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Contributors

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CITY OF NEW SARUM

THE
ANNUAL REPORTS
of the
Medical Officer of Health
and
Chief Public Health Inspector
for the year 1973


CITY OF SALISBURY

Report of the Medical Officer of Health for Salisbury
to the Minister of Health under the terms of Article 15(4) of
the Public Health Officers Regulations, 1959
for the year ended the 31st December, 1973.

- | | |
|--|---|
| (a) The number of dwellings known to be overcrowded at the end of 1972 together with the number of families and the number of persons dwelling therein:- | Two dwellings
three families
Twenty-two and a half persons. |
| (b) The number of new cases of overcrowding reported during 1972:- | One |
| (c) The number of known cases of overcrowding relieved during 1973, and the number of persons concerned:- | None |
| (d) Particulars of any cases in which dwelling houses in respect of which the local authority have taken steps for the abatement of overcrowding have again become overcrowded during 1973:- | None. |

J.R. H. [Signature]

Medical Officer of Health.



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TO THE MAYOR, ALDERMEN AND COUNCILLORS

I have the honour to present my Annual Report for the year 1973. In the foreword to my previous report for the year 1972 I stated that it would be the final one, but as things are I think it is appropriate to write on behalf of the last year of the Health Department of Salisbury City Council. I am, of course, of necessity, a little late in presenting this report, but I am sure that it will be received with interest and approval. I am sure that the Council will find it of interest and value, and I am sure that it will be a pleasure to read it.

CITY OF SALISBURY

The Health Department of Salisbury City Council has been very busy in the past twelve months, and I am sure that the Council will find it of interest and value. I am sure that the Council will find it of interest and value, and I am sure that it will be a pleasure to read it. I am sure that the Council will find it of interest and value, and I am sure that it will be a pleasure to read it. I am sure that the Council will find it of interest and value, and I am sure that it will be a pleasure to read it.

THE ANNUAL REPORT

OF

THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1973

Your obedient servant,

J. H. H. H.

Medical Officer of Health.

REPORT OF THE

THE ANNUAL REPORT

OF

THE MEDICAL OFFICE OF HEALTH

FOR THE YEAR

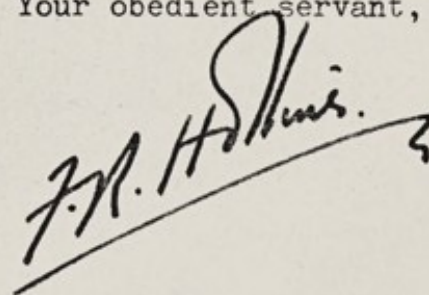
1913

TO THE MAYOR, ALDERMEN AND COUNCILLORS

I have the honour to present my Annual Report for the year 1973. In the foreword to my previous report for the year 1972 I stated that it would be the final one, but as things are I think it is appropriate to write an account of the last year of the Health Department of Salisbury City Council even though, of necessity, it will have to be in an abbreviated form. I am doing so as I hope to continue in my present capacity as your Medical Officer of Health until 1st April, 1974, and this should allow ample time to complete the document, and have it presented to Council. I think it is important to give as detailed an account as possible of the work of the department during the past twelve months even though the report will lack the statistical tables, as these will not have been completed by the Registrar General in the time available. But in spite of this there is much to report, and it is with great pleasure that I record my appreciation of the way in which all members of the staff have carried out their various duties in a time of difficulty, and in an atmosphere of uncertainty. As a direct result the work of the Department has gone ahead quietly and smoothly in spite of the problems arising out of preparations for the changeover.

Once again I want to take this opportunity to thank all members of the City Council, and especially the Chairman and members of the Public Health Committee for their continued support throughout the year: to my colleagues in other Departments; to the members of the medical profession in both the Hospital Service and in General Practice, and especially to Dr. C.D.L. Lycett, County Medical Officer of Health for Wiltshire.

I am,
Your obedient servant,

A handwritten signature in dark ink, appearing to read 'F.R. H. Smith', written over a horizontal line.

March, 1974.

Medical Officer of Health.

TO THE MAYOR, ALBANY AND COUNCIL

I have the honor to present my Annual Report for the year 1934. In the forward to my previous report for the year 1933 I stated that it would be the final one, but as things are I think it is appropriate to write an account of the year of the Health Department of Albany City Council even though, of necessity, it will have to be an abbreviated one. I am doing so as I hope to continue in my present capacity as your Medical Officer of Health until at least April, 1935, and this should allow ample time to complete the document, and have it presented to Council. I think it is important to give as detailed an account as possible of the work of the department during the past twelve months even though the report will lack the statistical tables, as these will not have been completed by the Registrar General in the time available. But in spite of this there is much to report, and it is with great pleasure that I record my appreciation of the way in which all members of the staff have carried out their various duties in a time of difficulty, and in an atmosphere of uncertainty. As a direct result the work of the department has gone ahead calmly and smoothly in spite of the problems arising out of the parasite for the chancery.

Once again I want to take this opportunity to thank all members of the City Council, and especially the Chairman and members of the Public Health Committee for their continued support throughout the year. To my colleagues in other departments; to the members of the medical profession in both the Hospital Service and in General Practice, and especially to Dr. C.D.L. Joyce, County Medical Officer of Health for Wilkesbarre.

I am,
Your obedient servant,

W. H. H. H.

Medical Officer of Health.

March, 1935.

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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 G. W. Shingler), 46 St. Francis 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 Mrs. H. E. Barker, "Strathavon", Mill 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.

The following School Nurses are also members of the Salisbury City Council for duties in the schools in the City:-

Mrs. H. A. Dalcott, S.R.N.,

Mrs. C. Dalcott, S.R.N.

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.

CHIEF PUBLIC HEALTH INSPECTOR

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

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.

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.,
M.A.P.H.I.

Mr. H. Dixon, C.S.I.B., Cert. M & O.F., M.A.P.H.I. (Retired 11.2.73)

Mr. S. J. Hartshorne, Diploma of P.H.I.E.B. (Appointed 2.4.73)

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. J. M. Griffiths, C.M.I. (Resigned 14.10.73)

Mr. V. H. Place, C.M.I., A.M.R.S.H., (Appointed 1.11.73)

CLERICAL STAFF

Mrs. J. Weeks

Mrs. W. Heuston

Miss S. Marsh

WILTSHIRE COUNTY COUNCIL

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

Area Nursing Officer

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

Nursing Officer Health Visitor

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

Health Visitors

Miss J. P. Humpherson, 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.

Mrs. A. M. Taggart, S.R.N., H.V.Cert. (Commenced March 1973)

Miss L. C. Bodle, S.R.N., H.V.Cert. (Commenced July, 1973).

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.

