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Winchester Rural District Council



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ANNUAL REPORT

ON THE

Health of the Rural District

For the Year 1958

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



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ANNUAL REPORT

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For the year 1922

THE RURAL DISTRICT COUNCIL OF WINCHESTER

(as at 31st December, 1958)

Chairman of the Council:

x Colonel G.C. STOCKWELL, J.P.,

Vice-Chairman of the Council:

x Mr. B. BIGNELL

Members of the Council:

Mr.	W.H.	ABRAHAM	Cmdr.	C.G. HUDSON,
x Mrs.	I.G.	BEVIS		R.N.(ret'd)
Mrs.	E.C.	BIDEN	x Mr.	A.W. JURD
Mr.	O.C.	BUDD	Major	H. KENDALL,
Mr.	G.	CAMERON-BLACK		M.M., M.S.M.
x Miss	E.A.	CHAMBERLAYNE,	Cmdr.	E.H. KITSON, R.N.
		M.B.E., J.P.	x Mr.	C.H. LEWRY
Mr.	J.	COCKRAM	x Mr.	G.F. LONGMAN
x Mr.	C.G.	COLLINS	Lt.Col.	Sir John MACLURE,
x Major	J.T.	CONWAY		Bart., O.B.E.
x Mr.	J.H.	COOK (Chairman,	Lt.Col.	Sir William MAKINS,
		Health Committee)		Bart.
x Sir	George	COOPER, Bart.,	x Miss	W.L. MOODY, J.P.
		J.P., D.L.	Mrs.	L.A. MOORE
x Capt.	A.B.	COVENTRY, C.B.E.,	x Mr.	W.G. MOORE
		D.S.O., R.N.	x Mr.	R.H. MORTIMER
Mr.	R.F.H.	COWEN	Mr.	C.E. MUNDY
x Mr.	G.E.S.	CUBITT,	Mr.	G.C. PAIN, J.P.
		C.B.E., J.P.	x Mr.	D.G. PUMFRET
Col.	W.P.S.	CURTIS,	Mrs.	F. ROUTH
		O.B.E., D.L.	Mr.	W.J. SCRASE
Mrs.	D.L.	DAVIES	x Mrs.	B.M. STRICKLAND
x Mr.	E.N.T.	DICKENSON	Mr.	G. THORNE
Mr.	A.N.	DOWLING	Mr.	W.R. TURNER
Mrs.	L.M.H.	DOWSE	x Mrs.	W.M. WALDRON
Mr.	P.J.	EDMONDS	x Mr.	C. WATTS,
				J.P., C.C.
Lt.Col.	G.A.E.	GIBBS	Mr.	W.E. WEBB
x Mr.	H.J.	GODWIN	Lt.Col.	J.S. WHITNEY

x - Member of Health
Committee

Clerk of the Council:

Mr. R.W. PARTINGTON

Council Offices:

45, Romsey Road, Winchester (Telephone: 3201)

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May, 1959.

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

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting to you my thirteenth 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.

Infectious Diseases.

No event of outstanding importance occurred in the field of infectious diseases during the year. Two cases of poliomyelitis occurred with no death. Measles was widespread, but not unduly prevalent. Whooping cough incidence was below average, the majority of cases occurring in unimmunised children. One middle-aged woman was notified as suffering from diphtheria; she had never been immunised and it appeared likely that the infection had been picked up when away from home. Fortunately, her children had been immunised. 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. Dysentery cases totalled ten and the incidence of scarlet fever was about average.

New cases of tuberculosis continue to arise and are coming to light at an earlier stage of the disease by the more intensive tracing of contacts and the use of mass miniature radiography. The number of notifications, although an index of the general prevalence of the disease, can be misleading as no indication is given of the severity of the infection. The policy of tracking down with determination the source of a case has everything to commend it. The health inspectors give general advice in hygiene, ventilation, the control of spitting and sleeping arrangements.

Housing.

