

[Report 1950] / Medical Officer of Health, Winchester R.D.C.

Contributors

Winchester (England). Rural District Council.

Publication/Creation

1950

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Winchester Rural District Council

ANNUAL REPORT

ON THE

Health of the Rural District for the Year 1950

BY

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

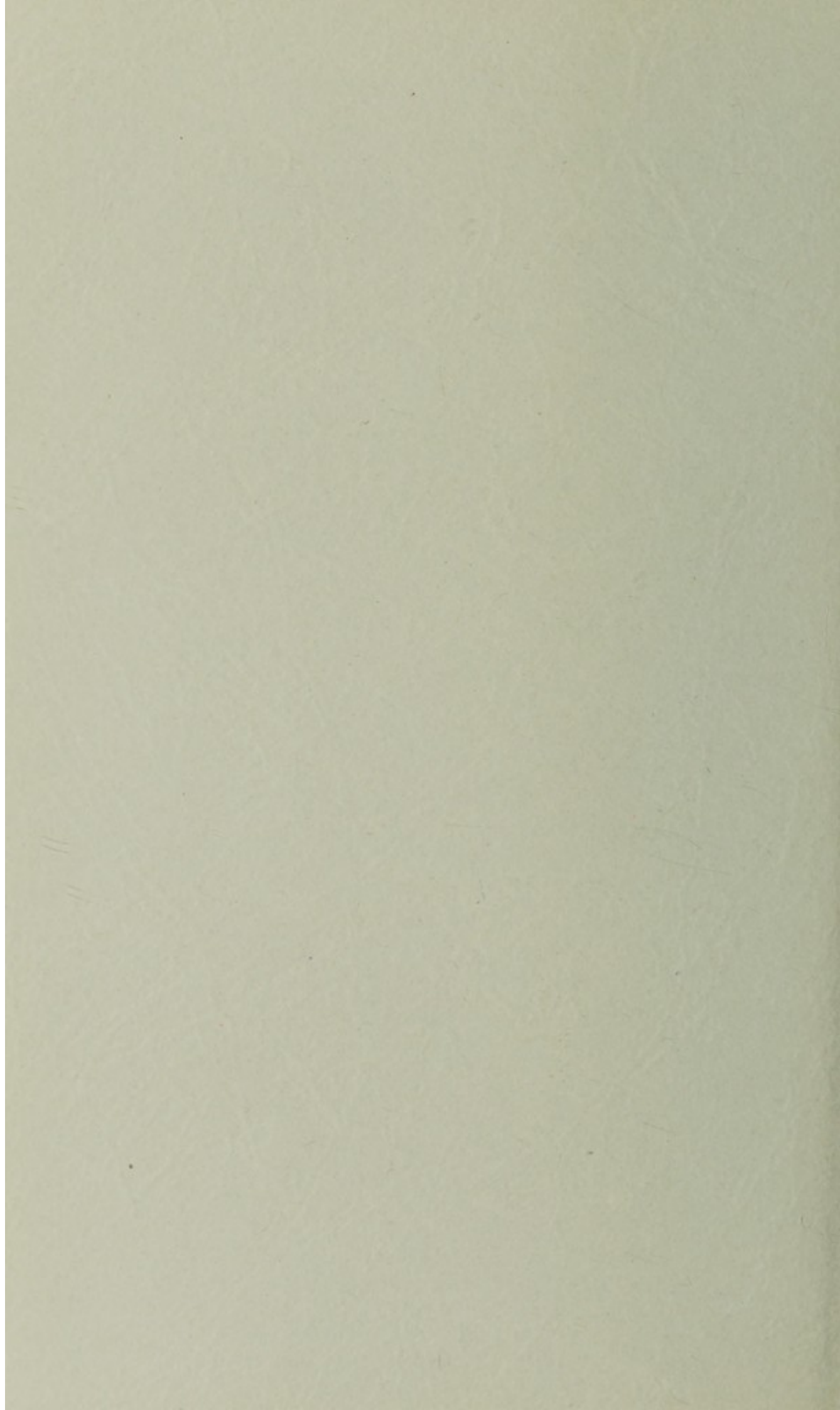
Medical Officer of Health

AND

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

Senior Sanitary Inspector

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



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THE RURAL DISTRICT COUNCIL OF WINCHESTER.

Chairman of the Council:

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Vice-Chairman of the Council:

*MISS E. A. CHAMBERLAYNE, J.P.

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*COLONEL C. L. ANDREWS	MR. A. W. JURD
MISS D. R. S. BEST	MR. H. KENDALL
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MR. C. R. HARRISON	*MRS. A. E. WOTTON, J.P.

*Member of the Health Committee

Clerk to the Council:

MR. G. H. GARDNER, O.B.E., B.A.

July, 1951.

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

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting to you my fifth Annual Report on the health and sanitary conditions of the Winchester Rural District.

A detailed account of the work of the department is given in the various sections of the Report. The final part, which describes more fully the work of the Sanitary Inspectors, has been contributed by the Senior Sanitary Inspector, Mr. Hurst.

In regard to infectious diseases, the anticipated increase in the incidence of measles became apparent toward the end of the year, particularly in the southern parishes. At the same time, the area began to suffer from the widespread influenza epidemic, about which more will subsequently be said. No case of diphtheria was notified in the district, which continues to be well protected. Vaccination has now ceased to be compulsory. Recent figures for Hampshire show no appreciable fall in the numbers vaccinated. Most people have complete confidence in the procedure as a means of personal protection against smallpox. Primary vaccination in infancy is desirable and should be encouraged by the personal approach of doctors and health visitors.

It is not perhaps appreciated to what extent the many functions of the Council contribute to the health of the people. In addition to their duties to foster individual health and ensure a healthy environment, there are many other responsibilities. Vigilance is necessary in ensuring a public water supply, free from harmful impurities, that milk is produced and sold under suitable conditions, that streets and roads are kept free from refuse and that unwholesome food is not put on sale. It is pleasing to note that the scheme for ensuring a satisfactory piped water supply to the northern parishes has progressed, and laying of the mains is well in hand. Great progress has once more been made with the erection of dwellings. The scheme to provide West End with main drainage nears completion.

It is, however, true that the public health depends to a greater extent on the health conscience of the people than upon legislation and health educators. Toward this end better conditions are surely being created for the rising generation by the activities of the

Council. If children learn at school the importance of personal cleanliness, wholesome food, ventilation and a healthy way of life, they are likely to put such habits into practice on leaving school and in this way will not only assist health departments in their task but will do much to secure the well-being of the community.

During 1950, a Civil Defence Committee was again set up by the Council and, at the close of the year, there were 277 volunteers in the Civil Defence Corps. In spite of the many appeals by posters through the press and at meetings, the response by the public to join the Civil Defence Corps has, in most parishes, been poor. Many are now undergoing training. Every volunteer is expected to undertake general and first-aid training and specialist training for the section joined.

