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ANNUAL REPORT

ON THE

Health of the Rural District

For the Year 1956

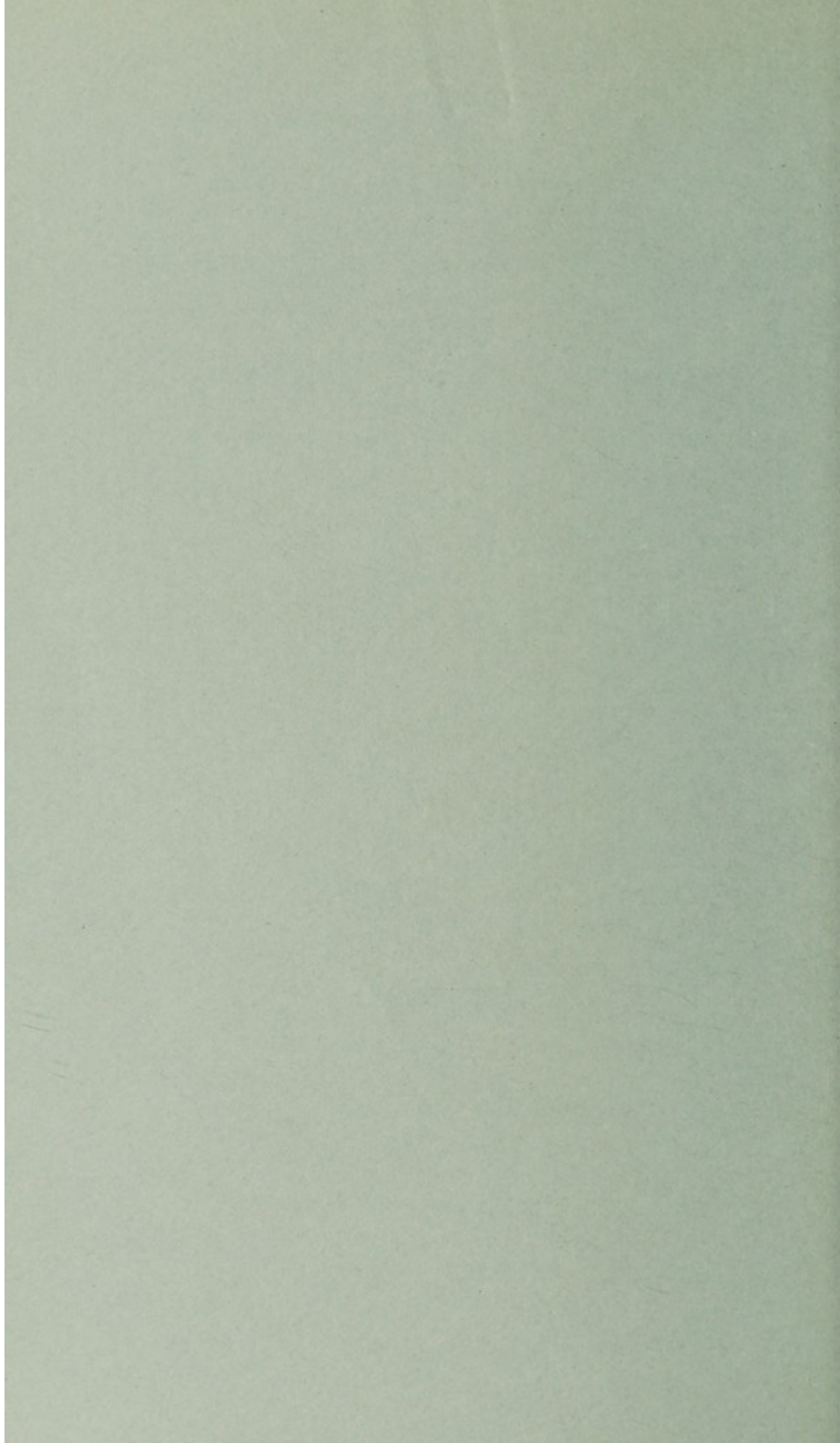
BY

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

AND

FRANK HURST, M.A.P.H.I., C.R.S.I.
Senior Public Health Inspector

C.W.



Winchester Rural District Council



ANNUAL REPORT

ON THE

Health of the Rural District

For the Year 1956

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.A.P.H.I., C.R.S.I.

Senior Public Health Inspector

Manchester Rural District Council



ANNUAL REPORT

Health of the Rural District

for the year 1926

JOHN L. FORTER, M.A., F.R.S., F.R.C.S., F.R.C.P., F.R.C.O., F.R.C.S.D., F.R.C.S.(S.), F.R.C.S.(G.), F.R.C.S.(C.), F.R.C.S.(E.), F.R.C.S.(I.), F.R.C.S.(N.), F.R.C.S.(O.), F.R.C.S.(P.), F.R.C.S.(R.), F.R.C.S.(S.), F.R.C.S.(T.), F.R.C.S.(U.), F.R.C.S.(V.), F.R.C.S.(W.), F.R.C.S.(X), F.R.C.S.(Y), F.R.C.S.(Z)

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THE RURAL DISTRICT COUNCIL OF WINCHESTER

(as at 31st December, 1956)

Chairman of the Council:

Miss E.A. GARDNER, M.B.E., J.P.

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Clerk of the Council:

Mr. R.W. PARSONSON

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THE RURAL DISTRICT COUNCIL OF WINCHESTER

(as at 31st December, 1956)

Chairman of the Council:

+ Miss E.A. CHAMBERLAYNE, M.B.E., J.P.

Vice-Chairman of the Council:

+ Mr. B. BIGNELL

Members of the Council:

Mr.	W.H.	ABRAHAM	+ Mr.	A.W.	JURD
+ Mrs.	E.C.	BIDEN	Major H.	KENDALL,	
Mr.	O.C.	BUDD		M.M., M.S.M.	
Mr.	G.	CAMERON-BLACK	Cmdr. E.H.	KITSON, R.N.	
Mr.	J.	COCKRAM	Mr.	N.J.P.	LEWER
+ Mr.	C.G.	COLLINS	+ Mr.	C.H.	LEWRY
+ Major	J.T.	CONWAY	+ Mr.	G.F.	LONGMAN
+ Mr.	J.H.	COOK (Chairman of Health Committee)	+ Lt.Col. Sir	John MACLURE,	
+ Sir	George	COOPER, Bart.,		Bart., O.B.E.	
		J.P., D.L.	It.Col. Sir	William	
				MAKINS, Bart.	
+ Capt.	A.B.	COVENTRY, C.B.E.,	Mr.	J.S.	MATTHEWS
		D.S.C., R.N.	+ Miss	W.L.	MOODY, J.P.
Mr.	R.F.H.	COWEN	+ Mr.	W.G.	MOORE
+ Mr.	G.E.S.	CUBITT,	+ Mr.	R.H.	MORTIMER
		C.B.E., J.P.	Mr.	G.C.	PAIN, J.P.
Col.	W.P.S.	CURTIS,	Mr.	D.G.	PUMFRETT
		O.B.E., D.L.	Mrs.	F.	ROUTH
Mr.	E.N.T.	DICKENSON	Mr.	W.J.	SCRASE
Mr.	A.N.	DOWLING	+ Mrs.	P.M.	SMITH
Mr.	P.J.	EDMONDS	Col.	G.C.	STOCKWELL
Mr.	T.F.	GALLAGHER	Mr.	G.	THORNE
Lt.Col.	G.A.E.	GIBES	+ Mr.	W.	TURNER
+ Vice-Adml.	E.J.	HARDMAN JONES,	Mr.	W.R.	TURNER
		C.B., O.B.E., J.P.	Mrs.	W.M.	WALDRON
+ Mr.	G.F.	HOLMES	+ Miss	I.F.G.	WALKER
Mrs.	S.M.	HUBBACK	+ Mr.	C.	WATTS,
Cmdr.	C.G.	HUDSON,		J.P., C.C.	
		R.N. (Retd.)	Mr.	W.E.	WEBB

+ Member of the Health Committee

Clerk of the Council:

Mr. R.W. PARTINGTON

(as at 31st December, 1955)

Chairman of the Council:

+ Miss E.A. CHAMBERLAIN, M.B.E., J.P.

Vice-Chairman of the Council:

+ Mr. B. BISHOP

Members of the Council:

W.H. ALABAM	Mr.	A.V. LUND
E.G. BISHOP	Major	H. KEMBALL
O.G. HUBB		M.M., M.S.M.
G. CAMERON-BACK	Comdr.	R.M. FITSON
J. COCKRAM	Mr.	W.J.P. LEWER
C.C. COLLINS	Mr.	G.H. LEWY
J.T. CONWAY	Mr.	C.F. LAWSON
J.H. COOK (Chairman of Health Committee)	Mr. Col.	John MACLURE
George COOPER, Bart.	Mr. Col.	Wm. Burt, O.B.E.
J.P., D.L.		William
A.B. COOPER	Mr.	
R.F.H. COOPER	Mr.	
G.E.S. COOPER	Mr.	
W.P.S. CURTIS	Mr.	
E.W.T. DICKINSON	Mr.	
A.N. DOWLING	Mrs.	
P.L. EDWARDS	Col.	
T.P. GALLAGHER	Mr.	
Col. G.A.E. GIBBS	Mr.	
Mr. HARMAN JONES	Mr.	
Col. G.B.E. J.P.	Mrs.	
G.F. HAINES	Mrs.	
S.M. HUNNACK	Mr.	
C.G. HURON	Mr.	
B.H. (Retd.)	Mr.	

+ Member of the Health Committee

Clerk of the Council:

Mr. R.W. PAINTHORN

May, 1957.

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 eleventh Annual Report on the health and sanitary circumstances of the Rural District.

Details of the work carried out in the Department are given in the various sections. Mr. Hurst, the Senior Public Health Inspector, has contributed the final part.

