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PUBLIC HEALTH DEPT.
Rural District Council

ANNUAL REPORT

ON THE

Health of the Rural District for the Year 1949

BY

JOHN L. FARMER, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

Medical Officer of Health

AND

FRANK HURST, M.S.I.A., C.R.S.I.

Senior Sanitary Inspector

Printed by the
Alresford Printing Works, Haig Road, Alresford, Hants



Winchester Rural District Council

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ANNUAL REPORT

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JOHN L. FARMER, M.D., F.R.C.S., F.R.C.P.
Medical Officer of Health

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Senior Sanitary Inspector

July, 1950.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE,
WINCHESTER RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Annual Report for the year 1949 on the health and sanitary conditions of the Winchester Rural District.

The Report has, this year, taken on a new form ; for this change, perhaps a word of explanation is necessary. It has been the customary practice to include contributions of the Sanitary Inspectors in the Report of the Medical Officer of Health. This procedure did not, in fact, give the opportunity for putting the work of the Sanitary Inspectors in the proper perspective. Moreover, with an increasing realisation of the value of their work to the community—a value which cannot be over estimated, as prevention is still better than cure—it seemed fitting that the Annual Report of the Health Department should be framed in such a way as to give the Sanitary Inspectors a status commensurate with the importance of their duties. With that aim in mind, the Senior Sanitary Inspector, Mr. Hurst, has, this year, made his own contribution to the Report on the work of the Sanitary Inspectors in the Rural District.

No event of outstanding importance occurred during the year. The incidence of measles was high, and the disease spread slowly northwards throughout the whole district during the early spring. The other infectious disease of note was poliomyelitis, which, though not reaching the epidemic peak of 1947, was rife during the summer and autumn. Fortunately, the majority of cases were mild, and from reports received treatment appeared to be going to be successful.

In regard to diphtheria immunisation, the figures have, to some extent, fallen. It is believed in some quarters that there is no true fall in the numbers immunised, but that the suspected decline is connected with the length of time taken to negotiate agreement on the question of fees payable to practitioners undertaking this work on behalf of the Local Authority. At the time of writing, it is likely that a decision is imminent.

Vaccination ceased to be compulsory as from the 5th July, 1948, and it is noted—and has been noted by the Ministry of Health—that figures of infant vaccinations have shewn a decided fall throughout the country. It will be essential, in my opinion, if there is a desire to secure a high vaccination rate, for an intensive campaign to be launched on the lines of that for diphtheria immunisation.

On the subject of housing, much could be said. In spite of the provision of new houses made by this Council, the waiting list has continued to increase. No one can view with equanimity the present position in which hundreds of families in the district are occupying—and will continue to occupy for years a unsatisfactory accommodation. To the Sanitary Inspectors, who now carry out the major part of the enquiries in connection with housing applications, the prospect is indeed gloomy and the work tedious; there can be scarcely any job more frustrating to an Officer than to satisfy the never-ending enquiries by housing applicants. When it is realised that, with the current rate of progress, it is likely that the supply will not meet the demand for many years, one cannot but feel that the housing drive is losing momentum. Far from slowing up, the energetic tackling of the housing problem should be the principal target of the appropriate Government department; much of the money spent on social services could well be diverted to this end, for, with satisfactory housing conditions, the majority of the social problems arising directly from the shortage would speedily disappear. The national resources are being wasted in dealing with illness that might never have occurred. It is a grim commentary that, in the year 1949, with the inception of so many welfare provisions for the people, so many should be without the chief fundamental of healthy family life, a house of their own.

The housing conditions in the various camps leave much to be desired. There is no doubt that the Authority was set a problem in 1946 when desperation brought about the "squatters" problem. Water supplies have been restored, drainage systems have been rescued from neglect and services have been renewed. The camps are administered on behalf of the Ministry of Health by the Local Authority, but such provision must be viewed as temporary accommodation for families who would not otherwise be rehoused; in many cases the life of the structure was estimated to be five years. There is a risk that there will be a reluctance to "condemn" a hut no longer fit for occupation, but the time is rapidly approaching when the basic essentials of a habitable house will not be found and when the Local Authority will see fit, it is hoped, not to allow further occupation.

The general law on "Milk" was changed from 1st October. Broadly speaking, the supervision of milk production on the farm has become the responsibility of the Ministry of Agriculture, although local authorities retain the duty of controlling the distribution and sale of milk. For pasteurised and sterilised milk, Food and Drugs Authorities grant the necessary licences. This, in effect,

means that the local authority is responsible for enforcing the general provisions of the Milk and Dairies Regulations and the Food and Drugs Authority is responsible for the Milk (Special Designations) (Pasteurised and Sterilised) Regulations in the same premises. It remains to be seen how this arrangement will work in practice.

Progress is being made to ensure a satisfactory piped water supply to the northern parishes. Preparation work in connection with the Totford scheme has gone ahead and progress made in the scheme for the supply of water to South Wonston from the City of Winchester.

On 5th July, 1948, there came into being in Great Britain the most comprehensive system of social insurance ever enacted. It was indeed fitting that the year which saw the centenary of the Public Health Service should also see the inauguration of a comprehensive and national health service. The whole population was included and the medical provisions were an essential part of the Act. Over a year has now passed since the coming into operation of the Act and its working has been carried out with surprisingly small amount of friction and a great amount of public spirit and goodwill. To some minds, there has been emphasis too much on disease and too little on health. There is no doubt that an organised system for the treatment of disease will never, by itself, eliminate disease. With the passage of time it will be realised that the objective in the various branches of social medicine is prevention.

I wish to offer a word of thanks to the Senior Sanitary Inspector, Mr. Hurst, the two District Sanitary Inspectors, Mr. Beyer and Mr. Smith, and the clerical staff of the Health Department for their help throughout the year. The increased clerical work arising from the coming into force of the National Health Service Act has not lightened their labours. There has been a surprising variety of activities undertaken by the Health Department. For their loyal and competent service, I should like to express my thanks and to the other officers of the Council, I am grateful for their steady co-operation.

I am,

Your obedient Servant,

JOHN L. FARMER

Medical Officer of Health.

GENERAL PROVISION OF HEALTH SERVICES IN THE DISTRICT

Public Health Officers

Medical Officer of Health :

JOHN L. FARMER, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

Senior Sanitary Inspector :

FRANK HURST, M.S.I.A., C.R.S.I.

District Sanitary Inspectors :

S. H. BEYER, M.S.I.A., C.S.I.B.

H. J. SMITH, M.S.I.A., C.S.I.B.

Clerical Staff :

C. B. ASHMAN

MISS J. A. LEWIS

Rodent Officer :

T. SAWKINS

Rodent Operatives :

MRS. M. DAYSH

MISS B. START

G. E. STREET

MRS. H. P. WELLS

Engineer and Surveyor's Department

Engineer and Surveyor :

A. J. R. WATTS, A.F.A.S.

Deputy Engineer :

F. G. SMITH, A.M.Inst.H.E.

Deputy Surveyor :

L. R. NIPPIERD

Laboratory Services

Laboratory examinations relating to Bacteriology and Epidemiology are carried out by the Public Health Laboratory located at the Royal Hampshire County Hospital, Winchester (Telephone 3807). The Director of the Public Health Laboratory is Dr. R. Mackenzie. Chemical analyses, e.g., of water, sewage, etc., are carried out by the Analyst employed by Southampton County Borough Council.

Ambulance Service

Under Section 27 of the National Health Service Act, the County Council is required to make provision for securing that ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental deficiency or expectant or nursing mothers from places in their area to places in or outside their area.

The area is provided for as follows :—

<i>District</i>	<i>Ambulance Station</i>	<i>Telephone</i>
ALTON U.D. ... (covers Alton R.D.C.)	The White Horse Inn, Alton	Alton 3161
ANDOVER M.B. ... (covers Andover R.D.)	1, Anton Road, Andover	Andover 2222
EASTLEIGH M.B. ...	Town Hall Yard, Eastleigh	Eastleigh 87211
WINCHESTER M.B. ...	Kingsley Place, Stanmore	Winchester 2536
WINCHESTER R.D. ...	20, The Close, Hedge End	Botley 239

For the conveyance of infectious diseases :—

<i>District</i>	<i>Ambulance Station</i>	<i>Telephone</i>
EASTLEIGH M.B. ...	Town Hall Yard, Eastleigh	Winchester 87211
WINCHESTER M.B. ...	Kingsley Place, Stanmore	Winchester 2536

If an ambulance is required in an emergency, the caller should ask for "Ambulance" and the telephone exchange will connect with the nearest ambulance station immediately. The station will then deal with the call, either by sending an ambulance from their own or from an adjacent station.