During the second full year since the National Health Service Act, 1946 came into operation, some comments would not be out of place in so far as local authorities are concerned. The purpose of the Act was, presumably, to free people from disease and ill-health but little was said about the promotion of health. It is well known that the emphasis has been misdirected and is on the treatment of disease, not on its prevention. It is not yet accepted that practically all illnesses have contributory causes which, if we look, we can find. Bad housing conditions, ignorance, indiscretions and poor food supplies play their part in creating illness and will continue to do so until the community accepts and understands the simple rules of healthy living.

With the present apparent rejection of the belief that prevention is better than cure, vast sums are being devoted to the building up of a disease treatment service; the local authorities, which have so much responsibility for the health of the community, spend but a fraction of the total in the promotion of health. With a reorientation of view, it is hoped it will eventually be accepted that the cure of disease is doing nothing toward the creation of a healthy race. It seems important to strike a balance of expenditure on these two aspects of medical policy, the true aim of which should be the prevention of causes rather than the treatment of their results.

We have concentrated through the years on two aspects of public health, environment and infectious diseases. The time has come when all diseases which are preventable should be included within its scope. By far the greatest proportion of ill-health is due not to infectious diseases but to other morbid conditions. Such afflictions as heart disease, mental disease and rheumatism, though

possibly finding an origin in an infective process, undermine the health and happiness of the people and lead to a tremendous waste of time and money. To carry out such research, to be able to practise preventive medicine as more widely defined, there is need for integration of the "health" services. To become really effective, all aspects of health must be fitted together. We have an immense body of knowledge, but there is lack of co-ordination of that knowledge, lack of appreciation of the precise problems awaiting solution and the ways and means by which they might be solved.

I wish to acknowledge the efficient and conscientious work of the staff, the close co-operation and help of the officers of other departments and the support and consideration extended to me throughout the year by the Chairman and members of the Health Committee.

I am,

Your obedient Servant,

JOHN L. FARMER,

Medical Officer of Health.

FIFTY YEARS AGO

At the middle of the century, it is interesting to compare circumstances with those obtaining fifty years ago.

In that year, the area of the district had been reduced by the extension of the "Borough of Winchester" the previous November. It then comprised four localities, Twyford, Worthy, Micheldever and Suburban, and was known as the "New Winchester Rural District." Roughly an area of about 1,000 acres and a population of 2,000 were taken away. The district then consisted of about 61,000 acres and was described as an oblong stretch of country running north and south, being about seventeen miles long by seven miles wide.

A few figures are revealing. The most substantial change is in the infant mortality rate, which shews a fall from 146.0 to 25.8 in 1950. Of infectious diseases, fifteen (nil) cases of diphtheria, five (seven) of erysipelas, eighteen (twenty-nine) of scarlet fever, four (nil) of enteric fever and one (nil) of puerperal fever were notified; figures in brackets are for 1950. When necessary, cases were removed to the "Diamond Jubilee Isolation Hospital, situate in the Parish of Easton."

As causes of death, bronchitis and epidemic influenza headed the list; next came heart disease and phthisis. Deaths for the year at all ages totalled 127. It is recorded that, during the year 1900, twenty-nine complaints were investigated by the one Sanitary Inspector.

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

W. 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, A.F.S.E.

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 : 807). The Director of the Public Health Laboratory is Dr. R. D. Mackenzie. Chemical analyses, e.g., of water, sewage, etc., are carried out by the Analyst employed by Southampton 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.)	... The Old Fire Station, Alton ...	Aldershot 299
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.	... 10 St. Catherine's View, Hedge End ...	Botley 239

For the conveyance of infectious diseases :—

EASTLEIGH M.B.	... Town Hall Yard, Eastleigh ...	Eastleigh 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 station or from an adjacent station.

Hospitals

As from the 5th July, 1948, practically all hospitals were transferred to the Ministry of Health and are under the control of the Regional Hospital Boards; in the case of Hampshire, under the South-West Metropolitan Regional Hospital Board. The 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 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 2345) 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 asks 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 ...	... 2nd and 4th Tuesdays
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
HOUND (Netley)	... Jubilee Hall, Netley	... 1st and 3rd Wednesdays
HOUND (Sholing)	... Church Hall, Sullivan Road	1st and 3rd Mondays
ITCHEN ABBAS	... Village Hall ...	... 2nd Thursday
KING'S WORTHY	British Legion Hall...	... 1st Thursday
MICHELDEVER	... Northbrook Hall ...	... 3rd Thursday
SPARSHOLT	... Sparsholt Manor ...	... 1st Monday
SUTTON SCOTNEY	Victoria Hall ...	... 3rd Tuesday
WEST END	... Church Hall ...	... 2nd and 4th Wednesdays
WORTHY DOWN	Camp Hut ...	... 2nd 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 10 a.m. and at 2.30 p.m. (new cases)
EASTLEIGH	... The Mount Sanatorium, Bishopstoke	Tuesdays and Fridays at 9.30 a.m. Tuesdays at 2 p.m. (new cases)

(c) Ante-natal Clinics

ALRESFORD	... Methodist Church Hall	... 2nd and 4th Mondays at 2 p.m.
EASTLEIGH	... Red House, Romsey 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 Ailments Clinics**

Cases attend clinics at Eastleigh and Winchester as follows :—

EASTLEIGH	... Red House, Romsey Road	Fridays at 9.30 a.m.
WINCHESTER	... 4 The Square	... Daily—mornings

(f) **Verminous Cleansing Clinics**

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

ANDOVER	... Healht Centre, Junction Rd.	Thursdays at 9.30 a.m.
EASTLEIGH	... Red House, Romsey Road	Fridays at 9.30 a.m.
FAREHAM	... Holy Trinity Church House, West Street	Fridays at 10 a.m.
WINCHESTER	... 4 The Square	... Wednesdays at 10 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 by appointment at the following centres :—

EASTLEIGH	... Red House, Romsey Road.
WINCHESTER	... Trafalgar House, Trafalgar Street.

(k) **Ophthalmic Clinics**

Cases attend by appointment at the following centres :—

EASTLEIGH	... Red House, Romsey Road.
WINCHESTER	... Trafalgar House, Trafalgar Street.

(l) **Speech Therapy Clinics**

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

NURSING IN THE HOME

The names of the District Nurses, Midwives and Health Visitors who practise in this District under the direction of the County Medical Officers, are shewn in the following tables :—

<i>Name and Address of Nurses</i>	<i>District served</i>	<i>Names of Health Visitors</i>
Mrs. O. C. Tomkins, S.R.N., S.C.M., 16, Wood Lane Close, Brandean. Tel : Brandean 204.	Beauworth Brandean Chertton Kilmeston Tichborne	Miss B. Reynolds, S.R.N., S.C.M., R.S.I. Certificate.
Mrs. E. B. Brenchley, S.C.M., 40, Ashburton Place, New Alresford. Tel : Alresford 150.	Bighton Bishops Sutton New Alresford Northington Old Alresford	
Miss E. Willey, S.C.M., 2, New Council Houses, Itchen Stoke. Tel : Itchen Abbas 284.	Itchen Stoke and Ovington Avington and Itchen Abbas	
	Chilcombe	Miss E. K. Wilton, S.R.N., S.C.M., R.S.I. Certificate.
	Marty Worthy and Easton	
Miss F. M. Calvert, S.R.N., S.C.M., 7 Tovey Place, Spring Vale Estate, Kings Worthy. Tel : Winchester 4884.	Abbotts Barton Headbourne Worthy Kings Worthy	Mrs. A. Noble, S.R.N., S.C.M., R.S.I. Certificate.
	Crawley Littleton	Miss E. K. Wilton, S.R.N., S.C.M., R.S.I. Certificate.