No event of outstanding importance occurred in the field of infectious diseases during the year. Three cases of poliomyelitis occurred in the district with no death.

Diphtheria Immunisation.

One case of adult diphtheria occurred, showing the continuing need for immunisation of children. The young lady who suffered from this disease had just escaped the intensive immunisation net cast in the early days of the war. With a population fifty years ago one fifth of the present, fifteen cases were notified, the majority occurring "in the neighbourhood of Colden Common, not in one outbreak but spread over the greater part of the year". There was one death. Even twenty years ago, every infectious diseases hospital had its diphtheria ward. The progress which has been made in this work is emphasised by the fact that in the last ten years, notifications have dropped from 11,896 to 63 and deaths from 472 to 7. At the same time, one cannot stress too often to parents that their children should be immunised well before their first birthday and given the supplementary injection preferably just before school age.

Tetanus Immunisation.

The reference to the beginning of tetanus immunisation will be noted in subsequent pages. By means of three injections it is now possible to immunise against diphtheria, whooping cough and tetanus at one time. Expert opinion leads one to believe that it is advisable to give a re-inforcing dose against tetanus alone after a lapse of about six months. As a routine immunisation procedure, this step is welcomed.

Tuberculosis.

New cases of tuberculosis notified have not diminished in number; there is no doubt, however, that with the more intensive contact tracing and use of mass miniature radiography, cases are coming to light at an earlier stage of the disease and in greater numbers. The number of notifications, therefore, although an index of the general prevalence is perhaps misleading as it gives no indication of severity of infection. Undoubtedly, the tide of tuberculosis has turned and we can look forward to the day when the source of a case will be tracked down with the assiduity bestowed on a case of food poisoning. Only by adoption of a policy embracing such measures will tuberculosis eventually be eradicated. The health inspectors have a part to play in giving general advice on hygiene, ventilation, control of spitting and sleeping arrangements. All these steps are of the highest importance.

Housing.

On the subject of housing, it is with some astonishment in this district that we read of the complacency in higher circles about the housing situation; the impression is given that the shortage is all but over.

The number of "live" applications for accommodation provided by the Council at the end of 1956 was 1,379; at the end of 1949 it was 1,462. One may ask how the similarity in numbers if housing applications over a period of seven years can be reconciled with the 2,000 houses and flats provided by the Council since the end of the war. The answer is simply that the number of applications for housing accommodation has but been keeping pace with the housing provided. In the last year or two, however, the position has worsened. At the beginning of the post-war period, many applicants were living in most distressing circumstances in poor sanitary condition and grossly overcrowded. Over the succeeding years, the vast majority of the families so accommodated were rehoused and the circumstances of families requiring Council accommodation altered for the better. The grossly overcrowded family had practically disappeared; in their place had come the newly-married couple, the older people seeking minimal accommodation; the applicant seeking housing mainly on health grounds and still, however, the family whose housing conditions left much to be desired. Unhappily, there is a tendency in 1956 for the proportion of applicants living in unsatisfactory houses or huts in distressing conditions to increase and with the virtual cessation of Council house provision - apart from slum replacements - another grave problem with undoubted health implications is beginning to appear, for a house is fundamental to the preservation of healthy family life.

Caravans.

Coupled with this shortage of houses is the problem being created by the increasing number of caravans and sub-standard huts being used as permanent family accommodation. Viewed broadly, no one can accept with equanimity the prospect of more and more caravans being brought into use for family life. The shortcomings of caravans used thus are too numerous to mention; questions of separation of the sexes, water supply, sanitation, noise, privacy, crowding, dampness, storage of food, clothing and other essentials all arise; problems which must be ever present. Such conditions cannot be conducive to good healthy living and it is a sad commentary that one of the functions of the National Health Service is the cure of disease, not only physical but mental, much of which is being, in fact, created by the absence of adequate housing accommodation.

The number of huts at The Cricket has fallen considerably in recent years. Seven years ago, I mentioned that such huts, which then included the Nissen type, must be viewed as temporary accommodation for families who would not otherwise be rehoused and recommended that they should be given up as soon as possible. The Housing Committee are well aware of the conditions in this camp and are taking what steps they can to bring to an end the use of these sub-standard dwellings.

Fifty years ago, the Medical Officer of Health of this district reported on such matters as housing accommodation, sewerage, water supply, infectious diseases, food supply and workplaces. I need make no apology for writing on these subjects in 1956, fundamental as they are to a healthy way of life. Such improvements as can be effected in environment such as better housing, adequate removal of sewage and refuse and a pure water supply have the common aim of preventing disease. For preservation of environmental health, a strong team of officials is necessary, important among whom are the health inspectors, who changed their name but not their function during the year. Their work is undramatic but they have a very practical and valuable contribution to make to the solution of numerous social problems affecting the life of the average family. I wish to acknowledge their assistance and that of the clerical staff.

In conclusion, I should like to thank the Chairman and Members of the Health Committee for their kind consideration throughout the year.

I am,
Your obedient Servant,

JOHN L. FARMER

Medical Officer of Health.

GENERAL PROVISION OF HEALTH SERVICES IN THE DISTRICT

Staff (as at 31st December, 1956)

Public Health Officers:

Medical Officer of Health:

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

Senior Public Health Inspector:

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

District Public Health Inspectors:

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

Clerical Staff:

C.B. ASHMAN
Miss S.M. HITCHINGS

Rodent Officer:

T. SAWKINS

Agricultural Rodent Inspector:

O.J. NORRIS

Rodent Operatives:

L. GOODEVE
A. HOLEY
F. PASQUE
Miss B. START
Mrs. K. UNDERWOOD

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. H.T. Findlay. Chemical analyses, e.g. of water, sewage, etc. are carried out by the Analyst employed by Southampton County Borough Council.

Ambulance Service.

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

The district is served by ambulances stationed at Winchester (main station), Eastleigh, Romsey, Broughton, Andover, Witchchurch, Basingstoke, Alton and Hedge End (sub-stations). The control point for the district (excepting the parishes of Botley, Bursledon, Hamble, Hedge End, Hound and West End) is the main station at Kingsley Place, Stanmore, Winchester (Telephone: 2536). For the six southern parishes the control point is the main station at Fareham (Telephone: Fareham 2170). Calls for ambulances are not accepted at the sub-stations.

If an ambulance is required in an emergency, the caller should ask for "Ambulance" and the telephone exchange will connect with the nearest main station immediately. The station will then deal with the call by sending the nearest available ambulance.

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 the 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.

The following procedure applies for the admission of:

(a) Acutely Ill Patients.

Doctors may apply direct to the hospital of their choice for the admission of such a patient. In the event of difficulty, or if they require assistance, they apply to the Winchester Bed Service Office. This office is open day and night (Telephone: Winchester 2261 and 2262 (between the hours of 8 a.m. and 10 p.m.) or Winchester 5151 (between the hours of 10 p.m. and 8 a.m.)). Demands can be made there for beds 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 patients.

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. In the area of the Winchester Group Hospital Management Committee, if the predominant need for admission is on social grounds, the Hospital Social Worker will investigate the home conditions. 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.

The County Welfare Officer is responsible for certain services to old people and handicapped persons whilst living in their own homes. Area Welfare Officers are available to give advice and assistance. The Officers serving the Winchester Rural District are at 78, High Street, Winchester. (Telephone Winchester 4411, Extension 316).

If it is found that a person who had originally asked to be considered for admission to an Old People's Home is really a hospital case, the patient's medical practitioner is advised to place the person's name on the hospital waiting list and, in urgent cases, to call in the Geriatric Physician attached to the local Hospital Group area.

(c) Infectious Diseases.

Cases of infectious disease from the northern and central areas of this district are admitted to the Victoria Hospital, Winchester. From the southern area they go to the Southampton Chest Hospital.

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 County Medical Officer.

(d) Maternity.

Arrangements for urgent admission of abnormal cases are made by the general practitioner through the maternity department of the hospital. Non-urgent cases are seen at a consultant antenatal clinic. Patients for whom admission is required on social grounds are referred by general practitioners to the County Medical Officer.

(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 provided 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, Mass Radiography Centre, 7, Archers Road, Southampton.

Clinics.

Clinics are held as follows:

(a) Antenatal Clinics.

EASTLEIGH	...	Red House,	...	1st, 2nd and 3rd Mondays at 2 p.m.
		Romsey Road		
HAMBLE	...	Memorial Hall	..	4th Wednesday at 2 p.m.
WEST END	...	Parish Hall	...	1st Tuesday at 2 p.m.

(b) Child Welfare Clinics.

<u>Parish</u>	<u>Centre</u>	<u>Days</u>
ALRESFORD ...	Methodist Church Hall	... 1st and 3rd Tuesdays
CHERITON ...	Parish Hall	... 1st and 3rd Fridays
ITCHEN ABBAS ..	Village Hall	... 2nd Thursday
KINGS WORTHY ..	British Legion Hall	... 2nd and 4th Thursdays
MICHELDEVER ...	Northbrook Hall	.. 3rd Thursday
SUTTON SCOTNEY.	Victoria Hall	... 3rd Tuesday
WORTHY DOWN ...	Naval Social Club Room	... 2nd and 4th Mondays
CRAWLEY ...	Village Hall	... 2nd Friday
GOLDEN COMMON .	Parish Hall	... 2nd Tuesday
TWYFORD ...	The Surgery Queen Street	... 1st Tuesday
OWSLEBURY ...	Village Hall	... 1st Thursday
BOTLEY ...	Catherine Wheel	.. 1st and 3rd Wednesdays
BURSLEDON ...	Parish Hall	... 3rd Tuesday
FAIR OAK ...	Women's Hall	... 2nd and 4th Thursdays
HAMBLE ...	Memorial Hall	... 2nd and 4th Mondays
NETLEY ...	Jubilee Hall	... 1st and 3rd Wednesdays
NETLEY ...	Royal Victoria Hospital	... 1st Monday
OLD NETLEY ...	Old Reading Rooms	... 1st and 3rd Thursdays
WEST END ...	Parish Hall	... 2nd and 4th Wednesdays

(All Child Welfare Clinics are held from 2 to 4 p.m.)