Hospitals

As from 5th July, 1948, practically all hospitals were transferred to the Ministry of Health and are under the control of Regional Hospital Boards ; in the case of Hampshire, under the South-West Metropolitan Regional Hospital Board. This Board is again divided into areas and Hospital Management Committees have been established for local administration.

To assist in admissions, a Bed Service office has been set up at the Royal Hampshire County Hospital, Winchester. This office serves, among others, the following :—

ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.
WAR MEMORIAL HOSPITAL, ANDOVER.
CRABWOOD SMALLPOX HOSPITAL, WINCHESTER.
VICTORIA ISOLATION HOSPITAL, WINCHESTER.
ST. PAUL'S HILL HOSPITAL, WINCHESTER.
TICHBORNE DOWN HOUSE, ALRESFORD.

The following procedure applies for the admission of :—

(a) **Acutely Ill Patients**

Doctors may apply direct to the hospital of their choice for the admission of such a patient. In the event of difficulty, or if they require assistance, they apply to the Winchester Bed Service office. This office is open day and night (telephone Winchester 2261 and 2262) and demands for beds can be made there at any time.

(b) **Chronic Sick Patients**

There is a shortage of beds for such patients and it is therefore necessary to take into consideration the social as well as the medical conditions of the patient.

In the event of a bed not being vacant, the Winchester Bed Service will place the patient's name on the waiting list and at the same time inform the County Medical Officer, who is arranging for all such cases to be visited by his welfare workers with the object of assessing priority for admission. As soon as a vacancy is found for the patient, the practitioner is informed and asked to confirm that admission is still required and that the patient can travel by ambulance. On receipt of such confirmation, arrangements for the transfer of the patient to the hospital will be undertaken by the Winchester Bed Service.

(c) **Patients suffering from Infectious Diseases**

Doctors apply direct to their local fever hospitals or in the event of difficulties, to the Medical Officer of Health, or to the Bed Service.

It is not the intention that uncomplicated cases of measles chicken-pox, scarlet fever, german measles or mumps shall be admitted to infectious diseases hospitals unless the Medical Officer of Health supports such admissions. Applications should, in such cases be made through the Medical Officer of Health.

Suspected cases of smallpox are reported in the first instance to the Local Medical Officer of Health. The admission of patients suffering from smallpox is arranged by the County Medical Officer, who ask the Winchester Bed Service to make arrangements for the reception of the patient at the Crabwood Smallpox Hospital.

(d) **Maternity**

Arrangements for the admission of a patient on medical grounds will be made between the practitioner and the hospital. If patients are to be admitted for social reasons, a supporting statement must be obtained from the County Medical Officer and application made through the Winchester Bed Service.

Clinics

Clinics are held as follows :—

(a) Child Welfare Centres

<i>Centre</i>	<i>Hall</i>	<i>Days</i>
ALRESFORD	... Methodist Church Hall	1st and 3rd Tuesdays
BOTLEY	... The Catherine Wheel	1st Wednesday
BURSLEDON	... Parish Hall	3rd Tuesday
CHERITON	... Parish Hall	1st and 3rd Fridays
COLDEN COMMON	Parish Hall	4th Friday
CRAWLEY	... Village Hall	2nd Friday
FAIR OAK	... Women's Hall	2nd and 4th Thursdays
HAMBLE	... Memorial Hall	2nd and 4th Mondays
HEDGE END	... St. John's Rooms	2nd and 4th Tuesdays
ITCHEN ABBAS	... Village Hall	2nd Thursday
KING'S WORTHY	Jubilee Hall	1st Friday
MICHELDEVER	... Northbrook Hall	3rd Thursday
NETLEY	... Jubilee Hall	1st and 3rd Wednesdays
SPARSHOLT	... Sparsholt Manor	1st Monday
SUTTON SCOTNEY	Victoria Hall	3rd Tuesday
WEST END	... Church Hall	2nd and 4th Wednesdays
WORTHY DOWN	... Camp Hut	1st Monday

All child Welfare Centres are held from two to four p.m.

b) Tuberculosis Clinics

WINCHESTER	... County Medical Department, The Castle, Winchester.	Wednesdays at 9.45 a.m. and at 2.30 p.m. (new cases)
EASTLEIGH	... Health Centre, Chamber- layne Road, Eastleigh	Tuesdays at 9.30 a.m. and at 2 p.m. (new cases)

c) Ante-natal Clinics

ALRESFORD	... Methodist Church Hall	2nd and 4th Mondays at 2 p.m.
EASTLEIGH	... Health Centre, Chamber- layne Road	Mondays at 2 p.m.
HAMBLE	... Memorial Hall	4th Thursday at 2 p.m.
WEST END	... Church Hall	1st Tuesday at 2 p.m.

(d) **Venereal Diseases Clinics**

WINCHESTER	... Royal Hampshire County Hospital	Males—Saturdays at 11 a.m. Females—Tuesdays at 2.15 p.m.
SOUTHAMPTON	... Cardigan Road (back of East Park Terrace)	Males—Mondays to Fridays, 10 a.m. and 5 p.m. Females—Mondays at 10 a.m. Tuesdays and Fridays at 2 p.m. Thursdays at 3 p.m.

SCHOOL HEALTH SERVICES

(e) **Minor Ailment Clinics**

Cases attend clinics at Eastleigh and Winchester as follows :—

EASTLEIGH	... Health Centre, Chamberlayne Road	Fridays at 9.30 a.m.
WINCHESTER	... 4 The Square	Daily—mornings

(f) **Verminous Cleansing Clinics**

Cases attend clinics at Eastleigh, Fareham, Winchester and Andover as follows :—

EASTLEIGH	... Health Centre, Chamberlayne Road	Fridays at 9.30 a.m.
WINCHESTER	... 4 The Square	Wednesdays at 10 a.m.
FAREHAM	... Holy Trinity Church House, West Street	Fridays at 10 a.m.
ANDOVER	... Health Centre, Junction Road	Thursdays at 9.30 a.m.

(g) **Orthopaedic Clinics**

Cases attend clinics at Eastleigh, Fareham and Winchester.

(h) **Ear, Nose and Throat Clinics**

Cases attend one of the following :—

Royal Hampshire County Hospital, Winchester.
Royal South Hants and Southampton Hospital, Southampton.
Children's Hospital, Southampton.

(i) **Dental Clinics**

Clinics are held in various centres for treatment of local children.

(j) **Child Guidance Clinics**

Cases attend the following centres :—

EASTLEIGH	... Health Centre, Chamberlayne Road	Thursday mornings
WINCHESTER	... Trafalgar House, Trafalgar Street	Tuesday, Thursday and Saturday mornings

(k) **Ophthalmic Clinics**

EASTLEIGH	... Health Centre, Chamberlayne Road	Thursday Mornings
WINCHESTER	... Trafalgar House, Trafalgar Street	Alternate Monday and Thursday mornings

(l) **Speech Therapy Clinics**

Cases attend clinics at Winchester and Southampton by arrangement with the County Medical Officer.

STATISTICS OF THE AREA

Area	..	110,436 acres
Rateable Value as at 31st December, 1949	..	£280,665
Sum represented by a penny rate	..	£1,123 18s. 6d.
Population	..	39,340

GENERAL FEATURES

This is the largest Rural District in Hampshire, extending for some twenty-four miles from north to south and some fifteen miles from east to west at its broadest part.

Topographically the area is remarkably diversified, covering over 110,436 acres of Central Hampshire. It embraces the valley of the River Itchen from its source in the north-east to its mouth at Southampton. To the north of Winchester the country is open and rolling and predominantly chalk-land. South of Winchester, the chalk dips down and the London clay comes to the surface at Golden Common and Fisher's Pond.

The whole district is mainly agricultural, but, whereas in the north and east, the land is mainly arable, in the parishes of Botley, Bursledon, Hedge End, Hound and West End there is a large proportion of market gardening, smallholdings and fruit-growing areas. In the Itchen Valley which extends the whole length of the district, there is an area of land devoted to dairy farming, and in the parishes of the upper part of this valley are areas devoted to watercress growing. In the south, there are several industries, namely Folland's Aircraft, Fairey Aviation and Shell-Mex and several boat-building firms at Hamble and Bursledon.