NURSING IN THE HOME (contd.)

<i>Name and Address of Nurses</i>	<i>District served</i>	<i>Name of Health Visitors</i>
Miss J. Maskery, S.C.M., 4, Ransome Terrace, The Square, Fair Oak. Tel : Fair Oak 71	Colden Common	Miss E. K. Wilton, S.R.M., C.S.M., R.S.I. Certificate.
Mrs. J. Matheson, S.C.M., Nurses Cottage, Twyford. Tel : Twyford 3114.	Fair Oak	Mrs. E. J. Read, S.R.N., S.C.M., R.S.I. Certificate.
	Otterbourne	Mrs. R. Aimson, S.R.N., S.C.M., R.S.I. Certificate.
	Compton	
Miss Dabner, S.R.N., Q.N., 13, Taplings Road, Winchester. (General Nursing). Mrs. Sandys, S.R.N., S.C.M., 5, Kings Avenue, Winchester. (Midwifery). Tel : Winchester 3855.	Owslebury Twyford	Miss E. K. Wilton, S.R.N., S.C.M., R.S.I. Certificate.
	Sparsholt	
	Hursley	Mrs. R. Aimson, S.R.N., S.C.M., R.S.I. Certificate.
Miss G. Wagstaffe, S.R.N., S.C.M., Q.N., The Beeches, Sutton Scotney. Tel : Sutton Scotney 203.	Micheldever	Mrs. J. Hutchinson, S.R.N., S.C.M., R.S.I. Certificate.
	Wonston	Miss E. Roe, S.R.N., S.C.M., R.S.I. Certificate.

NURSING IN THE HOME (contd.)

<i>Name and Address of Nurses</i>	<i>District served</i>	<i>Name of Health Visitors</i>
Miss D. Stoyell, S.C.M., "Leehurst," Botley. Tel : Botley 105.	Botley	Miss P. Jenkins, S.R.N., S.C.M., R.S.I. Certificate.
Mrs. G. G. Morgan, S.R.N., S.C.M., 10, St. Catherine's View, Hedge End. Tel : Botley 239.	Hedge End	
Miss A. White, S.C.M., Glebe Farm, Horton Heath. Tel : Fair Oak 81.	West End	Miss E. Chick, S.R.N., S.C.M., R.S.I. Certificate.
Miss F. M. Dane, S.C.M., 1, Jarvis Fields, Bursledon. Tel : Bursledon 364.	Bursledon	
Miss M. Morton, S.R.N., S.C.M., Q.N., 46, Verdun Avenue, Hamble. Tel : Hamble 2193.	Hamble	
Mrs. M. Bamber, S.R.N., S.C.M., Q.N., 8, Heath Place, Butlocks Heath. Tel : Netley Abbey 81.	Hound	

STATISTICS OF THE AREA

Area	110,436 acres
Rateable Value	£288,186
Sum represented by a penny rate.. .. .	£1,164 5s. 5d.
Population	39,940

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 Colden 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, Fair Oak, 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

	1950			1949		
	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
Live births (legitimate) ...	342	350	692	348	319	667
Live births (illegitimate) ...	24	20	44	15	16	31
Totals ...	366	370	736	363	335	698

The Live Birth Rate per 1,000 of the estimated population was 18.4 compared with 15.8 for the whole of England and Wales.

Still Births

	1950			1949		
	M.	F.	Total	M.	F.	Total
Still births (legitimate) ...	6	10	16	11	5	16
Still Births (illegitimate) ...	—	—	—	—	—	—
Totals ...	6	10	16	11	5	16

The Still Birth Rate per 1,000 total births was 21.3 compared with 22.6 for the whole of England and Wales.

Deaths

Male ...	...	...	...	...	...	...	...	...	...	228
Female ...	...	...	...	...	...	...	...	...	...	215
Total ...	...	...	...	...	...	...	...	...	...	443

The Crude Death Rate per 1,000 of the estimated population was 11.1 compared with 11.6 for the whole of England and Wales.

The Death Rate of infants under one year of age was 25.8 per 1,000 live births compared with 29.8 for the whole of England and Wales.

The figure for the birth rate of 18.4 per 1,000 of the population compares with 17.7 for 1949.

The figure for the crude general death rate of 11.1 per 1,000 population is below that for 1949, which was 11.6.

In order to compare the local birth and death rates with those of other areas, it is necessary to apply comparability factors, which, for this district, are (a) births : 1.05 and (b) deaths : 0.88. The standardised birth rate is therefore 19.3 and the standardised death rate 9.7.

The infant mortality figure of 25.8 compares favourably with that of 29.8 for England and Wales. Out of a total of nineteen deaths under one year, 57.9% occurred in the first four weeks of life—a neo-natal rate of 13.6 per 1,000 births. In 55% 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 with cancer as the second greatest cause.

<i>Causes of Death</i>						<i>Male</i>	<i>Female</i>
1. Tuberculosis, respiratory	...	...	...	...	...	11	4
2. Tuberculosis, other	...	...	...	...	...	1	—
3. Syphilitic disease	...	...	...	...	...	1	—
4. Diphtheria...	...	...	...	...	...	—	—
5. Whooping Cough	...	...	...	...	...	1	1
6. Meningococcal infections	...	...	...	...	...	—	—
7. Acute poliomyelitis	...	...	...	...	...	—	—
8. Measles	...	...	...	...	...	—	—
9. Other infective and parasitic diseases	...	...	...	...	...	—	1
10. Malignant neoplasm, stomach	...	...	...	...	...	3	8
11. Malignant neoplasm, lung, bronchus	...	...	...	...	...	6	3
12. Malignant neoplasm, breast	...	...	...	...	...	—	7
13. Malignant neoplasm, uterus	...	...	...	...	...	—	5
14. Other malignant and lymphatic neoplasms	...	...	...	...	...	19	14
15. Leukaemia and aleukaemia	...	...	...	...	...	—	1
16. Diabetes	...	...	...	...	...	—	—
17. Vascular lesions of nervous system	...	...	...	...	...	26	37
18. Coronary disease, angina	...	...	...	...	...	43	22
19. Hypertension with heart disease	...	...	...	...	...	8	5
20. Other heart disease	...	...	...	...	...	34	47
21. Other circulatory disease	...	...	...	...	...	9	10
22. Influenza	...	...	...	...	...	—	3
23. Pneumonia	...	...	...	...	...	5	5
24. Bronchitis	...	...	...	...	...	8	8
25. Other diseases of respiratory system	...	...	...	...	...	2	1
26. Ulcer of stomach and duodenum	...	...	...	...	...	3	1
27. Gastritis, enteritis and diarrhoea	...	...	...	...	...	1	2
28. Nephritis and nephrosis	...	...	...	...	...	4	3
29. Hyperplasia of prostate	...	...	...	...	...	6	—
30. Pregnancy, childbirth, abortion	...	...	...	...	...	—	—
31. Congenital malformations	...	...	...	...	...	3	1
32. Other defined and ill-defined diseases	...	...	...	...	...	17	24
33. Motor vehicle accidents	...	...	...	...	...	4	—
34. All other accidents	...	...	...	...	...	7	1
35. Suicide	...	...	...	...	...	4	1
36. Homicide and operations of war	...	...	...	...	...	2	—
Total (all causes)	...	...	...	...	...	228	215

