necessary to achieve this.

In only one case was dark smoke noted from an industrial chimney, and this was remedied. The burning of rubbish on demolition sites has caused some problems, but the incidents have been satisfactorily dealt with informally.

	Inspections	Other Visits	Notices Served		Notices Complied	
			PN	SN	PN	SN
Industrial installations	9	6	1	-	1	-
Domestic chimneys	-	2	-	-	-	-
Bonfires	13	8	1	-	1	-

Swimming Baths

The water at the Corporation Swimming Bath was regularly tested by the Pools Supervisor to ensure that satisfactory chlorine and pH levels were maintained, and samples were also submitted periodically for bacteriological examination at the Public Health Laboratory at Odstock Hospital. These tests showed that the water was at all times in a satisfactory condition.

Swimming pools provided at Wiltshire County Council schools are supervised by the County Public Health Inspector. Pools at five private schools in Salisbury were visited during the year and tested in the same manner as the public swimming bath.

Caravans

There is only one caravan site in the City, which is licensed under the Caravan Sites & Control of Development Act, 1960, for 46 residential caravans. It is situated off the Southampton Road. Three inspections were made and the site found to be well maintained and no contraventions were noted.

Complaints were received about the unauthorised caravans and other vehicles parked in the part of the Shaftesbury Drove adjacent to Harvard Hospital and these were referred to Salisbury & Wilton R.D.C. in whose area the land is situated.

Food Borne Infections

Seventy-six visits were made during the year in connection with suspected food poisoning.

Poisonous Beads

In May, following Press reports about the discovery in various parts of the country that poisonous beads had been imported into Britain, a number of necklaces, bracelets and other ornaments were handed in to the Police and this Department.

The beads concerned were the seeds of *Abrus precatorius*, a tropical twining shrub, and they have been used for many years in the East as ornaments, rosaries and as weights.

Some items were returned when it was found that none of the beads were of this type, and all the others were safely disposed of with the written permission of the owners.

3. OFFICES, SHOPS & RAILWAY PREMISES

The department has the responsibility for the enforcement of the Offices, Shops & Railway Premises Act, 1963, in all premises except those occupied by the Crown, Local Authorities, the Atomic Energy Authority and certain other classes. The Fire Authority is, however, responsible for the provisions of the Act relating to fire precautions.

There are 584 premises registered in the City, an increase of eight over the previous year. The Act has given some eight million workers similar protection to that which had been enjoyed by factory workers for many years, in relation to health, welfare and safety; and this means that the public health inspectors are concerned to see that the various requirements and Regulations relating to these matters and to machinery, lifts, etc. are observed. It was not necessary to take legal action during the year, and, as will be seen, the contraventions were of a minor nature.

In addition, all accidents to employees which result in their absence from work for more than three days have to be notified to the Department and investigated as necessary. Nine accidents were notified, but in each case the injuries were fortunately not serious.

All deposited plans submitted are scrutinised to ensure that when completed the premises will comply with the Act and Regulations.

I am pleased to be able to report that by concentrating on these premises, all had received at least one general inspection by the end of the year. A programme of work has been planned to ensure that systematic periodical inspections will continue.

In the Introduction to this Report I commented on the recommendation of the Robens Committee and it is likely that the present legislation will be superseded in the next few years and replaced by new law on the lines I have outlined.

Registrations and General Inspections

	Number registered during year	Total number registered at end of year	No. premises receiving general inspection during the year
Offices	9	192	81
Retail Shops	8	300	112
Wholesale Shops & Warehouses	3	35	13
Catering Establish- ments open to the public; canteens	3	56	24
Fuel Storage Depots	-	1	-

No. of visits of all kinds by inspectors to registered premises .. 390

Analysis by Workplace of Persons Employed in Registered Premises

Offices	2147
Retail Shops	2490
Wholesale Shops & Warehouses	315
Catering Establishments open to the public	488
Canteens	41
Fuel Storage Depots	-
	<hr/>
Total	5481
	<hr/>
Male: 2218 Female: 3263	

4. FACTORIES

Details of the number of factories in the City, the inspections made and other information required to be included in the Report will be found in tabular form in the Annex on pages 32 to 34.