VITAL STATISTICS

Live Births

			1949			1948		
			<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
Live Births (Legitimate)			348	319	667	344	308	652
Live Births (Illegitimate)			15	16	31	17	20	37
Totals	...	...	363	335	698	361	328	689

The Live Birth Rate per 1,000 of the estimated population was 17.7 compared with 18.7 for the whole of England and Wales.

Still Births

			1949			1948		
			<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
Still Births (Legitimate)			11	5	16	5	6	11
Still Births (Illegitimate)			—	—	—	1	—	1
Totals	...	...	11	5	16	6	6	12

The Still Birth Rate per 1,000 total births was 22.9 compared with 23.1 for the whole of England and Wales.

Deaths

Male	...	...	...	...	...	...	...	...	251
Female	...	...	...	...	...	...	...	...	209
Total	...	...	...	...	...	...	...	...	460

The Crude Death Rate per 1,000 of the estimated population was 11.6 compared with 11.7 for the whole of England and Wales.

Maternal

Puerperal sepsis	...	...	...	...	...	...	...	...	nil
Other maternal causes	...	...	...	...	...	...	...	...	nil

Other

Deaths from Cancer (all ages)	...	...	...	...	...	...	...	...	85
Deaths from Measles (all ages)	...	...	...	...	...	...	...	...	
Deaths from Whooping Cough (all ages)	...	...	...	...	...	...	...	...	
Deaths from Diarrhoea (under two years of age)	...	...	...	...	...	...	...	...	

The Death Rate of infants under one year of age was 25.8 per 1,000 live births compared with 32.0 for the whole of England and Wales.

The figure for the birth rate of 17·7 per 1,000 of the population compares with 17·4 for 1948. The highest rate recorded in the last ten years was 20·03 in 1944.

The figure for the crude general death rate of 11·6 per 1,000 population is above that for 1948 which was 9·4. In order to compare the local death rate with that of other areas, it is necessary to apply the comparability factor, which for this district, is 0·88. The standardised death rate is therefore 10·2.

The infant mortality rate shews a decrease. The figure compares favourably with that of 32·0 for England and Wales. Out of a total of eighteen deaths under one year, 72% occurred in the first four weeks of life—a neo-natal rate of 18·6 per 1,000 births. In 38% of these neo-natal deaths, prematurity was given as the cause. Some comment on the infant mortality rate is made on a later page.

As regards the individual causes of death, heart disease continues to head the list. Cancer is the second greatest cause, followed by diseases of the blood vessels of the brain. In regard to tuberculosis, statistics are set out in the relevant sections of the Report.

The number of new male cases has risen considerably, and the number of deaths has remained about the same. Comment is made under the heading "Tuberculosis."

<i>Causes of Death</i>						<i>Male</i>	<i>Female</i>
1.	Typhoid and Paratyphoid	...	...	...	...	—	—
2.	Cerebro-spinal Fever	...	...	...	...	—	—
3.	Scarlet Fever	...	...	...	...	—	—
4.	Whooping Cough...	...	...	...	...	—	—
5.	Diphtheria	...	...	...	...	—	—
6.	Tuberculosis of Respiratory System	...	...	...	...	4	4
7.	Other forms of Tuberculosis	...	...	...	...	2	1
8.	Syphilitic Disease	...	...	...	...	—	—
9.	Influenza	...	...	...	...	1	2
10.	Measles	...	...	...	...	1	1
11.	Acute Poliomyelitis and Polio-encephalitis (Infantile Paralysis)	...	...	...	...	—	—
12.	Acute Infective Encephalitis (Sleepy Sickness)	...	...	...	...	—	—
13.	Cancer of Buccal Cavity and Oesophagus (M)	...	...	...	...	4	—
	Uterus (F)	...	...	...	...	—	3
14.	Cancer of Stomach and Duodenum	...	...	...	...	17	16
15.	Cancer of Breast	...	...	...	...	—	3
16.	Cancer of other sites	...	...	...	...	30	25
17.	Diabetes	...	...	...	...	—	3
18.	Intracranial Vascular Lesions	...	...	...	...	25	27
19.	Heart Disease	...	...	...	...	69	59
20.	Other Diseases of the Circulatory System	...	...	...	...	7	8
21.	Bronchitis...	...	...	...	...	13	6
22.	Pneumonia	...	...	...	...	13	12
23.	Other Respiratory Diseases	...	...	...	...	3	3
24.	Ulcer of Stomach or Duodenum	...	...	...	...	2	—
25.	Diarrhoea under two years of age	...	...	...	...	1	—
26.	Appendicitis	...	...	...	...	—	—
27.	Other digestive Diseases	...	...	...	...	1	4
28.	Nephritis	...	...	...	...	10	6
29.	Puerperal and Post-abortive Sepsis	...	...	...	...	—	—
30.	Other Maternal Causes	...	...	...	...	—	—
31.	Premature Birth	...	...	...	...	2	2
32.	Congenital Malformations, Birth Injury and Infantile Disease	...	...	...	...	7	3
33.	Suicide	...	...	...	...	1	—
34.	Road Traffic Accidents	...	...	...	...	8	1
35.	Other Violent Causes	...	...	...	...	5	2
36.	All Other Causes	...	...	...	...	25	28
Total (All causes)						251	209

Deaths of infants under one year of age (included in the above table) :

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ...	14	3	17
Illegitimate ...	1	—	1

The deaths in the above table include residents who died outside the District and exclude non-residents who died within the District. Non-civilians are excluded.

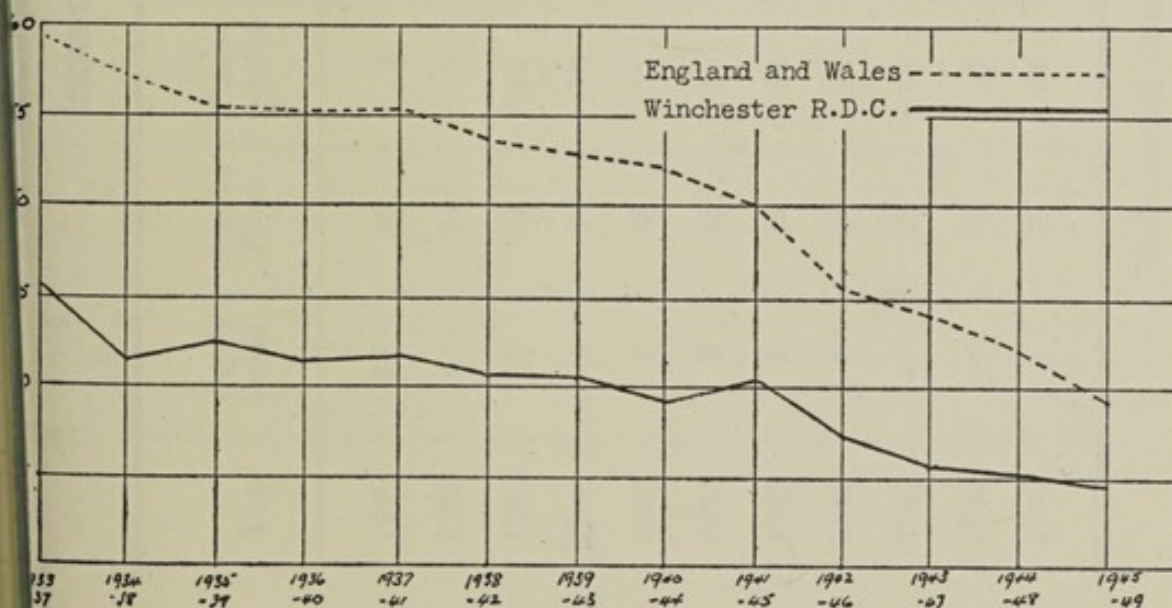
Infant Mortality Rate

This is defined as the deaths under the age of one year, registered in the calendar year per 1,000 live births so registered. The rate for each year is not, in itself, a reliable guide, the number of births in the District not being sufficient to be of significance statistically.

The same index taken over a period of five years is considered reasonably reliable. The following table shews the rate since 1933 in this District compared with the rates in the great towns and the rates for England and Wales. The figures in brackets and the graph shew the rate for this District as compared with the rate for England and Wales, each over a five-year period.

