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Winchester Rural District Council

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# ANNUAL REPORT

ON THE

## Health of the Rural District

### For the Year 1957

BY

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

*Medical Officer of Health*

AND

E. M. ORGAN, M.A.P.H.I., C.R.S.I.

*Chief Public Health Inspector*

and

*Public Cleansing Officer*







Winchester Rural District Council



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THE RURAL DISTRICT COUNCIL OF WINCHESTER.

(as at 31st December, 1957)

Chairman of the Council:

x Colonel G.C. STOCKWELL

Vice-Chairman of the Council:

x MR. B. BIGNELL

Members of the Council:

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

x - Member of the Health Committee

Clerk of the Council:

Mr. R.W. PARTINGTON





August, 1958.

To the Chairman and Members  
of the Winchester Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting to you my twelfth 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. The report has been divided into two parts, the first referring to the province of the Medical Officer of Health and the second contributed by the Chief Public Health Inspector. The report, in the main, is on the same lines as that for previous years with certain fresh information incorporated in the various sections.

I insert here a few general comments on points of interest, most of which are dealt with in more detail in subsequent pages.

#### Population.

At mid-1957, the population of the Rural District has been estimated to be 43,340. This figure includes members of the Armed Forces stationed in the District, and shows an increase of 850 over the figure for 1956.

#### Infectious Diseases.

By the late spring, the 1957 epidemic of measles was reaching its peak. Notifications totalled 487. The outbreak was widespread and the number of notifications give but a measure only of the incidence.

Diphtheria was again absent; only one notification, and that in an unimmunised adult woman, has been received since 1946 concerning any resident of the District.

Whooping Cough continues to be rife, but numbers are below that of the 1950 - 1954 years. Criteria for diagnosis are at times uncertain and possibly not all cases are notified. The increasing use of immunising agents, though statistically not showing any marked reduction in incidence, are from all accounts, lessening the severity of the attack.

Poliomyelitis cases numbered four in the year - an



incidence of 0.09 per 1,000 as compared with a national incidence of 0.10 per 1,000. . All cases were paralytic, of varying severity; none failed to make a good recovery.

Tuberculosis notifications show a decided fall. Figures are small and comparisons possibly misleading, but 21 new cases notified compares well with 37 for the previous year.

#### Non-notifiable Diseases.

Non-notifiable infectious diseases have come to light through various channels. Mumps, chicken-pox and german measles have at times had considerable nuisance value in schools, though from the discovery of the connection between viral and bacterial diseases and congenital abnormalities they may perhaps not be so innocent as we have in the past been led to believe.

Throughout the years, a concentrated drive to improve public health has been made by the eradication of infectious diseases and the bettering of environment. But by far the greatest proportion of ill-health stems not from infectious diseases but from other conditions for which there are many causes. Heart disease, rheumatism, mental illness, cancers can cause a tremendous waste of time and money by undermining the health, happiness and prosperity of the people. The time has been reached when much more research is required into the cause of the numerous diseases which may be preventable. Without research, no one can state the cause. An immense body of knowledge exists but there is a lack of co-ordination of that information and of the machinery by which precise problems could be solved. Concentration should then be directed to the prevention of the causes and not on the expensive treatment of their results.

#### Sewerage Schemes.

A report for 1957 would be incomplete without reference to the beginning of work on the Botley and Hedge End sewerage scheme. This subject has been receiving the consideration of the Council for many years; from the health aspect, the point of greatest significance was reached when the decision of the Ministry of Housing and Local Government was received agreeing to the two more important stages of the scheme; the uphill struggle to secure approval had been successful.

During the year, much preparatory work was undertaken and plans made for the scheme to be carried out during the year 1958. The elimination of the numerous and unhealthy nuisances in those two areas will be a most welcome step. Preliminary plans are now



being made for the provision of main sewerage facilities in the parish of Bursledon.

### Salvage and Scavenging.

A major change made during the year was the transfer to the Health Department of the responsibility for salvage and scavenging. The change and the appointment of a new Chief Public Health Inspector coincided. Clerical staff had to be increased and a re-organisation effected. The increasing amount of work from this transfer of a Department, together with a growing realisation of the contribution which can be made by a Health Department, led the Council at the close of the year to give consideration to the strengthening of the inspectorate.

### The Aim.

The work of a Rural District Council in the field of public health goes on quietly and constantly. It lacks the dramatic appeal and glamour of the curative medical services; it gets the limelight only when something goes wrong. A Public Health Department cannot show what it does; it cannot point to Council houses erected; it cannot produce a balance sheet; it cannot list legal issues won. Its results are not dramatic and are not readily noticeable. Those with longer memories, however, will go back ten, twenty years, perhaps, and, in recollection, will note what improvement has been made.

It is a simple matter to include a table of deaths occurring in the year; but it is impossible to include a table showing the number of lives saved by improvement, among other things, of environmental hygiene. Our aim in the public health field is not only the postponement of death, but the prevention of illness and so to improve environmental conditions that a happy and healthy life is ensured. One cannot measure an improvement in the public health by the crude yardstick of the number of deaths.

### Staff.

In conclusion, my report would not be complete without mentioning the retirement of Mr. Hurst, who, for a period of twenty-five years, had carried out the duties of Senior Sanitary Inspector. In his place, the Council appointed Mr. E.M. Organ, who, with Mr. Beyer and Mr. Smith, the two District Public Health Inspectors, have ably coped at all times with a surprising variety of activities. Without their sustained efforts and cheerful assistance, little progress could be made.



To the clerical staff, whose accommodation leaves a lot to be desired, I offer my thanks for their co-operation and work under what are undoubtedly very trying and difficult conditions.

I should also like to thank the Chairman and Members of the Health Committee for their consideration throughout the year.

JOHN L. FARMER

Medical Officer of Health.

GENERAL PROVISION OF HEALTH SERVICES IN THE DISTRICT.

Staff (as at 31st December, 1950)

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 Inspectors:

R.W. ORGAN, M.A.P.H.I.

District Public Health Inspectors:

S.H. BEYER, M.A.P.H.I.

H.J. SMITH, M.A.P.H.I.