5. PEST CONTROL

Rodents

The Council renewed its contract for rodent control with Rentokil Ltd. who are engaged on an annual basis and investigate all complaints received. Council occupied property and private residential premises are treated under the contract, but the company is at liberty to make its own arrangements in respect of commercial and industrial premises, farms, schools, hospitals, etc. A nominal payment of 50p is charged by the Council to occupiers of residential property for a complete treatment to eradicate rats or mice, except in the case of old age pensioners.

The sewage works and public sewers are excluded from this contract, and these are treated by the City Engineer's men under the supervision of a Public Health Inspector.

There have been no serious problems, and work has been of a routine nature. All complaints have been dealt with promptly, and there have been no delays due to sickness or holidays, as a trained operator was available at all times.

To date there has been little evidence of resistance to Warfarin, the poison normally used, but the contractor would use Alphachloralose should this arise.

Summary of Work Carried Out

Surface Infestations (Contractors):

Total number of complaints received	130
Total number of properties inspected	283
Total number found to be infested with rats ..	64
Total number found to be infested with mice ..	43

Sewers (Direct Labour):

Total number of manholes in foul and connected systems	1542
Number of manholes test baited in April (10%)	165
Number of manholes showing test bait taken ..	nil

Salisbury's sewer system was rat-free during 1972, and to a great extent this is due not only to the regular annual sewer treatments over the years, but also to the efforts made to ensure that all drain connections are sealed off when premises are demolished.

Twenty-eight inspections and visits were made by the public health inspectors in connection with rodent control and one informal notice was served and complied with.

Insect Pests

One hundred and forty-two inspections and visits were made by the inspectors to investigate complaints from members of the public and in conjunction with the operations of the Contractors.

Fly Control on Refuse Tip

Periodical spraying at the refuse tip during the summer months is done again by contract with Rentokil Ltd. and no complaints were received from premises in that area of the City, which may be taken as an indication of the effectiveness of the control measures used.

Cockroaches

The boilerhouse and heating ducts of some 92 Council dwellings connected to the district heating system at Bemerton Heath were found to be infested with cockroaches. Sporadic treatment was ineffective and Rentokil Ltd. were engaged to eradicate these pests on a contract basis. They surveyed the area and commenced treatment in May. Good results were obtained, and although it was expected that further activity would occur when the central heating was switched on in the autumn, subsequent checks showed that the infestation was well under control.

Wasps

The policy of lending out sprayers containing a suitable insecticide continued during the summer months, and the small hire charge of 25p offset the cost of equipment and insecticide. The method recommended to complainants proved to be effective and sixteen complaints were received during 1972.

No charge is made to elderly and handicapped persons, and in these cases the inspectors are most willing to give practical assistance.

Pigeons

Feral pigeons, as in most towns and cities, are a considerable nuisance. Two Council employees deal with the worst areas in the City centre, but shooting, which can not be done during the pigeon racing season from late April to end September, has proved to be only partially successful. Further consideration may have to be given to employing other means of combating damage caused to buildings and contents due to blocked roof gutters where pigeons roost and nest.

6. KEEPING OF ANIMALS

Diseases of Animals

There are six piggeries in the City, two of which are licenced under the Diseases of Animals (Waste Foods) Order, 1957. The latter are inspected regularly to ensure that all waste food is efficiently boiled and that raw and boiled swill and the containers used for these are kept separate as required by the licence conditions. These measures are important in preventing the occurrence and spread of Foot and Mouth and other infectious animal diseases.

Pet Animals Act, 1951

This Act is designed to protect animals kept for sale. Five premises were licenced during the year and all were well maintained. I should like to thank the local R.S.P.C.A. Inspector, Mr. Dunn, for his willing help and advice. In no cases were any contraventions noted.

Housing Regulations

Individuals with disabilities	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
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7. HOUSING

Slums & Older Housing: An Overall Strategy

During the year the Department of the Environment requested local authorities to review their plans for dealing with older houses and this necessitated carrying out a sample house survey to provide sufficient data from which to draw up a strategy.

By using the sample survey technique it is possible to assess the numbers of houses with various characteristics sufficiently accurately for this purpose. One thousand houses are selected at random and inspected, and by using an appropriate multiplier an overall picture of the authority's housing stock can be arrived at.

The results at paras (i) and (iii) below are given as total numbers and as percentages of dwellings in each category. These totals are subject to a tolerance of plus or minus so many dwellings. The numbers shown are the median figures arrived at.