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

Legitimate	...	...	...	...	...	<i>Male</i>	<i>Female</i>	<i>Total</i>
Illegitimate	...	...	...	...	...	7	10	17
	...	...	...	...	...	1	1	2

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

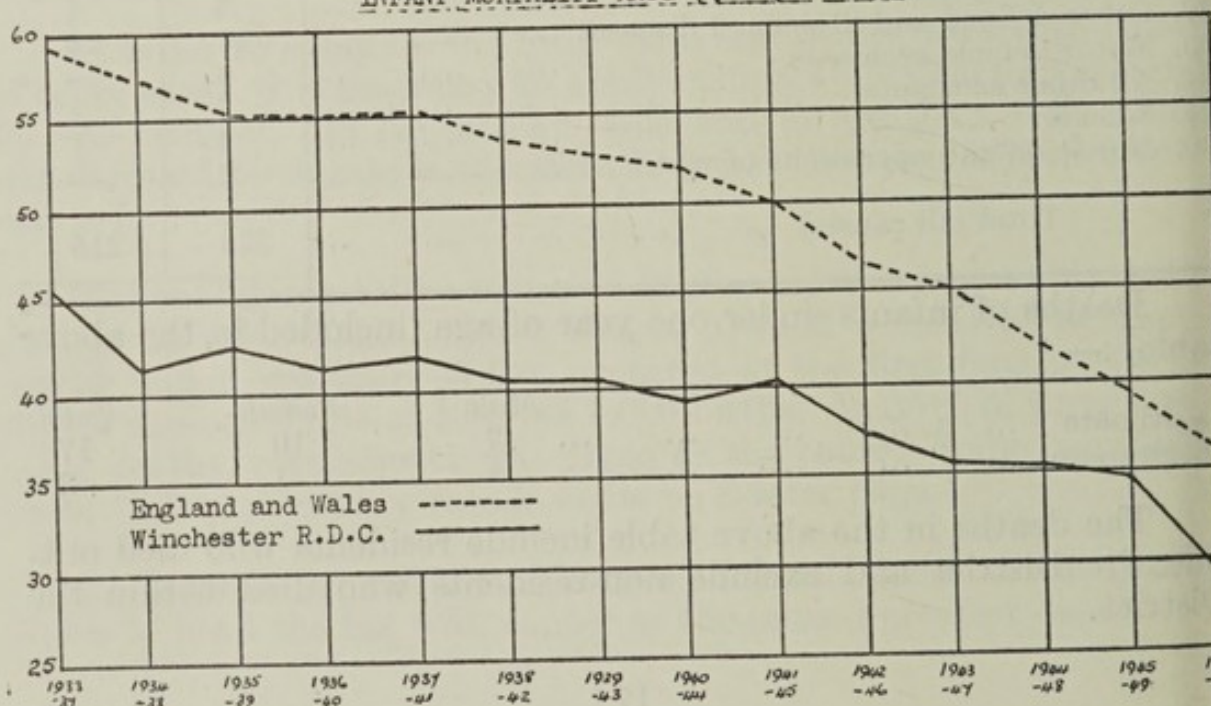
Infant Mortality Rate

This is defined as the deaths under one year of age 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 shows the rate since 1935 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
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	39.3 (34.6)	47	41 (39.2)
1948	33.7 (29.0)	39	34 (36.0)
1949	25.8	37	32
1950	25.8	34	30

INFANT MORTALITY RATE (QUINQUENNIAL).



The majority of infant deaths occur in the first month of life. This neo-natal rate is declining very slowly, for the difficulties which have to be overcome are great. A few years ago it was considered that neo-natal mortality was never likely to be reduced below twenty per 1,000 births, but this view is no longer justified, owing to progress in the treatment of premature infants and, more recently, discoveries concerning apparently congenital conditions which, in fact, might be prevented. Deaths are mainly attributed to prematurity and infection. The risk to a premature child is greater than to one of normal weight. There is little doubt that overcrowding plays a large part, conducive as it is to the spread of infection and to lack of infant care ; any step which reduces overcrowding is likely to save infant lives. The reduction in infant mortality over the years is the result both of the energetic activities of health authorities and the rise of social standards generally.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

Incidence of Commoner Infectious Diseases since 1940.

Year	Diph- theria	Scarlet Fever	Pneu- monia	Measles	Whoop- ing Cough	Puerperal Pyrexia	Infantile Paralysis	Erys- i- pelas	Enteric Fever	Cerebro- spinal Fever	Ophthal- mia Neon- torum
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
1950	—	29	10	42	224	—	1	7	—	—	—

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

Measles

Notifications of measles in 1950 numbered 42, compared with 634 in 1949 ; no death was reported. Towards the end of the year notifications were on the increase and the anticipated epidemic will doubtless occur. Use is made of the notifications 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 health visitor is notified of every case so that she, with her intimate knowledge of most homes in the area, may be in a position to advise. Most hope of reducing mortality from this disease lies in postponing the age of attack, and perhaps more use could be made of the material available to prevent or lessen the severity of the disease.

Whooping Cough

Notifications of whooping cough during the year totalled 224 shewing the highest incidence since notifications began in 1939. The figure compares with 91 for 1949 and 135 for 1948. Like measles, whooping cough can be the forerunner of other diseases. Cases are followed up in their homes as far as is possible and advice given when required. I am inclined to believe that more use could be made of the combined prophylactic against diphtheria and whooping cough. The Ministry of Health do not view with favour the combination in view of the fact that the combined prophylactic is not yet of proved reliability.

Scarlet Fever

Scarlet Fever notifications totalled twenty-nine. It has continued, in the main, to be a disease of mild character. The great majority of cases have been nursed at home and no death occurred from it during the year. The very mildness of the disease may cause difficulty in its control ; each case is investigated and any necessary steps taken to limit spread of infection. The rate of incidence of the disease in this district was 0.72 per 1,000 population compared with 1.50 for the whole of England and Wales.

Poliomyelitis

Only one case of poliomyelitis was notified during the year. It occurred in September in a child of one. He was later admitted to Lord Mayor Treloar Orthopaedic Hospital, Alton, his left leg and back being affected. At the close of the year he seemed to be slowly on his way to recovery.