Clerical Staff:

C.B. ASHMAN

K.P. JONES

Miss S.M. HITCHINGS

Rodent Officer:

T. SAWKINS

Agricultural Rodent Inspectors:

O.J. NURRIS

Rodent Operatives:

L. GOODRUE

A. HOLEY

F. PASQUE

Miss B. STUART

Mrs. K. UNDERWOOD

Engineer and Surveyor's Department:

Engineer and Surveyor:

W.C. GRAPER, M.T.P.I., A.M.I., Mun. E.

Deputy Engineer and Surveyor:

L.B. WIFFINSD, 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, Whitchurch, 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 collect 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) Non-urgent cases.

Hospitals maintain waiting lists for non-urgent cases and inform patients direct when a bed is available.

(c) 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.

(d) 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.

(e) 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.

(f) 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.



(g) 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.

(h) 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. No application for sanatorium treatment should be made to the Bed Service, which will not normally be concerned with tuberculosis cases, except to arrange the admission of emergencies. In cases of emergency, doctors may, if the Chest Physician for the area is not available, apply for admission direct to a General Hospital or through the Bed Service.

(i) Convalescence.

Convalescent treatment for patients following hospital treatment is normally arranged through the Hospital Service. Patients not requiring medical or nursing attention may be referred to the County Medical Officer for admission to Rest Homes under the County scheme, and for which patients are assessed for a contribution towards the cost of maintenance.

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.

The object of the domiciliary service is to make the services of specialists available to general practitioners for patients not fit to be referred to hospital out-patient clinics and not needing admission as in-patients. The service is not intended to provide a second opinion merely to meet the wishes of patients, nor may it be used (except in emergency for certain maternity cases) for patients, who are not permanent residents, in private nursing homes or hospitals.

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.

### 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
		Romsey Road.		Mondays at 2 p.m.
HAMBLE	..	Memorial Hall	..	4th Wednesday at 2 p.m.
WEST END	..	Parish Hall	..	1st Tuesday at 2 p.m.

#### (b) Child Welfare Clinics.

ALRESFORD	...	Methodist	
		Church Hall	... 2nd and 4th 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
COLDEN COMMON		Parish Hall	... 2nd Tuesday
TWYFORD	...	The Surgery	
		Queen Street	... 1st Tuesday
OWSLEBURY	...	Village Hall	... 1st Monday
BOTLEY	...	Catherine Wheel..	1st and 3rd Wednesdays
BURSLEDON	...	Parish Hall	... 3rd Tuesday
PILANDS WOOD,			
BURSLEDON..		Old Reading	
		Rooms	... 1st and 3rd Thursdays
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
WEST END	...	Parish Hall	... 2nd and 4th Wednesdays
HEDGE END	...	St. John's Rooms.	2nd and 4th Tuesdays

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



(c) Tuberculosis Clinics.

WINCHESTER ... County Medical .. Wednesdays and Thursdays  
Department, at 10 a.m. New cases:  
The Castle Wednesdays at 2.30 p.m.

EASTLEIGH ... The Mount .. Tuesdays and Fridays  
Sanatorium, at 9.30 a.m. New cases:  
Bishopstoke Tuesdays at 2 p.m.

(d) Venereal Diseases Clinics.

WINCHESTER ... Royal Hampshire . Males: Saturdays, 10 a.m.  
County Hospital . Females: Tuesdays, 2 p.m.

SOUTHAMPTON .. Males: Daily at 9 a.m. Mondays  
1, Cardigan Road to Fridays at 5 p.m.

Females: Health Mondays at 10 a.m.  
Centre, Kings Thursdays and Fridays  
Park Road. 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 at 9.30 a.m.  
WINCHESTER ... 4, The Square .. Daily (except Sat-  
urdays) 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, Eastleigh 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 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 Kilместon	Miss M.C. Tate
Miss B.J. Trasler S.R.N., S.C.M. 2, Meryon Road, Alresford (Alresford 150)	Bighton Bishops Sutton New Alresford Tichborne	
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
	Martyr Worthy	Miss M.A. Joughin
Miss F.M. Calvert, S.R.N., S.C.M., 7, Tovey Place, Kings Worthy. (Winchester 4844)	Abbotts Barton Headbourne Worthy Kings Worthy	Mrs. A. Noble Miss E.K. Wilton
	Crawley Littleton	Miss E.K. Wilton
Miss J. Maskery, S.C.M., 461, Fair Oak Road, Fair Oak. (Fair Oak 71)	Colden Common	Miss B.M. Watson
	Fair Oak	
	Otterbourne	Miss P. Hambrook
Miss J.B. Wayment, S.R.N., S.C.M., Q.N., Nurses Cottage, Twyford. (Twyford 3114)	Compton	Miss M.C. Tate
	Owslebury	
	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
	Wanston Worthy Down	Miss E. Brady
Miss D. Stoyell, S.C.M., "Leehurst", Botley (Botley 15)	Botley	Miss P. Jenkins
Mrs. G.G. Morgan, S.R.N., S.C.M., 10, St. Catherine's View, Hedge End. (Botley 239)	Hedge End	
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 E. Chick
Miss F.M. Dane, S.C.M., 1, Jarvis Fields, Bursledon. (Bursledon 364)	Bursledon	
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, 1957	...	...	...	...	£529,719
Sum represented by a penny rate	...	...	...	...	£2195.5.5d
Population	...	...	...	...	43,340
Number of inhabited houses	...	...	...	...	12,905

## 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 chalkland. 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	1957			1956		
	Male	Female	Total	Male	Female	Total
Legitimate ...	379	374	753	361	352	713
Illegitimate...	14	21	35	16	14	30
Totals	393	395	788	377	366	743

The Live Birth Rate per 1,000 of the estimated population was 18.2 compared with 16.1 for the whole of England and Wales. The figure for the district for 1956 was 17.3 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 20.2.

### Still Births.

Still Births	1957			1956		
	Male	Female	Total	Male	Female	Total
Legitimate ...	6	7	13	9	8	17
Illegitimate...	1	2	3	-	-	-
Totals ...	7	9	16	9	8	17

The Still Birth Rate per 1,000 total births was 19.9 compared with 22.4 for the whole of England and Wales.

### Deaths.

Male	...	...	300
Female	...	...	<u>334</u>
			<u>634</u>

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 1957 was 440, an increase of 29 on 1956 and an increase of 11 on 1955.