The figures contained in para (ii) were obtained from the Survey, DOE Local Housing Statistics and other information available from existing records.

(i) Unfit Dwellings:

Clearance Areas already made	17	
Still to be dealt with as Clearance Areas	45	
	<hr/>	62 (0.5%)
Individually unfit dwellings already subject to Closing Orders & Undertakings	35	
Individually unfit houses still to be dealt with	89	
	<hr/>	124 (1.0%)
Total unfit dwellings		<hr/> 186 <hr/>

(ii) Dwellings Not Unfit:

	<u>Owned by</u> <u>L.A.</u>	<u>Other</u> <u>Ownership</u>
Up to twelve-point standard	3,522	6,615
Capable of improvement to twelve- point standard	30	2,000
Not capable of improvement to twelve- point standard	-	24
	<hr/> 3,552 <hr/>	<hr/> 8,639 <hr/>

(iii) Houses in Multiple Occupation:

236 (1.9%)

As a result of the survey the Council resolved that maximum publicity be given to the availability of improvement grants to encourage owners to repair and modernise older houses and that house condition surveys of suitable residential areas be carried out with a view to their being declared General Improvement Areas. It was also resolved where necessary to use Section 72 of the Housing Act, 1969, in respect of properties in disrepair, although not unfit for human habitation, requiring them to be brought up to a reasonable standard having regard to their age, character and locality.

Houses in Multiple Occupation

Now that the survey has indicated that a substantial number of these houses exist in the City, the identification and inspection of them will follow during 1973 to ensure they are provided with adequate means of escape from fire and the essential amenities set out in the Housing Act, 1961.

These houses are variously referred to as houses-let-in-lodgings, tenements, etc., but do not include properties converted into self-contained flats. They are defined in the Act as being occupied by persons who do not form a single household.

Housing Inspections

	Inspections	Other Visits	Notices Served		Notices Complied	
			PN	SN	PN	SN
Individual Unfit Houses	30	60	1	-	1	-
Slum Clearance	-	-	-	-	-	-
Houses in Multiple Occupation	12	50	4	-	2	-
Overcrowding	6	4	-	-	-	-
Qualification Certificates (19 issued)	57	46	24	-	8	-
Bed & Breakfast Accommodation	20	21	-	-	-	-
Housing Defects	157	295	24	3	11	1

Houses Demolished

In Clearance Areas

95 & 97 Gigant Street (C.A.No.42)

Not in Clearance Areas

28A, 28B & 32B Culver Street (not subject to Closing Orders)

30A, 30B & 32A Culver Street (Closing Orders)

91 Gigant Street (Closing Order)

93 Gigant Street (not subject to Closing Order)

Unfit Houses Closed

6 Ivy Place, Castle Street

Parts of Buildings Closed as Unfit

8/9 Prospect Place, St. Ann Street (two attic rooms)

185 Wilton Road (one basement room)

Unfit Houses Made Fit (Closing Orders Determined)

32 Brown Street

83 Fisherton Street

9 & 11 Pennyfarthing Street

9 Prospect Place, St. Ann Street (except for two attic rooms)

60 Winchester Street

8. FOOD

Premises and Personnel

The inspection of premises is a constant duty. Frequent inspections are essential to ensure that the Regulations are complied with and that all food handlers are aware of the need for the highest standards in relation to personal hygiene and the special risks in connection with the handling and temperature control of foods consisting of meat and milk.

During the year 254 inspections and 109 other visits were made, and on the whole there was generally little cause for complaint about structural disrepair and fittings, but it was obvious that a small number of establishments required more attention as some employees do not appear to appreciate even the rudimentary rules of hygiene.

I emphasise again the fact that although Public Health Inspectors have to enforce the law, they always prefer to achieve results by co-operation with owners of all food establishments in an endeavour to obtain the highest possible standard of hygienic food handling.

My introductory remarks have mentioned the essentials of food hygiene, but the publicity in the press and on radio and television regarding open date coding was welcome. During the year the Report of the Food Standards Committee (Ministry of Agriculture, Fisheries & Food) on the date marking of food was published. It acknowledged that the present laws are ineffective in preventing the sale of stale food and recommended that a system of open dating should be introduced by Regulation, as the extension of adequate voluntary systems would not be sufficiently rapid to avoid the need for legislative action. Such a system would have eliminated three complaints shown in the Table on page 17. In the meantime, all shopkeepers are advised during inspections on how to rotate stocks and this has kept complaints to a reasonably low figure.