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	4	-	4	-	-	-	-	-	-
Infective Hepatitis	4	-	-	-	1	3	-	-	-
Meningitis	1	-	1	-	-	-	-	-	-
Scarlet Fever	2	-	2	-	-	-	-	-	-
Whooping Cough	1	-	1	-	-	-	-	-	-
Encephalitis	2	-	-	1	-	1	-	-	-
Dysentery	1	-	-	-	1	-	-	-	-

The number of cases of notifiable disease again shows a very low figure and does not call for any comments. All cases that are reported are strictly followed up where this is indicated, and in the case of infective hepatitis family contacts are normally given prophylactic treatment. Strict precautions were taken to protect all contacts with the case of meningitis. The patient recovered and no further problems were encountered.

It is of interest to note that only a single case of whooping cough was notified, and reflects the value of the very high proportion of prophylactic vaccination that takes place.

Food Poisoning

The following are particulars of cases of food poisoning during 1973:-

- (a) Total number of outbreaks 3
- (b) Total number of cases 3
- (c) Number of deaths 0

TUBERCULOSIS

T.B. Register 1973

Male	-	Pulmonary:	35	Non-Pulmonary:	7	Total:	42
Female	-	Pulmonary:	22	Non-Pulmonary:	5	Total:	27
Total number of cases on register							69

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Recovered and discharged during the year:	2	0	2
Total number of deaths during the year:	1	0	1
New cases taken on register:	2	0	2

The task of checking and revising the tuberculosis register for the city has now been completed, and the figures set out above show that the total number of cases has been reduced to 69.

Only two new cases were discovered during the year 1973. Both were male patients one being aged 52 and the other 74 years of age respectively. It is of interest to see that there was only one death from the disease this period, two patients were discharged as cured. The picture depicted by these facts and figures is a very different one indeed from that which existed fifty years ago and show the enormous progress that has been made. To illustrate this change I am reprinting the following extract:-

Annual Report of the Medical Officer of Health 1923.

Population of the City of Salisbury 1921 Census	-	- 22861
Total number of notified cases of tuberculosis	-	31
Total number of notified cases of pulmonary tuberculosis	-	18
Total number of notified cases of non-pulmonary tuberculosis	-	31
Total number of deaths from pulmonary tuberculosis	-	15
Total number of deaths from non-pulmonary tuberculosis	-	5
Total number of deaths from all forms of tuberculosis	-	20

Three of the deaths in non-pulmonary cases occurred in children under three years of age.

Such figures bring home to us in a truly dramatic way how a disease that led to such tragic consequences only fifty years ago, has been completely changed by modern chemotherapeutic and preventive measures.

TUBERCULOSIS (Continued)

Today, as soon as a case is notified within the city there is immediate and very close liaison between your Medical Officer of Health, the Chest Physician, and the Principal School Medical Officer of Wilts County Council if school children are involved. It is by the combined and co-ordinated efforts on the part of those concerned that the high standards of control which exist today are obtained.

VENEREAL DISEASES

New cases registered during the years 1972 and 1973.

Year	Clinic	Syphilis Early		Syphilis Other		Gonorrhoea		Venereal Conditions		Total of all Venereal Conditions	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1972	Salisbury	1	0	0	0	8	8	53	31	62	39
1973	Salisbury	0	0	0	0	11	17	70	39	81	56

The table shows the number of venereal infections which were seen at the Special Clinic, General Infirmary, Salisbury, during 1973. It will be noted that there has been a definite increase in the numbers of new cases of gonorrhoea especially females. This is quite a serious matter from the point of view of spreading the infection because in the female the disease usually passes unnoticed in the early stages and such a person is a dangerous source from which infection is spread. The actual number of cases is quite inaccurate as many people visit clinics far from their own home areas.

This pattern of increasing numbers, patients suffering gonorrhoea, is a cause of great concern as the figures throughout the country are extremely high and pose a very serious problem to all who are interested in disease control and prevention.

THE PROPER OFFICER AND MEDICAL ADVISER

It seems strange to think that the department I have known for the past six years will cease to exist in its present form in just a few more months, and that in its place will come a much larger and more complex organisation with responsibilities covering a very wide area. This new department will not have a Medical Officer of Health, but the health duties of the local authority District Councils which are theirs by virtue of the various public health acts and other relevant legislation remain almost unchanged. This might appear to pose a serious problem in view of the abolition of the post of M.O.H. were it not that two new titles have been created, and refer to an individual who will probably be responsible for the more important duties of the district medical officer of health, though possibly in a rather roundabout way. The first of these new titles is the "Proper Officer" whom it is hoped will be the District Community Physician of the National Health Service District. As "Proper Officer" he will be responsible for receiving the notifications of infectious diseases and food poisoning, and for the control of any outbreaks of these diseases. Under a recently issued Health Reorganisation Circular it is agreed that he shall have executive powers in the Department of Housing and Environmental Health to deal with such outbreaks, and that named officers of this Department will be placed directly under his control in any such emergency. In some respects he is likely to be better placed than in the past, as he will also be able to call on National Health Service staff of the Area Health Authority if necessary. The "Proper Officer" will be a named officer whose appointment will be approved by the Local Authority District Council.

The second title is that of "Medical Adviser" who will be the same individual as the "Proper Officer". It seems appropriate to me that in his capacity as medical adviser the District Community Physician should carry out the other duties required by the Local Authority and these should cover all the more important duties of the existing District Medical Officer of Health. Consequently, this one man in his dual capacity of District Community Physician in the National Health Service, and Proper Officer/Medical Adviser to the Local Authority will constitute a most important direct link at district level between the Department of Housing and Environmental Health of the Local Authority and the district management team of the National Health Service. Such a link will be vitally important in a number of spheres, e.g. housing for the elderly, physically handicapped etc. The fact of the Medical Adviser having no executive powers does not, in my opinion, matter very much. As proper officer he will have such powers in the control of infectious diseases, and it is in this particular field that such powers are important. In all other matters I have no doubt whatsoever that once a proper understanding and a happy working relationship has been established between himself and the officers of the department he will have an important place in the Department, and even though it will be in a non-executive capacity he will receive all the co-operation and assistance to carry out his duties.

THE PROPER OFFICER AND MEDICAL ADVISER (Continued)

Finally, I think it is most important that he should attend the meetings of the Housing and Environmental Health Committees even though it is in a non-executive capacity except in the matter of the control of infectious diseases and food poisoning. By his regular attendance he will become familiar with all the problems facing the Committee and the Department; to understand the nature and background of such problems, and where medical matters are involved to contribute his experience and professional expertise to aid in finding solutions.

I think it will be apparent from the views I have expressed that I see the post of District Community Physician and Proper Officer/Medical Adviser providing most of the work carried out by the present District Medical Officer of Health in addition to a great deal of time spent in planning and organisation of the community service under the NHS.

CARE OF THE ELDERLY

I have decided to include in my annual report a paper that I wrote during the year for presentation to the pilot Health Care Planning Team (Geriatric) whilst I was its chairman. It was then brought before the Salisbury City Council who approved that a medical room along the lines of the one I postulated in the paper would be provided in a new group dwelling to be erected in the City. This will provide a pilot project to enable the Social Services, N.H.S. and District Council to combine and develop the best possible services along the lines indicated in this paper.