Year	Winchester R.D.C.	Great Towns	England and Wales
1933	58.1	67	64
1934	30.4	63	59
1935	53.7 (45.7)	62	57 (59.4)
1936	44.2 (41.4)	63	59 (57.2)
1937	42.3 (42.5)	62	58 (55.4)
1938	36.8 (41.4)	57	53 (55.2)
1939	35.6 (41.9)	53	50 (55.4)
1940	48.3 (40.7)	61	56 (53.6)
1941	46.5 (40.5)	71	60 (52.8)
1942	36.4 (39.2)	59	49 (52.0)
1943	35.8 (40.3)	58	49 (50.0)
1944	29.2 (37.1)	52	46 (46.6)
1945	53.7 (35.7)	54	46 (45.0)
1946	30.5 (35.2)	46	43 (42.0)
1947	29.3 (34.6)	47	41 (39.2)
1948	33.7	39	34
1949	25.8	37	32

INFANT MORTALITY RATE
(QUINQUENNIAL)



The infant mortality rate is one of the best indices of the social circumstances of the district ; in England the rate is lower in areas in which agriculture is the staple industry. High rates are commonly associated with overcrowding, defective sanitation and maternal apathy. Whatever the factors involved, the rate for this Rural District for the last ten years, with one exception, has been markedly below the figure for the country as a whole, and is a gratifying feature in the statistics. Without doubt, it results from the improved standard of life of the population in general, and from the increased care and attention being taken to preserve infant life.

It is of value to analyse the infant deaths. It is found that, of the eighteen deaths in the first year of life, no fewer than thirteen occurred during the first month. This neo-natal mortality rate is dependent on several factors, chief of which are the obstetrical care of the mother and the care of the child in its earliest days. Prematurity accounted for 38% of the neo-natal deaths. The problem is of great economic and social importance and, to a large extent, reduction of the rate follows improvement of environmental conditions.

INCIDENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

Incidence of Commoner Infectious Diseases since 1939

Year	Diphtheria	Scarlet Fever	Pneumonia	Measles	Whooping Cough	Puerperal Pyrexia	Infantile Paralysis	Erysipelas	Enteric Fever	Cerebro-spinal Fever	Ophthalmia Neonatorum
1939	23	32	2	*	*	7	4	8	—	1	4
1940	5	51	5	403	116	4	4	7	—	5	4
1941	13	41	22	568	177	7	—	8	2	4	8
1942	4	57	16	149	37	7	1	6	—	2	7
1943	2	63	27	562	142	10	2	17	—	—	6
1944	2	55	15	61	49	4	—	5	1	2	6
1945	2	49	23	675	115	3	1	8	—	1	1
1946	2	38	25	75	72	1	—	8	—	2	4
1947	—	27	18	448	49	1	11	6	—	—	3
1948	—	25	8	371	135	2	1	5	—	—	1
1949	1	27	21	634	91	—	6	1	—	—	1

Only certain forms of pneumonia are notifiable. *No figures available for 1939.

The infectious Diseases which account for the greatest number of notifications are measles and whooping cough.

Measles

Notification of measles in 1949 numbered 634 and two deaths were reported. Epidemics at two-yearly intervals have been the rule since the notification of measles began. The minor phase began in 1948 and was followed by the major phase in 1949, the peak of the epidemic being reached in the early months.

There is no room for apathy because the number of deaths from measles is few. The majority of deaths occur in the youngest age groups and postponing the age of the attack offers the best hope of reducing mortality. Much chronic ill-health is due to attacks of this disease, and it is now possible to make fuller use of the notification by giving advice and assistance in the home and by selection of the most suitable cases for admission to hospital. With this end in view, the County Council Health Visitor is notified of every case so that, with her intimate knowledge of most homes in her area, she may be in a position to advise.

Whooping Cough

Unlike measles, biennial periodicity is not generally experienced, although there is a suggestion that a peak is reached locally every two years. Notification of whooping cough has continued, and the information is useful for the follow-up of cases by the Health Visitors. Even more than measles, whooping cough can be the starting point of a great amount of ill-health, much of which can be prevented. Extensive trials have been carried out by the Medical Research Council, but to date, the results reported are inconclusive.

The suggestion has often been made that immunisation against diphtheria and whooping cough should be combined. With the present uncertainty about the efficacy of whooping cough vaccines, and with the acceptance by the public of diphtheria immunisation as a safe and reliable procedure, the Ministry of Health do not, at the moment, view with favour such a combination.

On the other hand, favourable comment is made by parents whose children have been immunised against whooping cough, and it is accepted that immunisation, though not a certain preventive of whooping cough, very definitely modifies the course of the disease. In view of the high mortality in the first few years of life, any procedure which will moderate, if not prevent, the attack is to be commended.

Scarlet Fever

The figures for 1949 shew little evidence of a halt in the general decline in incidence. As has previously been mentioned, as a general rule patients should not, as a matter of routine, be admitted to hospital if adequate comfort and care can be provided in the home. Scarlet Fever is due to several types of haemolytic streptococci, some of which have the power to produce a rash in some people ; others have not this additional capacity, although it is only in this respect that they differ from the type which causes Scarlet Fever. There is very little justification for differentiating between Scarlet Fever and other kinds of haemolytic streptococcal throats.

The characteristics of this disease have altered in the last decade. The present practice of notifying early Scarlet Fever with a rash is anomalous, and yet the procedure has some value in providing an indicator of the trend and incidence of streptococcal infection, when it is remembered that, in the decade 1861 to 1870 the average death rate was two thousand, two hundred and eighty-two per million at ages under fifteen, compared with three in 1947.

Poliomyelitis

As is well known, the incidence of poliomyelitis was, in 1947, over four times greater than in any previous year since compulsory notification began in 1915. In 1949 there was also an epidemic, but to a minor degree.

Six confirmed cases, (one in a girl not normally resident in the area), occurred in the District during the year; the source of infection remained undiscovered. It is of interest to record that two cases occurred within a few days of each other in the Central Nursery, Compton. Two children were housed in separate blocks, but, despite extensive investigations, no source of infection could be found.

At the end of the year, the majority were on the way to recovery.

Diphtheria

It is pleasing to be able to report once more that no case occurred in a child resident in the Rural District during 1949. The case referred to in the following table was a boy who visited Hursley from Southampton and, within a couple of days, had developed the disease. As far as could be ascertained from Southampton he had not been immunised. For the purposes of notification, such a case is included in the figures for the Rural District but it can be assumed that the infection arose elsewhere.

The following table shews the number of cases and the number of children immunised since 1939 :—

Year	Primary		Total	"Boosts"	Cases
	under 5	over 5			
1939	8	—	8	—	23
1940	71	24	95	—	5
1941	399	3,173	3,572	—	13
1942	423	468	911	—	4
1943	486	262	748	—	2
1944	481	220	701	—	2
1945	459	137	596	21	2
1946	491	322	813	38	2
1947	549	198	747	608	—
1948	754	254	1,008	1,510	—
1949	660	219	879	919	1

Over the country as a whole, the incidence of diphtheria during the year has shewn a further large fall and the notifications were only about one twelfth of the notifications in 1937 and 1938.

Diphtheria has, until recent years, shewn a marked inclination to epidemicity every five to seven years. This customary cycle has been interrupted, and the only new factor is the mass immunisation of children at an age at which diphtheria was common. In the early years of the scheme, propaganda was aimed at the protection of schoolchildren, but from 1945 propaganda was directed more at the protection of pre-school children and particularly toward the end of the first year of life.

With the realisation that most mothers were comparatively immune to diphtheria, it was suggested that twelve months was the most appropriate age for treatment. Occasionally, infants of non-immunised mothers contracted the disease with almost always fatal consequences. With the extensive degree of immunisation of the adolescent population, the time will come when the mothers of the country will be less immune—as immunity derived from an attack is more lasting than that artificially bestowed—and thought will have to be given to the performance of inoculations at an even earlier age.

Experiments have recently shewn that this practice would appear to be safe and feasible.

The percentage of the children under fifteen years of age in this District immunised is 83%. The vast majority of children are being immunised before they are admitted to school, although it is apparent that some are still awaiting that milestone before having treatment.

The total for the primary inoculations for the year has shewn a fall to some extent, although it is felt that, for the year 1949, the records of immunisations, particularly of primary inoculations, are not complete. The number of booster doses administered has shewn a fall from the previous year's peak. This was to be expected after the extensive campaign throughout the schools during 1948.

