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Winchester Rural District Council

ANNUAL REPORT

ON THE

Health of the Rural District

for the Year 1951

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

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THE RURAL DISTRICT COUNCIL OF WINCHESTER

(as at 31st December, 1951)

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MR. W. TURNER
*MR. C. WATTS
*MRS. A. E. WOTTON, J.P.

*Member of the Health Committee

Clerk to the Council :

MR. R. W. PARTINGTON, A.C.C.S.

June, 1952.

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 sixth Annual Report on the health and sanitary circumstances 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.

The population of the district has been estimated by the Registrar-General for mid-1951 as 44,400. It includes members of the armed forces stationed in the area and shews an increase of 4,460 over the estimated figure for mid-1950. The percentage of children under the age of fifteen has risen from 22.6 to 24.6.

Regarding infectious diseases, the area began to suffer early in the year from the widespread influenza epidemic which took its toll among the population and about which more is said in subsequent pages. No case of diphtheria was notified in the district, which continues to be well protected. Dysentery occurred mainly in two children's residential nurseries. The incidence of measles was the highest recorded since notification began. The disease spread slowly northwards through the district in the spring.

In regard to tuberculosis, when over three hundred die every week, there is no room for complacency. With the development of new remedies, the unspectacular efforts of prevention are likely to be overshadowed by the dramatic advances in cure but cure of the disease must not take precedence over prevention and tuberculosis is eminently preventable. Though the number of deaths has decreased, the number of cases shews no such tendency. The problem is more social than medical and probably the most important single factor which is likely to assist is housing. This is easily understood by consideration of the overcrowding which exists and the consequent serious risk of spread of infection. The efforts of the Council, therefore, in the erection of houses are the more praiseworthy. In September at Botley the thousandth house built since the end of the war was opened by Mr. G. S.

Lindgren, Parliamentary Secretary to the Ministry of Housing and Local Government. It would certainly appear that energetic steps in the erection of houses are rewarded by liberal sanction by the Government to continue the good work. As it is a fundamental principle of preventive medicine that each family should have a house suitable for its needs, the activities of the Housing Committee are deserving of commendation.

Considerable progress has been made in the year in the laying of the water mains of the Totford scheme. Unhappily, there has been some delay owing to shortage of materials, but generally the work has proceeded without much disturbance. The relationship of uncleanliness to disease needs no emphasis. The Council are fully aware of the importance of this primary health requirement and also of the future possibility of upsetting the equilibrium between water supply and sewage disposal—an uneasy equilibrium which is liable to be disturbed by the ready availability of a piped water supply.

Scrutiny of the death returns reveals that the diseases which affect the higher age groups have been the primary causes ; with the steadily rising proportion of old persons in the community, there would seem to be an increasing need for a shift of emphasis from a study of the acute infections to the problems of the diseases which threaten the life of man. All diseases which have environmental factors as possible causes require consideration because disease is an expression of failure. It is not sufficient for hospital beds to be provided for the ill ; it is equally important to ensure that the illness, which causes public expense, is being investigated with a view to its eventual prevention. Hospital statistics of patients treated are no index of the success of the health services ; the relief of illness does not remove its cause.

The need for co-ordination within the health services grows more apparent every day. A greater degree of contact is required between the various branches. It is a problem of construction — the doctors, the patients, the hospitals, the people in their homes and a wealth of knowledge are all there — but this great service is dis jointed and lacks the efficiency born of co-ordination. Preventiv and curative medicine should be brought together and practised i harmony.

When prevention succeeds, the need for its continuatio becomes no longer apparent. The good done by officers of a healt department is accomplished by patient, steady and organise efforts dependent for their success upon public support and unde

standing. Though the results may not be satisfactorily translated into statistical returns, nor may they be evident from day to day, over a period of time their achievements make themselves known by an increasing health consciousness on the part of the public.

I wish to offer thanks to the Senior Sanitary Inspector, the two District Sanitary Inspectors and the clerical staff of the Health Department for their efforts throughout the year. As advisers to the public on a surprising variety of health matters, they have at all times ably coped. I should also like to acknowledge the help of officers of other departments and the consideration extended to me by the Chairman and members of the Health Committee.

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. P. CLAY
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 3807). The Director of the Public Health Laboratory is Dr. R. I Mackenzie. Chemical analyses, e.g. of water, sewage, etc., a carried out by the Analyst employed by Southampton Borou 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 :

District	*Ambulance Station*	*Telephone*
ALTON U.D. (covers Alton R.D.)	... Amery Street, 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	... Fareham 2170

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

In July, 1948, practically all hospitals were transferred to the Ministry of Health and put 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 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 5151) and demands for beds can be made there at any time.

(*b*) Chronic Sick

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 condition 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 indicate medical or social priority, as the case may be. If the predominant need for admission is on social grounds, the County Welfare Officer will investigate the home conditions at the request of the hospital. 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*) Infectious Diseases

Doctors apply direct to their local fever hospital 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 who will arrange admission, if necessary, by notifying, in this area, the Winchester Bed Service.

(*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.

(*e*) Psychiatric Cases

Doctors normally make an appointment for the patient to be seen at an appropriate hospital. In acute cases, where urgent action is required, and providing the patient is willing to enter hospital as a voluntary patient, arrangements should be made direct with the mental hospital concerned. Should the patient be unwilling to enter hospital, the assistance of the Duly Authorised Officer is sought. He will make any necessary arrangements for the patient's admission to a mental hospital or a hospital recognised for the purpose of a three-day Order. Information concerning officers in this district may be obtained from the County Medical Officer.

(*f*) Mental Defectives

Where institutional care is required, the County Medical Officer approaches the appropriate institution according to the recognised catchment area arrangements made by the Regional Hospital Board.

(*g*) Tuberculosis

All recommendations for the admission of tuberculous patients are normally made through the chest physicians who make appropriate recommendations concerning sanatorium or other treatment.

(*h*) Convalescence

Applications for convalescent treatment are normally made through the Hospital Service.

Specialist Services in the Home

Consultants and specialists are available for domiciliary consultations in those cases in which the patient's condition renders it essential on medical grounds.

Mass Miniature Radiography

Information regarding the services available, can be obtained from the Medical Director, Health Centre, King's Park Road, Southampton.