Further thoughts on Group Dwellings

I think everyone is well aware of my interest in the problems of the elderly, and the great importance I attach to group dwellings as being a most useful and, at the same time, the most economical type of residential unit. However, there is a limit to the number of people who can be accommodated in homes both on account of expense and the availability of sites, and so it is vitally necessary to try and think of ways and means to bring to those living outside - often under unsatisfactory conditions - some of the services that they need. To do so it is necessary to run these services from suitable centres, and so we are immediately faced with the question as to what kind of services are required. In this connection I am thinking particularly of non-medical services, and so the operational centres should not be health centres or geriatric hospitals of the National Health Service. They cannot, for obvious reasons, be the residential homes run by the Social Services Department and so I have recently initiated a series of meetings concerning group dwellings with Social Services, Nursing Officers, General Practitioners, etc. The object of these was to consider extra facilities that might be provided and also an extension of their use by becoming a centre of other activities.

The concept which is gradually emerging requires careful consideration by all concerned before concrete proposals can be formulated, but as a close measure of agreement has already been reached between myself, Social Services and the Area Nursing Officer, it seems reasonable to outline the matter to this Committee at this stage.

Essentially the scheme consists of two parts, one of which considers the type of patient to be admitted, whereas the second relates to services, and would mean a modification of the existing building plans. I propose dealing with this matter first as it will require some extra building but it seems to me the services that could be provided to the community could be important and far reaching.

Existing group dwellings provide accommodation for some fifteen to twenty people in individual flatlets with a communal sitting room. The new type would provide in addition a kitchen, or at least a place where food could be

Further thoughts on Group Dwellings (continued)

brought in and warmed so that the group dwelling would become a centre for a luncheon club. The extra home helps etc. required would be provided by the Social Services Department possibly with assistance from voluntary agencies. This would have the great advantage of providing a centre for elderly people in the neighbourhood and would also introduce a wider element and interest to the residents by providing a social occasion to meet those outside. If such a scheme be organised it would offer a double benefit which I am sure would have far reaching results.

The next modification would be a suite of two rooms - one to act as a bathroom, the second as a chiropody room. This suggestion may seem very odd so let me explain. One of the great problems when residents in group dwellings become infirm or partially incapacitated is bathing. The district nurse comes along but in the small individual bathroom it is often impossible to get a person in and out of a normal bath. Under these circumstances a medic bath is required. Such a unit opens at one end, the person walks in, the end is then closed and the patient bathed without having to be lifted or manouvered in any way. This would be a tremendous advantage to the residents and the nurse but such a room and bath would also have another most important advantage. What about elderly people living in their own inadequate homes in the area. Why should they not be brought in and regular sessions arranged. It would be a great saving in the time of the district nurse, and I feel sure that with the co-operation of Social Services and voluntary agencies suitable transport arrangements could be organised though, naturally, this aspect of the matter would have to be explored further.

But there are further uses for this bathroom. With a washhand basin, suitable chair and a cupboard it would also become a room for dressing wounds, ulcers, etc. for ambulatory patients. The district nurse could keep her utensils, dressings, etc. in the cupboard, and so by having proper facilities such treatments could be carried out much more simply, expeditiously, and with less discomfort to the patient. But this does not exhaust the possibilities.

One of the great morale boosters for elderly women is keeping up appearances. So what about hair care! With a hair washing basin and attachments and an ordinary chair elderly people, and not necessarily only those who are inmates, could have their hair attended to regularly. It should prove possible if the matter was approached in the correct way for the College of Technology to assist. In this connection there might be a chance of senior students carrying out part of their supervised work in group dwellings. In addition volunteer workers might be happy to help. Whilst Social Services might also be prepared to assist financially.

As you will appreciate what I have outlined is aimed at providing services both outside and inside the group dwelling, and thereby reaching out into the community, and providing care and services to those for whom no places

Further thoughts on Group Dwellings (continued)

are available within any type of residential unit. Naturally, these ideas require thought and discussion, but it seems to me that it is services along these lines that we will have to think about, as there will never be enough residential places to accommodate all.

In addition to this room to accommodate the bath and other equipment there should be a small room adjacent to it which would be used for chiropody. Here again I would envisage that the chiropodist might be able to make it the focal point for treatment sessions for both residents and non-residents. Such a room should be close to the communal lounge which could then be used as a waiting room for the chiropody patients. Again, as you will see, I am thinking of the group dwelling as a centre of activity rather than a close residential unit, as this is really the only way that services can be organised and extended into the community. We must never forget that in this City one quarter of the total female population is over 60 years of age, and approximately one eighth of the men over 65 years, consequently our old age problem is essentially that of the elderly women. Many of these will not require such services, but each time there is a vacancy in a group dwelling the number of applicants is heart breaking as so many have to be refused. If, therefore, by planning and co-operation between the housing authority, Social Services Department and any other bodies that can help, services can be organised to work out from these units we shall have embarked on the road of true community based health care and this is what the new Health Services is all about.

Now let me go back to the other part of the ideas, and this I may say was put forward by the Social Services Department. Briefly, it means admitting into group dwellings a very small number of patients who would normally be admitted to Part III accommodation - i.e. a social service residential home. The numbers would have to be very small - not more than two or three. The Social Services Department realize that such patients would need more care than is normally provided in a group dwelling, and so would be prepared to provide the necessary structural day care consisting of home helps, care assistants, etc. In my opinion such cases might only be admitted for relatively short temporary periods to allow relatives to go on holidays or to cover other family difficulties and crises. In this way the group dwelling would be fulfilling another very important service to the community by providing the necessary support for families to care for their own elderly relatives.

One question that might be asked about these proposals is how do they affect the work of the Warden. The answer is hardly at all. There might be a little bit more administration, but the inclusion of Part III patients would not add to her responsibilities as the extra staff would be there to look after them. In fact it would seem to offer a more interesting and worthwhile job in that they too would become more involved with the health care and the home.

PROVISION FOR THE CARE OF THE SICK AND ELDERLY

This refers to Section 47 of the National Assistance Act of 1948, or the National Assistance (Amendment) Act 1951. Under these acts 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 due to age and/or infirmity. Naturally such action requires the approval and co-operation of the family practitioner.

I have always hated using legal compulsion in dealing with sick and elderly individuals, and I am happy to be able to report that, during the years I have spent in Salisbury as your Medical Officer of Health, I have never had to use this legislation. Fortunately, explanations and reasoning have always proved sufficient.

SEWAGE DISPOSAL

The sewage plant at Petersfinger has continued to work perfectly throughout the year.

REFUSE DISPOSAL

This is carried out by controlled tipping. However, tipping space is now becoming a serious problem, and urgent investigations are going on into large scale incineration as a method for the future.

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.