This subject receives comment practically every year. It is difficult to believe that the housing shortage is all but over. The gross overcrowding of the post-war years has virtually disappeared but there is still a tremendous need by a different type of applicant for housing accommodation. I have in mind the old person needing the small bungalow, the newly married or engaged couple requiring minimal accommodation, the applicant who requires a particular type of house on health grounds and the numerous people whose housing conditions leave much to be desired. It is not for me to advise how this shortage should be overcome, whether by Council house provision or by financial assistance to applicants, by building societies, private enterprise or otherwise, but the need has to be met one way or another. So many of the difficulties facing these applicants are prejudicial to health. So many of the conditions which have to be treated within the ambit of the health service are being created by the absence of adequate housing accommodation, for no one can deny that the house, and the home, are fundamental to the preservation of healthy family life. Many turn to caravans, the shortcomings of which are too numerous to mention, but the prospect of more and more of these being brought into use for family life cannot be viewed with equanimity. One feels frustrated at times in attempting to help with the housing problems of so many with so few really practical solutions to suggest.

Sewerage Schemes.

No report on the activities of the Council would be complete without reference to the Botley and Hedge End sewerage scheme. As mentioned in my report for 1957, the scheme had been receiving the consideration of the Council for many years. During 1958, progress was continuous and satisfactory; at the close of the year, much of the scheme had been completed and householders could look forward to the elimination of the numerous and unhealthy nuisances in these two villages. The provision of main sewerage facilities in the parish of Bursledon is next on the list.

Poliomyelitis Vaccination.

Vaccination against poliomyelitis proceeded as quickly as possible, the limiting factor for most of the year being the supply of vaccine. Popular prejudice against the Salk type has gradually disappeared and, at the end of the year, a campaign to immunise all under 26 was begun. Details of numbers and the administrative aspects of the scheme are outlined on later pages; let it suffice for me to record the hope that no one eligible should hesitate for one moment to accept this worthwhile protection.

Staff.

During the year, the Council, following the transfer of responsibility for salvage and scavenging to the Health Department and with an increasing realisation of the valuable contribution which can be made by that Department, agreed to the strengthening of the Inspectorate by one and to a subsequent review in the light of increasing responsibilities. In December, the Council approved the appointment of a second additional Inspector.

With the additional duties in connection with poliomyelitis vaccination the clerical staff was also increased during the year. At its close, it was becoming obvious that to achieve success with the poliomyelitis campaign, it would be necessary to employ additional clerical assistance.

I would like in conclusion to offer my thanks to the Chief Public Health Inspector, the District Inspectors and to the clerical staff of the Health Department for their efforts throughout the year. In advising the public on a surprising variety of matters, they have at all times ably coped.

I should also like to acknowledge the help of officers of other departments and the consideration extended to me by the Chairman and Members of the Health Committee.

JOHN L. FARMER

Medical Officer of Health.

GENERAL PROVISION OF HEALTH SERVICES IN THE DISTRICT

Staff (as at 31st December, 1958)

Public Health Officers:

Medical Officer of Health:

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

Chief Public Health Inspector:

E.M. ORGAN, M.A.P.H.I.

Deputy Chief Public Health Inspector:

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

District Public Health Inspectors:

H.J. SMITH, M.A.P.H.I.
T.H. OWEN, M.A.P.H.I.
F. LEE, M.A.P.H.I.

Chief Clerk:

C.B. ASHMAN

Clerical Staff:

K.G. JONES
Mrs. D.M. BENNETT
Miss J.M. DEWEY

Cleansing Superintendent:

C.G. FRAMPTON

Rodent Officer:

O.J. NORRIS

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.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. M. H. Hughes. 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 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. At the end of 1958, it was intended, as from 1st April, 1959 to divide the area of this Board into two; the greater part of Hampshire would then come under a new Wessex Regional Hospital Board, with headquarters in Winchester. 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 (with the exception of the parishes of Micheldever, Northington and Wonston) are at The Castle, Winchester (Telephone: Winchester 4411, Extension 316). The Officer serving Micheldever, Northington and Wonston is at Brambllys Grange, Basingstoke (Telephone: Basingstoke 2109).

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.

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.

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, Romsey Road.	...	1st, 2nd and 3rd 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
BIGHTON	...	Village Hall	...	4th Thursday 2.30 - 3.30 p.m.
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

(Child Welfare Clinics are held from 2 to 4 p.m. except where stated otherwise).

(c) Tuberculosis Clinics.

WINCHESTER	...	County Medical ... Department, The Castle.	Wednesdays and Thurs- days at 10 a.m. New cases: Wednesdays at 2.30 p.m.
EASTLEIGH	...	The Mount ... Sanatorium, Bishopstoke	Tuesdays and Fridays at 9.30 a.m. New cases: Tuesdays at 2 p.m.