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 inmates of Moorgreen Hospital is undoubtedly higher than in the remainder of the District's population as a whole. The following table shows the position:

Death Rate	1957			1956
	Winchester Rural District		England and Wales	Winchester Rural District
	Including Moorgreen Hospital	Excluding Moorgreen Hospital		
Crude .. ..	14.6	10.2	11.5	9.6
Standardised	10.1	7.0		6.4

Number of deaths (including patients in Moorgreen Hospital) ... 634

Number of deaths (excluding patients in Moorgreen Hospital, whose place of residence before admission was not within the Winchester Rural District.) ... 440

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 0.69.

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 attempt by the Registrar-General to secure accuracy by providing a comparability factor to each local authority is vitiated by the rule governing transferability of deaths mentioned above. In a relatively small area such as this figures can be misleading, as the number of deaths of people in Moorgreen Hospital and having no attachment to this District is 194, compared with a total of 440 occurring in residents outside. 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 this Rural District, and despite the correction made by the comparability factor, gives a misleading and unduly high mortality rate.

The following table shows the causes of death:

	Cause of death	Male	Female
1.	Tuberculosis, respiratory ... ..	-	-
2.	Tuberculosis, other... ..	-	-
3.	Syphilitic disease ... ..	-	-
4.	Diphtheria... ..	-	-
5.	Whooping Cough ... ..	-	-
6.	Meningococcal infection ... ..	-	1
7.	Acute poliomyelitis... ..	-	-
8.	Measles ... ..	-	-
9.	Other infective and parasitic diseases..	-	1
10.	Malignant neoplasm, stomach ... ..	2	5
11.	Malignant neoplasm, lung, bronchus ...	13	1
12.	Malignant neoplasm, breast ... ..	-	14
13.	Malignant neoplasm, uterus ... ..	-	6
14.	Other malignant and lymphatic neoplasms.	29	29
15.	Leukaemia and aleukaemia ... ..	1	2
16.	Diabetes ... ..	1	2
17.	Vascular lesions of the nervous system..	54	57
18.	Coronary disease, angina ... ..	56	38
19.	Hypertension with heart disease ... ..	9	9
20.	Other heart disease... ..	49	69
21.	Other circulatory disease' ... ..	12	16
22.	Influenza ... ..	2	5
23.	Pneumonia ... ..	11	21
24.	Bronchitis... ..	10	6
25.	Other diseases of the respiratory system	2	1
26.	Ulcer of stomach and duodenum.. ...	4	-
27.	Gastritis, enteritis and diarrhoea ...	2	-
28.	Nephritis and nephrosis ... ..	2	2
29.	Hyperplasia of prostate ... ..	4	-
30.	Pregnancy, childbirth, abortion ... ..	-	-
31.	Congenital malformations ... ..	1	1
32.	Other defined and ill-defined diseases..	20	42
33.	Motor vehicle accidents ... ..	9	1
34.	All other accidents... ..	7	8
35.	Suicide ... ..	-	-
36.	Homicide and operations of war ... ..	-	-
	Total (all causes) ... ..	300	334



### 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:

	Male	Female	Total
Legitimate ...	7	8	15
Illegitimate ...	<u>7</u>	<u>8</u>	<u>15</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	7 - 12 months	Total under 1 year
Prematurity ...	6	1	-	-	-	7
Birth Injury ..	2	-	-	-	-	2
Congenital abnormalities	1	-	-	-	-	1
Infection ...	-	-	-	3	-	3
Other ...	1	-	-	-	1	2
Totals	10	1	-	3	1	15

It is of interest to analyse the infant deaths. Of the fifteen deaths in the first year of life, eleven occurred in the first four weeks; of these, ten occurred in the first week; of these ten, nine had occurred by the end of the first day; most survived only a few hours.

The neonatal 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 ante-natal 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 19.0 per 1,000 live births, compared with 23.0 for

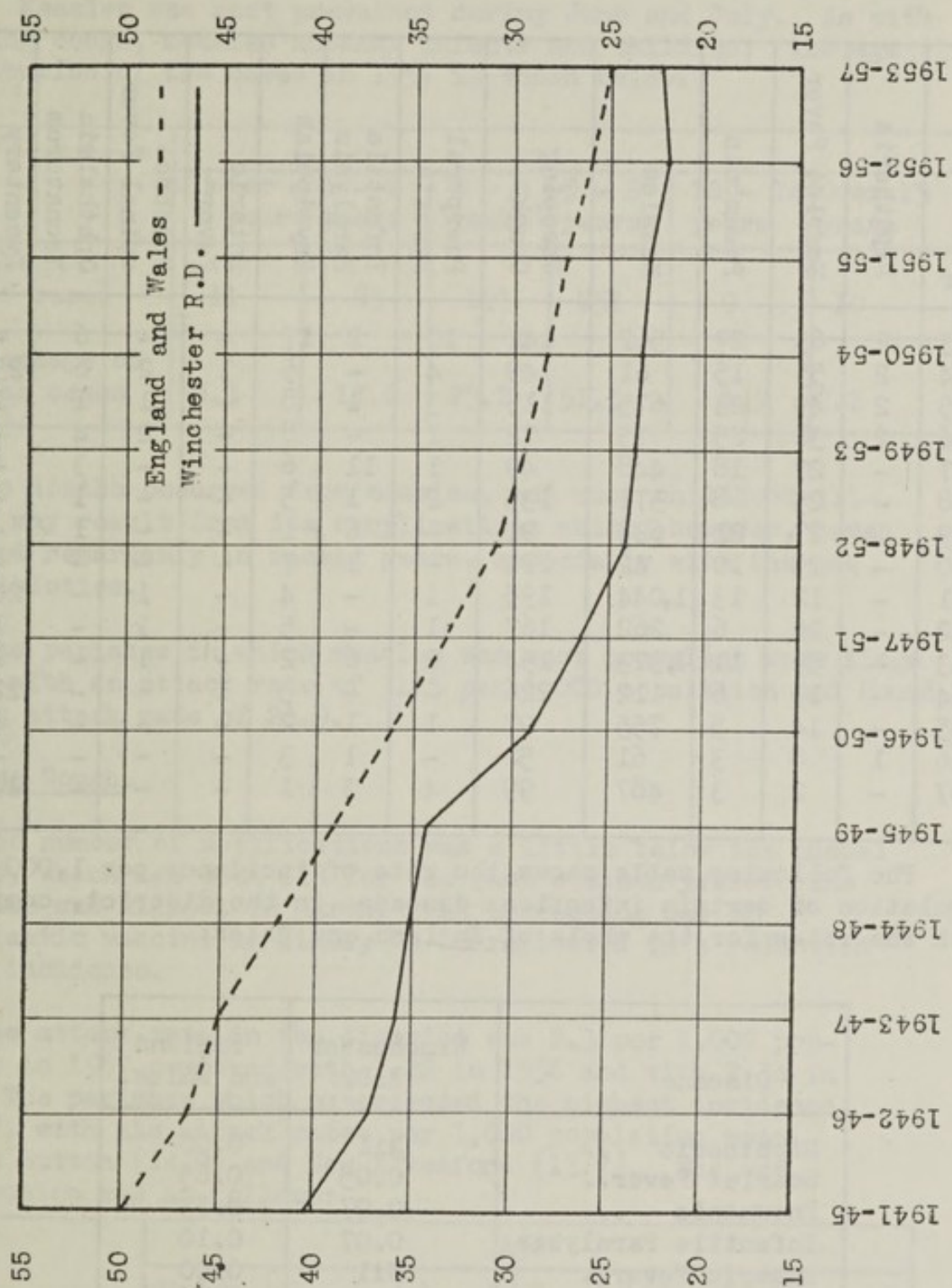
England and Wales. As this rate is based on small numbers, comparison with other areas or earlier years may have little statistical significance. The same rate taken over a period of five years is considered reasonably reliable. The following table shows the rate since 1943 in this district compared 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
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 (22.1)	28	25 (25.0)
1956	12.1	24	24
1957	19.0	24	23