Diphtheria

Once more no case of diphtheria occurred in the Rural District during the year. The following table shews the number of cases and the number immunised since 1940 :—

Year	Number of children immunised				Number of cases	
	Primary			"Boosts"	Winchester R.D.C.	England and Wales
	under 5	over 5	Total			
1940	71	24	95	—	5	46,281
1941	399	3,173	3,572	—	13	50,797
1942	423	468	911	—	4	41,404
1943	486	262	748	—	2	34,662
1944	481	220	701	—	2	23,199
1945	459	137	596	21	2	18,596
1946	491	322	813	38	2	11,986
1947	549	198	747	608	—	5,609
1948	754	254	1,008	1,510	—	3,575
1949	660	219	879	919	1	1,897
1950	639	116	755	824	—	980

There seems little doubt that diphtheria immunisation over the last few years has brought about this welcome achievement. Continued freedom cannot be maintained, however, unless with a highly immune population. There is a constant risk that this very freedom from the disease may engender apathy with a possible recrudescence. Success depends to a great extent on the interest and enthusiasm shewn by health visitors and other nursing staff in educating the public for the need.

Usual methods of propaganda have continued through the schools, child welfare centres, health visitors and the various voluntary agencies—by means of posters, local press advertisements, leaflets to parents and individual advice.

General practitioners taking part in the scheme are paid a fee for completing a record of immunisation card and returning it. The Ministry of Health, through the Public Health Laboratory Service, makes the material available free of charge.

The percentage of children under fifteen years of age immunised in this district is 85.5. The vast majority of children are being immunised before they are admitted to school.

The total for the primary inoculations for the year has shewn a fall to some extent, although it is felt that, for the year 1950, 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. This was to be expected after the extensive campaign throughout the schools during 1948.

ADMINISTRATION OF THE SCHEME

Pre-school children:

A list of births is compiled from the returns of the Registrars, from notification of birth cards sent to me by the County Medical Officer and from information obtained from the local office of the Ministry of Food.

When a child reaches the age of six months, a card is sent to the parents containing information and advice on immunisation and a detachable consent card. Parents complete this card, stating whether they wish the child immunised by their own doctor or at a child welfare centre. Where their own doctor is preferred, details are sent to him requesting him to carry out the treatment. Where the parents wish to have the child immunised at a welfare centre, the details are sent to the doctor in charge of the centre ; cards are returned to this office when the treatment has been completed.

School children

At approximately yearly intervals, consent cards are sent to each school in the Rural District and distributed to the children. These cards are completed by the parents if they require the child to be immunised or to receive the single re-immunising dose. The cards are returned to the Head Teacher of the school and forwarded to the Health Department. Arrangements are then made for an immunisation clinic to be held at the school.

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.

The advantage of notifications is that special attention can be given without delay ; the house is visited by the tuberculosis visitor, who ascertains the contacts and the housing conditions. Provision is made for notified cases to receive priority food.

In cases of non-pulmonary tuberculosis, investigation may, if necessary, be carried out regarding the milk supply.

In England and Wales during 1950, the death rate from all types of tuberculosis was 0.36 per 1,000 population ; in this district it was 0.40 per 1,000.

The following table refers to new cases, cases transferred to the district and mortality during the past five 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
1950	18	3	3	3	27	5	4	—	1	10	11	4	1	—	16

It will be observed that the number of new cases has fallen and is somewhat below the average for the preceding four years. The number of new cases 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 ...	2	—	—	—	2
5-15 years ...	1	—	2	1	4
15-25 years ...	4	1	1	—	6
25-35 years ...	4	2	—	—	6
35-45 years ...	3	—	—	1	4
45-55 years ...	2	—	—	—	2
55-65 years ...	1	—	—	—	1
Over 65 years ...	1	—	—	—	1
Total ...	18	3	3	3	27

The following table shews the position at the 31st December, 1950, compared with the position at the 1st January, 1950 :—

	<i>Pulmonary</i>			<i>Non-pulmonary</i>			<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	
Number on register at 1st January, 1950 ...	118	62	180	25	27	52	232
Additions during the yr.	23	7	30	3	4	7	37
Removals during the yr.	15	2	17	—	—	—	17
Number on register at 31st December, 1950...	126	67	193	28	31	59	252

Tuberculosis is a costly disease to industry, to hospitals and in suffering. There are no grounds for complacency when a preventable disease costs about 400 deaths a week in England and Wales.

In prevention it is accepted that, of the many preparations used for inoculation only one, Bacille Calmette Guérin (B.C.G.), has been adopted on a wide scale. At present control tests are being conducted by the Medical Research Council. In diagnosis, Mass Radiography is proving the best means of detection of early cases. During

the year, surveys were carried out in the Hamble area ; the accompanying table gives details of the work and of the results :—

<i>Location</i>	<i>Miniature Films</i>	<i>Number available</i>	<i>Percentage attended</i>	<i>Recalled for large films</i>	<i>Failed to attend for large films</i>	<i>Normal large films</i>	<i>Non-T.B.</i>	<i>T.B. No action</i>	<i>T.B. Lesions requiring treatment or observation</i>		
									<i>Active</i>	<i>Inactive</i>	<i>Doubtful</i>
Folland's Aircraft and Shell-Mex	1011 64	1809 64	55.8 —	57	2	23	17	8	2	2	3
Fairey Aviation	187	379	49.4	10	—	3	3	4	—	—	—
Air Service Training	874	1689	51.9	40	1	9	14	13	2	—	1
Hamble Secondary School	398	437	91.0	13	—	10	1	—	—	1	1
Totals ...	2534	4378	—	120	3	45	35	25	4	3	5

In treatment it has been authoritatively stated that "the ultimate object of chemotherapy of pulmonary tuberculosis is not the treatment of far-advanced cases . . . it is the eradication of the disease at the first diagnosable stage, a goal still very far away. In the 'long run' it is the patient who heals the disease and not chemotherapy."

Rest, both physical and mental, is essential. Allowances in food and money are made, but the supply of beds for treatment is far below the need. The nursing shortage for tuberculosis patients is also acute. Prevention is a matter of housing, immunisation, segregation and general hygiene. The Housing Committee of this Council appreciate the difficulties and cases of tuberculosis requiring alternative accommodation are given priority. During the year several such cases were re-housed.

FOOD HYGIENE

The purpose of section 17 of the Food and Drugs Act, 1938, is to ensure that the medical officer of health becomes acquainted with any case or suspected case of food poisoning and to enable him to make investigations forthwith. Food poisoning is not defined in the Act and it is certain that many cases of minor food poisoning occur—as they do in the most carefully managed households—and are never reported. There are two factors involved in the increase of food poisoning—the increased amount of food prepared in bulk and the increase in communal feeding.

As from the beginning of 1949 the Registrar-General requested notified cases of food poisoning to be included in the weekly return submitted to him by all medical officers of health. It was thought that the publication of these figures at regular intervals might help to bring to light hitherto unrecognised factors in the cause of food poisoning.