Clinics

Clinics are held as follows :

(*a*) Child Welfare Centres

Centre	*Hall*	*Days*
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 & 3rd Wednesdays
HOUND (Sholing)	... Church Hut, Sullivan Rd.	... 1st and 3rd Mondays
ITCHEN ABBAS	... Village Hall	... 2nd Thursday
KING'S WORTHY	... British Legion Hall	... 2nd and 4th Thursdays
MICHELDEVER	... Northbrook Hall	... 3rd Thursday
SPARSHOLT	... Sparsholt Manor	... 1st Monday
SUTTON SCOTNEY	Victoria Hall	... 3rd Tuesday
WEST END	... Parish Hall	... 2nd & 4th Wednesdays
WORTHY DOWN	... Camp Hut	... 2nd Monday

All Child Welfare Clinics 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. (for new cases)
EASTLEIGH	... The Mount Sanatorium, Bishopstoke	Tuesdays and Fridays at 9.30 a.m. Tuesdays at 2 p.m. (for new cases)

(*c*) Antenatal Clinics

EASTLEIGH	... Red House, Romsey Road	Mondays at 2 p.m.
HAMBLE	... Memorial Hall ...	... 4th Thursday at 2 p.m
WEST END	... Parish Hall ...	... 1st Tuesday at 2 p.m

(*d*) Venereal Diseases Clinics

WINCHESTER	... Royal Hampshire County Hospital	Males : Saturdays at 1 a.m. Females : Tues days at 2.15 p.m.
SOUTHAMPTON	Cardigan Road (rear of East Park Terrace)	Males : Daily 9 a.n Mondays to Friday at 5 p.m. Females Mondays at 10.3 a.m. Tuesdays, Thur days and Fridays 2 p.m.

(*e*) Minor Ailments Clinic

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 at 9 a.m. (excluding Saturdays)

(*f*) Cleansing Clinics

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

ANDOVER	... Health Centre, Junction Road	Thursdays at 9.30 a.m.
EASTLEIGH	... Red House, Romsey Road ...	Fridays at 9.30 a.m.
FAREHAM	... Methodist Church Hall ...	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 the following :

Royal Hampshire County Hospital, Winchester.
Royal South Hants 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 the district under the direction of the County Medical Officer, are shewn in the following table :

Name and Adress of Nurse	*District Served*	*Name of Health Visitor*
Mrs. O. C. Tomkins, S.R.N., S.C.M., 16, Wood Lane Close, Bramdean. Tel : Bramdean 204.	Beauworth Bramdean Cheriton Kilmeston Tichborne	Miss B. Reynolds, S.R.N., S.C.M., R.S.I. Certificate.
Mrs. E. B. Brechley, 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.
	Martyr Worthy and Easton	Mrs. A. Noble, S.R.N., S.C.M., R.S.I. Certificate.
Miss F. M. Calvert, S.R.N., S.C.M., 7, Tovey Place, King's Worthy. Tel : Winchester 4884.	Abbots Barton Headbourne Worthy King's Worthy	
	Crawley Littleton	Miss E. K. Wilton, S.R.N., S.C.M., R.S.I. Certificate.

Nursing in the Home (*continued*)

Name and Address of Nurse	*District Served*	*Name of Health Visitor*
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.N., S.C,M., R.S.I. Certificate.
	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.
Mrs. J. Matheson, Nurses Cottage, Twyford. Tel : Twyford 3114.	Compton	
	Owlsebury Twyford	Miss E. K. Wilton, S.R.N., S.C.M., R.S.I. Certificate.
Miss Dabner, S.R.N., S.C.M., 13, Taplings Road, Winchester. (General Nursing). Tel.: 3117.	Sparsholt	
Mrs. Sandys, S.R.N., S.C.M., 8, Westmans Road, Weeke. (Midwifery). Tel.: 3855.	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. E. Roe, S.R.N., S.C.M., R.S.I. Certificate.

Nursing in the Home (*continued*)

Name and Address of Nurse	*District Served*	*Name of Health Visitor*
Miss D. Stoyell, S.C.M., "Leehurst", Botley. Tel: Botley 15.	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 (excluding Harefield Estate)	
Miss O. W. Gillard, S.R.N., S.C.M., Q.N., 1, Jarvis Fields, Bursledon. Tel: Bursledon 364.	Harefield Estate, West End	
	Surrey House Estate, Hound	Miss E. Chick, S.R.N., S.C.M., R.S.I. Certificate.
Mrs. M. Bamber, S.R.N., S.C.M., Q.N., 8, Heath Place, Butlocks Heath. Tel: Hamble 3281.	Hound (excluding Surrey House Estate)	
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, Verdon Avenue, Hamble. Tel: Hamble 2193.	Hamble	

STATISTICS OF THE AREA

Area	110,436 acres
Rateable value	£298,187
Sum represented by a penny rate	£1,164 9s. 11d.
Population	44,400
Number of inhabitated houses	11,832

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, Bursledon, Fair Oak, 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

	1951			1950		
	M.	*F.*	*Total*	*M.*	*F.*	*Total*
Live births (legitimate) ...	393	350	743	342	350	692
Live births (illegitimate) ...	16	11	27	24	20	44
Totals	409	361	770	366	370	736

The Live Birth Rate per 1,000 of the estimated population was 17.3 compared with 15.5 for the whole of England and Wales. The figure for this district in 1950 was 18.4 per 1,000 population.

In order to compare the local birth rate with that of other areas it is necessary to apply a comparability factor, which, for this district, is 1.05. The standardised birth rate is therefore 18.2

Still Births

	1951			1950		
	M.	*F.*	*Total*	*M.*	*F.*	*Total*
Still births (legitimate) ...	8	5	13	6	10	16
Still births (illegitimate) ...	–	–	–	–	–	–
Totals	8	5	13	6	10	16

The Still Birth Rate per 1,000 total births was 16.4 compared with 22.9 for the whole of England and Wales.

Deaths

Male	243
Female	236
Total	479

The Crude Death Rate per 1,000 of the estimated population was 10.8 compared with 12.5 for the whole of England and Wales.

The figure for the crude rate of 10.8 per 1,000 population is below that for 1950, which was 11.1

In order to compare the local death rate with that of other areas it is necessary to apply a comparability factor, which, for this district, is 0.87. The standardised death rate is therefore 9.3

As regards the individual causes of death, heart disease continues to head the list with cancer as the second greatest cause.

Causes of Death	*Male*	*Female*
1. Tuberculosis, respiratory	6	1
2. Tuberculosis, other	1	2
3. Syphilitic disease	2	—
4. Diphtheria	—	—
5. Whooping Cough	—	—
6. Meningococcal infections	—	—
7. Acute poliomyelitis	—	—
8. Measles	1	—
9. Other infective and parasitic diseases	—	—
10. Malignant neoplasm, stomach	2	6
11. Malignant neoplasm, lung, bronchus	7	2

Causes of Death	Male	Female
12. Malignant neoplasm, breast ...	—	8
13. Malignant neoplasm, uterus	—	4
14. Other malignant and lymphatic neoplasms	23	20
15. Leukaemia and aleukaemia ...	1	1
16. Diabetes	4	3
17. Vascular lesions of the nervous system	18	37
18. Coronary disease, angina	35	16
19. Hypertension with heart disease	4	9
20. Other heart disease	31	42
21. Other circulatory disease	16	8
22. Influenza	8	9
23. Pneumonia	9	10
24. Bronchitis	13	6
25. Other diseases of the respiratory system	1	4
26. Ulcer of stomach and duodenum	6	1
27. Gastritis, enteritis and diarrhoea	1	1
28. Nephritis and nephrosis	11	—
29. Hyperplasia of prostate	5	—
30. Pregnancy, childbirth, abortion	—	2
31. Congenital malformations	1	3
32. Other defined and ill-defined diseases	19	33
33. Motor vehicle accidents	11	2
34. All other accidents	5	5
35. Suicide	2	1
36. Homicide and operations of war	—	—
Total (all causes)	243	236

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

Infant Mortality

This is defined as the deaths under one year of age registered in the calendar year per 1,000 live births.