(c) Tuberculosis Clinics.

WINCHESTER ...	County Medical Department, The Castle	.. Wednesdays and Thursdays at 10 a.m. Wednesdays 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

(d) Venereal Diseases Clinics.

WINCHESTER ...	Royal Hampshire County Hospital	Males: Saturdays at 10 a.m. Females: Tuesdays at 2 p.m.
SOUTHAMPTON ..	Males: 1, Cardigan Road	Daily at 9 a.m. Mondays to Fridays at 5 p.m.
	Females: Health Centre, Kings Park Road.	Mondays at 10 a.m. Tuesdays, Thursdays and Fridays at 2 p.m.

School Health Services.

(e) Minor Ailments Clinics.

Cases attend clinics at Eastleigh and Winchester as follows:

EASTLEIGH ... Red House, Romsey Road ... Fridays, 9.30 a.m.
WINCHESTER ... 4, The Square ... Mondays, Tuesdays
and Thursdays at
9 a.m.

(f) Orthopaedic Clinics.

Cases attend clinics at Alton, Eastleigh, Fareham, Southampton and Winchester by appointment.

(g) Ear, Nose and Throat Clinics.

Cases attend the following:

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

(h) Dental Clinics.

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

(i) Child Guidance Clinics.

Cases attend by appointment at the Red House, Romsey Road, Eastleigh or Trafalgar House, Trafalgar Street, Winchester

(j) Ophthalmic Clinics.

Cases attend by appointment at the Red House, Romsey Road Eastleigh or Trafalgar House, Trafalgar Street, Winchester.

(k) Speech Therapy Clinics.

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

HOME HELP SERVICE.

The office of Mrs. K.E. Quantrell, the Divisional Organiser of the Home Help Service, is situated at the Red House, Romsey Road, Eastleigh (telephone: Eastleigh 2558). The office is open from Monday to Friday from 8.30 a.m. to 5 p.m. and applications for home help from all parts of the Rural District should be made direct to her.

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 shown in the following table:

District Nurse	District Served	Health Visitor
Miss V. Douglas, S.R.N., S.C.M., 16, Wood Lane Close, Bramdean. (Bramdean 204)	Beauworth Bramdean Cheriton Killeston	
Miss S.J. Adams, S.R.N., S.C.M., Q.N., 2, Meryon Road, Alresford. (Alresford 150)	Bighton Bishops Sutton New Alresford Tichborne	Miss M.C. Tate
Mrs. J.E. Curtis, S.R.N., S.C.M., "West Lea", Roseberry Road, Alresford. (Alresford 210)	Northington Old Alresford Itchen Stoke Ovington Itchen Abbas Avington	
	Easton Chilcombe	Miss E.K. Wilton
Miss F.M. Calvert, S.R.N., S.C.M., 7, Tovey Place, Kings Worthy. (Winchester 4844)	Martyr Worthy	Mrs. M.B. Sood
	Abbotts Barton Headbourne Worthy Kings Worthy	Mrs. A. Noble Miss E.K. Wilton
Miss J. Maskery, S.C.M., 461, Fair Oak Road, Fair Oak. (Fair Oak 71)	Crawley Littleton	Miss E.K. Wilton
	Golden Common	
	Fair Oak	Miss B.M. Watson
Miss J.B. Wayment, S.R.N., S.C.M., Q.N., Nurses Cottage, Twyford. (Twyford 3114)	Otterbourne	Miss P. Hambrook
	Compton	
	Owslebury	Miss E.K. Wilton
	Twyford	Miss E.K. Wilton

Nursing in the Home (continued)

District Nurse	District Served	Health Visitor
Miss E. Hughes, S.R.N., S.C.M., Q.N., (Gen.Nursing) 13, Taplings Road, Weeke, Winchester. (Winchester 3117) Mrs. E. Sandys, S.R.N., S.C.M. (Midwifery), 22, Fleming Road, Weeke, Winchester. (Winchester 3855)	Sparsholt	Miss E.K. Wilton
Miss R.E. Dabner, S.R.N., S.C.M. (Gen.Nursing), 13, Taplings Road, Weeke, Winchester. (Winchester 3117) Mrs. H. Oliver, S.C.M., (Midwifery), 18, Minden Way, Winchester. (Winchester 2545)	Hursley	Miss P. Hambrook
Miss G. Wagstaffe, S.R.N., S.C.M., Q.N., The Beeches, Sutton Scotney (S.Scotney 203)	Micheldever	Mrs. V. Goodwin
	Wonston Worthy Down	Miss E. Brady
Miss D. Stoyell, S.C.M., "Leehurst", Botley. (Botley 15)	Botley	
Mrs. G.G. Morgan, S.R.N., S.C.M., 10, St.Catherine's View, Hedge End. (Botley 239)	Hedge End	Miss P. Jenkins
Miss A. White, S.C.M., Glebe Farm, Horton Heath. (Fair Oak 81)	West End	
Miss B.M.M. Chidzey, S.R.N., S.C.M., Q.N., 49, Wykeham Road, Netley. (Hamble 3281)	Hound	
Miss F.M. Dane, S.C.M., 1, Jarvis Fields, Bursledon. (Bursledon 364)	Bursledon	Miss E. Chick
Miss M. Morton, S.R.N., S.C.M., Q.N., 46, Verdon Avenue, Hamble. (Hamble 2193)	Hamble	

All the above Health Visitors are State Registered Nurses, State Certified Midwives and hold the Certificate of the Royal Society of Health.

STATISTICS OF THE AREA.

Area ...	...	...	...	109,612 acres
Rateable value as at 31st December, 1956	...	...	...	£546,529
Sum represented by a penny rate	...	...	...	£1222.15s.0d.
Population	...	...	...	42,490
Number of inhabited houses	...	...	...	12,649

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. 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 Fishers Pond and Colden Common. The boundary to the Southern half is Southampton Water and the Port of Southampton; further north, it skirts the Borough of Eastleigh. The southern part of the district is in character urban, the needs of which, from the local authority point of view, are different from the northern and more rural parishes. These contrasts create special problems for the Council.

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 there 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. Across Southampton Water, in the New Forest Rural District, is situated the Esso Oil Refinery.

VITAL STATISTICS.

Live Births.

Live Births	1956			1955		
	Male	Female	Total	Male	Female	Total
Legitimate ...	361	352	713	351	299	650
Illegitimate ...	16	14	30	12	19	31
Totals ...	377	366	743	363	318	681

The Live Birth Rate per 1,000 of the estimated population was 17.3 compared with 15.7 for the whole of England and Wales. The figure for the district for 1955 was 16.4 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 1.10. The standard birth rate is therefore 19.0.

Still Births.

Still Births	1956			1955		
	Male	Female	Total	Male	Female	Total
Legitimate ...	9	8	17	7	6	13
Illegitimate ...	-	-	-	1	2	3
Totals ...	9	8	17	8	8	16

The Still Birth Rate per 1,000 total births was 22.9 compared with 23.0 for the whole of England and Wales.

Deaths.

Male ...	267
Female ...	316
Total ...	583

Excluding deaths among patients in Moorgreen Hospital, but including those whose place of residence before admission was within the Rural District, the total number of deaths for 1956 was 411, a decrease of 18 on 1955 and a decrease of 13 on 1954.

The change in the rules governing the transferability of deaths, introduced at the beginning of 1953, has significantly affected the crude and adjusted local death rates in those areas which contain comparatively large chronic sick hospitals. The mortality risks among the inmates of Moorgreen Hospital is undoubtedly higher than in the remainder of the Rural District's population as a whole. The following table shows the position:

Death Rate	1956			1955
	Winchester Rural District		England and Wales	Winchester Rural District
	Including Moorgreen Hospital.	Excluding Moorgreen Hospital.		
Crude	11.4	9.6	11.7	10.3
Standardised	7.6	6.4		9.1

Number of deaths (including patients in Moorgreen Hospital) ... 583
 Number of deaths (excluding patients in Moorgreen Hospital, whose place of residence before admission was not in Winchester Rural District) ... 411

To obtain the standard death rate in the above table, it is necessary to apply a comparability factor in order that the local death rate may be compared with that of other areas. In this area, it is 0.67, a figure which has dropped from 0.88 in 1955.

The comparability factor is necessary to eliminate, for comparison purposes, the irregularities of distribution as regards age and sex of the population; otherwise, the death rates would not provide an accurate method of comparing the "healthiness" of two districts. Highest death rates occur at life's two extremes; urban areas have a larger proportion of middle-aged persons whereas rural areas have a greater number of old people.

The Registrar-General has stated that the area comparability factors contain adjustments for boundary changes and that the death rate area comparability factors have this year, for the first time, been adjusted specifically to take account of the presence of any residential institutions in each area. Although it is true that residents in Moorgreen Hospital are included in the population figures, the factor does not purport to correct for differing mortality risks from whatever cause. As the mortality risk in this group is undoubtedly higher than the average for a similar age-sex group, the inclusion of Moorgreen Hospital patients, whose place of residence before admission was outside the Winchester Rural District, and despite the correction made by the comparability factor, can give a misleading and unduly high mortality rate.