The average infant mortality rate in this district for the years 1903 - 1907 was 69.3.



# INFANT MORTALITY RATE (QUINQUENNIAL)



# PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

The following table shows the incidence of commoner infectious diseases since 1943:

Year	Diphtheria	Scarlet Fever	Pneumonia	Measles	Whooping Cough	Puerperal Pyrexia	Infantile Paralysis	Erysipelas	Enteric Fever	Cerebro-spinal Fever	Ophthalmia Neonatorum	Dysentery
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	-	-	-	-
1957	-	2	3	487	99	4	3	1	-	-	-	10

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 ...	Nil	0.00
Scarlet Fever..	0.05	0.65
Pneumonia ...	0.07	0.73
Infantile Paralysis	0.07	0.10
Enteric Fever..	Nil	0.00
Measles ...	11.2	14.10
Whooping Cough.	2.3	1.89
Erysipelas ...	0.02	0.08



## Measles.

The number of corrected notifications of measles was 487, representing an attack rate of 11.2 per 1,000 population, compared with 61 notifications and a rate of 1.44 per 1,000 population for 1956 and with 755 notifications and a rate of 18.21 for 1955. Measles was most prevalent during June and July. As with whooping cough, measles attacks infants and children; the age distribution of the cases in 1957 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	11	83	123	251	9	10
Percentage of total cases	2.3	17.0	25.2	51.5	1.9	2.1

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 parishes in which measles was most prevalent were Kings Norton with an attack rate of 31.5 per 1,000 population and Hound with an attack rate of 23.9.

## Whooping Cough.

The number of notifications was a little below the annual average, which has been 119 for the past sixteen years. The incidence was highest in March. The increasing use of prophylactic vaccine is likely to be reflected in a reduction in the incidence.

The attack rate in the district was 2.3 per 1,000 population in 1957 compared with 1.22 in 1956 and with 2.34 in 1955. The parishes which experienced the highest incidence in 1957, with the attack rates per 1,000 population were Bishop's Sutton (14.9) and New Alresford (13.7). 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	7	15	25	47	5	-
Percentage of total cases	7.1	15.2	25.2	47.4	5.1	-

### Scarlet Fever.

Corrected notifications totalled only two. Neither case was admitted to hospital.

### Dysentery.

In January, 1957, eight children at the Southampton Children's Hospital Annexe, Bursledon, were notified as suffering from dysentery. All were removed to Southampton Chest Hospital. The necessary precautions were taken and customary advice given.

In October, one case was notified in Twyford and in December one in Bursledon.

The avoidance of spread of the infection requires the practice of scrupulous personal hygiene - above all the thorough washing of 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 totalled three. In addition, one case was admitted for purposes of diagnosis and treatment to a hospital outside the district and, by a ruling of the Registrar-General, such 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 for this district which is made to the Registrar-General. The true incidence of the disease is therefore 0.09 per 1,000 population compared with a national incidence of 0.10 per 1,000 population. All four cases were paralytic; good recoveries have been made by all. One case occurred in August at Beauworth and the remainder occurred in December, two at Worthy Down and one at Micheldever.

### Diphtheria.

One more year has passed without a case of diphtheria being notified.



## Immunisation Arrangements.

### (a) Diphtheria.

Pre-school children: a list of births is compiled from the returns of the registrars and from notifications of birth 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.

The following table shows the number of cases and the number of children immunised annually since 1943:

Year	Number of children immunised				Number of cases	
	Primary			Boosts	Winchester R.D.	England and Wales
	Under 5	Over 5	Total			
1943	486	262	748	-	2	34,622
1944	481	220	701	-	2	23,199
1945	459	137	569	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
1957	661	72	733	823	-	40



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
1957	40	6

(b) 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 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 1957, 639 children under five years of age and nine between five and fifteen years were immunised, a total of 648. In addition, 45 children received the "boosting" dose.

(c) 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 available for immunisation at the one time against diphtheria, whooping cough and tetanus. During 1957, a total of 468 children were immunised. In addition, two children received the "boosting" dose.

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. Use could be made of the diphtheria-tetanus combined preparation.



(d) Poliomyelitis.

Poliomyelitis vaccination began on a national basis in May, 1956 and continued till the end of June that year. Certain age groups were selected and the number of Rural District children immunised at the start totalled 60. All vaccinations under the above scheme were discontinued as from the 30th June, 1956, on account of the customary increased incidence of the disease during the summer months.