In addition, the Publicity Committee asked that bed and breakfast accommodation be inspected before inclusion on the Council's list. Most of the work required to reach the standard set had been completed by the end of the year.

In June, inspections of the main and all ward kitchens at the Old Manor Hospital were made at the invitation of the Knowle Hospital Management Group. This arose following criticisms in the Press concerning kitchen hygiene in hospitals and as, under the Food Hygiene Regulations, local authority inspectors do not have power of entry to National Health Service hospitals, such inspections can be done only on a goodwill basis and by invitation. The opportunity was taken to do a complete and detailed inspection and the report was forwarded to the Group Catering Manager.

Food Hygiene (General) Regulations, 1970

All deposited plans relating to food premises are passed to the Department for scrutiny and observations by the public health inspectors. This co-operation between the City Engineer's Department and the Public Health Department ensured that food traders were advised of structural and decorative matters, equipment, lighting, etc. needed to comply with the Regulations in advance, thus avoiding the expense and frustration of having to alter newly built or converted premises to satisfy the Regulations.

The number of food premises subject to these Regulations is 361 and visits and inspections made during 1972 are listed below.

<u>Type of Premises</u>	<u>No. on Register</u>	<u>Inspections</u>	<u>Other Visits</u>
Restaurants, cafes, snack-bars, canteens, etc.	55	75	44
Outside Caterers	3	4	1
WCC schools, Welfare Homes	34	3	-
Bakehouses, bakers' shops	9	12	-
Brewers	1	1	1
Butchers	15	22	10
Confectioners	34	15	-
Grocers	61	39	25
Greengrocers	13	8	-
Fishmongers	2	3	1
Fish friers	7	5	2
Licensed premises	78	27	14
Clubs	19	6	7
General/multiple stores	5	8	3
Wholesalers	21	6	1
Hospital kitchens	4	17	-
Auctions	-	3	-
Totals:	<u>361</u>	<u>254</u>	<u>109</u>

Notices served: 29

Notices complied with: 24

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

The public make constant use of the local open market and twelve general inspections were made of the market and 119 individual inspections were made of stalls. Twenty-five verbal and written notices were issued for contraventions of the Regulations and the majority had been complied with by the end of the year. Each stallholder was also provided with a short guide to these Regulations.

Similar inspections were also made of food stalls at the Salisbury Pleasure Fair. The main contraventions found related to the absence of first aid kits, smoking, and some inadequate covering of individual stalls.

The Food Hygiene Regulations relating to stalls and delivery vehicles require foodhandlers to wear "clean and washable overclothing". It is regrettable that this phrase is not defined in the Regulations as it could be argued that almost any outer garment is washable; and to decide whether a sports jacket, pullover, overcoat etc. is clean or not is difficult. To make this Regulation of any real value it should define clearly overclothing: for instance, "an overall coat with long sleeves made of cotton, nylon or other not less suitable material". In the absence of some such definition it is to be hoped that all foodhandlers working at stalls in the market and on food delivery vehicles and their employers, will accept this suggestion when it is made in the interest of good hygiene. It should be said that many already wear suitable overalls and I hope that those who do not can be persuaded to do so.

Cattle Market

The cattle market was visited regularly and I am pleased to note that the auctioning of foodstuffs in the open air or in the present wooden sheds is to cease, and to take place in the new Corn Exchange which is fast nearing completion. All food sold will be in a well lit room with tiled walls where the dead poultry will be hung.

It is to be hoped that the adjoining snack bar will be replaced, as it is difficult for the Regulations to be observed in the present temporary building.

Food Complaints

Nine complaints as listed below were reported for the consideration of the Committee, and in one case legal proceedings were authorised; the case had not been heard by the end of the year. In respect of the other eight incidents, six warning letters were sent, whilst in two the Committee decided that no further action was justified.

<u>Nature of Complaint</u>	<u>No. of Complaints</u>
Foreign matter	5
Mould growths	2
Dirty bottle of milk	1
Unsoundness	1

Nineteen other customer complaints did not however justify reporting to Committee, partly because of their minor nature and partly because of insufficient evidence to take formal action.