The following table shows the causes of death:

	Cause of Death	Male	Female
1.	Tuberculosis, respiratory	-	4
2.	Tuberculosis, other	-	-
3.	Syphilitic disease	-	1
4.	Diphtheria	-	-
5.	Whooping Cough	-	-
6.	Meningococcal infections	-	-
7.	Acute poliomyelitis	-	-
8.	Measles	-	-
9.	Other infective and parasitic diseases.	1	1
10.	Malignant neoplasm, stomach	6	4
11.	Malignant neoplasm, lung, bronchus ...	15	3
12.	Malignant neoplasm, breast	-	12
13.	Malignant neoplasm, uterus	-	5
14.	Other malignant and lymphatic neoplasms	30	20
15.	Leukaemia and aleukaemia	-	2
16.	Diabetes	1	1
17.	Vascular lesions of the nervous system	39	53
18.	Coronary disease, angina	45	31
19.	Hypertension with heart disease ...	7	9
20.	Other heart disease	45	79
21.	Other circulatory disease	13	12
22.	Influenza	1	4
23.	Pneumonia	7	12
24.	Bronchitis	16	15
25.	Other diseases of the respiratory system	3	-
26.	Ulcer of stomach and duodenum ...	4	1
27.	Gastritis, enteritis and diarrhoea ...	1	-
28.	Nephritis and nephrosis	3	3
29.	Hyperplasia of prostate	3	-
30.	Pregnancy, childbirth, abortion ...	-	-
31.	Congenital malformations	3	2
32.	Other defined and ill-defined diseases	11	31
33.	Motor vehicle accidents	5	1
34.	All other accidents	5	9
35.	Suicide	3	1
36.	Homicide and operations of war ...	-	-
	Total (all causes)	267	316

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 were as follows:

		<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	...	6	1	7
Illegitimate	...	<u>1</u>	<u>1</u>	<u>2</u>
Totals	...	<u>7</u>	<u>2</u>	<u>9</u>

The following table shows the age and cause of deaths in infants:

Cause	Under 1 week	1 - 2 weeks	3 - 4 weeks	1 - 6 months	6 - 12 months	Total under 1 year
Prematurity ...	2	-	-	-	-	2
Birth Injury ...	2	-	-	-	-	2
Congenital Abnormalities ..	1	-	-	1	1	3
Infection ...	-	-	1	-	-	1
Other ...	-	-	-	1	-	1
Totals ...	5	-	1	2	1	9

It is of interest to analyse the infant deaths. Of the nine deaths in the first year of life, six occurred in the first month; of these, five occurred in the first week; of these five, all had occurred by the end of the first day; two survived only a few minutes.

The neo-natal deaths are those which take place within the first month of independent existence. Although considered among the infant deaths, they are, in so far as their causes are concerned, related to the antenatal group of deaths. Methods for the control of still births and neonatal deaths are in general the same. Most of the infant deaths occur usually in the first month of life.

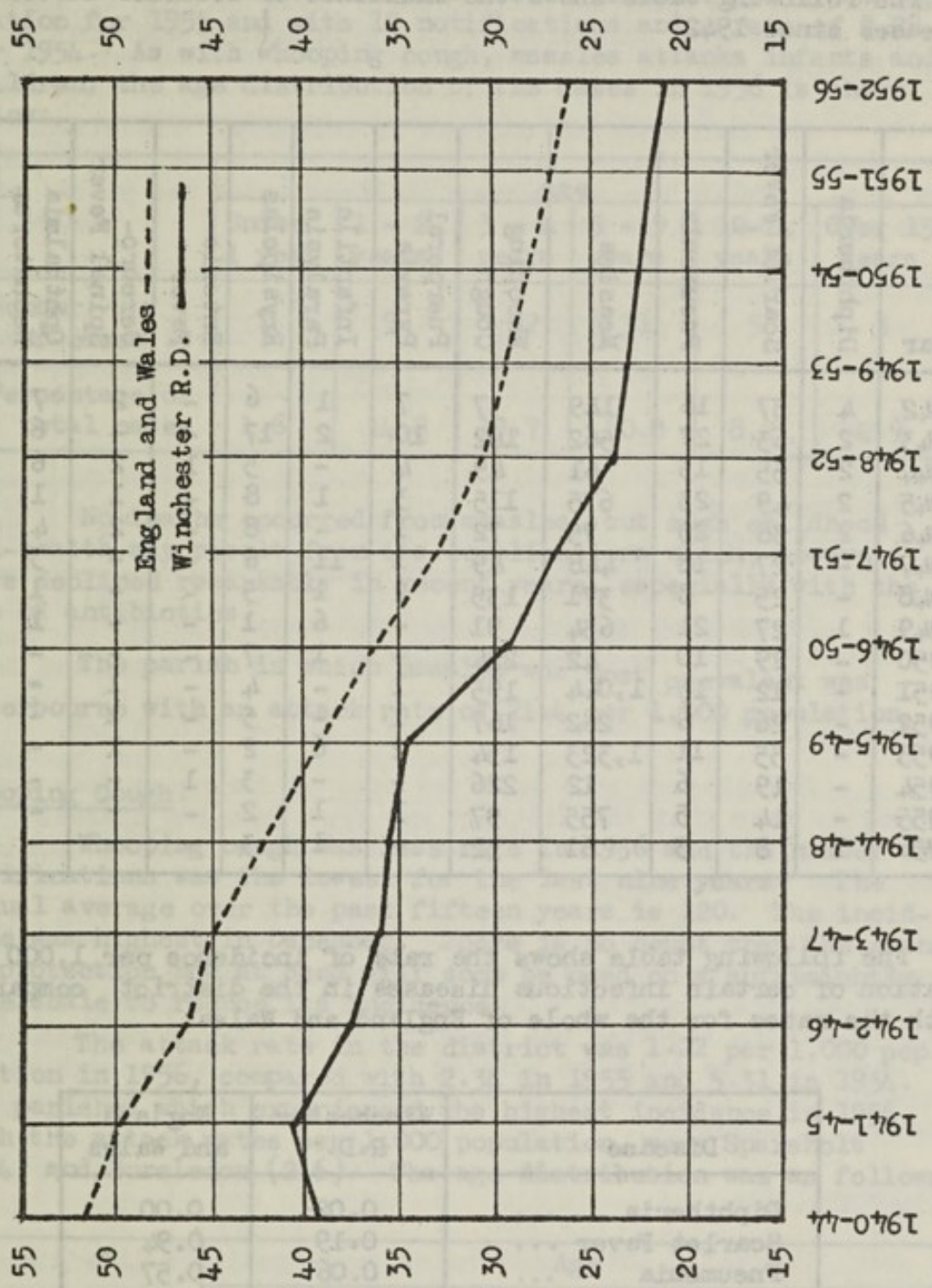
The death rate of infants under one year of age in this district was 12.1 per 1,000 live births, compared with 23.8 for

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 1942 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 show the rate for this district as compared with England and Wales, each over a five year period:

Year	Winchester Rural District	Great Towns	England and Wales
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 (24.1)	34	30 (30.8)
1951	16.8 (23.7)	34	30 (29.4)
1952	18.2 (23.4)	31	28 (28.2)
1953	31.8 (22.9)	31	27 (27.2)
1954	24.2 (21.9)	29	26 (26.0)
1955	23.5	28	25
1956	12.1	-	24

The average infant mortality rate in this district for the years 1902 - 1906 was 69.4.

INFANT MORTALITY RATE (QUINQUENNIAL).



PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

The following table shows the incidence of commoner infectious diseases since 1942:

Year	Diphtheria	Scarlet Fever	Pneumonia	Measles	Whooping Cough	Puerperal Pyrexia	Infantile Paralysis	Erysipelas	Enteric Fever	Cerebro-Spinal Fever	Ophthalmia Neonatorum	Dysentery
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	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
1952	-	26	6	262	167	1	-	5	-	1	-	1
1953	-	55	11	1,323	154	2	6	2	-	1	-	2
1954	-	19	6	12	226	-	-	3	1	-	-	22
1955	-	14	5	755	97	1	1	2	-	-	-	4
1956	1	8	3	61	52	-	1	3	-	-	-	-

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

Disease	Winchester R.D.	England and Wales
Diphtheria ...	0.02	0.00
Scarlet Fever ...	0.19	0.94
Pneumonia ...	0.06	0.57
Infantile Paralysis	0.02	0.07
Enteric Fever ...	Nil	0.00
Measles ...	1.44	3.59
Whooping Cough ..	1.22	2.07
Erysipelas ...	0.06	0.10

Measles.

The number of corrected notifications of measles was 61, representing an attack rate of 1.44 per 1,000 population, compared with 755 notifications and a rate of 18.21 per 1,000 population for 1955 and with 12 notifications and a rate of 0.28 for 1954. As with whooping cough, measles attacks infants and children; the age distribution of the cases in 1956 is shown below:

	Age					
	Under 1 year	1 - 2 years	3 - 4 years	5 - 9 years	10-14 years	Over 15 years
Number of cases ..	1	9	12	31	5	3
Percentage of total cases	1.6	14.8	19.7	50.8	8.2	4.9

No deaths occurred from measles, but much childhood ill-health may result from its complications which, however, have declined remarkably in recent years, especially with the use of antibiotics.

The parish in which measles was most prevalent was Otterbourne with an attack rate of 21.4 per 1,000 population.

Whooping Cough.

Whooping cough was less rife in 1956 and the number of notifications was the lowest for the last nine years. The annual average over the past fifteen years is 120. The incidence was highest in December. There is no doubt that the means of protection now at hand will soon be used on a sufficiently wide scale to reduce its incidence.

The attack rate in the district was 1.22 per 1,000 population in 1956, compared with 2.34 in 1955 and 5.31 in 1954. The parishes which experienced the highest incidence in 1956, with the attack rates per 1,000 population, were Sparsholt (8.4) and Bursledon (2.6). The age distribution was as follows:

	Age					
	Under 1 year	1 - 2 years	3 - 4 years	5 - 9 years	10-14 years	Over 15 years
Number of cases	3	12	17	18	2	-
Percentage of total cases	5.8	23.1	32.7	34.6	3.8	-

Scarlet Fever.

The number of corrected notifications (8) was the lowest recorded for this district. The infection continues to be mild and no case was admitted to hospital. This nursing at home is a great saving both economically to the community and in the use of nursing staff.