In May, 1957, the Ministry of Health sanctioned the vaccination of children born in 1955 and 1956. It was also intended to immunise next those children born in the years 1947-1954. In October, details of the greatly extended poliomyelitis vaccination programme were announced. The intention was to offer vaccination before the summer of 1958 to all children under the age of 15 years and to expectant mothers; when increased supplies became available as the result of the import of Salk vaccine, vaccination was to be offered to general practitioners, local authority ambulance men and the families (i.e. households) of both these groups, and also to the families of the specially exposed staff, who were already being protected. By the end of 1957, it was hoped that enough vaccine would have been distributed to Local Health Authorities for the vaccination of all children born between 1947 and 1954 inclusive and children born in the years 1955 and 1956 whose names were registered when the offer was first made to those groups. The offer to further children born in these years would remain open. Authorities were also asked to make "a continuing offer of vaccination" to children born in 1943 - 1946 inclusive, to children born in the year 1957 who had reached the age of six months, and to expectant mothers.

In Great Britain there are about 12,000,000 children under 15 years and, during the course of a year, some 750,000 expectant mothers; the work would therefore put a heavy burden on local health authorities; it was hoped, however, to get as many children and expectant mothers as possible protected before the next poliomyelitis season and to achieve this, general practitioners would be expected to play the fullest possible part. The supplies of Salk vaccine purchased from Canada and America as a temporary measure were subjected to the same stringent tests by the Medical Research Council as was our own vaccine and for that reason the first supplies of imported and tested vaccine were not available until the end of the year. Local authorities and doctors received full information about the Salk vaccine and the tests to which it was subjected so that they could advise parents in the knowledge of all the facts.



In mid-November, 1957, vaccination began in this district. The material was supplied in doses sufficient to immunise the 557 children in respect of whom consent cards had been received. At the same time as the material became available, intimation was sent to the parents that they should get in touch with their doctors; the doctors were informed that the vaccine could be supplied from this office, the quantity issued being related to the number of children whose family doctor did not take part in the scheme. Within a few days of intimation, the majority of doctors had obtained their vaccine and the children were given the first of the two injections. By the end of the year, 90 of these children had been given the two injections.

Earlier controversy on the efficiency and freedom from harm of the vaccine had given way to confidence in its use by the report of the Medical Research Council on the subject. They reported on their analysis of the properties of the British vaccine. The full two doses of this vaccine were given to roughly 200,000 children. The Council found that among the 74,660 children born in the 1947-50 period who received the full treatment, only one later developed paralytic poliomyelitis. This represents an attack rate of 1.3 per 100,000. Among unvaccinated children, the corresponding rate was 8.2 per 100,000. Of 74,024 vaccinated children born in the 1951-54 period, three developed paralytic poliomyelitis - an attack rate of 4.1 per 100,000. The corresponding figure for the control group was 20.1 per 100,000.

"In both age groups therefore," the report continued, "the observed incidence of paralytic disease in the vaccinated children was only about one-fifth of the incidence in the unvaccinated". The vaccine therefore seems to confer an 80% protection against the disease. As to safety, the report states that nearly 400,000 injections of the vaccine were given, and there was no evidence that they were accompanied by any risk. It was true that six children who were vaccinated contracted poliomyelitis within thirty days, but only three of these cases were paralytic and in none of these did paralysis occur in the injected limb, which would certainly be expected if the vaccine were to blame. Furthermore, local reactions to the injections were mild. The report concluded by commenting that the results were so definite that it was unlikely that larger investigations in the future would show any substantial differences. The new vaccination campaign could therefore go ahead with a greater feeling of confidence.



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 1957, the death rate from all types of tuberculosis was 0.10 per 1,000 population; there were no deaths from tuberculosis in this district during the year.

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.

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.	
1950	18	3	3	3	27	4	4	-	1	10	11	4	1	-	16
1951	12	17	5	5	39	8	2	-	2	12	6	1	1	2	10
1952	10	19	2	2	33	4	2	1	-	7	6	3	-	-	9
1953	13	16	3	1	33	6	7	1	1	15	5	3	-	-	8
1954	15	12	5	6	38	8	6	1	1	16	1	-	-	1	2
1955	14	10	4	2	30	4	11	-	-	15	3	1	1	-	5
1956	21	11	2	3	37	3	4	1	-	8	-	4	-	-	4
1957	8	5	2	6	21	3	5	-	-	8	-	-	-	-	-

Notifications of new cases totalled 21; the number of cases transferred to the District was eight. Figures are small and comparison possibly misleading. The number of new cases is below 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 ...	-	-	-	1	1
5 - 14 years ...	-	-	-	-	-
15 - 24 years ...	1	1	1	1	4
25 - 34 years ...	1	2	1	1	5
35 - 44 years ...	1	1	-	2	4
45 - 54 years ...	2	-	-	-	2
55 - 64 years ...	2	-	-	-	2
65 years and over	1	1	-	1	3
Total ...	8	5	2	6	21

The following table shows the position at the 31st December, 1957, compared with that at the 31st December, 1956; 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, 1956	113	92	225	21	24	45	270
Additions during year	11	10	21	2	6	8	29
Removals during year	10	8	18	7	3	10	28
Number on register at 31st December, 1957	134	94	228	16	27	43	271



### Mass Miniature Radiography.

The use of mass miniature radiography has brought to light many early cases. During January and February, 1957, the Southampton Unit visited Winchester and surveyed certain groups. It is reasonable to assume that the 6,710 people examined represented a proportion from the neighbouring villages of this district. 23 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 1.49 compared with an incidence of 3.79 in 1956.

### 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 has been 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 three schools, Hamble County Secondary, Hedge End Secondary and Fair Oak Senior Schools in this Rural District in 1957 and the work is summarised in the following table:

(a) Number of invitations issued to parents offering tuberculin-testing and, if necessary, vaccination	...	...	...	486
(b) Number of forms returned by parents consenting	...	...	...	359
(c) Number of children tuberculin-tested	...			318
(d) Number of children tuberculin-positive	...			82
(e) Number of children vaccinated	....	...		208



## DOMICILIARY SERVICES

### (1) Medical and Nursing.

There are 18 general medical practitioners living and carrying on the main part of their practice in different areas of the district. In addition, 63 doctors from Southampton, Eastleigh, Winchester and adjacent local authorities practise in the area. There are adequate arrangements for domiciliary consultation when required and provisions for domiciliary nursing are satisfactory.