Food Inspected

In addition to the meat listed in section 10 of the Report, local wholesalers and retailers voluntarily surrendered the following unfit food which was disposed of at the Corporation's refuse tip.

Tinned meat	150
Other tinned food	934
Frozen food	1634
Frozen poultry	110
Frozen vegetables	52
Frozen meat	13
Fresh meat	5140
Fruit & vegetables	6162
Other foods	233
	<hr/>
	14428 lb. (6.44 tons)
	<hr/>
Ice cream	28 gallons

9. MILK & MILK PRODUCTS

Milk (Special Designation) Regulations 1963/1965

All milk sold in the City by retail is heat treated and prepacked, and the following dealers' licences granted under these Regulations were operative at the end of the year:-

Pasteurised: 47 Sterilized: 5 Ultra Heat Treated: 16

In addition, there is one pasteurising dairy in the City which is licensed by Wilts County Council.

Regular samples were taken in accordance with the Delegation Agreement between the County Council and the Corporation from all licensed dealers for the tests prescribed by the Regulations, and 226 visits were made for this purpose with the following results:-

<u>Designation of milk</u>	<u>No. of samples taken</u>	
	<u>Passed</u>	<u>Failed</u>
Pasteurised	183	4
Sterilized	4	-
U.H.T.	42	-
Total:	229	4

Milk & Dairies (General) Regulations, 1959

The number of milk distributors in the City registered under these Regulations was:-

Wholesale & Retail Distributors .. 1
Retail Distributors 50

Nineteen sets of washed bottles were obtained from the pasteurising dairy and submitted for bacteriological tests to ascertain that they had been properly cleaned before filling and all were found to be satisfactory. These tests were carried out at the Public Health Laboratory at Odstock, and I should like to acknowledge the help and co-operation we have received from the Director and his staff throughout the year.

Ice Cream

One expects to obtain uniformly good results from the sampling of ice cream submitted to the Public Health Laboratory at Odstock for the provisional Methylene Blue Test, as most of that retailed in the City is from national firms. Two local firms sell cold mix ice cream supplied to them as a prepacked sterilized product by a national company, and this is sold from sales vans operating both within and outside the City.

Number of ice cream samples submitted for Methylene Blue Test:

Grade 1	17
Grade 2	1
Grade 3	-
Grade 4	2
	<hr/>
Total	20
	<hr/>

Yogurt

Following some unsatisfactory results from yogurt samples in 1971, fourteen further samples were taken during the year but these proved to be satisfactory.

10. MEAT HYGIENE

Slaughterhouses Act, 1958

Slaughterhouses(Hygiene) Regulations, 1958/66

Slaughter of Animals (Prevention of Cruelty) Regulations, 1958

All slaughtering is concentrated at the Public Abattoir in Churchfields. The Council's slaughtering contractors are F.M.C. (Meat) Ltd. The slaughterhouse, but not the new boning and cutting plant, is licensed for the export of meat to the European Economic Community. The routine inspection of all meat, whether for home consumption or for export, is carried out by the Council's own staff. A local firm of veterinary surgeons are employed and paid by the slaughtering contractors to certify meat for export and supervise loading for transport to the Continent.

At the beginning of the year the new £200,000 extension was brought into operation. This extension includes a mechanically operated boning and cutting line, enabling sides of beef and pork to be jointed, boned out and vacuum packed under temperature-controlled conditions. Unfortunately there is no complete segregation of the cutting area from the packing area and because of this a licence to export this type of meat was refused by the Ministry of Agriculture, Fisheries & Food.

Included in the new extension are extra chilling rooms, blast freezers, cold stores and a new lamb cutting room, together with improved facilities for employees.

At the same time improvements were carried out to the slaughterhalls, including the separation of the pig slaughterhall from the cattle/sheep slaughterhall. New detained areas, a casualty slaughterhall, hide store and tackle washing area together with improvements to the dressing lines were incorporated to enable the Meat Inspection Regulations, 1963, to be fully complied with. These improvements were also necessary to bring the slaughterhouse up to the standard required by the EEC Directive for intra-Community trade in meat.

Improved washing facilities and sterilizing apparatus for knives were also provided and a complete daily change of clothing is now supplied to the slaughtermen.