A list of all premises where food is sold or manufactured for sale is maintained and is added to as licences are issued by the Ministry of Food to new applicants. An applicant for a catering licence is required to state on the form whether or not the premises are regarded by the local authority as suitable for the proposed purpose. There would seem here to be a case for inspection by the local authority of the premises before licences are granted. As the majority of caterers conscientiously make every effort to ensure their premises are satisfactory, inspection before licensing would act as a protection. The public should not be exposed to the health risks involved in the use of unsuitable premises for new catering establishments. The close liaison in existence between the Ministry of Food and the Health Department has been maintained.

Methods of food hygiene education, similar to those outlined in the 1949 report, have been continued throughout the year. Opportunity is taken, at the time of inspection of food premises, to point out informally the need for satisfactory storage of food, cleanliness of person and the washing of utensils. In particular, stress is laid on the need for thorough washing of hands after using the sanitary convenience.

No outbreak of food poisoning was reported during the year.

ANNUAL REPORT

for the year 1950

by the

SENIOR SANITARY INSPECTOR

July, 1951.

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

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the Annual Report for the year 1950 on the sanitary circumstances of the district.

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

Mention must be made of the continuing deterioration of property in the lower rateable value class due to the difficulties of our time, which are known to us all, i.e., the rising spiral of increased cost of repairs and the shortage of materials.

It is to be regretted that six years after the cessation of hostilities families are still obliged to live under sub-standard conditions in Nissen huts, controlled by the Council, which must react on the general health of the families concerned and militate against the achievement of a desirable standard of fitness for human habitation. It is pleasing to note that, at last, permission has been obtained by this Council from the Ministry to demolish these hutments when the occupiers can be rehoused.

It is my pleasant duty to thank the staff for their willing service to the department and the heads and members of other departments for their valuable help and information during the year.

I am,

Your obedient Servant,

FRANK HURST,

Senior Sanitary Inspector.

HOUSING

Housing Act, 1949

The progress made during the year has not been characterised by the enthusiasm by individual owners to take advantage of the grants available under the Act.

Only six applications have been received from owners of property during the period under review and, of this number, only one received approval for a grant from the Ministry. The other five applications were withdrawn for various reasons, i.e., conditions of Ministry not acceptable; work proposed in excess of the grant allowed, etc.

There appears to be a difficulty in rural areas for applicants to comply with the sixteen-point standard which a reconditioned house must attain before a grant is payable.

The standard which the Act is out to achieve is quite voluntary and cannot be enforced under existing housing legislation.

It would also appear that another deterrent to the operation of the Act on a generous scale is that the money would have to be found out of the local authorities' allocations for repairs.

Housing Allocation Scheme

The allocation of tenancies can be a most prolific source of complaint, especially from disappointed applicants, but there appears to be evidence that since the new method of the award of points was initiated, where the overriding consideration of the need factor in the selected applicants was observed, there seems to be less complaint and a better appreciation of the fairness of the scheme by those most concerned.

The number of "live" applications for Council houses at the end of the year was 1,347.

The total number of agricultural workers allocated houses is 57, of which 16 were allocated during the year.

59 families have been re-housed from the camps during the year.

Provision of New Houses

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

Amble	...	...	...	80	Twyford	...	...	...	8
Air Oak	...	...	...	28	Itchen Stoke	...	...	...	6
Edge End	...	...	...	28	Bighton	...	...	...	4
King's Worthy	...	...	...	15	Old Alresford	...	...	...	4
Marsholt	...	...	...	14	West End	...	...	...	2

In addition, 51 houses were erected by private enterprise during the year, as follows :—

Hedge End	9	Colden Common	2
West End	7	Itchen Valley	2
Hamble	5	Littleton	2
Bursledon	4	Otterbourne	2
Compton	4	Bighton	1
Fair Oak	4	Botley	1
Owslebury	4	Hound... ..	1
Cheriton	2	Twyford	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>Tradi- tional</i>	<i>Non- Tradi- tional</i>	<i>Prefabs</i>	<i>Total</i>	<i>Huts</i>
Bishop's Sutton...	4	—	—	4	—
Bighton	4	—	—	4	—
Bramdean	8	10	—	18	—
Cheriton	—	6	—	6	—
Itchen Stoke and Ovington ...	6	—	—	6	—
Itchen Valley ...	10	—	—	10	—
Kilmeston	6	—	—	6	—
New Alresford ...	24	—	10	34	11
Old Alresford ...	4	10	—	14	—
Tichborne	—	—	—	—	22
Colden Common ...	6	26	8	40	—
Compton	14	—	—	14	—
King's Worthy ...	39	28	115	182	24
Littleton	8	—	—	8	—
Micheldever	19*	8	—	27	4
Otterbourne	4	6	—	10	—
Owslebury	4	2	—	6	—
Sparsholt	22	—	—	22	—
Twyford	16	12	—	28	—
Wonston	8	—	—	8	—
Botley	18	—	—	18	4†
Bursledon	8	26	—	34	124
Fair Oak	32	12	—	44	—
Hamble	30	50	50	130	—
Hedge End	32	10	20	62	14†
Hound	18	26	62	106	26
West End	12	—	—	12	50
Totals	356	232	265	853	279

*Includes 9 flats. †Rest Centre Huts.

Ex-military Camps

The undermentioned ex-military camps are still occupied for family life, as follows :—

Camp	Stand- ard Nissen	Asbes- tos Nissen	Orlit	Tim- ber	Con- verted brick	Cem- ent- con- crete	Total
Worthy Park, King's Worthy ...	24	—	—	—	—	—	24
Micheldever Station ...	4	—	—	—	—	—	4
N.F.S. Huts, New Alresford ...	—	—	—	—	—	11	11
Tichborne Park, Tichborne ...	14	1	—	7	—	—	22
Cricket Camp, Bursledon ...	58	—	54	—	—	—	112
Towers Camp, Bursledon ...	—	—	—	12	—	—	12
Weston Camp, Netley	3	—	—	23	—	—	26
Wilderness, West End ...	11	3	—	—	—	—	14
Winslowe Camp, West End ...	9	1	—	24	2	—	36

It is to be regretted that it is still necessary for the Nissen type of hut to be used as a family dwelling, but periodical inspection of every hut is carried out by the District Sanitary Inspectors and schedules of essential repairs are passed to the Engineer and Surveyor for attention.

The policy in action is to eliminate the worst of these sub-standard dwellings by demolition as soon as alternative accommodation is found.

Moveable Dwellings

Caravan sites licensed and fully occupied are as follows :—

- (a) Oliver's Battery, Compton ... 7 caravans
- (b) The Gorse, Colden Common ... 3 caravans
- (c) South Drive, Littleton ... 7 caravans
- (d) Taylor's Camp, Sutton Scotney ... 5 caravans
- (e) Spicer's Camp, Hedge End ... 2 caravans
- (f) Hammerton Farm, Hedge End ... 9 caravans

These camping sites have been periodically inspected and a reasonable standard of cleanliness and tidiness has been maintained with the possible exception of (e) above, where it has been necessary to insist on the general tidying of the site.