Deaths of infants under one year of age :

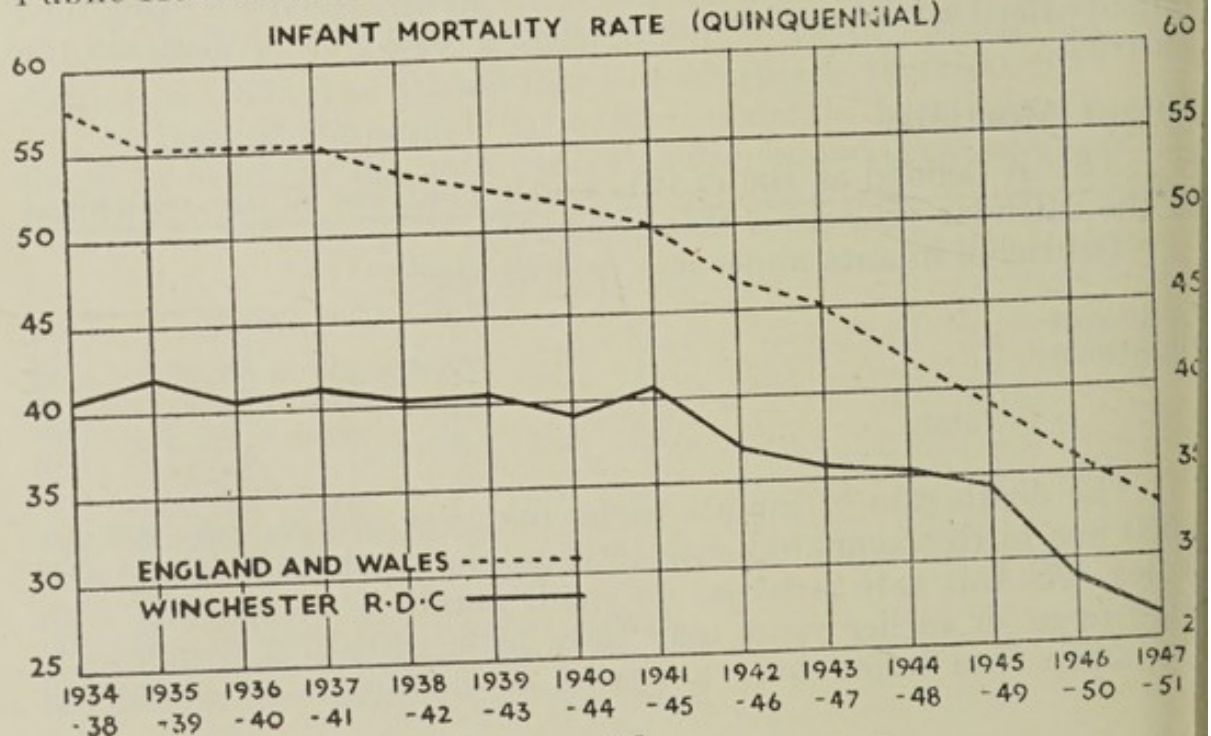
	Male	*Female*	*Total*
Legitimate	7	5	12
Illegitimate	1	—	1
Totals	8	5	13

The death rate of infants under one year of age was 16.8 per 1,000 live births compared with 29.6 for the whole of England and Wales. As this rate is based on small numbers, comparison with other areas or earlier years may have little statistical significance. The same rate taken over a period of five years is considered

reasonably reliable. The following table shows the rate since 1936 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 England and Wales, each over a five-year period :

Year	*Winchester R.D.C.*	*Great Towns*	*England and Wales*
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 (29.0)	39	34 (36.0)
1949	25.8 (26.3)	37	32 (33.4)
1950	25.8	34	30
1951	16.8	34	30

In 1901, it was reported that, for the preceding six years, the average infant mortality rate in this district was 103.7 compared with a figure of 138 for rural England and Wales. As from an economic point of view, death in infancy is a total loss, this reduction in infant mortality is one of the greatest triumphs of the Public Health Service.



PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

Incidence of Commoner Infectious Diseases since 1940

Year	*Diphtheria*	*Scarlet Fever*	*Pneumonia*	*Measles*	*Whooping Cough*	*Puerperal Pyrexia*	*Infantile Paralysis*	*Erysipelas*	*Enteric Fever*	*Cerebro-spinal Fever*	*Ophthalmia Neonatorum*	*Dysentery*
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	2
1944	2	55	15	61	49	4	—	5	1	2	6	23
1945	2	49	23	675	115	3	1	8	—	1	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	—	—	—	—
1951	—	12	13	1,044	195	1	—	4	—	1	—	26

The following table shews the rate of incidence per 1,000 population of certain infectious diseases in this district compared with the whole of England and Wales :

Disease	*Winchester R.D.C.*	*England and Wales*
Diphtheria	—	0.02
Scarlet Fever	0.27	1.11
Pneumonia	0.29	0.99
Infantile Paralysis	—	0.03
Enteric Fever	—	0.00
Measles	23.73	14.07
Whooping Cough	4.43	3.87
Erysipelas	0.09	0.14

In August, the Ministry of Health asked local authorities to provide a standard form for notification of cases of infectious disease or food poisoning. For guidance, a model form was supplied. Arrangements were made for their printing and distribution to all doctors and hospitals in the area.

Influenza Epidemic

Many will recall the epidemic of 1918–19 in which 150,000 people died in England and Wales and about 5,000,000 in India. Various outbreaks have occurred since and the economic significance of such figures needs no emphasis.

During the autumn of 1950, influenza had been widespread in Scandinavia ; it was not surprising therefore that, toward the end of the year, it was reported that a mild form of influenza of a highly infectious type was epidemic in the north-east of England, particularly in the Newcastle area. Early in 1951, a steep rise in incidence in the northern part of the country indicated an unusually high prevalence of the disease. Toward the end of January, the southern part of the country became affected but, though the disease was present in force, the outbreak was much less severe than in the north. By the end of February, the epidemic was on the wane and by mid-March, it could be considered at an end. Over a period of five weeks, the weekly deaths from all causes in the Great Towns doubled those of a normal year ; this increased mortality emphasised the relatively serious nature of the disease.

Our knowledge of the modes of spread of infection is not yet perfect. The possibility of infection would appear to depend on close personal contact and the severity on the resistance of the

individual. Immunity following the disease would seem to be short-lived and of slight degree.

Though certain conditions bring about the onset of an epidemic it may be possible, by adopting various measures, to influence the severity of the infection. There is little doubt, for example, that aggregation of susceptible persons and ill-ventilated and over-crowded conditions tend to promote incidence and that such measures as ensuring sufficient ventilation, keeping the general health up to standard, exercises in the fresh air and avoidance of spread of infection in coughing and sneezing would lessen the risk.