The placing of bacteriological swabs in the drainage system, the purpose of which is to identify and record the incidence of the types of salmonella organisms introduced into the Abattoir in livestock, was recommenced towards the end of the year.

Meat Inspection Regulations, 1963/1971

The number of animals slaughtered at the Abattoir during the year is shown in the Table below. All carcasses and organs were inspected in accordance with the Regulations.

Cattle other than cows	13,940
Cows	4,022
Calves	341
Sheep	32,865
Pigs	76,556
Total:	127,724

Unfit Meat Rejected

(A) Whole Carcasses

Eight hundred and twenty whole carcasses were rejected as unfit for human consumption for the reasons listed in the following Table.

Diseases or conditions rendering carcasses unfit for human consumption.	Cattle other than Cows	Cows	Calves	Sheep	Pigs
Abscesses, multiple	-	-	-	3	93
with necrotic tail	-	-	-	-	33
Anaemia	-	1	-	-	-
Arthritis, multiple septic	-	-	1	29	152
Bad bleeding	-	-	-	2	4
"Black Beef"	-	2	-	-	-
Bloodsplashing	1	-	-	-	-
Brown fat disease	-	-	-	-	1
Bruising, extensive	-	1	-	1	9
with oedema	-	3	-	-	-
Contamination					
with abscesses	-	-	1	-	4
manurial	-	1	-	2	1
Emaciation, pathological	-	1	-	-	7
Emphysema, acute pulmonary	1	1	-	-	-
Endocarditis, acute bacterial	-	3	-	-	1
Eosinophilic myositis	2	-	-	-	-
Fat necrosis, generalised	-	1	-	-	-
Fever	-	-	2	3	7
Haemorrhages, extensive	-	-	-	-	1
Immaturity	-	-	-	1	-
Injuries, acute septic	-	2	-	1	7
Jaundice	-	-	-	-	11
Lympho-sarcoma, multiple	-	1	-	-	-

cont'd

Diseases or conditions rendering carcasses unfit for human consumption	Cattle other than Cows	Cows	Calves	Sheep	Pigs
Machine damage, extensive	-	-	-	-	4
Mastitis, acute septic	-	4	-	1	-
Metritis, acute septic	-	6	-	1	3
Moribund	-	3	-	-	7
Neoplasms, multiple	-	1	-	1	-
Odour, abnormal	-	1	-	-	1
Oedema	4	11	2	5	9
with arthritis	-	2	-	-	1
with contamination	-	-	1	-	-
with emaciation	-	3	-	9	5
Pericarditis, acute septic	1	1	-	-	5
with pneumonia	-	-	-	-	2
Peritonitis, acute septic	-	2	1	2	16
with manurial contamination	-	1	-	-	-
with necrotic tail	-	-	-	-	4
with pneumonia	-	-	-	-	7
with septic arthritis	1	-	-	-	2
Pleurisy, acute septic	-	-	-	2	25
with necrotic tail	-	-	-	-	4
with pericarditis	-	-	-	-	11
with peritonitis	-	-	-	-	46
with pneumonia	-	-	-	1	8
Pneumonia, acute septic	1	1	4	3	62
with necrotic tail	-	-	-	-	79
Pyæmia	-	1	4	5	7
Pyelonephritis	-	2	-	-	5
Septicaemia	3	2	2	1	10
Swine erysipelas	-	-	-	-	1
Tuberculosis, generalised	-	-	-	-	2
Totals:	14	58	18	73	657

(B) Part Carcasses & Organs

In addition to whole carcasses, part carcasses and offal are also rejected when unfit for human consumption, and the number so rejected and the reasons for condemnation are set out in the following Table.

Diseases or conditions rendering part carcasses or offal unfit for human consumption	Cattle other than Cows	Cows	Calves	Sheep	Pigs
Abscesses	1735	280	3	82	1026
Actinomycosis	70	20	-	-	-
Arthritis	9	29	-	61	515
Ascariasis (parasitic affection of liver)	-	-	-	-	10658
Aspiration of blood or stomach contents	-	62	-	-	10885
Atelectasis (affection of lung)	-	-	-	-	47
Bad bleeding	-	15	-	-	-
Bile staining	10	8	1	-	296
"Black Beef"	-	18	-	-	-
Bloodsplashing	60	32	-	21	-
Bruising	202	155	1	28	262
Cirrhosis	24	20	-	-	256
Contamination, manurial	1524	567	25	5241	2351
Cysticercus bovis	70	19	-	-	-
Cysticercus ovis	-	-	-	37	-
Cysts	-	5	-	-	26
Deformities	-	-	2	-	-
Dressing incomplete	-	-	-	-	937
Emphysema	22	107	-	-	-
Erythema	-	-	-	-	65
Fascioliasis	1329	1238	-	124	-
Fat necrosis	33	22	-	2	-
Fatty change	20	31	-	17	57
Fibrosis	38	7	-	4	59
Fractures	-	6	-	-	108