The incidence was highest in February. The attack rate was 0.19 per 1,000 population compared with a national incidence of 0.94. 75% of the cases were children under ten years of age; the age distribution was as follows:

	Age					
	Under 1 year	1 - 2 years	3 - 4 years	5 - 9 years	10-14 years	Over 15 years
Number of cases	-	-	3	3	-	2
Percentage of total cases	-	-	37.5	37.5	-	25.0

The parish mainly affected was Hound. No death is reported to have occurred from scarlet fever.

Dysentery.

The absence of a notified case of dysentery does not necessarily mean that the district was free from the disease. Medical help is not always obtained and confirmation bacteriologically is often lacking.

The evidence does suggest that dysentery is transmitted more from person to person than from contaminated food and no doubt the symptomless carrier plays his part. The avoidance of spread of the infection requires the practice of scrupulous personal hygiene - above all the thorough washing of the hands after each visit to the toilet. Cleanliness of body and clothing, but particularly the hands, is essential.

Poliomyelitis.

Corrected notifications of acute poliomyelitis diagnosed in the district during the year numbered only one. There were, however, two cases admitted for purposes of diagnosis and treatment to hospitals outside the area and, by a ruling of the Registrar-General these cases must be "notified to the Medical Officer of Health for the district in which the patient is at the time the disease is diagnosed and included in the returns for that district whether or not the patient is normally resident there".

Though particulars of these cases are received at a later date, the cases never appear in the statistical return of infectious diseases in this district which is made to the Registrar-General. The true incidence of the disease is therefore 0.06 per 1,000 population compared with a national incidence of 0.07 per 1,000 population. Of the three cases, one was paralytic; no death occurred. The three cases occurred in January, May, and September in the parishes of Twyford, Hursley and Kings Worthy respectively.

Diphtheria.

The one case included in the following table interrupts a record of absence of the disease extending over a period of nine years. It occurred in a woman of twenty-five years who had never been immunised. A virulent strain of the diphtheria organism was isolated from her throat.

Such an occurrence emphasises the need to ensure that the parents of every child born in the district or entering from another district are informed fully of the advantages of immunisation, first by letter and later, should it be necessary, by a personal approach. I must draw the attention of all parents to the fact that it is too late to have their child immunised after a case has occurred and I strongly recommend them to have their child immunised about the fourth month.

The following table shows the number of cases and the number of children immunised annually since 1942:

Year	Number of children immunised			Boosts	Number of cases	
	Primary				Winchester R.D.	England and Wales
	Under 5	Over 5	Total			
1942	423	468	911	-	4	41,404
1943	486	262	748	-	2	34,622
1944	481	220	701	-	2	23,199
1945	459	137	596	21	2	18,596
1946	491	322	813	38	2	11,896
1947	549	198	747	608	-	5,609
1948	754	254	1,008	1,510	-	3,575
1949	660	219	879	919	1	1,890
1950	639	116	755	824	-	962
1951	686	78	764	861	-	664
1952	672	117	789	1,020	-	376
1953	680	91	771	1,527	-	266
1954	632	195	827	1,122	-	173
1955	540	110	650	1,095	-	161
1956	634	115	749	1,066	1	63

The full benefits from immunisation in this country are now beginning to come to light, and the following table shows the dramatic change which has taken place in the incidence and mortality of the disease:

Diphtheria Statistics - England and Wales

Year	Notifications	Deaths
1945	18,596	722
1956	63	7

Immunisation Arrangements.

Whooping Cough.

As from May, 1955, whooping cough immunisation facilities became available at Child Welfare Centres. At the same time, payment to doctors for submission of record cards was approved. The new scheme put whooping cough immunisation very much on the same lines as diphtheria immunisation. The Local Health Authority pays family doctors for records pertaining to children under five years of age given either single or combined treatment; in addition, records of "boosting" doses given to children over five merit payment provided the immunisation includes a "boost" against diphtheria.

During 1956, 578 children under five years of age and 19 between five and fifteen years were immunised, a total of 597. In addition, 65 children received the "boosting" dose.

Tetanus.

In July, 1956, on approval by the Ministry of Health of the Hampshire County Council's scheme for tetanus immunisation, all general practitioners were informed that material was now available for immunisation at the one time against diphtheria, whooping cough and tetanus. By the end of the year, 63 children under the age of five years had been immunised.

Although the time of risk to children of developing whooping cough is in infancy and there is little reason, therefore, for giving booster doses during school life, tetanus continues to be a possible hazard throughout life. There is accordingly much to be said for continuing, as with diphtheria

immunisation, to give "booster" doses to children of school age.

Poliomyelitis.

Poliomyelitis vaccination began on a national basis early in May, 1956 and continued till the end of June. Certain age groups were selected and the number of Rural District children immunised at the start totalled sixty. Arrangements were made for group clinics to be held at the Health Department, The Square, Winchester and at Hedge End and Netley. In addition, a few were immunised at Eastleigh and by home visits where necessary. All vaccinations under the scheme were discontinued as from the 30th June, 1956 on account of the customary increased incidence during the summer months.

Towards the close of the year, arrangements were being made for the resumption of this work. It had been the intention that the first issue of the vaccine would be distributed to local authorities in the last week of November and was only sufficient to complete the vaccination of the 27,000 children in England and Wales who received their first injection during the opening stage of the campaign.

Arrangements were also in hand for general practitioners as well as local medical officers to carry out vaccinations. Vaccination would for some time be confined to the one-and-a-half million children born during 1947-1954 who were registered in 1956 but who had not yet been vaccinated. General practitioners could decide individually whether they wished to take part in these arrangements; they would be required to send to the local authority a record of each vaccination, for which a fee of five shillings was payable.

Commenting on the position once all the registered children had been vaccinated, the Minister of Health stated, "The offer of vaccination to children other than those already registered depends on the production of larger quantities of vaccine. It is to be hoped that this will be possible later in 1957, but no more precise indication can at present be given".

At the same time, the Medical Research Council, carrying out investigations on the immunising power of the new British vaccine, reported early in 1957 that it was able to produce an antibody response to all three types of poliomyelitis virus in a high proportion of children and that no untoward reactions were observed in any of the children as a result of inoculation.

Diphtheria.

Pre-school children: a list of births is compiled from the returns of the registrars and from notifications of births sent to me by the County Medical Officer. When a child reaches the age of three months, a card is sent to the parents containing information and a detachable consent card, stating whether they wish their 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 this 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 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 immunisation clinics to be held at the school.

Publicity: propaganda efforts are continuous; by means of leaflets and cards, through the services of the health visitors, doctors, public health inspectors and voluntary agencies, parents are being constantly reminded of the need for immunisation.

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 is notified by the former local authority; sometimes the information comes indirectly.

In England and Wales during 1956, the death rate from all types of tuberculosis was 0.12 per 1,000 population; in this district it was 0.09 per 1,000 population.

The following table refers to new cases, cases transferred to the district and mortality during the past eight years:

Tuberculosis - New Cases, Transfers and Mortality, 1949-56.

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.		M.	F.	M.	F.	M.	F.	
1949	21	9	3	4	37	11	1	-	1	13	4	4	2	1	11	4	4	1	11		
1950	18	3	3	3	27	5	4	-	1	10	11	4	1	-	16	11	4	1	16		
1951	12	17	5	5	39	8	2	-	2	12	6	1	2	-	10	6	1	2	10		
1952	10	19	2	2	33	4	2	1	2	7	4	6	1	-	9	6	3	-	9		
1953	13	16	3	1	33	6	7	1	1	15	5	3	1	-	8	5	3	-	8		
1954	15	12	5	6	38	8	6	1	1	16	8	6	1	1	2	1	-	1	2		
1955	14	10	4	2	30	4	11	-	-	15	4	11	-	-	5	3	1	-	5		
1956	21	11	2	3	37	3	4	1	4	8	3	4	1	-	4	-	4	-	4		

Notifications of new cases total 37; the number of cases transferred to the district was 8. Figures are small and comparison possibly misleading. The number of new cases is about average for the last eight years.

It would appear that the disease is beginning to lessen generally in severity. Undoubtedly there is better diagnosis and better treatment. Mass miniature radiography is bringing to light many early cases. The increasing number of known tuberculous people presents a serious problem and numerous sources of infection to others in the community. There is an element of danger in too great reliance being placed on prolonged chemotherapy, forgetting that prevention is an even better method of control. The attack on tuberculosis can be made in various ways - tuberculin testing, B.C.G. vaccination and Mass X-rays.

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

Age	Pulmonary		Non-pulmonary		Total
	Male	Female	Male	Female	
Under 1 year ...	-	-	-	-	-
1 - 4 years ...	-	-	-	-	-
5 - 14 years ...	-	1	-	-	1
15 - 24 years ...	1	1	-	-	2
25 - 34 years ...	7	5	1	-	13
35 - 44 years ...	3	3	-	1	7
45 - 54 years ...	6	-	-	1	7
55 - 64 years ...	2	-	-	-	2
65 years and over...	2	1	1	1	5
Totals ...	21	11	2	3	37

The following table shows the position at 31st December, 1956 compared with that at 31st December, 1955; periodic scrutiny of the register is made to ensure that the numbers are as accurate as possible; the criterion for removal from the register may be a matter of opinion.

	Pulmonary			Non-pulmonary			Total
	M	F	Total	M	F.	Total	
Number on register at 31st December, 1955	119	90	209	19	21	40	249
Additions during year	24	15	39	3	3	6	45
Removals during year	10	13	23	1	-	1	24
Number on register at 31st December, 1956	133	92	225	21	24	45	270

Mass Miniature Radiography.

The use of mass miniature radiography has brought to light many early cases. Between the end of February and mid-April, 1956, the Southampton Unit visited Winchester and surveyed certain groups. It is reasonable to assume that the 6,587 people examined represented a proportion from the neighbouring villages of this district. Twenty-five cases of active pulmonary tuberculosis were discovered. The incidence per 1,000 in Winchester and District of new cases of active pulmonary tuberculosis found was 3.79 compared with a general public incidence of 3.13 in 1955.