EPILOGUE

This brings me to the end of my report, and will be the last one to bear the title "City of New Sarum". Presumably reports will continue to be provided in the future, but whoever will be responsible for their compilation it most certainly will not be the Medical Officer of Health. And so the end of this report marks the end of the era of the Medical Officer of Health - a post which has existed for nearly one hundred and forty years.

Such a change was inevitable in view of the great alterations in the pattern of disease as it affects the community. Gone are the days when acute infectious fevers such as diphtheria were responsible for large numbers of deaths, and when tuberculosis was a scourge of the young. Gone also the days when waterborne infections posed serious threats to populations in towns and villages. Today the emphasis has shifted right away from the problems which were so important as late as the second and third decades of this century. Now we face the great difficulties created by an ever increasing elderly population and their special problems and illnesses; by large numbers of children who are physically and/or mentally handicapped; by the anxiety states created by the stress of modern living, and the very large number of deaths due to cardio-vascular disease and cancer.

Such problems as these do not call for the existing Medical Officer of Health to tackle in the same way as he tackled and overcame the problems of the past. It is true that much of his skill and expertise will be needed, but the task that lies ahead calls for multi-discipline teams in which every member has a part to play.

It is seven years since I took up my appointment as your Medical Officer of Health, and even in that short time I have seen great changes which emphasised the need for a new approach. Throughout the years I spent here my work has been made so pleasant by the co-operation and assistance of everyone that I shall always look back to this time with gratitude and pleasure.

Now a future lies ahead with enormous medico-social problems to be faced. If the new departments of Housing and Environmental Health in Local Government and the reorganised National Health Service face them with the same spirit of resolution and enthusiasm which the Medical Officers of Health tackled their problems in the past we can look to the future with optimism and confidence.

THE
ANNUAL REPORT
of
THE CHIEF PUBLIC HEALTH INSPECTOR
for the year
1973

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Inspections	Other Visits	Notices Served		Notices Complied	
		By	On	By	On
49	63	1	1	1	1

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1. ENVIRONMENTAL CONTROL - GENERAL

The number of inspections and visits during the year amounted to 679 and a breakdown is given in respect of these and notices served and complied with under the various sub-headings which follow.

Complaints

During 1973, 313 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.

Noise Control

My previous remarks could be reiterated here as many of the points are still valid. No big problems were encountered, but one feels some concern at the amount of noise tolerated by young people. A teacher from another authority told my deputy of three children who had had a blood discharge from the ears after attending a "pop" session for four hours. One understands that many performers wear ear muffs hidden beneath their hair, a strong indication of the danger of deafness associated with such "pleasure". It is regrettable that eleven year olds now attend these sessions with or without the knowledge of their parents and so run the risk of deafness by middle age. In addition, the inspectors' daily visits show an increased amount of noise within buildings, e.g. piped music in supermarkets and factories.

The Noise Abatement Society has listed the following adverse effects noise can have:-

It causes inflammation of the lining of the stomach and the brain;

It makes the small blood vessels constrict;

It puts the peripheral circulatory system under high tension;

It changes the diastolic pressure of the blood;

It cuts down the blood supply to the heart;

It dilates the retina of the eye, causing temporary errors in vision and colour blindness;

It causes stress and mental illness; -

and all this at the level of noise we are exposed to daily on a busy street!

Inspections	Other Visits	Notices Served		Notices Complied	
		PN	SN	PN	SN
49	48	1	-	1	-

Clean Air

The Clean Air Act, 1968, requires application to be made regarding the height of chimneys for large boilers as defined in the Act, and the necessary calculations to ascertain these heights is done within the department from the information given and the drawings submitted with the applications.

It is worth noting that no applications were made for use of solid fuel boilers but the number of gas-fired furnaces has increased.

	Inspections	Other Visits	Notices Served		Notices Complied	
			PN	SN	PN	SN
Industrial installations	16	8	2	-	2	-
Domestic chimneys	-	-	-	-	-	-
Bonfires	24	26	1	-	-	-

As will be seen from the table a number of complaints were made relating to persistent lighting of bonfires, and this type of nuisance can constitute an offence under the Act.

Swimming Baths

The water at the Corporation Swimming Bath continued to be 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 Wilts County Council schools are supervised by the County Public Health Inspector. Pools at private schools were visited during the year and tested, and all were found generally to be of satisfactory purity and pH value.

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. Eight inspections were made and the site was well maintained and no contraventions were found.

Caravans (cont'd)

In addition, inspections were made of the Caravan Club site situated at the Council land at Hudson's Field and advice given relating to various public health matters.

Two individual caravans were found stationed on unlicensed sites and these were removed by the owners.

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.

My thanks are due for their help to the officers and workmen of the City Engineer's department who have co-operated fully with the public health inspectors concerned to deal with these occurrences promptly and effectively. The new "Water Ram" vehicle on order by the City Engineer will be a valuable appliance for dealing with many of these blockages.

	Inspections	Other Visits	Notices Served		Notices Complied	
			PN	SN	PN	SN
Drainage defects	134	204	9	-	15	1
Section 24 sewers	35	77	1	7	1	6
Drain tests	15	5	-	-	-	-

Food Borne Infections

Eighty-seven visits were made during the year in connection with suspected or confirmed food poisoning and sonne dysentery, but in no case was a particular food incriminated.

Hook Worm Infections

In late June notification was received of a case of hookworm in an Indian family, members of which were employed in a catering business in the City. After consultation with the Medical Officer of Health and the Public Health Laboratory Service, arrangements were made for specimens to be submitted for laboratory examination from all persons from the Indian sub-continent working in food businesses in the City.

Hook Worm Infections (cont'd)

Thirteen samples were submitted and results were as follows:-

Positive Hookworm	4
Positive Trichuris Trichiura	1
Positive Ascaris	1
Positive Hookworm/Trichuris/ Trichiura/Ascaris	1
Not affected	6
	<hr/>
	13
	<hr/>

Each person who submitted a sample was then notified of the result and those positive were asked to visit their family doctors for treatment. A copy of the laboratory report was also sent directly to the doctor concerned by the laboratory.

The willing co-operation of all persons investigated meant that those found to be infected received the appropriate medical treatment promptly.

Legal Proceedings

An Abatement Notice under Section 93 of the Public Health Act 1936, listing a number of defects, was not complied with within the time allowed and the Council authorised legal proceedings in the Magistrates' Court for an Abatement Order in respect of the outstanding work. Proceedings were taken during August and an Order was made requiring the works to be completed within a further period of three months.

Riding Establishments Acts 1964 & 1970

During the year an application was made for a licence under these Acts in relation to land at Stratford-sub-Castle. The Council appointed a veterinary surgeon as the Acts require and in accordance with his recommendations a provisional licence only was granted, expiring at the end of October due to the ground being too wet for use in winter. I understand that the licensee is now seeking planning permission for the erection of loose boxes with solid floors and proper drainage arrangements, and until these are provided a full licence cannot be granted.

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, and new legislation with more stringent controls comes into force during 1974.