cont'd

Diseases or conditions rendering part carcasses or offal unfit for human consumption	Cattle other than Cows	Cows	Calves	Sheep	Pigs
Hydatidosis	88	349	7	37	-
Machine damage	-	-	-	-	937
Melanosis	18	1	-	7	-
Metaplasia	-	-	-	-	6
Necrosis, tail	-	-	-	-	898
Neoplasms	4	-	-	4	4
Nephritis	17	73	-	-	-
Odour, abnormal	85	-	-	-	-
Oedema	3	12	-	-	30
Parasites, liver	130	139	-	4267	1120
Parasites, lungs	101	95	-	1202	1558
Pleurisy, pericarditis and peritonitis	5286	1780	-	239	10746
Pneumonia	419	181	7	335	15421
Rupture	-	-	-	-	77
Shotty eruption	-	-	-	-	11
Telangiectasis (affection of liver)	89	409	-	-	-
Tuberculosis	-	-	-	-	801
Totals:	11386	5680	39	11708	65157

(C) Summary of Unfit Meat Rejected

The following table summarises the information given in the Tables (A) and (B).

	Cattle other than Cows	Cows	Calves	Sheep	Pigs	Total
DISEASES AND CONDITIONS OTHER THAN TUBERCULOSIS AND CYSTICERCUS BOVIS						
Whole carcasses unfit	14	58	18	73	655	818
Carcasses of which some part or organ was unfit	7664	3201	31	8144	40656	59696
Percentage of the total number inspected and found to be affected with diseases and con- ditions other than tuberculosis and cysticercus bovis	56.5%	79.3%	14.4%	25.0%	53.9%	47.4%
TUBERCULOSIS ONLY						
Whole carcasses unfit	-	-	-	-	2	2
Carcase of which some part or organ was unfit	-	-	-	-	763	763
Percentage of the total number inspected affected with tubercu- losis	-	-	-	-	1.0%	0.6%
CYSTICERCUS BOVIS ONLY						
Carcasses of which some part or organ was unfit	70	19	-	-	-	89
Carcasses submitted to treatment by refriger- ation	70	19	-	-	-	89
Generalised	-	-	-	-	-	-
Percentage of the total number inspected affected with Cysticercus Bovis	0.5%	0.47%	-	-	-	0.07%

(D) Weight of Meat and Offal rejected as unfit for human consumption after inspection

	Meat		Offal (lb)	Total (lb)
	Whole Carcasses (lb)	Part Carcasses (lb)		
Other Diseases	106724	36067	261957	404748
Tuberculosis	176	7664	187	8027
Cysticercus Bovis	-	-	1221	1221
Totals:	106900 (47.72 tons)	43731 (19.52 tons)	263365 (117.57 tons)	413996 (184.82 tons)

Commentary on Tables (A) to (D)

No significant changes have occurred during the year under review in the causes of condemnation of meat or offal as unfit for human consumption, but animals affected with pleurisy, peritonitis or pericarditis are still found in a high proportion of those inspected, especially so in pigs which also have a high incidence of pneumonia.

The incidence of necrosis of tails amongst pigs continues to be high, and 79 whole carcasses had to be condemned for septic pneumonia, multiple abscesses or pyaemia resulting from tail biting. Veterinary authorities differ as to the reasons for the increasing incidence of this habit among pigs, one theory being that it is a man-made vice due to intensive rearing.

Meat and offal wasted through bad dressing and handling is higher than necessary and represents a considerable loss to F.M.C. This is largely due to the speed at which the slaughtermen have to work on the line system operating at the Abattoir, but also to some extent to lack of care by these men. Examples of this are manurial contamination and bile staining due to the gall bladder being broken, thereby imparting an objectionable bitter taste to meat and edible offals affected.