The economic and social significance can be emphasised by certain facts : (*i*) new claims to sickness benefit under the National Insurance Act were practically doubled over a period of three weeks, (*ii*) the number of deaths from influenza shewed a rise from one or two to over 400 in a week, and (*iii*) over 85% of influenza deaths occurred in people over fifty-five years of age.

Puerperal Pyrexia

The Puerperal Pyrexia Regulations came into effect on 1st August, replacing the Puerperal Pyrexia Regulations, 1939. The main alteration is in the definition of the disease.

Measles

The following table shews the rise and fall in the incidence of measles over a year in which 1,044 cases were notified. As will be seen, the epidemic reached its peak in March. One death was reported.

Month	*Number of Cases*	*Month*	*Number of Cases*
January	58	July	67
February	90	August	31
March	326	September	2
April	222	October	2
May	116	November	3
June	124	December	3

Few children escape this universal complaint. Few die from it alone but its complications make it one of the most damaging of infectious diseases. Among the common conditions following in its train are bronchitis and pneumonia. It has also a debilitating effect which may result in retarded growth, malnutrition and, by

undermining the resistance, tuberculosis. It can be the forerunner of grave disablement.

Toward the prevention of these complications, steps are taken to notify health visitors who, aware of the conditions in the homes of cases, can advise where necessary ; in instances where cases are not notified, she may be of help in giving advice on nursing or in advocating hospital care. Closure of schools is of little avail in controlling a rising incidence.

Much preventive work remains to be done in regard to this disease. It is still rated lightly by the public and in many cases medical guidance is not sought. All steps which can be taken to prevent not only the complication but the disease itself will be welcome.

Poliomyelitis

No case of poliomyelitis was notified during the year.

Dysentery

Notifications of dysentery in the year totalled twenty-six. Over the years, the figures for England and Wales have steadily increased and it is doubtful if the notifications represent the true incidence of the disease. It was formerly considered a disease of summer, but the highest incidence has now been reported in the period November to April. What conditions determine such incidences are still unknown.

There is considerable variation in the clinical severity. In some there may be little upset. Usually the disease is mild, but may be fatal to young children. It is often discovered that similar diarrhoeal conditions have been prevalent before the sudden increase in incidence and many cases suffering from it to a mild degree never come to light. Until there is better notification enabling a more intensive use of laboratory facilities, our knowledge of the condition will remain incomplete. It is encouraging to note an increasing awareness on the part of the general practitioner of the significance and value of notification.

Eighteen of the twenty-six cases occurred in two children's residential nurseries, one privately owned, the other under the Hampshire County Council. Investigations in the former revealed that mild cases had occurred during previous weeks and that a number of the staff and children were carriers. Removal of cases and carriers was effected and disinfection carried out. Various recommendations were subsequently made to the appropriate

authority concerning medical supervision, sanitary requirements and general hygiene. There seems little doubt that admission histories with a view to detecting positive excreters would go a long way to avoiding the development of secondary infection. When this disease is introduced to a communal nursery or institution, it is difficult to eradicate. Thorough cleanliness, both personal and in the handling of both food and drink, is the principal safeguard. It is, however, easier to give the advice than to carry it out when the multifarious activities of the staff in the nursery or institution are taken into account.

Scarlet Fever

Scarlet Fever notifications totalled twelve, the lowest incidence in the last decade. The decline in mortality of this disease has not been accompanied by a reduced prevalence ; there is evidence that, throughout the country, it is as common as ever.

Scarlet Fever cannot be controlled by measures which are not also directed to the control of non-scarlatina streptococcal infections ; the child unfortunate enough to develop a rash may, with the present system, be excluded from school, whereas his brother with a haemolytic streptococcal throat may not be so dealt with, thus enabling the infection to continue its spread. There is little justification for such differentiation.

In general, cases have been mild ; the great majority have been nursed at home and no death was reported. The rate of incidence of the disease in this district was 0.27 per 1,000 population, compared with 1.11 per 1,000 population in England and Wales.

Whooping Cough

Notifications of whooping cough during the year totalled 195, shewing the second highest incidence since notifications began in 1939. This disease in the last few years has been viewed with more gravity by the public — and rightly so. It can be the forerunner of other serious conditions.

Use is made of the notification by giving advice and assistance in the home where required and possibly advocating hospital treatment. Postponement of the age of attack is to be aimed at, as the effect on a young child can indeed be serious and protracted.

It is greatly to be hoped that, ere long, whooping cough immunisation will be sponsored on the same basis as diphtheria immunisation ; so far, local authorities have not been encouraged to make any schemes.

Diphtheria

Once more, no case of diphtheria was reported in the 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
1951	686	78	764	861	—	699

There is always the possibility that the fear of diphtheria is declining; the very success of the immunisation campaigns has no doubt led to apathy on the part of parents who do not realise that, unless adequate numbers are immunised each year, the risk of diphtheria will increase. There is, unfortunately, the likelihood of an increasing disinclination on the part of parents to co-operate, as they have no experience of its ravages. In larger families, experience with whooping cough is convincing mothers with no memory of diphtheria that the former is more to be feared.

The 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. Revised slides, giving local immunisation facilities, have been displayed at the Abbey Cinema, Netley and the Civic Cinema, Alresford, by kind arrangement with the managers.

The percentage of children under fifteen years of age immunised in this district is 73.5 The vast majority of children are being immunised before they are admitted to school. The total for primary immunisations under five years of age is the second highest since 1940 and is considered satisfactory. The number of

primary inoculations administered to children of school age is 78; the aim is to secure that all primary inoculations take place in pre-school years and, if possible, before the end of the first year of life. The number of booster doses administered has remained steady and represents approximately one-eighth of the school population in the district. This can be considered a satisfactory response.

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 this Health Department. Arrangements are then made for an immunisation clinic to be held at the school.

Anthrax

One notification was received during the year that a cow had died from anthrax.

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 priority food for notified cases.

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

In England and Wales during 1951, the death rate from all types of tuberculosis was 0.31 per 1,000 population ; in this district it was 0.22 per 1,000 population.

The following table refers to new cases, cases transferred to the district and mortality during the past six 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
1951	12	17	5	5	39	8	2	—	2	12	6	1	1	2	10

It will be observed that the number of new male pulmonary cases has fallen and is below the average for the preceding five years. The number of new female pulmonary cases has risen considerably, although the significance of this rise cannot be accurately assessed on account of the small numbers. How much is coincidence and how much absolute increase remains to be seen.

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

Age	*Pulmonary*		*Non-pulmonary*		*Total*
	Male	*Female*	*Male*	*Female*	
Under 1 year ...	—	—	—	—	—
1–4 years ...	—	1	2	—	3
5–14 years ...	1	2	2	2	7
15–24 years ...	2	1	—	—	3
25–34 years ...	4	8	—	2	14
35–44 years ...	1	4	—	—	5
45–54 years ...	2	1	1	—	4
55–64 years ...	2	—	—	1	3
65 years and over	—	—	—	—	—

It will be observed that the increase in the pulmonary form has occurred chiefly in adult women. The following table shews the position at 31st December, 1951, compared with the position at 31st December, 1950:

	Pulmonary			*Non-pulmonary*			*Total*
	M.	*F.*	*Total*	*M.*	*F.*	*Total*	
Number on register at 1st January, 1951 ...	126	67	193	28	32	60	253
Additions during year ...	20	19	39	5	7	12	51
Removals during year ...	5	7	12	2	1	3	15
Number on register at 31st December, 1951 ...	141	79	220	31	38	69	289

It may be satisfactory to record a fall in the death rate but, as long as notifications shew little evidence of diminishing, this disease must still be regarded as one of the most serious health problems. It is a costly disease to industry, in human suffering and to hospitals. Much money and effort have been spent on it. We have the knowledge as to its prevention, but our methods of its application are misdirected.