TUBERCULOSIS

Tuberculosis is a notifiable disease. Practitioners may notify the Health Department on the appropriate form; in some cases the patient may remove into the district and the case is notified by the former local authority; sometimes the information comes indirectly. The majority of cases are notified by practitioners, i.e., primary notifications.

In England and Wales during 1949 the death rate from all types of tuberculosis was 0.45 per 1,000 of the population, in this District the rate was 0.27 per 1,000.

The following table shews new cases, cases transferred to the District and mortality during the past four years :—

Year	New Cases					Transferred to District					Deaths				
	Pulmonary		Non-Pulmonary		Total	Pulmonary		Non-Pulmonary		Total	Pulmonary		Non-Pulmonary		Total
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.	
1946	20	7	3	4	34	6	8	—	—	14	6	5	2	—	13
1947	17	9	1	3	30	10	6	—	1	17	5	6	2	—	13
1948	9	9	4	1	23	3	4	—	1	8	6	5	—	1	12
1949	21	9	3	4	37	11	1	—	1	13	4	4	2	1	11

The number of new cases of tuberculosis notified during the year is shewn in the following table according to age :—

<i>Age</i>	<i>Pulmonary</i>		<i>Non-pulmonary</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Under 1 year ...	1	—	—	—	1
1-5 years ...	—	1	1	2	4
5-15 years ...	2	—	—	2	4
15-25 years ...	6	2	1	—	9
25-35 years ...	4	2	—	—	6
35-45 years ...	3	1	1	—	5
45-55 years ...	1	2	—	—	3
55-65 years ...	3	—	—	—	3
Over 65 years ...	1	1	—	—	2
Total ...	21	9	3	4	37

The figures in the first table shew that the drop in the incidence of new cases recorded in 1948 has not been maintained. In 1949, it is regrettable that this figure should have reached a higher level than in the preceding three years.

These figures are diagnosed cases of tuberculosis ; no figure can be given for the undiagnosed case or for the patients who do not seek medical advice and who are liable all the more to spread infection. There are many in the earlier stages of the disease—as we know from the Mass Radiography Surveys made in various districts. True figures will be known only when regular, periodical medical examinations can be made.

Contacts of tuberculosis cases are visited by the County Council's Tuberculosis Visitor and arrangements made for their examination. The patient is removed to hospital. With the present shortage of nurses and sanatorium beds there is, in many cases, a long waiting period during which there is a grave risk of spread of infection. Responsibility for prevention of spread of infection rests with the local authority ; the keystone of the arch of prevention is removal of the patient. Unlike the patient discharged from a sanatorium, the fresh case has little knowledge of the hygiene and prevention of spread and there is, therefore, a greater risk to others. With five thousand tuberculosis beds fewer than before the war, with the overcrowding due to the housing shortage and with the high risk of infection of susceptible children, advice is more a pious hope than practical possibility.

The Housing Committee of this Council appreciate the difficulties and cases of tuberculosis requiring alternative housing accommodation are given top priority. During the year several such cases were rehoused. I am not satisfied entirely with this practice ; it is not a cure of the social evil ; it is but a placebo. It is essential to ensure that provision of alternative housing accommodation for tuberculosis cases is justified and a careful inspection of the circumstances in each case is necessary. Good housing is about as essential to the healthy as to the tuberculous ; with the appalling shortage, the supply has to be made available to those who most deserve accommodation, but such provision by a local authority does not indicate we are satisfied with the arrangements made by Hospital Boards for admissions. Till the day dawns on which the removal of an infectious case of tuberculosis is made with the speed of removing cases of other major infections, no one can view the tuberculosis problem with equanimity.

FOOD POISONING

As from the beginning of 1949 the Registrar-General has requested all Medical Officers of Health to include the notified cases of food poisoning in their weekly returns submitted to him, and also to make a quarterly return of such cases amended by reason of corrected diagnosis. It was thought that the publication of these figures at regular intervals by the Registrar-General might help to bring to light hitherto unrecognised factors in the cause of food poisoning.

Two outbreaks with no deaths occurred in the Rural District during the year :—

(a) Sparsholt School—February, 1949

Of fifty-six children, fifty-five had a school dinner. Of the fifty-five, twenty were sick at various times ranging from 3.30 p.m. until 7.30 a.m. the following day. In one or two instances there had been several bouts of sickness during the night. The children had consumed water, school milk at 10.30 a.m. and the school dinner at mid-day. The water and the milk were found to be above suspicion, but there was a feeling among the children that the school dinner had been the cause of the upset. No sample of the meal was available for investigation and the containers had been returned to the cooking centre. The serving of subsequent meals was carefully observed but nothing suspicious was noticed. It was impossible to assign a cause for the outbreak.

(b) Hedge End—June, 1949

Three families, six people in all, were affected with symptoms suggestive of food poisoning during the evening of the 22nd June. The suspected food, consumed by all, was a brawn prepared by a local butcher a few days previously. Staphylococci, of a type able to cause food poisoning, were found in the brawn, from swabs taken from the hands and nose of the butcher and from specimens obtained from five of the patients.

The method of manufacture was such as to favour the growth of germs. The weather at the time was warmer than usual; for twenty-four hours it was essential to keep the product at ordinary temperature, and much handling of the ingredients was inevitable. The brawn was made personally by the butcher and it was thought that these factors, together with some hours of storage by the consumers, no doubt enabled the germs to multiply to such an extent as to be capable of producing the food poisoning symptoms.

In most instances, it is the human element that introduced bacteria into the offending food. In the words of the Ministry of Health: "To prevent food poisoning outbreaks the two most important points to insist on, besides the elementary one of scrupulous cleanliness, are (a) that all food handlers should thoroughly wash their hands and lower arms before touching the food, not only when they begin work but also every time their work is interrupted, and (b) that as far as possible the food should be eaten as soon as it has been prepared. This latter precaution is often difficult to secure in canteens, where meat, trifles, custard and puddings, cooked the day before, are often re-heated before consumption. Unfortunately, the re-heating does not destroy staphylococcal entero-toxin. If food has to be kept after cooking, it should be placed in a refrigerator as soon as possible to prevent the multiplication of any bacteria it may contain. Several outbreaks have been due to defective refrigerators and to the present difficulties of getting them repaired or obtaining new ones."

Food Hygiene

The policy of the Ministry of Health, in view of the increased incidence of food poisoning, appears to be to insist on stricter control over all premises where food is sold or handled. In March, 1947, the Ministry made the suggestion that Medical Officers of Health should prepare a list of all premises where food was sold or manufactured for sale. This suggestion was carried out and a full list of food premises in this District was prepared. The list, by co-operation with the Ministry of Food, is added to as additional retail and catering licences are issued to new applicants. This information is passed

in turn to the Sanitary Inspector for follow-up visits as judged necessary. This list has obviously been of considerable value when distributing propaganda material.

By means of letters, leaflets and adhesive labels, all incorporating advice, the essential points have been brought to the notice of virtually all who handle food in the area. Cards, incorporating ten rules which should be observed by food handlers, were distributed throughout the district and arrangements were also made through school clinics and other voluntary bodies for distribution of propaganda material to the housewife.

In the autumn the Ministry of Food issued Model Byelaws which it is intended will be adopted by this Council. Byelaw No. 3 is of great importance but may be difficult to administer. Byelaw No. 3 reads : "No person knowingly suffering from or knowingly being a carrier of any disease shall handle, wrap or deliver any food so as to give rise to any risk of the spread of the disease. A person shall be deemed to have known that he was suffering from, or was a carrier of, a disease if he could with ordinary care have ascertained the fact." This gives wide powers to the Medical Officer of Health, but these powers will have to be used with discretion.

In last year's report I stressed the difficulties in connection with food hygiene in a Rural District. One of the chief agents for the maintaining of the standards of cleanliness of food handlers is the Sanitary Inspector, but, though backed by legal powers if need be, the best results are obtained by co-operation, the requirements for such being tact, personality and persuasion, and much of the success is due to the repetition of advice authoritatively given and simply explained. In a scattered district such as this, the personal approach is more effective in the long run than the organised meeting.

The Food and Drugs Act makes little provision in regard to personal hygiene. The law requires that wash basins and sanitary conveniences are provided but it is difficult to ensure that these are used. Soap is a rationed commodity and there is still a high purchase tax on gas water heaters. The task of health education in stimulating food handlers to improving hygienic conditions undoubtedly has its difficulties.