The mass miniature radiography service was inaugurated in 1943, but there is now an increasing tendency for the type of work being carried out by the Units to change. The returns in more recent years from sessions have begun to diminish with the consequent need of adapting the use of the teams to the changing demand. More Units are now more stationary and provide a Chest X-ray service for cases referred by general practitioners, contacts of cases, industrial and other staffs, school teachers and workers in contact with children. A permanent service also becomes available to the general public. The change has proved rewarding and, locally, the Mass Miniature Radiography Unit is intending to concentrate more on those groups in the community in which the highest incidence of tuberculosis is to be found.

Bacille Calmette Guerin (B.C.G.)

In prevention, of the many preparations used for inoculation, only one, B.C.G., has been adopted on a wide scale and vaccination is carried out by general practitioners in appropriate contacts in the community.

In regard to school children, mention must be made of the scheme for the vaccination of 13-year old school children started in 1955 by the Hampshire County Council and reported upon by the Principal School Medical Officer. The vaccination is offered only to children aged 13, and for the time being is restricted to schools in the vicinity of Southampton and Portsmouth; the selection of these areas is based on the assumption that children who are going to work in urban areas will be at greater risk of contracting tuberculosis than those in the more rural areas. The children are tuberculin-tested and only those found tuberculin-negative are vaccinated. The names of those found tuberculin-positive are passed to the Chest Physicians for any further investigation they may think advisable. The vaccinated children will be re-tested a year later to ensure that "tuberculin conversion" has been achieved. The whole procedure is of course subject to written consent by the parent. The

vaccination was carried out in one school, Hamble County Secondary School, in this Rural District in 1956 and the work is summarised in the following table:

(a) Number of invitations issued to parents offering tuberculin-testing and, if necessary, vaccination	... ..	127
(b) Number of forms returned by parents consenting	... ..	101
(c) Number of children tuberculin-tested	... ..	98
(d) Number of children tuberculin-positive	... ..	10
(e) Number of children vaccinated	... ..	84

The Local Sanitary Authority has a part to play in the prevention of tuberculosis. The Chief Medical Officer of the Ministry of Health has written that in 1955 the examination of contacts of diagnosed cases produced 8% of new notifications. Contacts, however, are at a greatly increased comparative risk. It has been calculated that, in the first year after detection of a case in a family, the other members have 22 times greater risk of developing tuberculosis than those in a control group.

At present, in this district, each new case coming to notice is visited, inquiry is made as to housing, sanitary and social conditions, questions are directed to try and elicit the source of infection - the root of the whole problem - and precautions are outlined in an endeavour to prevent the spread to others, probably more vulnerable, in the household. These records are often of value at a later date in regard to housing matters and in dealing with the other social problems which arise in a household afflicted with tuberculosis, the treatment aspect of which is only one facet of a major family disruption.

Investigation has also shown that the labour involved in contact tracing can be much more rewarding if not confined to the family circle; tuberculosis is not a respecter of family boundaries. Prevention is matter of housing, immunisation, segregation if necessary and general hygiene. The Housing Committee of this Council realise the difficulties and cases of tuberculosis requiring alternative accommodation are given priority. During the year several such cases were rehoused.

FOOD HYGIENE.

Reference was made in my 1955 Report to the Food and Drugs Act of that year, which came into force on the 1st January, 1956. On the same day, the Food Hygiene Regulations, made under that Act, came into operation, replacing Section 13 of the Food and Drugs Act, 1938, and with extension and modification of the hygiene requirements. The regulations apply to the supply of food in the course of business, now defined so as to include schools as well as canteens, clubs, hospitals and other institutions.

Deserving special mention among the regulations are those requiring personal cleanliness of the kitchen staff, those concerned with the temperatures at which certain foods, specially liable to transmit disease, are to be kept in food premises and those requiring the provision of washbasins and hot water, sanitary conveniences, adequate water supply and facilities for the proper washing of food and equipment.

Six months grace, from the 1st January, 1956, was allowed for compliance with certain provisions relating to construction of articles or equipment, constant water supply, provision of wash-hand basins, adequate supply of hot and cold water, locker or other accommodation for clothing, etc. of food handlers, facilities for washing food and equipment, temperatures at which certain foods are to be kept, supply of water at stalls, the transport of meat, and sleeping places communicating with food-rooms. Some premises may be exempted by certificate issued by the local authority in exceptional cases and there is the right of appeal against refusal or withdrawal. There is no doubt that the careful observance of the regulations should make an effective contribution to a reduction in the number of outbreaks of food infection.

Regulations in themselves will not ensure, however, that the various appliances and premises mentioned will be properly used. The food service staff themselves are the key to the successful provision of clean and harmless food. For this to be achieved, education of the individual food handlers is necessary; many are not interested and, even if instructed, are sufficiently lazy to indulge in momentary indiscretions. The public themselves, becoming annually more food hygiene conscious, are in a position to buy at shops where there is an obvious awareness of the need for cleanliness. It should not be left to one or two large firms to show how food can be stored, packaged and sold. The personnel require guidance and informed criticism by well-trained supervisors who are constantly on the watch. The ultimate solution is education but the task is enormous.

Food Premises.

The following shows the number of food premises, etc. by type of business, in this area:

Cafes, etc.	41
General Stores	94
Bakers	11
Butchers	17
Premises registered under Section 16, Food and Drugs Act, 1955:-	
Ice-cream	106
Preserved foods	19
Dairies registered under the Milk and Dairies Regulations, 1949	9
Number of inspections of registered food premises	356

Method of Disposal of Condemned Food.

Fresh or imported meat under the weight of 50 lbs. found to be unfit is cut up and sterilised for animal feeding. Larger quantities are returned to the Ministry of Food Distribution Depot at Winchester. Canned food condemned is opened and removed for disposal by our own refuse collection staff.

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 amending Act of 1951 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 persons.

During the year, although a watchful eye was kept on one or two persons, it was not found necessary to obtain compulsory removal of any people against their will from their homes. In general, it is an undesirable step, as old folk are only too anxious as a rule to put up with considerable discomfort and lack of amenities to enjoy the privacy of their own hearth. It is a step which must be considered only if all the assistance which can be given by Home Helps, District Nurses, National Assistance Board Officers and Welfare Officers has failed to provide the care and attention needed.

BYELAWS.

The following byelaws were in operation in this District as at 31st December, 1956:

<u>Series</u>	<u>Date of confirmation</u>
Tents, Vans and Sheds, etc. Byelaws	... 4th August, 1937
Byelaws for the Handling, Wrapping and Delivery of Food, etc. (Food and Drugs Act, 1955)	... 11th April, 1950
Byelaws for preventing waste, undue consumption, misuse or contamination of water. (Water Act, 1945, Section 17)	... 19th October, 1956
Building Byelaws under the Public Health Act, 1936	... 27th May, 1953.
Byelaws prohibiting the deposit of liquid matter in dustbins (Public Health Act, 1936, Section 72(3)(c))	... 10th Sept. 1956.

During the year, although a watchful eye was kept on one or two persons, it was not found necessary to obtain consent or removal of any person's goods from their house. In general, it is an unfortunate fact that the only two persons anxious as a rule to put up with considerable discomfort and lack of amenities to enjoy the privacy of their own homes is a step which must be considered only if all the usual means which can be given by Home Help, District Nurses, National Assistance Board Officers and Welfare Officers has failed to provide the care and attention needed.

15591-1, 15591-2, 15591-3, 15591-4, 15591-5, 15591-6, 15591-7, 15591-8, 15591-9, 15591-10, 15591-11, 15591-12, 15591-13, 15591-14, 15591-15, 15591-16, 15591-17, 15591-18, 15591-19, 15591-20, 15591-21, 15591-22, 15591-23, 15591-24, 15591-25, 15591-26, 15591-27, 15591-28, 15591-29, 15591-30, 15591-31, 15591-32, 15591-33, 15591-34, 15591-35, 15591-36, 15591-37, 15591-38, 15591-39, 15591-40, 15591-41, 15591-42, 15591-43, 15591-44, 15591-45, 15591-46, 15591-47, 15591-48, 15591-49, 15591-50, 15591-51, 15591-52, 15591-53, 15591-54, 15591-55, 15591-56, 15591-57, 15591-58, 15591-59, 15591-60, 15591-61, 15591-62, 15591-63, 15591-64, 15591-65, 15591-66, 15591-67, 15591-68, 15591-69, 15591-70, 15591-71, 15591-72, 15591-73, 15591-74, 15591-75, 15591-76, 15591-77, 15591-78, 15591-79, 15591-80, 15591-81, 15591-82, 15591-83, 15591-84, 15591-85, 15591-86, 15591-87, 15591-88, 15591-89, 15591-90, 15591-91, 15591-92, 15591-93, 15591-94, 15591-95, 15591-96, 15591-97, 15591-98, 15591-99, 15591-100

The following byelaws were in operation in this District as at 31st December, 1956:

Date of confirmation	Description
15th April, 1950	Byelaws for the handling, weighing and delivery of food, etc. (Food and Drugs Act, 1955)

Byelaws for preventing waste, refuse collection, slaves of contamination of water. (Water Act, 1945, Section 17) (17th October, 1952)

Byelaws for preventing waste, refuse collection, slaves of contamination of water. (Water Act, 1945, Section 17) (17th October, 1952)

Byelaws prohibiting the deposit of refuse in streets and public places. (Public Health Act, 1936, Section 13) (17th October, 1952)

Byelaws prohibiting the deposit of refuse in streets and public places. (Public Health Act, 1936, Section 13) (17th October, 1952)

The Public Health Act 1936 gave local authorities power to make byelaws for the better regulation and management of streets and public places, and for the prevention of nuisances and the preservation of health. The Act also gave local authorities power to make byelaws for the better regulation and management of streets and public places, and for the prevention of nuisances and the preservation of health.