(d) Venereal Diseases Clinics.

WINCHESTER	...	Royal Hampshire .. County Hospital	Males: Saturdays, 10.30a m. Females: Tuesdays, 2.15p.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 11 a.m. Tues- days and Fridays at 2 p.m. Thursdays at 3.0 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 Saturdays) 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 The Clinic, Trafalgar Street, Winchester.

(j) Ophthalmic Clinics.

Cases attend by appointment at the Red House, Romsey Road, Eastleigh or The Clinic, 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 Kilmeston	
Miss B.J. Trasler, S.R.N., S.C.M., 2, Meryon Road, Alresford (Alresford 150)	Bighton Bishops Sutton New Alresford Old Alresford Tichborne	Miss M.C. Tate
Mrs. J.E. Curtis, S.R.N., S.C.M., West Lea, Roseberry Road, Alresford (Alresford 210)	Northington Itchen Stoke Ovington Itchen Abbas Avington	
	Easton Chilcombe	Miss E.K. Wilton
	Martyr Worthy	
Miss F.M. Calvert, S.R.N., S.C.M., 7, Tovey Place, Kings Worthy. (Winchester 4844)	Abbotts Barton Headbourne Worthy Kings Worthy	Miss M.A. Joughin Mrs. A. Noble Miss E.K. Wilton
	Crawley Littleton	
Miss J. Maskery, S.C.M., 461, Fair Oak Road, Fair Oak (Fair Oak 371)	Colden Common	Miss E.K. Wilton
	Fair Oak	Miss B.M. Watson
	Otterbourne	Miss J.F.
Miss J.B. Wayment, S.R.N., S.C.M., Q.N., Nurse's Cottage, Twyford (Twyford 3114)	Compton	Garraway
	Owslebury	Miss M.C. Tate
	Twyford	Miss E.K. Wilton
Miss B. Mullie, S.R.N., S.C.M., Q.N., 89, Fox Lane, Winchester (Winchester 5727) (General Nursing)	Oliver's Battery	Miss J.F. Garraway
Mrs. H. Oliver, S.C.M., 18, Minden Way, Winchester. (Winchester 2545). (Midwifery)		

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 J.F. Garraway
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 2015)	Botley	Miss P. Jenkins
Mrs. G.G. Morgan, S.R.N., S.C.M., 11, Birch Road, Hedge End. (Botley 2798)	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., 2a, 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, 1958	...	...	...	£526,531
Sum represented by a penny rate	...	...	...	£2,195.5s.5d.
Population	...	...	...	44,010
Number of inhabited houses	...	...	...	13,254

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 Marine, Ltd. and Shell-Mex and several boatbuilding firms at Hamble and Bursledon. Across Southampton Water, in the New Forest Rural District, is situated the Esso Oil Refinery.

VITAL STATISTICS

Number of live births	...	...	...	...	741
Live birth rate per 1,000 population	...	...	...	...	16.8
Number of still births	...	...	...	...	15
Still birth rate per 1,000 live and still births	...	...	...	...	19.8
Total live and still births	...	...	...	...	756
Infant deaths	...	...	...	...	19
Infant mortality rate per 1,000 live births (total)	...	...	...	...	25.6
" " " " " (legitimate)	...	...	...	...	25.4
" " " " " (illegitimate)	...	...	...	...	30.3
Neonatal mortality rate per 1,000 live births	...	...	...	...	20.2
Illegitimate live births per cent	...	...	...	...
of total live births	...	...	...	...	4.4
Maternal deaths (including abortion)	...	...	...	...	nil
Maternal mortality rate per 1,000	...	...	...	...
live and still births	...	...	...	...	nil

Live Births.

	1958			1957		
	Male	Female	Total	Male	Female	Total
Legitimate	355	353	708	379	374	753
Illegitimate	18	15	33	14	21	35
Total	373	368	741	393	395	788

The Live Birth Rate per 1,000 of the estimated population was 16.8 compared with 16.4 for the whole of England and Wales. The figure for the district for 1957 was 18.2 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 18.5.

Still Births.