In conclusion, attention is drawn to the deplorable lack of provision for personal cleanliness in schools. The advice "Wash the hands after using the W.C." could well be inculcated during school life. At many schools in the District, facilities for personal ablution are primitive and do not encourage the youngster to develop these habits, which would come naturally if begun at the right age.

ANNUAL REPORT

for the year 1949

by the

SENIOR SANITARY INSPECTOR

ANNUAL REPORT

for the year 1943

SENIOR SANITARY INSPECTOR

July, 1950

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE
WINCHESTER RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentleman,

I beg to submit the Annual Report for the year 1949 on the sanitary circumstances of the District.

The Report, set out under the various principal headings shews the progress made during the year.

In a large scattered district such as this, it is difficult to comment on all the activities of your Inspectorate, some of which are outside the realm of public health.

As in the previous year a large part of the Inspectors' time has been taken up in visits in connection with the allocation of housing points. Householders' frequent absences from home have necessitated many unfruitful calls.

The shortage of essential materials and the high cost of repairs still restrict the achievement of a desirable standard of maintenance of houses of the lower rateable values. The difficulties of the small property-owner have to be reasonably met and a modification of the standard of repair accepted in some cases.

In conclusion, I wish to add my thanks to the District Sanitary Inspectors, Rodent Officer and clerical staff for their loyal help and support and to the members of other departments of the Council for their harmonious co-operation and willing help on various occasions.

I am,

Your obedient Servant,

FRANK HURST,

Senior Sanitary Inspector.

HOUSING

Housing Act, 1949

The year under review has been characterised by the introduction of new legislation contained in the Housing Act, 1949, from which it will be observed that the Minister intends to specify the requirements in respect of construction, physical condition and provision of services and amenities for all dwellings improved by private owners who apply for grants under the Act. A new charter as to what standard a satisfactory house should conform has been laid down in a sixteen-point target by the Government and Local Authorities can enforce this in all houses with a life of not less than thirty years.

These various requirements have tended to reduce the enthusiasm of the few individual owners who have applied for the grant on account of their non-ability to comply with all the conditions required by the Ministry. The operation of the Act can scarcely be expected to make a very rapid stride owing to the present economic conditions and the comparatively short time the grants have been available.

Housing Allocation Scheme

At the beginning of the year a postal canvass was carried out by the Housing Department to classify those who had applied for housing accommodation, with the following result :—

<i>Classification</i>	<i>Total number of separate families</i>	<i>Number of applicants who are agricultural workers</i>
A (without separate homes)	768	57
B (with separate homes)	340	42
Totals	1,108	99

The number of "live" applications for Council houses at the end of the year was 1,462.

Progress has been achieved by the revision of the Points Scheme in which higher pointing has been made in cases of overcrowding, sanitary state of the property and medical conditions of applicants' families and this has resulted in emphasis being placed on the need factors in the present scheme of allocation.

Provision of New Houses

During the year, houses have been erected by the Council in the undermentioned parishes :—

King's Worthy	...	...	141	Itchen Valley	...	...	6
Colden Common	...	...	30	Micheldever	...	...	4
Bursledon	...	...	26	West End	...	...	4
Twyford	...	...	20	Hound	...	...	2
Littleton	...	...	8				

In addition, 52 houses were erected by private enterprise during the year as follows :—

Compton	...	...	9	Colden Common	...	...	2
Fair Oak	...	...	6	Hound...	...	...	2
West End	...	...	5	Itchen Valley	...	...	2
Bursledon	...	...	4	Twyford	...	...	2
Hedge End	...	...	3	Wonston	...	...	2
King's Worthy	...	...	3	Botley	...	...	1
Owslebury	...	...	3	Crawley	...	...	1
Hamble	...	...	1	Hursley	...	...	1
Itchen Stoke and Ovington	...	...	1	Micheldever	...	...	1
Northington	...	...	1	Otterbourne	...	...	1
Tichbourne	...	...	1				

The following table shews the number of houses built and the huts converted by the Council since the end of the war :—

<i>Parish</i>	<i>Traditional</i>	<i>Non-Traditional</i>	<i>Prefabs</i>	<i>Total</i>	<i>Huts</i>
Bishop's Sutton	4	—	—	4	—
Bramdean	8	10	—	18	—
Heriton	—	6	—	6	—
Itchen Valley	10	—	—	10	—
Kilmeston	6	—	—	6	—
New Alresford	24	—	10	34	11
Old Alresford	—	10	—	10	—
Otterbourne	—	—	—	—	22
Colden Common	6	26	8	40	—
Compton	14	—	—	14	—
King's Worthy	28	24	115	167	24
Littleton	8	—	—	8	—
Micheldever	19*	8	—	27	4
Otterbourne	4	6	—	10	—
Owslebury	4	2	—	6	—
Parsholt	8	—	—	8	—
Twyford	8	12	—	20	—
Wonston	8	—	—	8	—
Botley	18	—	—	18	4†
Bursledon...	8	26	—	34	124
Fair Oak	16	—	—	16	—
Hamble	—	—	50	50	—
Hedge End	4	10	20	34	14†
Hound	18	26	62	106	26
West End	10	—	—	10	49
Totals	233	166	265	664	278

* Includes 9 flats. † Rest Centre Huts.

Ex-military Camps

There are nine ex-military and other camps in the District, situated as follows :—

<i>Name of Camp</i>	<i>Parish</i>	<i>Number of huts for occupation</i>	<i>Number of huts completed by end of 1949</i>
Micheldever Station Camp	Micheldever	4	4
Worthy Park Camp	King's Worthy	24	24
N.F.S. Huts	New Alresford	11	11
Tichborne Park	Tichborne	22	22
Weston Camp	Hound	26	26
Winslowe Camp	West End	36	36
Wilderness Camp	West End	13	13
Bursledon Towers Camp	Bursledon	12	12
Cricket Camp	Bursledon	112	112

The Cricket Camp, Bursledon

Early in the year a septic tank drainage system was installed in this camp, enabling occupiers of the huts to be provided with water closets and sink drainage.

Comprehensive roofing repairs were carried out to the Orlit huts and felting to the Nissen huts, resulting in a more satisfactory condition of these dwellings. Periodical hut to hut inspections have been made by the District Sanitary Inspector and schedules of essential repairs needed have been passed to the Engineer and Surveyor for attention.

N.F.S. Huts, New Alresford

The cladding of the external walls of these huts, built for the National Fire Service, has remedied dampness due to rain percolating through the walls and flooding the floors.

General

All the camps have been visited periodically during the year and the necessary repairs to the huts have been carried out by the Engineer and Surveyor's Department.

Complaints have been made by the occupiers from time to time and these have received attention in as far as it is possible taking into account the construction and limited life of the material used in the majority of these huts, which were never intended for family life.

Measures should be taken to eliminate these structures from human habitation as quickly as circumstances will allow.

Moveable Dwellings

The acute housing shortage has increased the number of applications for permission to station and use moveable dwellings. The acceptance of much sub-standard housing of this kind, especially in those cases where families have to live in them throughout the year is to be deplored. There is a danger, too, that people may become satisfied with these lowered standards and if the cost of Council house rents increases, may, at some future date, be reluctant to leave.

One site at Oliver's Battery, Compton, for seven caravans has been approved; eighteen licences for single stations were issued during the year.

Better constructed and equipped caravans are making their appearance. The majority of licences issued during the year were for single caravans on separate sites. No large commercially-run site has been acquired in the District.

Two temporary buildings were erected by private persons and seven licences were issued under Section 53 of the Public Health Act, 1936, where the buildings, proposed to be used for human habitation, will be constructed of short-lived materials or otherwise unsuitable for use as permanent buildings.

WATER SUPPLY

The County Borough of Southampton and the City of Winchester provide, by means of their mains, the bulk of the water supply to dwelling houses and premises in this District. The Alresford Water Company and the Crabwood Water Company supply one and two parishes respectively north of Winchester.

The bulk of the water supplied by the Southampton Corporation is obtained from three sources, namely :—wells in the chalk at Otterbourne, wells in the chalk at Twyford and the River Itchen at Otterbourne. I am indebted to J. Hawksley, Esq., B.Sc., Waterworks Engineer and Manager, Southampton Corporation, for the following information :—

All water supplied by the Corporation is sterilised before distribution. At the Otterbourne and Twyford well supplies the water is softened by means of the chloramine process. At the River Itchen works this water is first sterilised by means of chlorine on being extracted from the river, is then submitted to a process of softening by lime and sedimentation with sulphate of alumina and is afterwards passed through rapid gravity sand filters. After filtration it is sterilised a second time by the chloramine process.