The Tuberculosis Officer, with his preventive outlook, stimulated by his attachment to a health authority, has disappeared and, in his place, there has come the Chest Physician with perhaps more emphasis on cure than on prevention. The title itself suggests treatment ; and tuberculosis is not confined to the chest. But investigations reveal how eminently preventable tuberculosis is and even with modern therapeutic methods, though the length of life may be prolonged with a transient fall in the mortality, little progress will be made in its eradication.

The Housing Committee of this Council is alive to its responsibilties in regard to rehousing tuberculous patients ; cases of tuberculosis present many problems, social, medical and financial. Housing conditions are often such that home treatment cannot adequately be carried out and the whole family is subject to risk in the absence of isolation and contact cases eventually arise ; the majority of these are preventable.

B.C.G.

Over a period of years, B.C.G. has been used to a considerable extent in European and Scandinavian countries. B.C.G. (Bacille Calmette Guérin) is a strain of bovine tuberculosis bacillus of low virulence which can be used in immunisation. The Ministry of Health has made arrangements with the Medical Research Council for its use in this country under control conditions. The groups are selected at random and it is to be hoped that it may be possible in the near future for the Ministry to reach a decisive verdict concerning the efficacy of this product. Although good results have been claimed, it must be emphasised that the vaccination cannot and must not replace the routine methods of prevention.

Mass Miniature Radiography

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

During the year, surveys were carried out by the Southampton Unit at Hursley Park Camp in April. Of the 699 people examined three (0.4%) were considered to have active tuberculosis. Th

Unit visited Winchester in May and June when 5,237 people were examined ; of these, five (0.09%) were considered to have active tuberculosis.

FOOD HYGIENE

The purpose of section 17(i) 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 main factors involved in the increase of food poisoning — the increased amount of food prepared in bulk and the increase in communal feeding.

The prevention of food poisoning is largely a question of the hygienic handling of food. Compliance with the relevant sections of the Food and Drugs Act, 1938, does nothing more than provide the minimum facilities for the clean handling of food. Copies of the model byelaws, adopted by this Council in 1950, have been circulated to all occupiers of food premises. Their purpose is to secure the "observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food sold or intended for sale for human consumption, and in connection with the sale or exposure for sale in the open air of food intended for human consumption."

Perhaps the byelaw of greatest importance is 6(d), which requires the erection of a clear, legible notice requesting that employees should wash their hands after using the W.C. Subsequently, premises have been visited to make certain the byelaws were understood and were being carried out. Even with the code of byelaws, the view is still held that best results can come only from continuous education, guidance and advice. By the use of tact, persuasion, common sense and patience, the sanitary inspector can do more good than enactments ; in interviewing people in connection with incidents he has the invaluable opportunity of explaining simply how the trouble has occurred, how it could be prevented and what practical steps to take to ensure safety in future. I believe that there is a gradual improvement not only in the attitude of managements and staff towards the problems of food hygiene but also in the facilities made available on premises to secure cleanliness.

The public can do much to encourage the clean handling of food. They can do little to ensure that the raw material is free from infection but they can help to ensure that food is handled properly by the trader before sold to the public by giving their custom to the cleanest shop; in securing cleanliness within the home, much can be done by them. They can also help by not handling goods before purchase, by avoiding coughing and sneezing near food and by preventing children from touching food on display. Dogs can at least be kept under control and away from food. Other methods of food hygiene education, similar to those outlined in the previous reports, have been continued throughout the year.

Advice can be given in simple form and advantage has been taken of the film shows organised by the Women's Institutes in the district to include a film on food hygiene, after the shewing of which a talk has been given. As the months went past, more interested bodies in the district were becoming aware of the facilities for film shows offered by the Central Office of Information and it is therefore the more regrettable that, early in 1952, the decision was taken — in the name of economy — that the services of these film units would no longer be available. The film show was an attraction in the rural village; people, not necessarily members of the organising bodies, would attend a film show but not a talk; commonly children of the village would be present; it was an instructive and entertaining form of health propaganda and there were no objections to a break in the display for a ten-minute talk by an officer of the Health Department. Questions were asked and resolutions passed about subsequent similar occasions. The goodwill built up between the Films Officer, the Women's Institutes and the Health Department has been shattered and one of the main methods of health education of the rural community has had to be abandoned.

In July, the Royal Sanitary Institute met in conference to consider the report of the working party on "Hygiene in Catering Establishments." As is known, the working party promulgated standard and target codes of practice, both of which have doubtless been of high educational value. The working party recommended that new laws or amendments to existing laws should be made to provide that all catering establishments should have to register with the appropriate local authority, that the standard code should be made legally enforceable, that there should be no exceptions to registration and that the Public Health (Infectious Diseases) Regulations, 1927, should be extended to include salmonella

infections, staphylococcal food poisoning and other infections which might be spread by food.

The objects of the working party were to formulate some plan of education of the public and to promote a Bill in Parliament to obtain alteration in the existing law to meet some of their recommendations. Some believe that the standard code which has been devised should be imposed on all caterers ; a target code is also described, which is the aim. As the legal imposition of a code does not necessarily mean that it would be obeyed, there will still be need for much educational activity on the part of officers of a local authority.

No outbreak of food posioning was reported during the year.

VITAMIN PRODUCTS

The figures for the uptake in Hampshire reflect those of the southern region of the Ministry of Food. The figures during 1951 for the Winchester area, which includes the City as well as this district, shew that the uptake was less than average.

Various methods are employed to increase the uptake, for example, arrangements for supplies at ante-natal, child welfare clinics, and in certain instances, at the home. With a view to stimulating public interest, a Welfare Foods meeting was held at the Guildhall, Winchester, in June, organised by regional and local officers of the Ministry of Food.

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

Section 47(i) of the National Assistance Act, 1948, reads :

> "The following provisions of this section shall have effect for the purposes of securing the necessary care and attention for persons who :
>
> (*a*) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and,
>
> (*b*) are unable to devote to themselves, and are not receiving from other persons, proper care and attention."

The amended Act came into force on 1st September and gave local authorities further powers to enable them to deal expeditiously

with certain cases of persons in need of care and attention which they are unable to provide for themselves and are not receiving from other people.

The Council authorised me to make application in cases to which the amended Act applies. During the four months from the date of its coming into force, no cases had been dealt with under its provisions.