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. In no cases were any contraventions noted. Before licensing a joint inspection was made by the public health inspector and the local chief inspector of the Royal Society for the Prevention of Cruelty to Animals, to whom I am most grateful for his expert help and advice.

2. OFFICES, SHOPS & RAILWAY PREMISES

The department is responsible for the enforcement of the Offices, Shops and 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 were 610 premises registered in the City at the end of 1973, an increase of 26 over the 1972 figure. The Act makes provision for securing the health, safety and welfare of persons employed in shops and offices; and this means that the public health inspectors are concerned to see that the various requirements of the Act 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 relatively minor nature which were remedied following informal notices to the occupiers of the premises concerned.

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

All deposited plans submitted for Building Regulations approval continued to be scrutinised to ensure that when completed the premises would comply with the Act and Regulations.

I am pleased to be able to report that eighty per cent of registered premises received a general inspection during the year, which exceeds the "target" figure expected by the Ministry.

Registrations and General Inspections

	Number Registered During Year	Total Number Registered at End of Year	No. Premises Receiving General Inspection during the Year
Offices	37	192	105
Retail shops	58	308	218
Wholesale shops & warehouses	7	35	23
Catering establish- ments open to the public; canteens	22	75	51
Fuel storage depots	-	-	-

Number of visits of all kinds, including general inspections, by inspectors to registered premises ... 1,273

Analysis by Workplace of Persons Employed in Registered Premises

Offices	..	..	..	..	2282
Retail shops	..	..	..	..	2391
Wholesale shops & warehouses	..	..	..	..	325
Catering establishments open to the public	..	..	..	..	650
Canteens	..	..	..	..	37
Fuel storage depots	..	..	..	..	-
				Total	5685
Male:	2285				
Female:	3400				

OFFICES, SHOPS & RAILWAY PREMISES (CONT'D)

At the request of the Department of Employment a narrative report was appended to the Annual Report submitted in the prescribed form and it read as follows:-

A. GENERAL OBSERVATIONS

By and large the Act and its Regulations have worked well and achieved notable improvements in the working conditions of those who, before its advent, did not have any effective protection.

The Local Authority guidance circulars have proved most helpful and have ensured a reasonably uniform standard of enforcement; however a hardback binder to house these would have been a good idea.

1. Heating & Ventilation

It has been possible to obtain a better standard of heating in shops and offices even though the minimum of 16°C is rather low for sedentary workers. It has also been possible to achieve a marked improvement in the ventilation especially of old buildings. No exemption should be given to new shops from the requirement to heat a shop to 16°C after the first hour, as adequate methods exist for preserving food in its original state.

2. Lighting

Natural and artificial lighting was usually found to be satisfactory in shops and offices, until external blinds to shop windows were lowered, and light readings should always take this into account at the time of the original inspection. It was felt that the standards in store rooms and on staircases were low, and that an enforceable legal minimum of ten lumens would not be unreasonable. Two light points are necessary to prevent shadows and define treads clearly. The lack of window cleaning was noted in many premises.

3. X-ray Equipment

A number of x-ray machines are in use at dentists' and veterinary surgeons' surgeries and the use of these is not covered by the Act. This omission needs to be rectified, especially where mobile apparatus is in use.

4. Noise

A section relating to noise could, with profit, be incorporated in any future Act. New offices near roundabouts, fly-overs or main roads often have to contend with noise as a source of irritation and double-glazing should be enforceable.

5. O.S.R.1

Many businesses open without submitting form OSR1 and solicitors should make prospective buyers much more aware of the requirements of this Act.

6. O.S.R.9

Some African and Asian and other employees cannot understand OSR9, at least initially, and translations should be available to occupiers needing these.

7. Smoking

Consideration might be given to providing non-smoking areas in offices.

B. NEW & CONVERTED BUILDINGS

All plans relating to premises affected by the Act are scrutinised, and there is close consultation between this department and the architects and heating and ventilation engineers concerned. Comments on the items listed in para 4 of the Department's letter are as follows:-

1. Little trouble has been experienced with methods of heating adopted, but with fuel cuts taking place at regular intervals provision could be made for alternative forms of heating should one fail, e.g. gas fires installed as well as night storage heaters.

Air conditioning appears to be the best method of controlling the atmosphere in workplaces, provided inlet and outlet is to the external air and free from the possibility of picking up vehicle exhaust or other contaminants. Mechanical ventilation comes a close second but many employees seem to prefer an openable window.

2. The larger windows of some new office blocks can produce unacceptably high temperatures even in winter time, and tinted glass and reflective curtains would help to keep temperatures at a reasonable level.
3. On the whole standards in modern buildings are good, but concern is often expressed at the constant buzzing and flickering associated with fluorescent lighting. There is no doubt that adequate arrangements should be made to service all equipment at regular intervals.
4. Plans show adequate working and storage space but little thought is given to expansion, and this can cause problems of complying with the provisions of Section 5. Storage space is likewise at a premium and files, cartons, etc. are crammed into every available space, or shelves so over-loaded as to reach danger point (as happened in two cases in the current year).

5. Most offices appear to have little problem with waste disposal, but shops and shopping precincts allow far too little refuse storage room. It is our practice in new buildings to ask for adequate storage space, with coved floors drained to a gully, and with impervious walls to a height of six feet.
6. Many stair treads, floors and passage surfaces use a type of PVC covering which is perfectly satisfactory whilst dry. Any new legislation might incorporate details of a "non-slip" finish.
7. Under this heading one item only need be mentioned, i.e. the provision of suitable and sufficient facilities for taking meals at offices. Modern shops provide an adequate staff room with a small cooker, sink etc., but some office owners refuse to provide such facilities. In new property there seems no reason why this should not be a legal requirement.
8. A lift without mechanical power is exempt from the requirements to fit interlocking devices to landing gates. This exemption should be removed from all new properties, and existing properties given a specified period after which such lifts should not be permitted.

The use of scissor lifts without interlocking devices at loading or unloading points, or safety catches, should be forbidden.

A copy of every lift report should be sent to the local authority.

3. 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.

Safety Officer

I was appointed the Council's Safety Officer in respect of all buildings under its control in January, 1973 and during the course of the year I inspected the following buildings:-

Corporation Depot at Churchfields
Petersfinger Sewage Works
Bemerton Heath boiler house
Corporation nursery
Guildhall
Crematorium
Four ejector stations
Four workshops

I notified the City Engineer of all matters which, in my opinion, needed attention including guarding openings, belt drives and pump shafts; ensuring that access ladders complied with BS4211 (1967); compliance with the Abrasive Wheels Regulations; safe use of an air-liner grinder; safe practices at the sewage works relating to the use of the methane gas detector and various other matters. I also ensured that responsible persons were circulated with copies of various journals containing articles on aspects of safety relating to duties carried out in their sections.

A fire drill - the first on record so far as I could trace - was held at the Council House and the notices required by the Offices, Shops & Railway Premises Act, 1963, were posted up. By agreement with Chief Officers responsible persons were nominated in respect of various parts of the building whose duty it is to ensure that all rooms are vacated when the fire alarm is sounded and to carry out a roll call on assembly outside the building. The fire alarm system was serviced and has been periodically tested since that date.