The high incidence of rejection for machine damage, some 937 part pig carcasses, merits comment. This has increased since the installation of a second-hand dehairing machine about two years ago which has caused severe injuries to fore legs, heads and ribs, and on occasions whole carcasses have had to be condemned for this reason.

Fascioliasis, a condition caused by the liver fluke parasite, is one of the commonest parasitic conditions found in meat inspection. The life-cycle is complicated and one stage depends on a species of freshwater snail acting as an intermediate host. The cystic stage is spent attached to blades of grass and animals grazed on waterlogged pastures are therefore more likely to be affected. Man is not infected by the consumption of livers containing the adult parasite, and the reason for rejection is that the organs are unmarketable.

Slaughter of Animals Act, 1958

Twenty-one persons were licensed to slaughter animals by either the captive bolt method or by means of an electrolethaler.

Meat (Sterilization) Regulations, 1969

All unfit meat and offal is removed by F.M.C. (Meat) Ltd. to their processing plant at Calne. A small amount is taken to Dinnadog Products Ltd. at Tisbury. All the small containers are capable of being closed and locked, but at the end of the year the large containers were still not lockable and the matter was being pursued with F.M.C. under the terms of their Agreement with the Corporation.

Imported Food Regulations, 1968

Seventy sealed containers of meat imported from the Republic of Ireland were examined at a local cold store. These containers held 6,380 quarters of beef, 230 ox hearts, 343 boxes of beef cuts and 190 boxes of offal. One hundred and ninety three pounds of beef were rejected for extensive bruising and 26 lbs. for being dirty: this was taken up through the importers and it is hoped that there will be no further need for such condemnation.

Eradication of Brucellosis

The Government have formulated a programme for the eradication of this disease of cattle from herds in Great Britain.

At present there are voluntary schemes operating in this area whereby farmers can be compensated for the slaughter of reactors. As the programme continues, herds can become voluntarily accredited, and ultimately the Ministry of Agriculture, Fisheries & Food will introduce area by area compulsory eradication by means of Orders made under the Diseases of Animals Act, 1950.

During 1972, 176 reactors were slaughtered at the Abattoir, being approximately 1% of the total throughput of cattle. Apart from certain reproductive organs the carcasses are, subject to the criteria contained in the Meat Inspection Regulations, properly passed as fit for human consumption.

12. SHOPS ACTS

Routine inspections and visits were made as set out in the following Table to ensure that the requirements of the Shops Act, 1950, and the Shops (Early Closing Days) Act, 1965, were being complied with in relation to early closing days, closing hours and weekly half-holidays for assistants.

Inspections	Other Visits	Notices Served		Notices Complied	
		PN	SN	PN	SN
116	48	29	-	26	-

A number of enquiries were received on these and other provisions in the Acts from individual traders and also from their organisations.

The 1950 Act consolidated Acts made between 1912 and 1936 and took no account of the tremendous social changes which had taken place in the wake of two world wars, and now a further twenty-three years have passed with only a slight modification by the 1965 Act in respect of the early closing day requirements. It is a most complicated piece of legislation which many feel has become archaic: it is perfectly simple, they maintain, to enact a forty or forty-four hour week for shop assistants and at the same time give shopkeepers the opportunity to study the customers' needs.

There are endless anomalies in the Act: for example one can buy cooked tripe up to midnight (if one so desires) but not a packet of salt to go with it. It is not permissible to buy a packet of razor blades for shaving after hours, but one can do so for cutting corns and so on.

ANNEXThe 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	10	1	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	149	72	13	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	93	3	1	-
Total:	252	76	14	-

2 - Cases in which defects were found

Particulars (1)	Number of cases in which defects were found		Referred to H.M. by H.M. Inspector Inspector		Number of cases in which pros- ecutions were instituted (6)
	Found (2)	Remedied (3)	(4)	(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	-	-	-	-	-
(b) unsuitable or defective	14	6	-	-	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Totals:	14	6	-	-	-

Part VIII of the Act

Outwork - (Sections 133 & 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 unwhole-some premises	Notices Served	Prosecutions	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Wearing Apparel	5	1	-	-	-	-	
Making etc cleaning & washing	-	-	-	-	-	-	
Furniture & upholstery	-	-	-	-	-	-	
Totals:	5	1	-	-	-	-	