	1958			1957		
	Male	Female	Total	Male	Female	Total
Legitimate	10	5	15	6	7	13
Illegitimate	-	-	-	-	-	-
Total	10	5	15	6	7	13

The Still Birth Rate per 1,000 total births was 19.8 compared with 21.6 for the whole of England and Wales.

Deaths.

Male	...	...	278
Female	...	...	264
Total	...	...	<u>542</u>

Excluding deaths among patients in Moorgreen Hospital, West End, whose place of residence before admission was not within this Rural District, the total number of deaths during 1958 was 423, a decrease of 17 on 1957.

The change in the rules governing the transferability of deaths, introduced at the beginning of 1953 significantly affected the crude and adjusted local death rates in those areas which contained comparatively large chronic sick hospitals. The mortality risks among inmates of Moorgreen Hospital are undoubtedly higher than in the remainder of the District's population as a whole. From the 1st January, 1958, deaths in chronic sick hospitals are assigned to the area in which the hospital is situated only if the deceased had been a patient for a period of six months or more.

The following table shows the position:

Death Rate	1958			1957
	Winchester Rural District		England and Wales	Winchester Rural District
	Including Moorgreen Hospital	Excluding Moorgreen Hospital		
Crude	12.3	9.6	11.7	10.2
Standardised ...	9.1	7.1		7.0

Number of deaths (including patients who had been in Moorgreen Hospital for six months or over) 542

Number of deaths (excluding patients in Moorgreen Hospital whose place of residence before admission was not with the Winchester Rural District) ... 423

To obtain the standard death rate shown 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 0.74. The comparability factor is necessary to eliminate, for comparison purposes, the irregular-

ities 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 rules 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 area is 119, compared with a total of 423 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 deaths of patients who had been in the hospital for a period of six months or over and whose place of residence before admission was outside this Rural District still gives a misleading and unduly high mortality rate despite the correction made by the comparability factor.

Causes of death are shown in the following table:

	Cause of death	Male	Female
1.	Tuberculosis, respiratory	1	2
2.	Tuberculosis, other	1	-
3.	Syphilitic disease	-	-
4.	Diphtheria	-	-
5.	Whooping Cough	-	-
6.	Meningococcal infection	-	-
7.	Acute poliomyelitis	-	-
8.	Measles	-	-
9.	Other infective and parasitic diseases	-	-
10.	Malignant neoplasm, stomach	5	4
11.	Malignant neoplasm, lung, bronchus ...	14	2
12.	Malignant neoplasm, breast	-	10
13.	Malignant neoplasm, uterus	-	5
14.	Other malignant and lymphatic neoplasms	28	18
15.	Leukaemia and aleukaemia	-	-
16.	Diabetes	2	3
17.	Vascular lesions of the nervous system	27	43
18.	Coronary disease, angina	56	45
19.	Hypertension with heart disease ...	9	7
20.	Other heart disease	37	54
21.	Other circulatory disease	16	10
22.	Influenza	6	4
23.	Pneumonia	11	13
24.	Bronchitis	11	4
25.	Other diseases of the respiratory system	3	2
26.	Ulcer of stomach and duodenum	2	-
27.	Gastritis, enteritis and diarrhoea ...	1	1
28.	Nephritis and nephrosis	1	2
29.	Hyperplasia of prostate	1	-
30.	Pregnancy, childbirth, abortion ...	-	-
31.	Congenital malformations	2	2
32.	Other defined and ill-defined diseases.	29	24
33.	Motor vehicle accidents	7	4
34.	All other accidents	4	3
35.	Suicide	4	2
36.	Homicide and operations of war	-	-
	Total (all causes)	278	264

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	...	...	11	7	18
Illegitimate	...	...	1	-	1
Totals	...	...	<u>12</u>	<u>7</u>	<u>19</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
Prematurity ...	9	-	-	-	-	9
Birth Injury ...	2	-	-	-	-	2
Congenital abnormalities ..	2	1	-	-	1	4
Infection ...	-	1	-	2	1	4
Other ...	-	-	-	-	-	-
Totals ...	13	2	-	2	2	19

It is of interest to analyse the infant deaths. Of the nineteen deaths in the first year of life, fifteen occurred in the first four weeks; of these, thirteen occurred in the first week; of these thirteen, 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 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 25.6 per 1,000 live births, compared with 22.5 for England and Wales.