### (2) Home Help Service.

This service, administered by the Hampshire County Council, is now well established in the district, and invaluable assistance is given in many cases of illness and the domestic difficulties arising therefrom. There is no doubt that this is one of the most useful of all public services. I am indebted to the County Organiser for the following analysis of cases where help was arranged in this Rural District during 1957.

Post hospital	...	...	6
Maternity...	...	...	40
Aged sick and infirm	...	...	51
Chronic illness	...	...	16
General sickness	...	...	22
Child care..	...	...	2
Total	...	...	<u>137</u>

## 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 received 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, 1957:

<u>Series</u>		<u>Date of confirmation.</u>
Tents, Vans and Sheds, etc. Byelaws	...	4th August, 1957
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 September, 1956.





ANNUAL REPORT

for the year 1957

by the

CHIEF PUBLIC HEALTH INSPECTOR

ANNUAL REPORT

for the year 1901

of the

CHIEF ENGINEER'S OFFICE



August, 1958.

To the Chairman and Members  
of the Winchester Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting this, my first report, for the year 1957, which gives details of the work carried out under the many statutory requirements.

A major change was made during the year under review in that the responsibility for the Authority's cleansing services was assigned to me as from 1st June, 1957.

I would like to thank the Chairman and Members of the various Committees for their kind consideration at all times through what has been a rather difficult year and I would also like to record my appreciation of the very generous assistance which has been afforded by the members of the staff generally and, in particular, by Dr. J. L. Farmer, the Medical Officer of Health, Mr. S. H. Beyer, the Deputy Chief Public Health Inspector, Mr. H. J. Smith, District Public Health Inspector and Mr. C. B. Ashman, the Chief Clerk of this Department.

During a period of the year, the Public Health Inspectorate was depleted due to the absence through illness of Mr. H. J. Smith.

E. M. ORGAN

Chief Public Health Inspector  
and Public Cleansing Officer.

## INSPECTIONS

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

Drainage	...	...	...	234
Stables and Piggeries	...	...	...	1
Offensive Accumulations	...	...	...	44
Insect Pests	...	...	...	11
Ponds, Pools, Ditches and Watercourses	...	...	...	23
Atmospheric Pollution	...	...	...	29
Public Halls and Places of Entertainments	...	...	...	2
Public Conveniences	...	...	...	19
Factories, mechanical	...	...	...	6
Factories, non-mechanical	...	...	...	4
Cooked meats, etc.	}	Registered	...	16
Ice-cream		Food	...	31
Bakeries		Premises	...	6
Butchers	...	...	...	12
Fishmongers	...	...	...	3
Fried Fish Premises	...	...	...	6
Grocers and Greengrocers	...	...	...	26
Dairies and Milk Distributors	..	...	...	17
Hotels, Restaurants, Cafes, etc.	...	...	...	26
Mobile Canteens	...	...	...	4
Slaughterhouses	...	...	...	12
Meat Inspection	...	...	...	105
Inspection of Foodstuffs	...	...	...	14
Sweet Shops, etc.	...	...	...	2
Water Supplies	...	...	...	111
Water Sampling	...	...	...	68
Milk Sampling	...	...	...	24
Housing Applications	...	...	...	238
Housing - Housing Acts	...	...	...	286
Housing - Public Health Acts	...	...	...	200
Overcrowding	...	...	...	1
Tents, Vans and Sheds	...	...	...	63
Filthy or Verminous Premises	...	...	...	2
Certificates of Disrepair	...	...	...	38
Improvement Grants	...	...	...	92
Miscellaneous Housing Inspections	...	...	...	8
Infectious Diseases	...	...	...	31
Disinfection	...	...	...	2
Petrol Installations	...	...	...	19
Total				1,836



## HOUSING

### Housing Allocation Scheme

The number of "live" applications for housing accommodation at the end of the year showed a slight decrease on the number for 1956. Details, as compared with 1956, are shown in the table below:

	<u>1956</u>	<u>1957</u>
(a) New Council houses and flats occupied during the year ... ..	88	32
(b) Number of families rehoused from camp hutments ... ..	15	6
(c) Number of "live" applications for accommodation as at 31st December ... ..	1379	1335

### Provision of New Houses and Flats

Twenty houses and twelve flats have been erected for the Council during the year in the undermentioned parishes:

	<u>Houses</u>	<u>Flats</u>
New Alresford .....	8	-
Hound .....	8	4
King's Worthy .....	4	4
Otterbourne .....	-	4

In addition, 224 houses were erected by private enterprise in the undermentioned parishes:

West End ... ..	84	Hursley ... ..	4
Hedge End ... ..	31	Otterbourne . ...	4
Clivers Battery ...	19	Bighton ... ..	2
Bursledon ... ..	17	Botley ... ..	2
Colden Common ...	9	Fair Oak ... ..	2
Hound ... ..	9	Littleton .. ...	2
Wonston ... ..	8	Micheldever . ...	2
New Alresford ...	7	Headbourne Worthy .	1
Kings Worthy ...	6	Itchen Valley ...	1
Twyford ... ..	5	Itchen Stoke and	
Compton ... ..	4	Ovington ... ..	1
Hamble ... ..	4		

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	Houses	Flats	Pre-fabs	Total	Huts
Bishops Sutton	4	-	-	4	-
Bighton ...	4	-	-	4	-
Bramdean ...	20	-	-	20	-
Cheriton ...	12	-	-	12	-
Itchen Stoke and Ovington	6	-	-	6	-
Itchen Valley	14	-	-	14	-
Kilmeston ...	6	-	-	6	-
New Alresford	124	12	10	146	-
Old Alresford	20	-	-	20	-
Colden Common	40	-	8	48	-
Compton ...	34	24	-	58	-
Crawley ...	8	-	-	8	-
Hursley ...	6	-	-	6	-
Kings Worthy	120	12	115	247	-
Littleton ...	8	-	-	8	-
Micheldever	18	9	-	27	-
Otterbourne	24	12	-	36	-
Owslebury ...	28	16	-	44	-
Sparsholt ...	36	-	-	36	-
Twyford ...	28	12	-	40	-
Wonston ...	28	12	-	40	-
Botley ...	48	-	-	48	4 *
Bursledon ...	268	128	-	396	54
Fair Oak ...	76	-	-	76	-
Hamble ...	92	20	50	162	-
Hedge End ...	120	-	20	140	14 *
Hound ...	209	8	62	279	-
West End ...	118	32	-	150	-
Totals ...	1,519	297	265	2,081	72

\* = Rest Centre Huts.