The new enactment is intended to prevent the waiting period which formerly existed for legal requirements to be satisfied. The position, however, may arise in which no bed is available ; some machinery should therefore exist by which patients would be admitted without exception or delay. In the absence of such a mechanism, new legislation is of no help.

CIVIL DEFENCE

It is perhaps a strange commentary upon the scientific as opposed to the social progress we are making that it is considered necessary to include a note on this subject in a health report. It has become necessary because an increasing amount of time is being devoted by the Council to endeavouring to put into effect the suggestions and instructions given by the Government.

A Civil Defence Memorandum, issued by the Ministry of Health in 1951, concerned itself with the duties of local authorities in relation to casualty services and public health in time of war. It emphasised the important part which the preventive health services would be required to play. In industrial areas, the central hospitals would become casualty transit hospitals ; "cushion" hospitals would be set up near the periphery of the larger towns. Base hospitals would contain special centres and would deal with cases which were either acute or in which recovery might be prolonged. The hospital service would be controlled locally through the Regional Hospital Board and Medical Officers of the Ministry of Health posted at Army Commands and Civil Defence Region Headquarters.

The first-aid service will be an integral part of the hospital service ; each first-aid station will consist of a fixed first-aid base at the parent hospital and three mobile first-aid sections with a mobile gas-cleansing unit, for each of which two light cars and a van will be provided.

The ambulance service will be the responsibility of the local health authority. In the event of war, the expanded ambulance

service will function as a single integrated service for the conveyance of both war casualties and the ordinary sick. Separate provision will be made for the large scale transfers of patients between hospitals, although the ambulance service of the local health authority might occasionally be called on to assist.

In regard to vehicles, it is assumed that, generally, the number of ambulances would need to be increased to three or four times the peacetime establishment and the number of motor cars between a quarter and a third of the augmented ambulance strength. Wartime ambulance staff would be on the scale of four full-time personnel for each ambulance and two for each motor car. Stretcher bearing would be undertaken by members of the Rescue and Pioneer Sections of the Civil Defence Corps.

Training of recruits for the ambulance service includes (i) Basic Ambulance Section training and (ii) a full course of First Aid. On completion of this training, volunteers are to be given elementary instruction in ordinary ambulance work.

At the close of the year, the position regarding recruitment for the Civil Defence Ambulance Service was as follows:

Recruits totalled 27 (11 men and 16 women); of these, two, having completed their Basic General and First Aid Training, were ready for ambulance practice.

BYELAWS

The following byelaws were in operation in this district at the 31st December, 1951:

Series	*Date of confirmation*
Tents, Vans, Sheds, etc., Byelaws	4th August, 1937.
Building Byelaws under the Public Health Act, 1936...	29th August, 1939.
Byelaws for the Handling, Wrapping and Delivery of Food, etc. (Food and Drugs Act, 1938, Section 15)	11th April, 1950.
Byelaws for preventing waste, undue consumption, misuse or contamination of water (under Section 17, Water Act, 1945)	4th December, 1950.

ANNUAL REPORT

for the year 1951

by the

SENIOR SANITARY INSPECTOR

June, 1952.

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 1951 on the sanitary circumstances of the district.

The report has been drawn up on similar lines to previous years and shows the progress made in the field of environmental hygiene during the year.

The maintenance of any standard of repair to dwelling houses becomes increasingly difficult with rising building costs. Efforts to achieve essential repairs are dogged by the bugbear — "reasonable cost."

It is again my pleasure to thank the staff for their efficient and willing service to the department. The members of other departments are thanked for their cordial co-operation given to me during the year.

I am,

Your obedient Servant,

FRANK HURST,
Senior Sanitary Inspector.

HOUSING

Housing Acts, 1936-1949

The extent of maintenance repairs required to houses of a low rateable value grows more serious as the years pass. Local Authorities cannot be expected to cope with this situation very much longer.

The relation of present day building costs to property values, which are rendered artificial by the operation of the Rents, Mortgage Interest (Restriction) Acts, is creating a situation in which an increasing number of structurally sound properties that require repairs are excluded from execution by virtue of "reasonable expense."

Improvement grants under the 1949 Act to bring their houses up to a standard of modern amenities has not been received with much enthusiasm by owners, only two having availed themselves of this facility.

Consideration has been given by your officers to the acquirement of suitable properties with a view to conversion or improvement, but the difficulty of obtaining vacant properties with this end in view has not made the proposition fruitful.

Housing Allocation Scheme

A Sub-Committee of the Housing Committee continues to allocate houses to families with the greatest need factor on a carefully worked out points scheme, which takes into consideration medical disability, overcrowding and the degree of sub-standard accommodation assessed by the Sanitary Inspectors in respect of all applications for housing accommodation.

Statistics are as follows:

(*a*)	New Council houses occupied during the year	185
(*b*)	Number of agricultural workers allocated houses during the year	4
(*c*)	Number of families rehoused from camp hutments ...	65
(*d*)	Number of "live" applications for accommodation as at 31st December, 1951	1,429

Provision of New Houses

Commendable progress has been made by the Council during the year in satisfying the acute and ever-present need for housing accommodation by the erection of houses in the undermentioned parishes:

New Alresford	42	Crawley	8
King's Worthy	33	Sparsholt	8
Fair Oak	32	Hursley	6
Botley	30	Old Alresford	6
Otterbourne	14	Hamble	4

In addition, 27 houses were erected by private enterprise during the year, as follows:

Compton	6	Tichborne	2
Hedge End	5	Bursledon	1
Hamble	4	Hound	1
Fair Oak	3	Hursley	1
West End	3	King's Worthy	1

The following table shews the number of houses built by the Council since the end of the war and the number of huts now in occupation:

Parish	*Traditional*	*Non-Traditional*	*Prefabs*	*Total*	*Huts*
Bishops 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 ...	66	—	10	76	11
Old Alresford ...	10	10	—	20	—
Tichborne ...	—	—	—	—	11
Colden Common	6	26	8	40	—
Compton ...	14	—	—	14	—
Crawley	8	—	—	8	—
Hursley	6	—	—	6	—
King's Worthy ...	72	28	115	215	12
Littleton ...	8	—	—	8	—
Micheldever ...	19*	8	—	27	4
Otterbourne ...	18	6	—	24	—
Owslebury ...	4	2	—	6	—
Sparsholt ...	30	—	—	30	—
Twyford	16	12	—	28	—
Wonston ...	8	—	—	8	—
Botley	48	—	—	48	4†
Bursledon ...	8	26	—	34	124
Fair Oak ...	64	12	—	76	—
Hamble	34	50	50	134	—
Hedge End ...	32	10	20	62	14†
Hound	18	26	62	106	—
West End ...	12	—	—	12	50
Totals ...	539	232	265	1,036	230

* Includes 9 flats. † Rest Centre Huts.

Ex-Military Camps

Periodical inspections of all hutments in the various camps are made by the Sanitary Inspectors. Schedules of necessary repairs are passed to the Engineer and Surveyor for attention.

One can but regret that, so many years after the cessation of hostilities, these sub-standard dwellings still have to be in use for family life. It is pleasing to note that eighteen of these hutments have been demolished during the year and the occupiers rehoused.