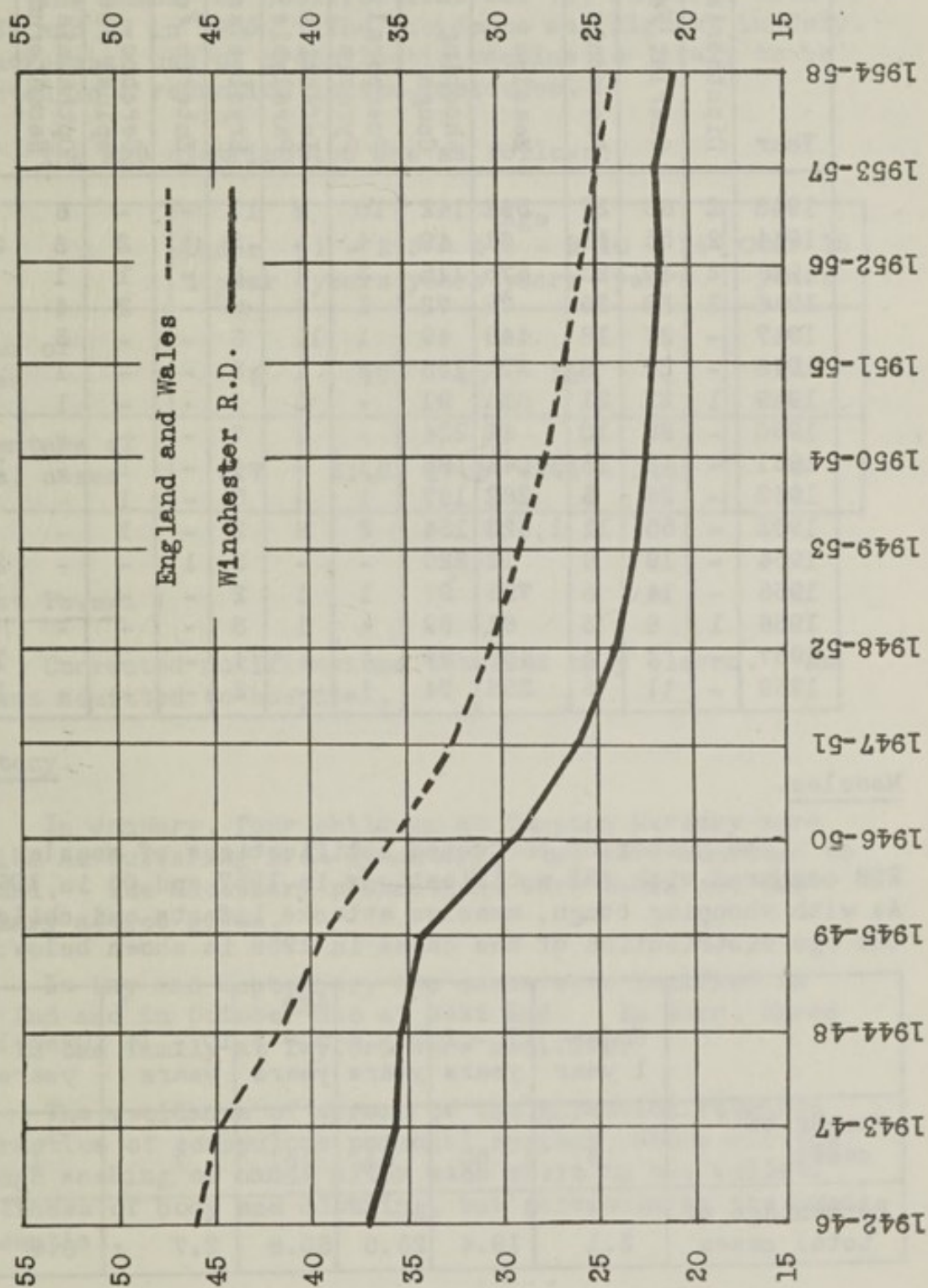
As this rate is based on small numbers, comparison with other areas or earlier years may have little statistical significance. The same rate taken over a period of five years is considered reasonably reliable. The following table shows the rate since 1944 in this district compared with the rates in the 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
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 (20.9)	24	24 (24.2)
1957	19.0	24	23
1958	25.6		23

(The rate for the Great Towns for the year 1958 is not yet available)

The average infant mortality rate in this district for the years 1904 to 1908 was 60.6.