It will be seen from the following table that there was an increase in the number of new Council houses and flats occupied during the year as compared with 1955. The number of applications for housing accommodation has also increased.

Statistics as follows:

	1956	1955
(a) New Council houses and flats occupied during the year	88	67
(b) Number of applications for housing accommodation received by the Council during the year	112	111
(c) Number of applications for housing accommodation received by the Council during the year	15	16
(d) Number of "live" applications for housing accommodation received by the Council during the year	1,358	1,358

I have the honor of placing before you my Annual Report for the year 1956.

ANNUAL REPORT

for the year 1956

by the

SENIOR PUBLIC HEALTH INSPECTOR

Mr. G. H. ...	1	Mr. G. H. ...	1
Mr. J. ...	1	Mr. J. ...	1
Mr. K. ...	1	Mr. K. ...	1
Mr. L. ...	1	Mr. L. ...	1
Mr. M. ...	1	Mr. M. ...	1
Mr. N. ...	1	Mr. N. ...	1
Mr. O. ...	1	Mr. O. ...	1
Mr. P. ...	1	Mr. P. ...	1
Mr. Q. ...	1	Mr. Q. ...	1
Mr. R. ...	1	Mr. R. ...	1
Mr. S. ...	1	Mr. S. ...	1
Mr. T. ...	1	Mr. T. ...	1
Mr. U. ...	1	Mr. U. ...	1
Mr. V. ...	1	Mr. V. ...	1
Mr. W. ...	1	Mr. W. ...	1
Mr. X. ...	1	Mr. X. ...	1
Mr. Y. ...	1	Mr. Y. ...	1
Mr. Z. ...	1	Mr. Z. ...	1

Senior Public Health Inspector.

May, 1956.

To the Chairman and Members
of the Health Committee,
Winchester Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour of placing before you my
thirtieth Annual Report.

As is customary, the report covers the period
1st January to 31st December and gives a brief review of the
work carried out by your Inspectorate in environmental
hygiene under the various statutory requirements.

Apart from slum clearance, the main emphasis
of the year's work has been on food hygiene. There is room
for gratification inasmuch as proprietors of food premises
have carried out the requirements of the Food Hygiene Reg-
ulations during the year without any formal action being
necessary.

In conclusion, I should like to express my
gratitude to the staff of the Health Department for the
willing and valuable assistance given to me during the past
years.

I am indebted also to my colleagues in other
departments for their assistance and advice in the past.

I am,

Your obedient Servant,

FRANK HURST

Senior Public Health Inspector.

It will be seen from the following table that there was an increase in the number of new Council houses and flats occupied during the year as compared with 1955. The number of applicants for housing accommodation has also increased.

Statistics are as follows:

	<u>1956</u>	<u>1955</u>
(a) New Council houses and flats occupied during the year	88	67
(b) Number of agricultural workers allocated houses	nil	nil
(c) Number of families rehoused from camp hutments	15	16
(d) Number of "live" applications for accommodation as at 31st December, 1956 ...	1,379	1,358

Provision of New Houses and Flats.

24 houses and 64 flats have been erected for the Council during the year in the undermentioned parishes:

	<u>Houses</u>	<u>Flats</u>		<u>Flats</u>
Compton	16	4	Owslebury	16
New Alresford	2	12	Kings Worthy	8
Wonston	2	12	Otterbourne	8
Hound	4	-	Bursledon	4

In addition, 257 houses were erected by private enterprise in the undermentioned parishes:

Hedge End	46	Otterbourne	7
West End	31	Kings Worthy	6
Oliver's Battery	24	Owslebury	5
Bursledon	23	New Alresford ..	5
Hound	21	Bishops Sutton..	2
Wonston	17	Hursley	2
Compton	11	Bramdean	1
Golden Common	10	Crawley	1
Fair Oak	9	Headbourne Worthy	1
Hamble	9	Itchen Stoke	
Littleton	8	and Ovington ...	1
Twyford	8	Northington	1
Botley	7	Old Alresford ..	1

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

Parish	Tradit- ional	Non- tradit- ional	Flats	Pre- fabs	Total	Huts
Bishops Sutton	4	-	-	-	4	-
Bighton ...	4	-	-	-	4	-
Bramdean ...	10	10	-	-	20	-
Cheriton ...	6	6	-	-	12	-
Itchen Stoke and Ovington..	6	-	-	-	6	-
Itchen Valley..	10	4	-	-	14	-
Kilmeston ...	6	-	-	-	6	-
New Alresford..	116	-	12	10	138	-
Old Alresford..	10	10	-	-	20	-
Colden Common..	14	26	-	8	48	-
Compton ...	34	-	24	-	58	-
Crawley ...	8	-	-	-	8	-
Hursley ...	6	-	-	-	6	-
Kings Worthy ..	88	28	8	115	239	-
Littleton ...	8	-	-	-	8	-
Micheldever ...	10	8	9	-	27	-
Otterbourne ...	18	6	8	-	32	-
Owslebury ...	26	2	16	-	44	-
Sparsholt ...	36	-	-	-	36	-
Twyford ...	16	12	12	-	40	-
Wonston ...	28	-	12	-	40	-
Botley ...	48	-	-	-	48	4 +
Bursledon ...	42	226	128	-	396	56
Fair Oak ...	64	12	-	-	76	-
Hamble ...	42	50	20	50	162	-
Hedge End ...	94	26	-	20	140	14 +
Hound ...	124	77	4	62	267	-
West End ...	118	-	32	-	150	-
Totals ...	996	503	285	265	2,049	74

Ex-Service Camps.

The Cricket Camp at Bursledon is now the only camp under the administration of the Council. At the end of the year, this camp consisted of fifty-four Orlits and two Nissen huts.

Clearance Areas and Individual Unfit Houses.

No properties have been scheduled for demolition under Clearance Area procedure during the year. Action has been taken under individual unfit houses as shown in the table below.

It is unfortunate that the building programme during the year received a set-back and a higher proportion of closing and demolition orders than had been anticipated had to be deferred in consequence.

A. HOUSES DEMOLISHED			
	Number	Displaced	
		Persons	Families
<u>In Clearance Areas</u>	-	-	-
<u>Not in Clearance Areas</u>			
Houses demolished as a result of formal or informal procedure under Section 11, Housing Act, 1936	9	6	2
B. UNFIT HOUSES CLOSED			
Under Sec.11, Housing Act, 1936 and Sec. 10(1) and 11(2), Local Government (Misc.Prov.) Act, 1953	13	19	5
Under Sec. 3(1) and 3(2), Housing Act, 1949	-	-	-
Parts of buildings closed under Sec.12, Housing Act, 1936 ...	-	-	-
C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED			
		By Owner	By L.A.
After informal action by Local Authority ...		25	-
After formal notice under:			
(a) Public Health Acts		2	-
(b) Housing Act, 1936		3	-
Under Sec. 5, Housing Repairs and Rents Act, 1954		-	-
D. UNFIT HOUSES IN TEMPORARY USE (Housing Repairs and Rents Act, 1954)			
Nil			
E. PURCHASE OF HOUSES BY AGREEMENT			
Nil			

Improvement Grants.

Details of applications for improvement grants during the year are as follows:

Number of applications ...	...	76
Number approved by the Council ...	...	71
Number cancelled by applicants ...	...	4
Number refused by the Council ...	...	1

Temporary Building Structures.

Licences issued under Section 53 of the Public Health Act, 1936 for buildings constructed of short-lived materials and used for human habitation are as follows:

Total number of licences approved ...	212
Number renewed during the year ...	nil
Number of new licences granted during the year ...	nil

Moveable Dwellings.

There seems to be an ever-increasing demand for permanent caravan sites in this area. As soon as a site is licensed, it is quickly filled to capacity. No licensed site had vacancies at the end of the year.

The sites were periodically inspected during the year and conditions were found satisfactory except in a few cases on smaller sites. Two caravans were found unfit for occupation and were condemned and removed from the site.

Seven individual caravan sites and one caravan camp have been licensed under Section 269 of the Public Health Act, 1936 during the year. Caravan sites in respect of which licences have been issued by the Council are as follows:

<u>Site</u>	<u>Number</u>
Riverside Caravan Camp, Satchell Lane, Hamble ...	50
Winchester R.D.C. Camp, Shamblehurst Lane, Hedge End ...	40
Tripps End Camp, Hammerton Farm, Hedge End ...	30
Oaktree Caravan Camp, Allington Lane, West End ..	25
Brickfields Caravan Site, Colden Common ...	24
Spring Lane Caravan Site, Colden Common ...	16
Taylor's Caravan Site, Sutton Scotney ...	18
Market Gardens Caravan Site, Oliver's Battery ...	12
Barney's Caravan Site, Crowd Hill, Fair Oak ...	12
Morn Hill Caravan Site, Alresford Road, Chilcomb .	10
The Shrubbery Caravan Site, Sutton Scotney ...	8

<u>Site</u>	<u>Number</u>
South Drive Caravan Site, Littleton	7
Dedman's Caravan Site, The Dean, Alresford ..	7
The Flower Pots Inn Site, Cheriton	6
Spicer's Caravan Site, Hedge End	5
Gorse Caravan Site, Colden Common	5

WATER SUPPLY

The Southampton Corporation water mains supply the parishes in the southern part of the district; Winchester Corporation mains, together with the Crabwood Water Company, supply water in the central parishes north of Winchester and the further northern and eastern parishes are supplied from the Totford water scheme.

Samples from these supplies are periodically submitted for bacteriological examination and the coliform bacilli and faecal coli figures have been certified as satisfactory by the Director of the Public Health Laboratory.

Chemical examination of samples taken recently show comparative figures in nitrogen content, temporary and permanent hardness, etc. as shown in the following table:

Chemical analysis (in parts per million).