A fire drill was also carried out at the Churchfields Depot and similar arrangements were made regarding responsible persons for the various parts of the depot building.

4. 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, although some Warfarin resistance has been noted in the Old George Mall area. Success was obtained there with the use of an alternative poison called Alphachloralose and by mechanical trapping methods.

Summary of Work Carried Out

Surface Infestations (Contractors):

Total number of complaints received	132
Total number of properties inspected	214
Total number found to be infested with rats ..	56
Total number found to be infested with mice ..	46

Sewers (Direct Labour):

Total number of manholes in foul and connected systems	1552
Number of manholes test baited in 1973 (10%)	174
Number of manholes showing test bait taken ..	-

Salisbury's sewer system was rat-free during 1973, 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.

One hundred and ninety-two inspections and visits were made by the public health inspectors in connection with rodent control, two notices were served and one complied with.

Insect Pests

One hundred and thirty-one 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 continued 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

No complaints were received during the year relating to the infestations in the boiler house and heating ducts of the ninety-two affected Council dwellings at Bemerton Heath. The contract with Rentokil Ltd. was renewed, as complete eradication as opposed to control of this pest is a lengthy process.

Three privately owned houses in the St. Paul's area were found to have cockroaches and the necessary treatment was started. This had not been completed by the end of the year and the cost of the work will be recovered from the owners concerned.

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 both equipment and insecticide. This proved to be effective in respect of the 53 complaints received during the year.

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

Pigeons

Feral pigeons have continued to be a nuisance in the City centre. There was a noticeable increase in the number of birds in this area which could have been due to a number of factors, though no scientific research has been done on this subject.

Two Council employees dealt with the worst areas in winter months, but during the year the numbers built up to such an extent that I had to advise the Council to employ a contractor to trap and destroy these birds which were causing damage to buildings, fouling pavements below their roosting places and causing a possible health hazard. Five hundred and ninety-nine pigeons

Pigeons (cont'd)

were taken at a cost of £600. Later in the year a follow-up treatment was found to be necessary and this was done at the expense of the owners or occupiers of the buildings affected with marked success.

Towards the end of the year the Council authorised me to arrange for the construction and placing of permanent traps on buildings in the City centre and this is now being done.

To illustrate the cost of the damage these pests can incur, on one occasion a large amount of food had to be destroyed due to flooding after pigeon droppings had blocked up the roof gutters of a shop.

5. HOUSING

Houses in Multiple Occupation

The survey to ascertain the number of houses in multiple occupation was completed during the period. The follow-up inspections to ensure that the requirements of the Housing Act, 1961, were being complied with did not proceed as quickly as I would have liked, due to pressure of work in relation to Improvement Grants. However these houses have been identified and those not yet inspected will, I hope, be dealt with at an early date by the new authority.

Improvement Grants

The building inspectors were unable to cope with the increasing number of improvement grant applications in addition to the heavy load of their building control work, and it was decided that the public health inspectors in the City and the two adjacent rural districts should share the burden until next April, after which a specialist section of the new environmental health department will be responsible for this work.

One of your public health inspectors has had to devote a considerable amount of time to this work and this, as I commented in the previous paragraph, has interfered with other housing work and, of course, with various other duties.

Housing Inspections

	Inspections	Other Visits	Notices Served		Notices Complied	
			PN	SN	PN	SN
Individual Unfit Houses	17	86	-	-	-	-
Slum Clearance	-	20	-	-	-	-
Houses in Multiple Occupation	83	665	2	-	-	-
Overcrowding	21	18	1	-	-	-
Qualification Certificates (32 issued)	38	49	8	-	3	-
Bed & Breakfast Accommodation	6	8	-	-	-	-
Housing Defects	199	558	39	10	17	9
Improvement Grants	53	64	-	-	-	-
General Improvement Areas	2	-	-	-	-	-

Houses Demolished

In Clearance Areas:

34 - 40 Culver Street

Not in Clearance Areas:

11, 13, & 15 Old Street

5a Swans Yard, Winchester Street

Unfit Houses Closed:

2 & 3 Blechynden's Almshouses, Winchester Street

Parts of Buildings Closed as Unfit:

Nil

Unfit Houses Made Fit (Closing Orders Determined):

9 Guildler Lane

				Inspection	Other
				Visits	Visits
Individual Unfit Houses	17	36	-	-	-
Single Clearance	-	50	-	-	-
Houses in Multiple Occupation	83	603	2	-	-
Overcrowding	54	43	7	-	-
Qualification Certificate	-	-	-	-	-
(25 issued)	10	40	8	-	-
Red & Green Book Accommodation	8	8	-	-	-
Housing Defects	100	228	30	10	10
Improvement Orders	52	68	-	-	-
General Improvement Areas	2	-	-	-	-

6. FOOD

Premises and Personnel

As I commented last year - and this cannot be repeated too often - 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 434 inspections and 446 other visits were made and with minor exceptions there was little cause for complaint about structural disrepair and fittings.

Apart from identifying breaches of the Regulations and unsatisfactory practices, regular visits impress upon those running food businesses the importance attached by the local authority to good hygiene, and on such occasions public health inspectors are able to give some on-the-spot food hygiene instruction to employers and food handlers where this is deemed to be necessary.

More of the large food stores started to use open date coding during the year, but close checks were made in all shops to ensure that stock rotation was seen as a normal part of the routine duties.

In April the Department of Health and Social Security wrote to secretaries of Regional Hospital Boards and Hospital Management Committees asking those authorities to review measures in force in their hospitals to observe food hygiene and in particular the arrangements for enlisting the assistance of public health inspectors in ensuring observance of the Food Hygiene Regulations. As a result of this full inspections of the Salisbury General Infirmary, Newbridge and Harnwood hospitals were carried out during June. Items needing attention were notified to the appropriate officer of these establishments.

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.

Food Hygiene (General) Regulations, 1970 (cont'd)

The number of food premises subject to these Regulations at the end of 1973 was 335 and visits and inspections made during the year are listed below.

Type of Premises by Principal Trade	Number on Register	Inspections	Other Visits
Restaurants, cafes, snack- bars, canteens, etc.	57	135	170
Outside Caterers	3	3	5
WCC schools, homes, etc.	43	31	11
Bakehouses, bakers' shops	9	11	7
Brewers	1	-	6
Butchers	10	19	23
Confectioners	28	36	22
Grocers	61	55	78
Greengrocers	10	14	13
Fishmongers	1	5	7
Licensed premises	69	95	73
Clubs	19	13	7
Wholesalers	17	7	17
Auctions	-	-	2
	335	434	446

One hundred and seventeen notices of contraventions were served and eighty-six were complied with. The number may appear rather high, but some of the items, whilst of a minor nature, nevertheless had to be brought to the attention of the persons responsible, and on many occasions those people were not present at the time of the inspection.