The active policy is still to eliminate this kind of accommodation as quickly as circumstances will allow.

The following table shews the number and types of huts still occupied at the various camps :

Camp	*Standard Nissen*	*Asbestos Nissen*	*Orlit*	*Timber*	*Converted brick*	*Cement concrete*	*Total*
Worthy Park, King's Worthy ...	12	—	—	—	—	—	12
Micheldever Station ...	4	—	—	—	—	—	4
N.F.S. Huts, New Alresford ...	—	—	—	—	—	11	11
Tichborne Park, Tichborne	7	—	—	4	—	—	11
Cricket Camp, Bursledon	58	—	54	—	—	—	112
Towers Camp, Bursledon	—	—	—	12	—	—	12
Wilderness Camp, West End	11	3	—	—	—	—	14
Winslowe Camp, West End	9	1	—	24	2	—	36

Moveable Dwellings

Seasonal caravan camping does not arise to any appreciable extent in this district, but a steady increase of the number of caravans as permanent dwellings gives rise to some anxiety in the absence of adequate legislative control.

The caravan cannot be regarded as an adequate substitute for a house — there are fire risks ; internal condensation is a frequent source of trouble and many vans are without adequate insulation. Lack of privacy occurs when young married couples, with the

arrival of children, become overcrowded and subjected to other attendant disadvantages of existing in a strictly limited living space.

The impact of planning on the situation has led the Council to group caravans in privately owned sites as far as possible, but consideration is being given to the development of caravan sites to serve areas in those parts of the district most affected in this respect.

Caravan sites licensed under the Public Health Act, 1936, and fully occupied are :

(*a*)	Oliver's Battery, Compton	12 caravans.
(*b*)	Matthews' Camp, Colden Common	12 caravans.
(*c*)	Hammerton Farm, Hedge End	9 caravans.
(*d*)	South Drive, Littleton	7 caravans.
(*e*)	Taylor's Camp, Sutton Scotney	5 caravans.
(*f*)	Spicer's Camp, Hedge End	5 caravans.
(*g*)	The Gorse, Colden Common	3 caravans.

Periodical inspections are made of camp sites to ensure that sanitary conditions are being maintained.

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

Temporary Buildings

(*a*)	Total number of licences in force	203
(*b*)	Number renewed during the year	26
(*c*)	Number of new licences granted during the year ...	24

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 in the north of Winchester.

The following table shews the result of an analysis of a sample of water taken from the City of Winchester supply in October, 1951 :

PHYSICAL EXAMINATION

Colour (Hazen Units)	Nil	Taste	... Normal
Appearance ...	clear and bright	Smell	... Normal
		Turbidity	Nil

Microscopical appearance : Slight deposit organic debris, silica chalk. No moving organisms.

GENERAL CHEMICAL EXAMINATION

Reaction, pH	7.2	Free Chlorine	Nil

Parts per million

Free carbon dioxide as CO_2	18	Permanganate figure as O_2 (4 hours, 80°F.)	0.06
Ammoniacal Nitrogen as N.	0.002	Alkalinity as $CaCO_3$	215
Albuminoid Nitrogen as N.	0.002		
Nitrous Nitrogen as N.	Absent		
Nitric Nitrogen as N.	6.0	Total Solids	339
Hardness, as $CaCO_3$ (Wanklyn's)			
Temporary	173		
Permanent	50		

MINERAL ANALYSIS (*in parts per million*)

Calcium, as Ca	102.0	Nitrate, as NO_3	26.6
Magnesium, as Mg.	2.5	Iron	Absent
Sodium, as Na.	—	Lead	Absent
Carbonate, as CO_3	129.0	Zinc	Absent
Chloride, as Cl.	16.0	Copper	Absent
Sulphate, as SO_4	13.2	Phosphate	Absent

(*Signed*) R. WATRIDGE,
Public Analyst.

Totford Water Scheme

Considerable progress has been made with this scheme during the year despite some delay caused through bad weather and the difficulty of obtaining steel and pipes as required.

The majority of the property owners were interviewed by the Sanitary Inspector (North) in advance of the main laying, thereby ensuring that many tappings were made at the Council's standard charge method while the mains were being laid.

The Council decided that, owing to the limited amount of water available from Winchester Corporation, it was undesirable that water should be connected to any properties on the Totford scheme apart from the new houses being erected by the Council at Wonston. This source of supply (via South Wonston) was used for testing and cleansing purposes on Contract No. 3 and for a bulk supply for mains being laid in the Andover Rural District.

To avoid sudden demands on local resources and labour, property owners concerned were allowed to proceed with piping on their premises under the supervision of the Engineer and Surveyor once the mains were tested, cleansed and chlorinated.

All mains were washed out, chlorinated, emptied and filled with clean water before samples of water from numerous points on the main were submitted for analysis. Great care was taken in carrying out this part of the work and satisfactory results were obtained.

A great deal of work to ensure the smooth running of the work

in progress has been done by the Sanitary Inspector (North), besides obtaining information necessary in connection with wayleaves.

It seems possible that during 1952 a piped water supply will be available to the greater part of the northern parishes; a supply which will be much appreciated by many householders and farmers.

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	446	373	—	84
BURSLEDON	578	504	—	85
CHERITON	182	—	—	—
CHILCOMBE	32	22	—	69
COLDEN COMMON ...	381	355	—	93
COMPTON	374	372	—	99
CRAWLEY	135	130	—	97
FAIR OAK	457	428	—	93
HAMBLE	728	717	—	98
HEADBOURNE WORTHY	87	66	—	75
HEDGE END	790	656	—	83
HOUND	1,623	1,538	—	95
HURSLEY	254	160	43	80
ITCHEN STOKE and OVINGTON ...	97	—	—	—
ITCHEN VALLEY ...	380	269	—	70
KILMESTON	75	—	—	—
KING'S WORTHY ...	555	538	—	97
LITTLETON	206	133	—	65
MICHELDEVER	382	—	—	—
NEW ALRESFORD ...	619	612	—	98
NORTHINGTON	81	—	—	—
OLD ALRESFORD ...	155	—	—	—
OTTERBOURNE	194	189	—	97
OWSLEBURY	199	72	—	36
SPARSHOLT	190	174	—	92
TICHBORNE	100	28	—	28
TWYFORD	502	466	—	93
WEST END	1,235	1,200	—	97
WONSTON	362	47	—	13
Totals	11,832	9,078	43	77

Steady progress is being made in providing a piped supply of water to houses. It will be noted that 77% of the dwelling-houses in the Rural District are now connected with a mains supply.

Samples of well-water supplying 47 individual properties were subjected to bacteriological examination during the year and resulted as follows:

Number found to be satisfactory	38
Number found to be unsatisfactory	9

Where the source of the water was found unsatisfactory alternative supplies were arranged, a piped supply of water from company mains provided or protection given to the well to prevent ingress of surface water.

Samples for bacteriological examination of all public and private water companies have been periodically examined during the year and have been satisfactory.

DRAINAGE AND SEWERAGE

Surveys and plans have been prepared to sewer the parishes of Botley, Hedge End and Bursledon and are awaiting the consent of the Ministry of Health.