The following are the results of bacteriological examinations of the treated waters during the year :—

<i>Origin of Samples</i>	<i>No. of Samples</i>	<i>Number of samples shewing probable number of B.coli present in 100 ml.</i>		
		<i>None present</i>	<i>1 to 2 present</i>	<i>3 to 10 present</i>
Otterbourne Wells Supply ...	52	51	0	1*
Twyford Wells Supply ...	52	49	2*	1*
River Itchen Supply ...	55	51	4*	0

* No faecal organisms present in these samples.

The following are typical results of chemical analyses of the treated waters :—

RESULTS IN PARTS PER MILLION

	<i>Otterbourne Wells Supply</i>	<i>Twyford Wells Supply</i>	<i>River Itchen Supply</i>
<i>General Chemical Examination</i>			
Total Solids	269	219	188
Free Carbon Dioxide, as CO ₂ ...	7.3	2.4	1.2
Ammoniacal Nitrogen, as N ...	0.054*	0.025*	nil
Albuminoid Nitrogen, as N ...	0.005	nil	0.019
Nitrous Nitrogen, as N ...	nil	nil	nil
Nitric Nitrogen, as N ...	3.0	4.0	3.0
Hardness as CaCO ₃ (Wanklyn's)			
Temporary	132	97	30
Permanent	41	53	79
Permanganate figure, as 0.			
(4 hrs., 80 F.)	0.10	nil	0.15
Alkalinity, as CaCO ₃	170	155	100
Free Chlorine	0.4*	0.38*	nil
Reaction, pH	(7.5)	(7.8)	(8.2)
<i>Mineral Analysis</i>			
Calcium, as Ca.	74.2	67.6	47.6
Magnesium, as Mg.	0.4	1.3	2.1
Carbonate, as CO ₃	102	93	60
Chloride, as Cl	14.0	14.0	16.0
Sulphate, as SO ₄	9.5	6.5	16.6
Nitrate, as NO ₃	13.3	17.7	13.3
Iron	Absent	Absent	Absent
Lead	Absent	Absent	Absent
Zinc	Absent	Absent	Absent
Copper	Absent	Absent	Absent
Phosphates	Absent	Absent	0.8†

* These figures were obtained from samples which had already been treated by the addition of Chloramine.

† This figure was obtained from samples which had already been treated by the addition of Calgon.

The lack of rainfall caused some difficulty in the well water supplies in some northern and north-eastern parishes during the year.

Dwelling houses at South Wonston and Gundleton, Bishops Sutton, rely entirely on rain-water tanks and arrangements to replenish these during the drought period were made privately in many cases.

A scheme to provide a main supply of water to the northern parishes of the District was promoted and at the end of the year water mains were being laid through South Wonston to Stoke Charity and a supply should be available before the summer of next year.

The water level in many wells sank to a low level and in some cases the supply gave out. Pollution of water in the wells in various parts of the District occurred during the dry period which necessitated supplies being boiled before use for drinking purposes.

At Old Alresford the village spring shewed signs of pollution ; some wells dried up. The situation was met by the provision of a standpipe supply from the bore at the Council's housing estate and, in addition, two tanks were installed at other points in the parish and water transported as often as was found necessary.

Toward the end of the year a mains supply of water to the Brighton section of the Totford scheme became available to supply thirty properties in that area and six dwellings were connected with a piped supply by the end of the year.

Water mains were also laid in the village of Tichborne, which will be charged from a local supply until the Totford scheme can operate.

The following table shews the number of houses provided with a main water supply :—

Parish	Number of houses	Main Supply		Percentage on main supply
		Direct to houses	Standpipe supply	
ABBOTTS BARTON ...	9	7	—	77
BEAUWORTH ...	40	—	—	—
BIGHTON ...	52	6	—	11
BISHOPS SUTTON ...	166	—	—	—
BRAMDEAN ...	181	—	—	—
BOTLEY ...	415	332	—	80
BURSLEDON ...	573	499	—	87
CHERITON ...	180	—	—	—
CHILCOMBE ...	32	22	—	69
COLDEN COMMON ...	379	334	—	87
COMPTON ...	364	360	—	98
CRAWLEY ...	127	114	—	90
FAIR OAK ...	390	349	—	90
HAMBLE ...	635	615	—	96
HEADBOURNE WORTHY	87	65	—	74
HEDGE END ...	748	600	—	81
HOUND ...	1,621	1,517	—	93
HURSLEY ...	247	132	71	82
ITCHEN STOKE and OVINGTON ...	91	—	—	—
ITCHEN VALLEY ...	378	263	—	70
KILMESTON ...	75	—	—	—
KING'S WORTHY ...	506	461	—	90
LITTLETON ...	204	133	—	65
MICHELDEVER ...	382	—	—	—
NEW ALRESFORD ...	577	536	—	96
NORTHINGTON ...	81	—	—	—
OLD ALRESFORD ...	145	—	—	—
OTTERBOURNE ...	178	173	—	97
OWSLEBURY ...	195	10	50	31
SPARSHOLT ...	168	140	—	83
TICHBORNE ...	98	—	—	—
TWYFORD ...	493	460	—	93
WEST END ...	1,007	914	—	91
WONSTON ...	362	—	—	—
Totals ...	11,166	8,042	121	73

Extensions of Southampton Corporation's Mains

Extensions of water mains has enabled the properties shew below to be supplied with a piped supply of water inside the houses:—

St. Helen's Road, Hedge End ...	11 properties
Cherry Drove, Fair Oak ...	4 properties
Church Fields, Twyford ...	22 properties

A piped supply of water has been connected to 435 additional houses from the various Companies' Water during the year. 73% of the dwelling houses in the Rural District are now connected with a mains supply.

Samples of well-water supplying thirty-two individual properties were examined during the year.

SEWERAGE AND DRAINAGE

The effluent from the sewage works at New Alresford has not given rise to any nuisance and the usual practice of the disposal of filtered effluent by means of soakage in the chalk sub-soil has been continued. The sludge from the drying beds has been removed by the local farmer as in previous years.

Schemes to deal with the drainage of two Council housing estates at King's Worthy (218 properties) which were occupied during the year have come into operation.

It has been the practice of the Council to put in a complete sewage disposal plant to all groups of houses exceeding six in number, consisting of a digesting tank and filters with circular rotating distributors from which the effluent is drained to a humus tank and disposed of finally into sub-soil drains.

In the south of the District, the two more populous parishes, Hamble and Hound, have main drainage, the effluent of which drains into Southampton Water.

The West End parish sewerage scheme is now completed and some ten to twelve miles of sewers have been laid to discharge to the Southampton Corporation's outfall sewers at West End Mills, Redcote and Botany Bay. Main drainage will now be available to serve an estimated population of four thousand. The sparsely developed portion of the parish lying south-east to east will have to be eventually drained in an easterly direction to Hamble.

The parishes of Botley, Hedge End, Bursledon and Fair Oak, all of which are supplied with a piped supply of water from Southampton Corporation's water mains, are in urgent need of a sewerage scheme on account of development and the difficulty of dealing with waste water owing to the non-porosity of the sub-soil.

Sewerage is the concomitant of a piped water supply especially where the nature of the sub-soil does not permit natural drainage. The need for this service is recognised by the Council and surveys and schemes have been prepared in many areas but the problem will remain until these schemes are implemented.

The number of connections of existing properties to main drainage during the year was :—

West End	...	...	...	11	New Alresford	...	...	5
Hound	...	...	...	2	Hamble	...	...	1

REFUSE DISPOSAL

The collection and disposal of refuse is carried out by the Council for the whole of the rural area. A "semi-back-door" system of collection is carried out weekly in the more populous parishes of Hedge End, West End, Hamble and Hound and a "kerbside" collection operates fortnightly in Bursledon, Botley, Fair Oak, Colden Common, Compton, Twyford, Otterbourne and Alresford and refuse from the remaining more rural parishes is collected monthly. The scheme is operated from a central depot at Morn Hill, Chilcombe.

Disposal of refuse is carried out at tips—two in the northern area, two centrally situated and one in the south of the District.