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
1958	-	11	5	258	74	1	-	2	-	-	-	10

Measles.

The number of corrected notifications of measles was 258 compared with 487 notifications in 1957 and 61 in 1956. As with whooping cough, measles attacks infants and children; the age distribution of the cases in 1958 is shown below:

	Under 1 year	1 - 2 years	3 - 4 years	Age 5 - 9 years	10 - 14 years	Over 15 years
Number of cases	8	50	61	131	7	1
Percentage of total cases	3.1	19.4	23.6	50.8	2.7	0.4

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

Whooping Cough.

The number of notifications was 74, compared with 99 in 1957 and 52 in 1956. The incidence was highest in July. The increasing use of prophylactic vaccine is likely to be reflected in a reduction in the incidence.

The age distribution was as follows:

	Under 1 year	1 - 2 years	3 - 4 years	Age 5 - 9 years	10 - 14 years	Over 15 years
Number of cases	2	16	20	35	1	-
Percentage of total cases	2.7	21.6	27.0	47.4	1.3	-

Scarlet Fever.

Corrected notifications totalled only eleven. No case was admitted to hospital.

Dysentery.

In January, four children at Compton Nursery were notified as suffering from dysentery; two were admitted to hospital. The necessary precautions were taken and the customary advice given.

In May and September, two cases were notified in Hedge End and in October one at West End. In June, three cases in one family at Twyford were notified.

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.

No case of poliomyelitis was notified as diagnosed in the district during 1958. Two cases, however, were admitted to hospitals outside the district for diagnosis and treatment 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. Both cases were paralytic. At the close of the year one was making a good recovery; the progress of the other was not very satisfactory. One case occurred in Hound in April; the second at West End in October.

In the prevention of poliomyelitis, vaccination is undoubtedly the best measure. So far, however, it is not universally available and the following rules issued by the World Health Organisation for individual protection are worthy of quotation:

1. Wash hands frequently, especially before eating.
2. Protect food from flies; thoroughly wash uncooked food such as fruit and vegetables.
3. Avoid intimate association such as shaking hands with families in which poliomyelitis has occurred within three weeks.
4. Treat feverish illnesses with caution; bed rest, or at least the avoidance of over-exertion for a week is advisable.
5. Avoid unnecessary travel to and from communities where the disease is prevalent.

Diphtheria.

Although no case of diphtheria was notified in this district in 1958, a woman in her fifties, residing at Colden Common, was admitted on 3rd October to the Victoria Hospital, Winchester as a suspected case. Confirmation was made subsequently. Fortunately, the woman's two children had been immunised against diphtheria and no more cases resulted. The occurrence emphasises the constant need to take every opportunity to encourage parents to have their children immunised.

In England and Wales during 1955, there were 120 cases of diphtheria in people who had not been immunised; of these, thirteen died. In 1956, there were forty such cases with two deaths. From 1933-1942, the average number of cases of diphtheria per year was 55,000. In 1957, the average was 40. From 1933-1942, the number of deaths was 2,783. In 1957 the figure was six. The number of notifications of diphtheria, it is seen, fell rapidly after the widespread introduction of immunisation.

The percentage of children who may be regarded as remaining protected, i.e. children who have had a course of immunisation during the preceeding five years remains steady from year to year. For the year 1953 the national figure was 48%. For this district it was 70%. There is no doubt that parents must keep on having their children immunised against this disease.

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 1944:

Year	Number of children immunised				Number of cases	
	Primary			Boosts	Winchester - R.D.	England and Wales
	Under 5	Over 5	Total			
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	-	37
1958	625	12	637	307	-	

The figure for cases for England and Wales is not yet available for the year 1958.

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	37	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 1958, 571 children under five years of age and five between five and fifteen years were immunised, a total of 576. In addition, 70 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 1958, a total of 457 children were immunised. In addition, 26 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.

By the beginning of the year enough vaccine had 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 these groups. The offer to further children in these groups remained open. Authorities were 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. By the spring, practically all children registered in the 1947-56 groups had been vaccinated. In June, sufficient American Salk vaccine had been received to offer vaccination to all registered up to and including February, 1958.