### 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.



## Clearance Areas and Individual Unfit Houses

No properties have been scheduled for demolition under Clearance Area procedure during the year.

Action has been taken in respect of individual unfit houses as shown in the table below:

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 17(1), Housing Act, 1957	9	11	4
B. UNFIT HOUSES CLOSED			
Under Sections 16(4), 17(1) and 35(1), Housing Act, 1957	9	9	3
Under Section 17(3) and 26, Housing Act, 1957	-	-	-
Parts of buildings closed under Section 18, Housing Act, 1957	-	-	-
C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED			
		By Owner	By L.A.
After informal action by Local Authority		20	-
After formal notice under:			
(a) Public Health Acts		-	-
(b) Sections 9 and 16, Housing Act, 1957		-	-
Under Section 24, Housing Act, 1957		-	-
D. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)			
Nil			
E. PURCHASE OF HOUSES BY AGREEMENT			
Nil			

## Improvement Grants

Details of applications for Improvement Grants under the year are as follows:

Number of applications	...	...	...	85
Number approved by the Council	...	...	...	83
Number withdrawn by applicants before approval				1
Number refused by the Council	...	...	...	1

Six of the applications which were approved by the Council were later withdrawn by the applicants.

## Moveable Dwellings

Caravan sites throughout the District were periodically inspected during the year and conditions were found satisfactory except in a few cases.

Two caravan sites 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 of Caravans.</u>
Riverside Camp, Satchell Lane, Hamble ...	50
Winchester R.D.C. Camp, Shamblehurst Lane, Hedge End ...	40
Tripps End, Hammerton Farm, Hedge End ...	30
Oaktree Camp, Allington Lane, West End ...	25
Brickfields Caravan Camp, Colden Common ...	24
Woodlands Caravan Camp, Old Bishopstoke Road, Brambridge ...	20
Taylor's Camp, Sutton Scotney ...	18
Spring Lane Caravan Site, Colden Common ...	16
Market Gardens, Olivers Battery ...	12
Barney's Caravan Camp, Crowd Hill, Fair Oak	12
Morn Hill Caravan Site, Alresford Road, Chilcombe ...	10
Kings Worthy Foundry Site, Kings Worthy ...	10
The Shrubbery, Sutton Scotney ...	8
South Drive, Littleton ...	7
Dedman's Site, The Dean, Alresford ...	7
The Flower Pots Inn, 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 have been consistently satisfactory.

The Analyst's report on a recent sample taken from the Totford supply is shown below:

### Chemical Analysis (in parts per million)

Reaction pH	...	...	7.1
Free carbon dioxide, as $\text{CO}_2$	...	...	14.5
Ammoniacal Nitrogen, as N.	...	...	Nil
Albuminoid Nitrogen, as N	...	...	0.010
Nitrous Nitrogen, as N	...	...	Absent
Nitric Nitrogen, as N	...	...	3.6
Hardness (Wanklyn's) as $\text{CaCO}_3$			
Temporary	...	...	217
Permanent	...	...	33
Permanganate figure (4 hours, $80^\circ\text{F}$ ) as O.	...	...	Nil
Alkalinity, as $\text{CaCO}_3$	...	...	235
Total Solids	...	...	316

### Mineral Analysis (in parts per million)

Calcium, as Ca	...	...	98
Magnesium, as Mg	...	...	1.0
Sodium, as Na	...	...	5.8
Carbonate, as $\text{CO}_3$	...	...	141
Chloride, as Cl	...	...	12
Sulphate, as $\text{SO}_4$	...	...	6.6
Nitrate, as $\text{NO}_3$	...	...	15.9
Iron	...	...	Nil
Fluoride as F	...	...	0.05

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		Percent- age on main supply
		Direct to houses	Standpipe supply	
Abbotts Barton ...	9	7	-	77
Beauworth ...	40	21	-	53
Bighton ...	60	34	-	55
Bishops Sutton ...	164	95	-	57
Botley ...	438	401	-	92
Bramdean ...	179	101	-	56
Bursledon ...	999	929	-	93
Cheriton ...	178	95	-	53
Chilcomb ...	33	22	-	66
Colden Common ...	430	418	-	97
Compton ...	382	380	-	99
Crawley ...	148	140	-	94
Fair Oak ...	489	485	-	99
Hamble ...	840	833	-	99
Headbourne Worthy ...	100	76	-	76
Hedge End ...	1,030	967	-	94
Hound ...	1,325	1,271	-	96
Hursley ...	275	205	9	80
Itchen Stoke and Ovington ...	96	16	-	18
Itchen Valley ...	414	295	-	72
Kilmeston ...	78	44	-	56
Kings Worthy ...	621	617	-	99
Littleton ...	221	147	-	66
Micheldever ...	384	269	-	70
New Alresford ...	706	682	-	98
Northington ...	83	47	-	57
Old Alresford ...	156	103	-	66
Oliver's Battery ...	203	201	-	98
Otterbourne ...	243	237	-	97
Owslebury ...	239	140	-	59
Sparsholt ...	205	187	-	91
Tichborne ...	78	43	-	55
Twyford ...	518	500	-	97
West End ...	1,118	1,083	-	97
Wonston ...	421	316	-	75
Totals ...	12,905	11,407	9	88



Samples of well water supplying 29 individual properties have been submitted for bacteriological examination during the year and resulted as follows:

Number found to be satisfactory ..... 25  
 Number found to be unsatisfactory ... 4

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	..	21	Twyford	..	3
New Alresford	..	4	Hamble	..	2
Hound	..	3	Otterbourne	..	1

### 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	...	...	...	...	7
Dealers' Licences for tuberculin tested milk	...	...	...	...	6
Supplementary Licences for pasteurised milk	...	...	...	...	9
Supplementary Licences for tuberculin tested milk	...	...	...	...	10
Supplementary Licences for sterilised milk	...	...	...	...	2