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

The public make constant use of the local open market and two general inspections were made of the market and 111 individual stalls were inspected. Six verbal and written notices were issued for contraventions of the Regulations and the majority had been complied with by the end of the year.

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.

A market trader was prosecuted for smoking whilst handling food after several previous warnings had been given and he was fined £20 for this contravention of the Food Hygiene (Markets, Stalls & Delivery Vehicles) Regulations, 1966.

Cattle Market

The cattle market was visited regularly. The opening of the new Corn Exchange has resulted in the cessation of the auctioning of food in the open air. All food is now sold in a well lit room and all dead poultry suspended against tiled walls.

Food Complaints

Five complaints, as listed below, were reported for the consideration of the Committee. In respect of three of the incidents warning letters were sent. The other complaint resulted in a baker, whose premises are situated outside the City, being prosecuted for selling within the City a loaf of bread containing a beetle and he was fined £10. Further legal proceedings were taken in respect of the same baker during October for a second offence and he was fined £10 with £5 costs.

<u>Nature of Complaint</u>	<u>No. of Complaints</u>
Foreign matter	3
Unsoundness	2

Forty-one other customer complaints did not justify reporting to Committee, partly because of their minor nature and partly because of insufficient evidence to justify formal action. Nevertheless, all these complaints were investigated and the manufacturers or other persons responsible realized that such matters were regarded with concern by the local authority.

Food Inspected

In addition to the meat listed in Section 8 of the Report, local wholesalers and retailers voluntarily surrendered the following unfit food which was disposed of at the Corporation's refuse tip.

	<u>lb.</u>
Tinned meat	218
Other tinned food	3323
Frozen food	2277
Frozen meat	35
Fresh meat	3937
Other food	14112
Ice cream	112
Total:	<u>24014</u>

7. 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: 46 Sterilized: 5 Ultra Heat Treated: 17

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 217 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	179	-
Pasteurised (CI)	15	-
Sterilized	4	-
U.H.T.	49	-
Total:	247	-

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

Twenty-three 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

There are no statutory standards for ice cream but successive failures in grades 3/4 are matter for concern. It will be noted from the table below that, in fact, there were eighteen samples so graded and I should like to point out that all of these were due to trouble in a manufacturing plant in the Midlands which supplied a depot in Salisbury. The matter was taken up with the manufacturer and the local authority concerned and, as a result of full investigation, I am pleased to say that the trouble was eliminated by the end of the summer.

Number of ice cream samples submitted for Methylene Blue Test:

Grade 1	29
Grade 2	16
Grade 3	9
Grade 4	9
	<hr/>
Total:	63
	<hr/>

8. MEAT HYGIENE

Slaughterhouses Act, 1958

Slaughterhouses (Hygiene) Regulations, 1958/66

Slaughter of Animals (Prevention of Cruelty) Regulations, 1958

All slaughtering within the district is carried out at the Public Abattoir at Churchfields. The Council's slaughtering contractors are F.M.C. (Meat) Ltd. Both the slaughterhouse and the new boning and cutting room are licensed for the export of meat to European Economic Community countries.

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 is employed by and paid by F.M.C. (Meat) Ltd. to certify meat for export and supervise the loading of the vehicles.

The segregation of the cutting area from the packing area in the new boning and cutting room was completed during the year and approved by the Ministry of Agriculture, Fisheries and Food for export to E.E.C. countries.

No major improvements were carried out to the building during the year, but a new boiler house with enlarged boiler is planned for 1974. This is to deal with the increasing demand for hot water throughout the building and to provide steam/water washing jets to replace the existing ones which are now useless.

The placing of bacteriological swabs in the drainage system continued throughout the year, in order to identify and record the incidence of the types of salmonella organisms from animals slaughtered, and the following positive results were recorded:-

Salmonella agona	7	Salmonella montevideo	1
Salmonella derby	1	Salmonella panama	1
Salmonella heidelberg	1	Salmonella typhimurium	2
Salmonella indiana	2	Untyped	1
Salmonella livingstone	2		

In conjunction with the pharmaceutical division of Imperial Chemical Industries Ltd. a survey was commenced at the beginning of the year into the incidence of liver fluke in cattle and sheep from various counties. Preliminary information indicated that Hampshire, which was thought to be comparatively free from liver fluke, is very heavily infected. Final results from the computer will not be available, however, until the end of 1974 as the survey will not be completed before next May.

Meat Inspection Regulations, 1963/1971

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

Cattle other than cows	15,491
Cows	5,002
Calves	223
Sheep	35,844
Pigs	75,264
Total:	131,824

Unfit Meat Rejected

(A) Whole Carcasses

Eight hundred and ninety-two 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	-	-	-	-	106
with bruising	-	-	-	1	-
with necrotic tail	-	-	-	-	43
Anaemia	-	1	-	1	-
Arthritis, multiple septic	-	-	4	4	134
with necrotic tail	-	-	-	-	6
Bad bleeding	-	-	-	1	4
"Black Beef"	-	1	-	-	-
Brown fat disease	-	-	-	-	1
Bruising, extensive	-	3	1	8	7
with oedema	1	1	-	1	2
Colour, abnormal	-	2	-	2	-
Contamination:					
Abscesses	-	-	-	2	3
Faecal	-	-	1	-	3
Emaciation, pathological	-	-	-	4	7
Emphysema, acute pulmonary	-	1	-	-	-
Endocarditis, acute bacterial	-	-	-	-	3
Enteritis, acute	-	2	-	-	2
Fever	-	1	-	1	-
Hydraemia	1	-	-	-	-
Injuries, acute septic	1	-	-	2	4
Jaundice	-	-	-	1	5
Lymphadenoma	-	-	-	1	-
Lymphatic leukaemia	-	-	-	1	1

cont'd

Diseases or conditions rendering carcasses unfit for human consumption	Cattle other than Cows	Cows	Calves	Sheep	Pigs
Machine damage	-	-	-	-	7
Mastitis, acute septic	-	2	-	-	-
Metritis, acute septic	-	4	-	3	-
Moribund	2	1	1	3	7
Neoplasms, multiple	-	4	-	1	2
Odour, abnormal	-	-	-	-	2
Oedema,	2	7	4	38	13
with arthritis	-	-	-	4	-
with emaciation	-	3	-	39	-
Osteohaemochromatosis	-	-	-	-	1
Pericarditis, acute septic	-	-	-	-	4
Peritonitis, acute septic	2	4	-	3	26
with necrotic tail	-	-	-	-	1
Pleurisy, acute septic	2	-	-	8	30
with necrotic tail	-	-	-	-	3
with pericarditis	-	-	-	-	8
with peritonitis	-	-	-	-	48
with pneumonia	-	-	-	-	3
Pneumonia, acute septic	1	-	1	8	40
with necrotic tail	-	-	-	-	82
Pyæmia	-	2	7	4	23
Pyelonephritis, bilateral	-	1	-	1	2
Septicaemia	1	3	7	2	17
Swine erysipelas	-	-	-	-	2
Tuberculosis, generalised	-	-	-	-	9
Uraemia	1	-	1	1	2
Totals:	14	43	27	145	663