In July, the Minister of Health announced an extension of the Government's vaccination programme; it was to expand eligibility for vaccination from the age of 15 up to 25; to bring in a wider range of hospital staff and their families and make a start with third injections for persons already vaccinated with two. There were to be consultations with the local authority associations and the British Medical Association on the details of these extensions before the issue of all necessary information about them to Local Health Authorities, hospital authorities and general practitioners.

The extension of the scheme to the 16-25 year age-group would bring in about another $6\frac{1}{4}$ million people as eligible for registration, including about 500,000 hospital staffs and their families. In view of this extension of arrangements, all general practitioners were encouraged to go ahead with the vaccination with all possible speed. Stocks were ample for all needs.

Concerning third injections, on general biological grounds it was assumed that a third dose of vaccine would reinforce and prolong the degree of immunity given by two injections. Pending the results of further investigations, it was proposed that third injections should in all cases be offered not less than seven months after the second. It was also suggested that third injections should be offered to persons who had already had two in approximately the same order in which they were given their earlier injections. It was remembered that

a number of children born in certain months of 1947-54 were vaccinated as long ago as May and June, 1956 and it was thought desirable that so far as possible an early offer of third injections should be made to them. A fee of 5s. Od. is paid to general practitioners for a record of a course of two injections. The second injection is regarded as part of the primary course and a further 5s. Od. is payable for a record of the third injection.

In October, it was decided that, as there were ample supplies of Salk vaccine, facilities for vaccination should be made available at Child Welfare Clinics in the same way as for diphtheria immunisation and smallpox vaccination.

The position at the end of 1958 in this district regarding vaccination was as follows:

Total number given		
two injections:	Children	3,422
	Expectant mothers	59
	Adults	70

Of these, fourteen children and two adults had also received a third injection.

Widespread publicity was being given to the subject at the close of the year by means of posters and leaflets. Arrangements also included an early start to the holding of special clinics in the schools in the district.

The public should pay heed to the advice given by the Ministry of Health: "It is most important that those who are eligible and have not yet registered should do so straight away and secure early protection. We do not know what 1959 may have in store. Ample supplies of vaccine are now available. British supplies are still limited and parents and others, including expectant mothers, are urged not to wait, but to accept the vaccine which is available locally. All of it has been tested for safety. Local Authorities are enlisting the help of general practitioners in coping with the extended programme and are showing commendable enterprise in the methods they are adopting to make facilities easily available for young persons who want to be vaccinated".

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.

The death rate in this district from all types of tuberculosis was 0.09, compared with 0.10 for England and Wales.

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.	Total	M.	F.		Total	M.	F.	Total	M.		F.	Total	M.	F.	Total	
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	-	-		-	-	-
1958	12	5		4	-	21	-	1		-	-	1	1	2		1	-	4

Notifications of new cases totalled 21; one case was transferred to the District. 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	-	-	-	-	-
5 - 14 years	1	-	1	-	2
15 - 24 years	2	2	-	-	4
25 - 34 years	1	2	-	-	3
35 - 44 years	2	1	-	-	3
45 - 54 years	3	-	-	-	3
55 - 64 years	1	-	2	-	3
65 years and over ...	2	-	1	-	3
Total	12	5	4	-	21

The following table shows the position at the 31st December, 1958, compared with that at the 31st December, 1957; 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, 1957	134	94	228	16	27	43	271
Additions during year	12	6	18	4	-	4	22
Removals during year	3	2	5	1	-	1	6
Number on register at 31st December, 1958	143	98	241	19	27	46	287

Mass Miniature Radiography

The use of mass miniature radiography has brought to light many early cases. During 1958, the Southampton Unit visited Winchester and surveyed certain groups. It is reasonable to assume that the 9,060 people examined represented a proportion from the neighbouring villages of this district. 26 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 2.86 compared with an incidence of 3.42 in 1957.

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. 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 whole procedure is of course subject to written consent by the parent. The vaccination was carried out in three schools, Hedge End Secondary, New Alresford Secondary and Twyford Private School in this Rural District in 1958 and the work is summarised in the following table:

(a)	Number of invitations issued to parents offering tuberculin-testing and, if necessary, vaccination	... ..	329
(b)	Number of forms returned by parents consenting	... ..	224
(c)	Number of children tuberculin-tested	... ..	204
(d)	Number of children tuberculin-positive	... ..	42
(e)	Number of children vaccinated	... ..	155

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 1958.