West End Sewerage

Since the completion of this sewerage scheme, 502 properties have been connected to the sewer. 231 were connected during 1951.

REFUSE DISPOSAL

The collection of refuse is operated from a central depot at Mornhill, Chilcombe.

Tips are situated in the parishes of Bramdean, Colden Common, Weston (Micheldever), Bursledon, Sparsholt and Hamble.

Three Dennis, two Karrier, and two Austin refuse freighters are employed for refuse collection. These are manned by twenty-two refuse collectors. A "semi-back door" collection is provided in the more urbanised parishes in the south and a kerbside collection operates in the remainder of the district. The frequency

of collection varies from a weekly one to a monthly one in the more remote parishes as follows:

Weekly Collection

Hamble
Hound

Fortnightly Collection

New Alresford
Tichborne
Colden Common
Compton
Hursley
Otterbourne
Twyford
Botley
Bursledon
Fair Oak
Hedge End
West End

Monthly Collection

Beauworth
Bighton
Bishops Sutton
Bramdean
Cheriton
Itchen Stoke and Ovington
Itchen Valley
Kilmeston
Northington
Old Alresford
Abbotts Barton
Chilcombe
Crawley
Headbourne Worthy
King's Worthy
Micheldever
Littleton
Owslebury
Sparsholt
Wonston

The man-power problem in this class of work is difficult, but it is most essential to public health that controlled tipping is carried out with the utmost efficiency, thus also assisting in the proper control of the rat population. All the tips are periodically sprayed with tip dressing to deter fly breeding.

RODENT CONTROL

The control of the rat population on agricultural land has a very important bearing of the work of rat destruction on business and private dwellings in which our rodent operatives are daily engaged.

The year under review has been phenomenal for the increased number of rats resorting on agricultural land, especially in the northern part of the district. This autumn invasion from the land to private and business premises in our villages has occasioned in a large measure an upset to the systematic plan of operations under the zonal scheme.

It is disquieting to find that many farmers in the district are inclined for various reasons, particularly financial, not to renew their contracts with the Hampshire Agricultural Executive Committee, on whose shoulders the burden of agricultural ra

control has been sustained for a considerable number of years. The change of farming procedure to the employment of combine harvesting has brought about a condition which makes rat control more difficult on farm lands.

The following table shews the number of inspections and treatments carried out on the various types of properties :

Type of premises	*Inspections*	*Treatments carried out by arrangement with occupiers*		*Under Sec. 5*	*Block Treatments*	
		Rats	*Mice*		*No. of Blocks*	*Surface No. of separate tenancies*
Local Authorities' properties ...	31	20	—	—	—	—
Dwelling houses ... Business properties	9,225	1,714	11	—	114	1,321
Agricultural properties ...	652	172	—	—	—	—
Totals ...	9,908	1,906	11	—	114	1,321

Number of dead rats recovered ... 4,460

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 milk and heat treated milk was carried out as follows :

Type of milk	*Number of samples*	*Satisfactory*	*Not Satisfactory*
Pasteurised	25	24	1
Heat-treated	—	—	—

(*b*) Meat and Other Foods

Details of meat and other foods inspected at retail shops and

depots and condemned as unsound during the year are as follows:

Meat

	lbs.	*ozs.*
Bacon	30	12
Imported meat	2	4
Beef	150	0

Other Food

Sausages	31	8
Sponge pudding mixture	14	0
Barley	14	0
Fish paste	8	0
Pastry	4	0
Lard	3	8
Cake	4	0
Christmas pudding ...	2	0
Cheese	2	0

Canned Food

	lbs.	*ozs.*
French Ham	89	0
Boneless gammon ...	51	0
Vegetable	46	2
Beef	44	0
Italian ham	49	10
Milk	37	12
Dutch ham	31	2
Fish	25	9
Jellied Veal	18	0
Jam	10	0
Mutton	7	8
Pork	7	2
Belgian ham	6	10
Soup	5	0
Pickles	1	14
Veal Loaf	1	9

Model Byelaws made under Section 15 of the Food and Drugs Act, 1938, in respect to the handling, wrapping and delivery of food have come into operation. All food premises have received a copy of these byelaws. Persons engaged in the food trade have been advised of the requirements and the best practicable means of carrying them out. The Ministry of Food have co-operated in referring all applications for catering licences to the Health Department in order that an inspection can be made and a report made as to the suitability for the purpose required.

Adulteration of Food

The Food and Drugs Act, 1938, places restriction on the addition of substances or the abstraction from food of any of its constituents. The section of the Act which deals with the composition of food is administered by the Hampshire County Council and I am indebted to their Chief Inspector for the undermentioned information concerning samples taken in this district during the year:

Article	*Samples taken*	
	Genuine	*Unsatisfactory*
Butter and other fats	8	—
Drugs	1	—
Milk	141	—
Sausages and other meat products	7	—
Spirits	12	—
Other Foods	11	—
Totals ...	180	—

All samples proved to be genuine and the 141 samples of milk contained an average of 3.77% milk fat and 8.88% non-fatty solids.

Ice-cream Premises

The number of premises registered for the sale of ice-cream in the district at the end of the year was 76. Periodical inspection and sampling where necessary have been carried out.

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 only	–
(*c*)	Sale of pre-packed and bulk ice-cream	1

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

No. of samples	*Grade I*	*Grade II*	*Grade III*	*Grade IV*
6	3	2	1	—

FACTORIES ACT, 1937

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:

Premises	*Number on register*	*Number of inspections*	*Number of written notices*	*Occupiers prosecuted*
Factories (with mechanical power)	124	4	2	—
Factories (without mechanical power)	31	30	4	—
Other premises under the Act (including works of building construction, but not including outworkers' premises)	2	2	2	—
Total ...	157	36	8	—

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

One premise only has been registered in the district since the inception of the above-named Act.

SANITARY INSPECTIONS

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

Statute	*Nature of visit*	*No. of inspections*	
Milk and Dairies Regulations	Inspections for reconstructions, alterations and conditions of cleanliness...	17	
Factories Act, 1937	Examination of means of escape in case of fire	2	
	Routine inspections	34	
Shops Act, 1934	Inspection of premises	6	
Food and Drugs Act, 1938	Inspection of food premises	122	
Housing Act, 1936	(*a*) Houses inspected in respect of essential repairs	210	
	(*b*) Re-inspection of premises ...	100	
	(*c*) Investigation of housing applications	852	
	(*d*) Number of dwelling houses found not to be in all respects fit for human habitation		41
	(*e*) Defects remedied during the year without service of formal notice in consequence of informal action by the Council or their officers ...		37
	(*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	186	
	(*b*) Nuisances found and remedied ...	158	
	(*c*) Re-inspections	421	
	(*d*) Inspections in connection with water supplies	681	
	(*e*) Visits and disinfections in connection with notifiable diseases ...	70	
	(*f*) Drainage inspections	490	
Rodent Control	Number of premises surveyed ...	9,130	
	Interviews	616	
	Total ...	13,095	