Routine testing of pasteurised milk was carried out; 24 samples were submitted and all were found to be 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>	
Beef	... .. 208 lbs.	Meat	... .. 46 lbs.
Frozen beef (minced) ..	7 lbs.	Vegetable	... .. 13 tins
Cooked ham	16 lbs.	Fruit	... .. 35 tins
Bacon	... .. 15 lbs.	Jam	... .. 7 tins
Corned Beef	... .. 12 lbs.	Milk	... .. 2 tins
Imported pig's liver ..	7 lbs.	Fish	... .. 3 tins
		Soup	... .. 3 tins
		Spaghetti	... .. 1 tin

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

	Cattle (excluding cows)	Cows	Calves	Sheep and lambs	Pigs	Horses
Number killed ... ..	20	17	158	29	194	-
Number inspected ... ..	20	17	158	29	194	-
<u>All diseases except tubercu- losis and cyster cerci:</u>						
Whole carcasses condemned	-	-	1	-	2	-
Carcasses of which some part or organ was condemned	4	3	-	1	-	-
Percentage of number inspect- ed affected with disease other than tuberculosis or cyster cerci ... ..	20.0	17.6	0.6	3.4	1.0	-
<u>Tuberculosis only:</u> ...	-	-	-	-	2	-
Cyster cercosis: ...	-	-	-	-	-	-

#### Sampling of Food.

The Hampshire County Council is the sampling authority under the Food and Drugs Act. I am indebted to Mr. C.O. Perry, Chief Inspector under the Acts for the following details as to substances sampled within this District during the year:

<u>Article.</u>	<u>Samples taken.</u>
Butter and other fats ... ..	5
Drugs ... ..	4
Milk (Channel Islands) ... ..	44
Milk ... ..	83
Sausage, meat and fish products ...	11
Spirits ... ..	10
Other foods ... ..	15
Total ... ..	<u>172</u>

All substances sampled proved to be satisfactory.

The 44 Channel Islands milk samples proved to contain an average of 4.40% fat and 9.03% non-fatty solids; the 83 milk samples contained an average of 3.84% fat and 8.81% non-fatty solids.



## FOOD HYGIENE.

The implementation of the standards required by the Food Hygiene Regulations, 1955, has continued where possible throughout the District, but in the main it has only been achieved where premises have been inspected in connection with applications for registration. It has not been possible with the present inspectorate to undertake any planned survey of food premises and a considerable amount of work is awaiting attention.

The importance of ensuring that occupiers of these premises are made aware of their responsibilities is reflected in the fact that during the year, six applications were received for the registration of premises for the storage and sale of ice-cream and in four cases it was necessary to require the execution of works in order that the premises complied with the above Regulations.

### Food Premises.

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

Cafes, etc.	...	...	...	...	43
General Stores	...	...	...	...	94
Bakers	...	...	...	...	11
Butchers	...	...	...	...	17
Premises registered under Section 16, Food and Drugs Act, 1955:-					
Ice-cream	...	...	...	...	112
Preserved foods	...	...	...	...	19
Dairies registered under the Milk and Dairies Regulations, 1949					
	...				9
Number of inspections of registered food premises					
	...	...	...	...	53

### 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 which has been condemned is opened and removed for disposal by our own refuse collection staff.

## 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	6	2	-
Factories (without mechanical power)	28	4	-	-
Other premises under the Act (including works of building construction, but not including out-workers' premises)	-	-	-	-
Totals	162	10	2	-

## CLEANSING

### Collection

The collection of domestic refuse continued for the first part of the year on the basis of a monthly collection for the Northern parishes and some of the central parishes (i.e. Beauworth, Brighton, Bishops Sutton, Bramdean, Cheriton, Chilcomb, Crawley, Itchen Stoke and Ovington, Old Alresford, Owslebury, Sparsholt, Tichborne and Wonston); the remaining central parishes and some of the Southern parishes (i.e. Abbotts Barton, Botley, Bursledon, Colden Common, Compton, Fair Oak, Headbourne Worthy, Hedge End, Hursley, Kings Worthy, New Alresford, Otterbourne, Twyford and West End) received a fortnightly collection and the parishes of Hound, Hamble and Olivers Battery had a weekly collection.

In reviewing the arrangements, it was felt that a fortnightly collection could be instituted throughout those parishes which previously had a monthly collection without this Authority incurring any additional expenditure in



relation to vehicles or labour. Consequently, a fortnightly collection was arranged and commenced on the 1st October, 1957; it has continued without serious difficulty.

### Disposal

Disposal has taken place at the five tips at present operating in the District, these tips being situated at Bramdean, Micheldever, Sparsholt, Colden Common and Hound.

During the year, considerable difficulty was experienced through tip fires and the absence of any provision for the consolidation and covering of refuse, which in itself, reflected on the major repairs which were necessary to the refuse vehicles. The Committee in considering this aspect, have attended at various demonstrations of mechanical equipment on these tips with a view to deciding whether the difficulties mentioned above can be overcome by the purchase of a satisfactory machine.

### RODENT CONTROL

This service has continued to operate without major difficulty and the area has been effectively dealt with by the operation of the system known as "block control".

In an attempt to attain a greater degree of efficiency, arrangements were made for fuller co-operation between the Rodent Officer and the Agricultural Rodent Inspector in order that, in an area being dealt with by "block Control", steps were taken by the farming community to deal with any infestation on agricultural property. This, however, was not as successful as had been hoped, due to the fact that the Agricultural Rodent Inspector was not able to deal with all the agricultural properties concerned when three block control schemes were in operation in the District at the same time.

The Rodent Committee are considering whether this service could not be re-organised with a view to eradicating such difficulties.

The number of inspections and treatments carried out during the year are shown in the following table:-

Type of property	Inspections made	Treatments carried out		Under Sec. 5	Block treatments
		Rats	Mice		
Local Authorities' properties ...	41	68	3	-	-
Dwelling-houses } ...	19,574	1941	11	-	129
Business premises }					
Agricultural properties ...	661	143	-	-	-
Totals ...	20,276	2152	14	-	129

Number of dead rats found ... 4,361.