	Southampton Corporation	Winchester Corporation	Totford Supply
Free Chlorine	0.25	Nil	Nil
Free Carbon Dioxide as CO ₂	3.0	17.0	16.0
Ammoniacal Nitrogen as N.	0.07	0.002	0.00
Albuminoid Nitrogen as N.	0.003	0.023	0.00
Nitrous Nitrogen as N.	Absent	Absent	0.0
Nitric Nitrogen as N.	3.6	3.5	-
Oxygen absorbed as O. (permanganate figure, 4 hours at 80°F)	0.23	Nil	Nil
Alkalinity as CaCO ₃	160	235	220
Total Solids	249.2	306	285
Reaction pH	7.8	7.1	7.3
Hardness: Temporary	106	170	-
Permanent	55	76	-
Total	161	246	250
Iron	Absent	Absent	Absent
Copper	Absent	Absent	Absent
Lead	Absent	Absent	Absent
Zinc	Absent	Absent	Absent
Phosphates	Absent	Absent	Absent

The following table shows the number of dwellings in each parish and the number provided with a main water supply at the end of the year:

Parish	Number of houses	Mains Supply		Percentage on main supply
		Direct to houses	Standpipe supply	
Abbotts Barton ...	9	7	-	77
Beaworth ...	40	21	-	53
Bighton ...	58	32	-	55
Bishops Sutton ...	164	92	-	56
Botley ...	436	397	-	91
Bramdean ...	179	89	-	50
Bursledon ...	982	911	-	93
Cheriton ...	178	91	-	51
Chilcomb ...	33	22	-	66
Colden Common ...	421	404	-	96
Compton ...	378	373	-	99
Crawley ...	148	139	-	94
Fair Oak ...	487	477	-	98
Hamble ...	838	821	-	98
Headbourne Worthy ...	99	76	-	76
Hedge End ...	999	908	-	91
Hound ...	1,304	1,242	-	95
Hursley ...	271	201	9	81
Itchen Stoke and Ovington ...	95	-	-	-
Itchen Valley ...	413	292	-	71
Kilmeston ...	78	44	-	56
Kings Worthy ..	607	603	-	99
Littleton ...	219	144	-	66
Micheldever ...	382	262	-	69
New Alresford ...	691	682	-	99
Northington ...	83	47	-	57
Old Alresford ...	156	103	-	66
Olivers Battery ...	184	179	-	97
Otterbourne ...	235	219	-	93
Owslebury ...	239	140	-	59
Sparsholt ...	205	187	-	91
Tichborne ...	78	35	-	45
Twyford ...	513	497	-	97
West End ...	1,034	1,002	-	97
Wonston ...	413	312	-	76
Totals ...	12,649	11,051	9	87

Samples of well water supplying 44 individual properties have been submitted for bacteriological examination during the year and resulted as follows:

Number found to be satisfactory 35
 Number found to be unsatisfactory 9

Where the source of water was found to be 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.

DRAINAGE AND SEWERAGE.

During the year, sewer connections have been made to residential properties in the undermentioned parishes:

West End	...	...	17.	Hound	...	...	3.
Hamble	...	...	7.	New Alresford	...	...	2.

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk.

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

Licences to pasteurise milk	...	...	...	...	1.
Dealers' Licences for pasteurised milk	...	...	...	...	5.
Dealers' Licences for tuberculin tested milk	...	...	...	...	5.
Supplementary Licences for pasteurised milk	...	...	...	...	10.
Supplementary Licences for tuberculin tested milk	...	...	...	...	11.
Supplementary Licences for sterilised milk	...	...	...	...	2.

Routine testing of pasteurised milk was carried out; 24 samples were submitted and all were satisfactory.

(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:

<u>Meat</u>		<u>Canned Foods.</u>	
Imported meat	.... 142 lbs.	Meat	... 19 lbs. Milk 7 tins
		Fruit	.. 3 $\frac{1}{8}$ lbs. Fish 2 tins
<u>Other Foods</u>		Veg-	Jam 1 lb.
Chicken	.... 4 lbs.	etable.	12 tins.

The following table shows the number of carcasses and offal inspected and the number condemned in whole or in part:

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	11	9	93	40	189	-
Number inspected	11	9	93	40	189	-
<u>All diseases except tuberculosis and cysticerci:</u>						
Whole carcasses condemned ..	-	-	2	-	-	-
Carcasses of which some part or organ was condemned ...	-	1	-	1	5	-
Percentage of number inspect- ed affected with disease other than tuberculosis or cysticerci	-	11.1	2.2	2.5	2.6	-
<u>Tuberculosis only:</u>						
	-	-	-	-	-	-
<u>Cysticercosis:</u>						
	-	-	-	-	-	-

Sampling of Food.

The Hampshire County Council is the sampling Authority under the Food and Drugs Acts. Details of substances sampled within this district during the year are as follows:

<u>Article.</u>	<u>Number taken</u>	
	<u>Genuine</u>	<u>Unsatis- factory.</u>
Butter and other fats	5	-
Drugs	2	1
Milk, Channel Island	43	1
Milk	82	-
Sausage, Meat and Fish products ...	12	-
Spirits	11	-
Other Foods	15	-
Totals ..	<u>170</u>	<u>2</u>

The 43 Channel Islands Milk samples proved to contain an average of 4.59% fat and 9.06 non-fatty solids and the 82 milk samples an average of 3.58% fat and 8.89% non-fatty solids.

Unsatisfactory samples: a sample of Channel Island milk was taken from one of 274 pint bottles being delivered to a firm of dairymen and certified to contain 3.10% fat and 8.94% non-fatty solids. The matter was brought to the notice of the producer who maintained that part of the consignment had more and part had less than the proper proportion of milk fat. In this case the firm had a good record and the matter was dealt with by caution. A follow-up sample taken nine weeks later contained 4.2% fat and 9.2% non-fatty solids.

An informal sample of Ammoniated Tincture of Quinine was purchased from Micheldever and certified to contain slightly more Quinine Sulphate than permitted, but was deficient in ammonia to the extent of 74%. The matter was brought to the notice of the vendor; the deficiency in ammonia appeared to be due to the age of the sample.

Ice-cream premises.

The number of premises registered for the sale of ice-cream in the district at the end of the year was 106. During the year nine premises were registered under the Food and Drugs Act for the sale of pre-packed ice-cream.

Periodical inspections and sampling where necessary have been carried out.

FACTORIES ACT, 1937.

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

Factories	Number on register.	Inspections	Written notices	Occupiers prosecuted
Factories (with mechanical power) ..	134	2	1	-
Factories (without mechanical power) ..	28	19	4	-
Other premises under the Act (including works of building construction, but not including out-workers' premises ..	-	-	-	-
Totals ..	162	21	5	-

REFUSE COLLECTION AND DISPOSAL.

Refuse collection is operated from the main depot at Morn Hill and the sub-depot at Grange Road, Hedge End; the refuse is carried by freighters to the tips, which are situated at Bramdean, Sparsholt, Micheldever, Colden Common and Hound.

A weely refuse collection is in operation for the parishes of Hamble and Hound; fortnightly collections take place in Abbotts Barton, Botley, Bursledon, Colden Common, Compton, Fair Oak, Headbourne Worthy, Hedge End, Hursley, Kings Worthy, New Alresford, Otterbourne, Twyford and West End. The remaining parishes have a four-weekly collection.

RODENT CONTROL.

Your rodent staff have collaborated with the Research Staff of the Ministry of Agriculture, Fisheries and Food Infestation Division in obtaining information of rat and mice infestation in ricks at different seasons of the year. Threshings were attended by the Agricultural Rodent Inspector and particulars taken and forwarded to the Research Department for compilation of a census.

The popularity of the rodenticide "Warfarin" continues to increase among farmers. One finds that there is a decrease in contracts made with servicing companies during the year.

Efforts have been made to persuade farmers to destroy the rats on the land before the Winter months arrive, to obviate the seasonal occupation of the banks and buildings and the consequent interference in many instances with our block control measures in the villages.

Inspections and treatments carried out by our operatives are shown in the following table:

Type of property	Inspections made	Treatments carried out		Under Sec.5	Block treatments
		Rats	Mice		
Local Authorities' properties ...	44	41	2	-	-
Dwelling houses) Business premises) ...	20,558	1930	7	-	125
Agricultural properties ...	815	111	-	-	-
Totals ...	21,447	2082	9	-	125

Number of dead rats found ... 3,377

SUMMARY OF VISITS AND INSPECTIONS.

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

Statute	Nature of Visit	Number of Inspections	
Milk and Dairies Regulations	Inspections for reconstruction, alterations and conditions of cleanliness	12	
Factories Act, 1937	Examination of means of escape in case of fire	2	
	Routine inspections	15	
Shops Act, 1934	Inspection of premises	19	
Food and Drugs Act, 1955	Inspection of premises	356	
Housing Acts, 1936-54	Houses inspected in respect of essential repairs	402	
	Re-inspection of premises	32	
	Investigation of housing applications	585	
	Number of houses found not to be in respects fit for habitation		3
	Defects remedied without service of formal notice in consequence of informal action by the Council or their officers		25
	Action under statutory powers under Public Health and Housing Acts: houses in respect of which formal notices served requiring repairs		5
Public Health Act, 1936	Inspection of premises	151	
	Nuisances found and remedied	81	
	Re-inspections	180	
	Inspections in connection with water supplies	152	
	Visits and disinfections in connection with notifiable diseases..	70	
	Drainage inspections	419	
Rodent Control	Number of inspections	21,447	
	Interviews		415
	Total	24,023	

STATEMENT OF WORKS AND INSPECTIONS

The following table shows the number of visits and inspections carried out during the year under the various Acts and Statutes. The figures are based on the returns submitted by the various inspectors.

Year	Number of visits	Number of inspections	Total
1937	15	2	17
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Total number of visits and inspections 3,377