Licences for the stationing of single caravans on separate sites have been issued in five cases.

A problem confronts rural districts particularly in the alarming increase in the number of people who had been forced to live in overcrowded conditions with relations and friends and who are now buying caravans with the idea of living in them until they can get a house and often establishing themselves on sites before permission is granted under the Town and Country Planning Act and before a licence is obtained under the Public Health Act. Close and cordial co-operation exists with the Area Planning Committee, but it would seem that a need exists for intervention at ministerial level to prevent the countryside becoming inundated by caravans.

Temporary Buildings

Six licences for the erection of temporary buildings by private persons were granted under the Public Health Act, 1936 ; one was erected during the year ; two were started but not completed at the end of the year and three had not started.

WATER SUPPLY

The bulk of water supply for domestic and agricultural purposes is obtained from the County Borough of Southampton in the south of the district ; the City of Winchester mains supply the properties in the neighbourhood of Winchester, and the Alresford Water Company and the Crabwood Water Company supply one and two parishes respectively, north of Winchester.

The water supply obtained from Alresford is from an oval well 7 ft. $\times$ 4 ft. sunk 110 ft. deep in the chalk. An 18-inch borehole, 44 ft. deep was sunk in the bottom of the well in 1929. The water is chlorinated by a Candy chlorinator.

The following table shews the result of a chemical analysis of a sample taken during May, 1950 :—

CHEMICAL RESULTS IN PARTS PER 100,000					
Total solids dried at 100°C.	...	29.9	Ammoniacal Nitrogen	...	0.0002
Chlorine in Chlorides	...	1.4	Albuminoid Nitrogen	...	0.0003
Sodium Chloride	...	2.3	Phosphates	...	Absent
Sulphates (SO ₄)	...	Present	Iron	...	Absent
Nitrogen in Nitrates	...	0.35	Lead	...	Absent
Nitrites	...	Absent	Zinc	...	Absent
Oxygen absorbed from permanganate in 4 hrs. at 80°F	0.0008		Copper	...	Absent
			Reaction pH	...	7.2
Hardness	{ Total	17.1°	Clark's Scale	24.3	} Parts per 100,000
	{ Temporary	13.2°		18.7	
	{ Permanent	3.9°		5.6	

REPORT : Chemically this water is satisfactory.

(Signed) R. WATRIDGE

Public Analyst.

Totford Water Scheme

This scheme, at an estimated cost of £233,000, was designed to supply water to all the northern parishes of the rural district at present without a main water supply. In addition, water will be supplied to parts of the Andover Rural District, and to a small part of the Basingstoke Rural District from the site of the borehole at Totford.

Despite the inclement weather fairly good progress has been made during the year.

The Sanitary Inspector (North) has kept in close touch with the progress of the scheme and has obtained the necessary information in connection with wayleaves and has assisted generally with the plannings of tapplings for service pipes. The contractor carried out a scheme of connecting premises at the same time as the tapplings were made which proved economical for owners of properties concerned and provided an immediate source of income for the Council when the water became available.

All main supply pipes laid from Stoke Charity to Hunton and Sutton Scotney were flushed out and chlorinated and re-flushed. Samples for analysis were taken at various points during the process. Satisfactory results were obtained from all the sampling points.

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

Parish	Number of houses	Mains Supply		Percentage on main supply
		Direct to houses	Standpipe supply	
ABBOTTS BARTON ...	9	7	—	77
BEAUWORTH ...	40	—	—	—
BIGHTON ...	57	22	—	39
BISHOPS SUTTON ...	166	—	—	—
BRAMDEAN ...	181	—	—	—
BOTLEY ...	416	337	—	81
BURSLEDON ...	577	503	—	85
CHERITON ...	182	—	—	—
CHILCOMBE ...	32	22	—	69
COLDEN COMMON ...	381	343	—	90
COMPTON ...	368	366	—	99
CRAWLEY ...	127	122	—	96
FAIR OAK ...	422	393	—	93
HAMBLE ...	720	702	—	97
HEADBOURNE WORTHY ...	87	65	—	74
HEDGE END ...	785	640	—	82
HOUND ...	1,622	1,537	—	95
HURSLEY ...	247	153	43	80
ITCHEN STOKE and OVINGTON ...	97	—	—	—
ITCHEN VALLEY ...	380	267	—	70
KILMESTON ...	75	—	—	—
KING'S WORTHY ...	521	502	—	96
LITTLETON... ...	206	133	—	65
MICHELDEVER ...	382	—	—	—
NEW ALRESFORD ...	577	570	—	98
NORTHINGTON ...	81	—	—	—
OLD ALRESFORD ...	149	—	—	—
OTTERBOURNE ...	180	175	—	97
OWLESBURY ...	199	60	—	30
SPARSHOLT ...	182	166	—	91
TICHBORNE ...	98	28	—	28
TWYFORD ...	502	466	—	93
WEST END ...	1,016	984	—	96
WONSTON ...	362	43	—	12
Totals ...	11,406	8,606	43	76

Extensions of Water Mains

Extensions of water mains have enabled the following properties to be connected with a piped supply of water :—

Bridge Terrace, Shawford ...	12 houses
St. John's Road, Hedge End ...	10 houses
Old Netley Cross Roads ...	4 houses

A bulk supply of water from Southampton Corporation's well at Twyford now supplies the village of Owslebury, where each house is supplied with an internal supply of water. The parishes of Bighton, Tichborne and Wonston have also been provided with a piped supply of water during the year and connections have been made by this Council as follows :—

<i>Parish</i>	<i>Domestic</i>	<i>Agricultural</i>	<i>Other supply</i>	<i>Total</i>
Owslebury ...	47	15	3	65
Bighton ...	22	—	1	23
Tichborne ...	28	1	1	30
Wonston ...	43	11	1	55
Totals ...	140	27	6	173

A piped supply of water has been connected to 564 additional houses from the various companies' water mains during the year. 76% of the dwelling houses in this Rural District are now connected with a mains supply.

Samples of well-water supplying sixty-six individual properties were subjected to bacteriological examination during the year and resulted as follows :—

Number found satisfactory ... 57

Number found unsatisfactory 9

Where the source of the water was found unsatisfactory alternative supplies were arranged or a piped supply of water from company mains was provided and the well closed.

In addition, samples were taken periodically from the mains supplies and were found to be satisfactory.

DRAINAGE, SEWERAGE AND EFFLUENTS

Plans have been prepared to deal with sewerage of some thirty properties where conditions from overflowing cesspools constitute a recurring nuisance owing to clay subsoil and contour of the site.

A public convenience has been erected at Beach Lane, Netley Abbey, which has satisfied a long felt need and has contributed to the sanitary well-being of this urbanised area, although it is regretted that an element of vandalism causes some concern to this authority.