(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	1919	467	-	95	907
Actinomycosis	65	24	-	-	-
Arthritis	17	36	-	63	458
Ascariasis	-	-	-	-	10717
Aspiration of blood or stomach contents	97	93	-	70	23485
Atelectasis	-	1	-	-	39
Bacterial necrosis	4	-	-	-	-
Bile staining	5	17	6	-	470
"Black Beef"	6	42	-	-	-
Bloodsplashing	77	25	-	104	11
Bruising	206	116	4	70	502
Cirrhosis	13	11	-	34	142
Congestion	15	-	2	47	397
Contamination (broken glass) (faecal)	-	21	-	-	-
Cysticercus bovis	1599	598	14	5716	4309
Cysticercus ovis	66	27	-	-	-
Dressing incomplete	-	-	-	104	-
Emphysema	-	-	-	-	3
Erythema	47	230	-	-	-
Fascioliasis	-	-	-	-	56
Fat necrosis	1265	1323	-	426	-
Fatty change	38	16	-	21	-
Fibrosis	3	18	-	22	80
Fractures & dislocations	13	3	-	3	2
	-	1	-	-	33

cont'd

Diseases or conditions rendering part carcasses or offal unfit for human consumption	Cattle other than Cows	Cows	Calves	Sheep	Pigs
Haemorrhage	-	3	-	-	-
Hydatidosis	85	315	-	1847	14
Injuries	-	4	-	5	-
Machine damage	-	-	-	-	789
Melanosis	14	10	-	-	-
Necrosis (tails)	-	-	-	-	1095
Neoplasms	3	15	-	2	1
Nephritis	10	39	-	-	-
Oedema	5	-	4	-	5
Parasites (liver)	367	329	-	5232	1075
Parasites (lungs)	222	266	-	3034	981
Pleurisy, pericarditis and peritonitis	6223	1912	3	378	9538
Pneumonia	833	271	15	426	13484
Rupture	-	-	-	1	66
Scars	39	12	-	-	56
Shotty eruption	-	-	-	-	9
Telangiectasis	150	585	-	-	-
Tuberculosis	-	-	-	-	764
Totals:	13406	6830	48	17700	69488

(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	43	27	145	654	883
Carcasses of which some part or organ was unfit	8385	4107	33	12154	45381	70060
Percentage of the total number inspected and found to be affected with diseases and con- ditions other than tuberculosis and cysticercus bovis	53.6%	80.2%	26.9%	34.0%	61.2%	53.8%
TUBERCULOSIS ONLY						
Whole carcasses unfit	-	-	-	-	9	9
Carcasses of which some part or organ was unfit	-	-	-	-	741	741
Percentage of the total number inspected affected with tubercu- losis	-	-	-	-	0.99%	0.58%
CYSTICERCUS BOVIS ONLY						
Carcasses of which some part or organ was unfit	66	27	-	-	-	93
Carcasses submitted to treatment by refriger- ation	66	27	-	-	-	93
Generalised	-	-	-	-	-	-
Percentage of the total number inspected affected with Cysticercus Bovis	0.43%	0.54%				0.46%

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

	Meat		Offal (lb)	Total (lb)
	Whole Carcases (lb)	Part Carcases (lb)		
Other Diseases	103107	43172	316252	462531
Tuberculosis	1041	8498	558	10097
Cysticercus Bovis	-	1	1182	1183
Totals:	104148	51671	317992	473811

Commentary on Tables (A) to (D)

The number of whole carcasses of sheep rejected as unfit doubled during the year, but the increase was in carcasses rejected for oedema or oedema with emaciation which reflects the increase in the number of old ewes slaughtered.

Twenty-one whole carcasses and 39,549 part carcasses were rejected as unfit for reasons connected with bad handling and dressing e.g. bad bleeding, bloodsplashing, contamination, machine damage, aspiration of blood and stomach contents into the lungs and bile staining, and much of this wastage of otherwise good meat is a consequence of the speed at which killing and dressing has to be done. I consider that this could be very much reduced and every effort should be made to do so by F.M.C. (Meat) Ltd. when so many people in the world are hungry, and - taking a shorter view - when the price of meat continues to rise.

In the case of part carcasses this represents an increase of 80% over last year and also represents 37% of the total parts rejected. This may well be due to a large increase in the pigs' lungs rejected because of aspiration of blood and/or stomach contents and pork trimmings for faecal contamination.

Slaughter of Animals Act, 1958

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

Legal proceedings were taken against one of the slaughtermen for an offence under the Slaughter of Animals (Prevention of Cruelty) Regulations 1958 and a fine of £20 was imposed with £5 costs. The Council decided to suspend the man's licence for the remainder of 1973.

Meat (Sterilization) Regulations, 1969

All unfit meat and offal is removed either by William Menzies Ltd., a subsidiary of F.M.C. (Meat) Ltd., to their processing plant at Calne or by Dinnadog Products Ltd. to their plant at Tisbury.

New containers which comply with the Regulations have now been provided by William Menzies Ltd. and were in use by the end of the year.

Imported Food Regulations, 1968

The contents of twenty sealed containers of meat from Eire containing one thousand six hundred and seventy-nine quarters of beef and the contents of one similar container from Denmark containing 466 beef cuts were examined either at a local cold store or at the Abattoir.

9. HEALTH EDUCATION

The public health inspectors were unable to devote as much time as I would have liked in giving talks requested by local food firms and other organisations, but lectures were again given to student nurses as part of their training programme and to several local organisations.

10. 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
19	10	1	-	3	-

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

Six Day Trading

Voting in a referendum on six day trading on a permanent basis throughout the City was taken of 432 traders, of whom 134 were in favour and 109 against. The Council decided that an Order should be made under Section 1 of the Shops Act 1950 to exempt all shops throughout the City of the obligation imposed by the Shops Acts 1950 - 1965 to close shops for the serving of customers no later than 1 p.m. on one weekday in every week. This Order was duly made during the year and consequently shops are no longer required to close for a weekly half-holiday.

An Order was also made under Section 43(2) of the Shops Act 1950, the effect of which was to allow shops and stores in the City to remain open without restriction for seven days during the period of the Salisbury Festival of the Arts, and from comments I received this relaxation was much appreciated by the organisers.

ANNEX

The Factories Act, 1961 - Part I of the Act

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

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	24	5	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	184	231	17	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	21	5	-	-
Totals:	129	241	17	-

2 - Cases in which defects were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	by H.M. Inspector (5)	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)					
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	13	6	-	-	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	4	4	-	-	-
Totals:	17	10	-	-	-

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	2	-	-	-	-	-	
Making etc Cleaning & Washing	19	-	-	-	-	-	
Furniture & Upholst-ery	-	-	-	-	-	-	
Totals:	21	-	-	-	-	-	