Although improvement has been made in the control of tips, the requirements of effective controlled tipping have not been attained in all cases. Despite difficulty in labour and transport, every effort should be made to promote the highest efficiency in the disposal of refuse.

FACTORIES, WORKSHOPS AND WORKPLACES

Inspection of Factories, Workshops and Workplaces

The following table shews the number of inspections carried out and the number of notices served during the year :—

<i>Premises</i> (1)	<i>Number of Inspections</i> (2)	<i>Number of written notices</i> (3)	<i>Occupiers prosecuted</i> (4)
Factories (with mechanical power) ...	35	6	—
Factories (without mechanical power) ...	12	—	—
Other premises under the Act (including works of building and engineering construction, but not including out-workers' premises) ...	—	—	—
Totals ...	47	6	—

RODENT CONTROL

It will be seen from the following statistics that a heavy toll has been taken of the rat population, due to the energy in which your Rodent Officer and staff have waged unremitting warfare on these rodents.

Refuse Tips

Infestation at refuse tips has been kept at a minimum by systematic treatment carried out periodically.

Sewers

Test-baiting of the Council's sewers has been carried out with the assistance of the Engineer and Surveyor's Department as under :—

	<i>Parish</i>					<i>Baiting points laid</i>	<i>Results</i>
New Alresford	...	...	...	...	...	15	nil
Twyford	...	...	...	...	...	3	nil
Hound	...	...	...	...	...	9	nil
Hamble	...	...	...	...	...	11	nil

Rodent Infestations

Formal written complaints of rat or mice infestation have been made during the year as follows :—

From northern parishes	...	...	...	...	...	...	121
From southern parishes	...	...	...	...	...	...	174

Statistics

Complaints of infestations received	...	...	...	...	...	1,324
Number of business premises treated	...	...	...	...	...	176
Number of private houses disinfested	...	...	...	...	...	1,056
Number of premises surveyed	...	...	...	...	...	5,475
Number of dead rats recovered after operations	...	...	...	...	...	3,940

INSPECTION AND SUPERVISION OF FOOD

a) Milk

At the latter part of the year the Government decided to implement the Food and Drugs (Milk and Dairies) Act of 1944, whereby the supervision of milk production has become the responsibility of the Ministry of Agriculture and Fisheries and the supervision of pasteurising and sterilising plants that of the Food and Drugs Authority, the latter powers in Hampshire being delegated by the Hampshire County Council to Urban and Rural District Councils. It will be realised that this change over means the lessening of interest by the Ministry of Health in the production and distribution of milk, which one can imagine has occasioned some concern among local authorities and their officials at the withdrawal of their authority on the supervision of this vital food.

The sampling of producers' designated milk at the farm and the testing of churn and tanker milk in the intermediate stage is now carried out by officials of the Ministry of Agriculture and Fisheries, but the non-designated milk is left to "the trade" who appear to have undertaken to improve the quality of their raw milk supply by the establishment of a Joint Milk Quality Control Committee in place of the National Milk Testing and Advisory Scheme.

The position at present as regards the producer-retailer of non-designated milk is that, although he must comply with the Milk Regulations, 1949, where they relate to premises and production method, no provision appears to have been made for sampling and testing his milk and no standard of cleanliness laid down for this milk, omissions which need early rectification.

In this District, there were nine new registrations of dairy premises, including cowsheds, up to 30th September, 1949.

Licences

During the year licences were issued by this Council as follows —

Licence to pasteurise milk	...	...	...	...	...	1
Dealers' Licence for tuberculin tested milk	...	...	...	...	...	1
Supplementary Licence for pasteurised milk	...	...	...	...	...	1
Supplementary Licence for tuberculin tested milk	...	...	...	...	...	1

Routine sampling of pasteurised and heat-treated milk

Samples were taken as follows :—

				<i>Number of samples</i>	<i>satisfactory</i>	<i>Not Satisfactory</i>
Pasteurised Milk	...	...	...	19	18	1
Heat treated milk	...	...	...	—	—	—

Other samples of milk

Samples of milk were submitted for examination to the Public Health Laboratory Service as under :—

(a) for tubercle bacilli (biological)	...	...	...	...	2—both negative
(b) for streptococci	...	...	...	...	—

(b) Meat and Other Foods

Distribution of home-killed and imported meat is made at retail butchers' shops in the District from the Ministry of Food slaughterhouses at Winchester and Southampton. Representation was made to the Ministry of Food's Technical Adviser and local Transport Officials for better transport facilities and this resulted in a reduction in the quantity of meat which had to be condemned owing to bone taint.

The following shews details of meat and other foods inspected at retail shops and depots in the District during the year and condemned as unsound :—

MEAT				CANNED FOOD			
			<i>lbs. ozs.</i>				<i>lbs. ozs.</i>
Beef	...	...	1,432 2	Vegetables	...	...	225 4
Bacon	...	...	58 2	Fruit	...	...	212 2
				Soup	...	...	131 2
				Fish	...	...	27 4
				Milk	...	...	150 0
				Meat	...	...	233 11
OTHER FOODS							
			<i>lbs. ozs.</i>				<i>lbs. ozs.</i>
Dried Egg	...	...	5 0	Cornflour	...	...	8 0
Pickles	...	...	179 8	Custard Cream Filling	...	...	84 0
Cereals	...	...	10 8	Sugar	...	...	56 0
Cheese	...	...	103 4	Fruit	...	...	20 0
Dripping	...	...	120 0	Flour	...	...	15 0
Fish Roll	...	...	169 2	Black Pudding	...	...	8 0
Margarine	...	...	24 0	Ground Almonds	...	...	7 0
Sausages	...	...	5 12	Sweets	...	...	6 0
Salad Cream	...	...	9 8	Vegetable Stew	...	...	4 10
Butter	...	...	1 8	Barley Crystals	...	...	2 12

Adulterations

The law relating to the composition of food and drugs is administered by the County Council. The Food and Drugs Act, 1938, places restrictions on the addition of other substances or the abstraction from food of any of its constituents. I am indebted to Mr. C. O. Perry, Chief Inspector under the above-mentioned Act, for the undermentioned information of samples taken in this District during the year :—

<i>Sample</i>	<i>No. of samples</i>	<i>Result</i>
Milk	103	Contained on average 3·77% milk fat and 8·85% non-fatty solids. All samples satisfactory, except one.
Butter and other fat	9	All satisfactory
Cake and Biscuits	4	
Drugs	5	
Sausages and Brawn	7	
Spirits	8	
Reserves	3	
Other samples	9	
Total	148	

Ice Cream Premises

The total number of premises registered for the sale of ice-cream in this District is forty-eight.

The number of new registrations during the year under section 14 of the Food and Drugs Act, 1938, was as follows :—

(a) Sale of pre-packed ice-cream	12
(b) Sale of bulk ice-cream	1
(c) Sale of pre-packed and bulk ice-cream	7

Dealers obtain their supplies from outside the District—Southampton, Portsmouth and elsewhere. There is a number of itinerant dealers who visit the District and sell ice-cream from vans and it is difficult to exercise any control over the conditions in which ice-cream is sold therefrom.

Samples submitted to the Public Health Laboratory for examination have been reported upon as follows :—

<i>No. of samples</i>	<i>Grade I</i>	<i>Grade II</i>	<i>Grade III</i>	<i>Grade IV</i>
14	4	6	1	3

SANITARY INSPECTIONS

The following table shews the number of inspections carried out during the year under the various Acts and Statutory Regulations :—

<i>Statute</i>	<i>Nature of Visit</i>	<i>No. of inspections</i>
Milk and Dairies Regulations	Inspections for reconstructions, alterations and condition of cleanliness ...	66
Factories Act, 1937	Examination of means of escape in case of fire Routine Inspections	2 47
Shops Act, 1934	Inspection of premises	8
Food and Drugs Act, 1938	Inspection of food premises	153
Housing Act, 1936	(a) Houses inspected in respect of essential repairs (b) Re-inspection of premises (c) Investigation of housing applications	363 54 436
Public Health Act, 1936	(a) Inspection of premises (b) Nuisances found and remedied (c) Re-inspections (d) Inspections in connection with water supplies (e) Visits and disinfections in connection with infectious diseases (f) Drainage inspections	266 122 300 459 97 136
Rodent Control	Number of premises surveyed	5,475
	Interviews	513
	Total	8,497