The passing of the River Boards Act, 1948 has potentially changed the whole control of river pollution. Under the Act, the

County Councils and local sanitary authorities will lose their prevention powers and the Hampshire River Board will carry out its statutory functions in relation to the prevention of river pollution in Hampshire as from the 1st of October this year. The drainage of sewer effluents into streams will eventually be brought under control, although standards of the degree of pollution allowed will obviously vary with conditions, but the greater vigilance that may be required in the discharge of sewage effluent can but have a salutary effect on the public health.

West End Sewerage Scheme

The number of properties connected to the sewer at West End at the end of the year was 150.

REFUSE DISPOSAL

The collection of refuse is operated from a central depot at Morn Hill, Chilcombe, and disposal of refuse is carried out at controlled tips, two in the northern area, two in the central area and one in the south of the district.

An angle-dozer has come into operation on the tips during the year and this has facilitated the control of refuse deposits.

The proper disposal of refuse is a science of the greatest importance to public health and no effort should be spared to promote the highest efficiency in this respect.

RODENT CONTROL

The Prevention of Damage by Pests Act, 1949, came into operation in March this year, making all Local Authorities (except County Councils) responsible for the control of rats throughout the areas of their administration.

Your rodent staff deals with infestations in private houses food premises, etc., but the Ministry of Agriculture and Fisheries desires that farmers should avail themselves of the services of County Agricultural Executive Committees' Pest Control departments as far as their farmlands are concerned.

As you are aware, as soon as the Act came into operation, the district was divided into zones to assist co-operation with the County Agricultural Executive Committee, servicing companies and other interested bodies and a special officer was employed to interest agriculturalists in their duties under the Act and secure adequate and effective control of the rat population.

Experience has shewn how essential it is to ensure that a maximum effort is made to destroy rats on farmlands at the right period of the year to avoid abnormal seasonal migration of rats to our village homesteads.

Statistics

The following table shews the number of inspections and treatments and the type of properties concerned :—

Type of premises	Inspections made	Treatment carried out by arrangement with occupiers		Under Sec. 5	Block Treatments	
		Rats	Mice		No. of Blocks	Surface No. of separate occupancies
Local Authorities' properties ...	19	19	—	—	—	—
Dwelling houses ... Business properties	6422	1255	9	—	61	728
Agricultural properties ...	561	312	—	—	—	—
Totals ...	7002	1586	9	—	61	728
Number of dead rats recovered ...					3715	

Refuse Tips

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

INSPECTION AND SUPERVISION OF FOOD

a) Milk

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

Licence to pasteurise milk ...	...	...	...	1
Dealer's licence for tuberculin tested milk ...	...	...	...	1
Supplementary licences for pasteurised milk ...	...	...	...	5
Supplementary licences for tuberculin tested milk ...	...	...	...	5
Supplementary licences for sterilised milk ...	...	...	...	2

Routine sampling of pasteurised and heat-treated milk was carried out as follows :—

Type of milk	Number of samples		Satisfactory	Not Satisfactory
Pasteurised milk ...	...	24	24	—
Heat treated milk ...	...	—	—	—

(b) **Meat and other foods**

Home-killed and imported meat is transported by road to the retail butchers' shops in the district from the Ministry of Food's slaughterhouses at Winchester and Southampton.

The following shows 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>
Pork	...	...	218 0	Vegetable	...	...	334 13
Beef	...	...	153 4	Fruit	...	...	117 0
Bacon	...	...	94 12	Milk	...	...	74 10
Mutton	...	...	38 8	Meat	...	...	63 :
				Fish	...	...	18 1
				Soup	...	...	2 0

OTHER FOODS							
			<i>lbs. ozs.</i>				<i>lbs. ozs.</i>
Cream filling	...	...	470 0	Potatoes	...	...	13,440
Date Paste	...	...	196 0	Cereals	...	...	4,346
Malted Milk	...	...	340 0	Fruit sauce	...	...	35
Christmas pudding	...	...	27 0	Meat extract	...	...	14
Pickles	...	...	22 0	Meat gravy	...	...	9
Jam	...	...	16 0	Chile-con Carne	...	...	6
Tea	...	...	5 12	Dried egg	...	...	12
Cheese	...	...	1 14	Sausage	...	...	29
Tomato juice	...	...	2 4	Meat and veg. stew	...	...	11
Sweet corn	...	...	1 0	Fish paste	...	...	—
Steak pudding	...	...	1 0	Coffee	...	...	—
Fish spread	...	...	— 8	Butter	...	...	—
Lemon Curd	...	...	— 14				

Adulterations

The law relating to the composition of food and drugs is administered by the County Council. The Food and Drugs Act, 19 places restrictions on the addition of other substances or the subtraction from food of any of its constituents. I am indebted Mr. C. O. Perry, Chief Inspector under the above-mentioned A

for the undermentioned information concerning samples taken in this district during the year :—

<i>Article</i>	<i>Samples taken</i>	
	<i>Genuine</i>	<i>Unsatisfactory</i>
Butter and other fats	10	—
Drugs	5	—
Milk	117*	—
Sausage and other meat products	7	2
Spirits	6	—
Other foods	13	—
Total	158	2

* Contained on an average 3.7% milk fat and 8.85% non-fatty solids.

Ice-Cream Premises

The number of premises registered for the sale of ice-cream in this district at the end of the year was 63. Periodical inspection and sampling where necessary have been carried out during the season.

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	14
(b) Sale of bulk ice-cream	—
(c) Sale of pre-packed and bulk ice-cream	4

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

<i>No. of samples</i>	<i>Grade I</i>	<i>Grade II</i>	<i>Grade III</i>	<i>Grade IV</i>
7	4	—	2	1

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>	<i>Number on register</i>	<i>Number of inspections</i>	<i>Number of written notices</i>	<i>Occupiers prosecuted</i>
Factories (with mechanical power)	126	10	1	—
Factories (without mechanical power)	35	41	2	—
Other premises under the Act (including works of building and engineering construction, but not including outworkers' premises) ...	—	—	—	—
Totals	161	51	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 conditions of cleanliness...	20	
Factories Act, 1937	Examination of means of escape in case of fire	2	
	Routine inspections	41	
Shops Act, 1934	Inspection of premises	3	
Food and Drugs Act, 1938	Inspection of food premises	176	
Housing Act, 1936	(a) Houses inspected in respect of essential repairs	204	
	(b) Re-inspection of premises	60	
	(c) Investigation of housing applications	879	
	(d) Number of dwelling houses found not to be in all respects fit for human habitation		51
	(e) Defects remedied during the year without service of formal notice in consequence of informal action by the Council or their officers ...		51
	(f) Action under statutory powers under the Public Health and Housing Acts:—Number of dwelling houses in respect of which formal notices were served requiring repairs ...		nil
Public Health Act, 1936	(a) Inspection of premises	211	
	(b) Nuisances found and remedied ...	117	
	(c) Re-inspections	232	
	(d) Inspections in connection with water supplies	453	
	(e) Visits and disinfections in connection with notifiable diseases ...	66	
	(f) Drainage inspections	441	
Rodent Control	Number of premises surveyed... ..	6,422	
	Interviews	642	
	Total	9,969	