Post hospital	...	...	...	4
Maternity	...	...	...	42
Aged sick and infirm	...	...	...	58
Chronic illness	...	...	...	19
General sickness	...	...	...	22
Child care	...	...	...	4
Total	...	...	...	<u>149</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 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.

"GUARD THAT FIRE" CAMPAIGN

In November and succeeding months a "Guard That Fire" Campaign was held throughout the country. The theme was the protection of the individual fire, but the wider field of prevention of accidents in the home was a natural development.

The purpose of the campaign was outlined in a message from the Home Secretary, whose statement is well worth repetition:

"More people are killed by accidents in the home than by accidents on the road. That is a known but not a surprising fact; it does not mean that homes are more dangerous than roads, since people spend much more time in their homes. But it does mean that we must do everything we can to reduce home accidents.

Not all home accidents are likely to be reduced by education and exhortation, but fortunately one of the most frequent kinds is likely to respond to such measures. Burning accidents account for 700 deaths each year and tens of thousands are so seriously injured that they require hospital treatment. The chief victims are children and old people.

Well over half these accidents are caused by clothing coming into contact with unguarded fires; the way to reduce, and even abolish, accidents and fires from this cause is simple and obvious - it is to put a guard on every fire, coal, gas and electric.

We believe that if local authorities, home safety committees and other voluntary organisations, as well as gas and electricity undertakings, ironmongers and other traders concerned, will make a concentrated effort to put over this simple advice - guard that fire - a large number of people can be persuaded to follow it."

Fireguards.

In amplification of his remarks, the British Standard Specifications for the requirements of Fireguards for Solid Fuel fires are worthy of quotation:

1. The fireguard shall be of robust construction made of suitable metal and capable of being securely fixed.
2. The fireguard shall have a hard and durable finish.

3. The top of the fireguard shall be closed in at an angle that does not encourage its use for the airing of clothes.
4. The top, front and sides of the fireguard shall consist of mesh of which the distance between adjacent parallel members shall not be less than half inch and not greater than one inch. The upper limit is recommended.
5. It shall be possible to refuel the fire, remove the ash and carry out the normal operations of controlling an open fire, without removing the guard and without incurring additional risk of injury.
6. Any openable portions of the fireguard shall be constructed so that they can be securely fixed in the closed position by means of spring clips or other suitable device.
7. The fireguard shall be provided with two safety hooks with spring clips or other suitable device for fitting into the eyelettes that are fixed to the fireplace surround.

Beyond any doubt, an efficient fireguard is the best way of protection from burning.

Clothing.

Half of the accidents referred to were the result of clothing coming too close to an unguarded fire. Not long ago, a Committee was set up by the British Standard Institute to consider the flammability of apparel fabrics. The Committee arrived at the following main conclusions:

- (a) Clothing will not catch fire unless it is exposed to a source of ignition. More than half the domestic burning accidents in which clothing catches fire are due to contact with unguarded coal, gas, electric or oil fires.
- (b) The greatest risk of burning accidents is to children under fourteen and to people over sixty-five. The accident rate between these ages is low

- (c) Women and girls suffer about twice as many burning injuries as men and boys.
- (d) The bulk of ordinary fabrics in popular use for lightweight garments are, within a fairly narrow range, equally flammable. It cannot be assumed that any fabrics within this range are significantly safer than others. The only relatively safe fabrics are those which could be defined as flame-resistant by the sort of criterion advocated in recommendation four of this report.
- (e) Any scheme for the detailed grading of fabrics according to their relative flame-resistance ratings - a possibility which the Committee was originally set up to investigate - would be misleading and dangerous. Such an indication of higher or lower flame-resistance might engender a false sense of security and lead to the neglect of essential safety precautions.
- (f) Full-skirted, loose garments present a much greater risk than narrow or close fitting ones.
- (g) Chemical processes which render garment fabrics flame-resistant or flame-proof represent a promising development. Further work is being done with a view to improving them and reducing their cost.

Locally, a considerable quantity of leaflets, posters, stickers and stamps of varying design and conveying different messages were obtained and distributed. Films and filmstrips were shown at the Abbey Cinema, Netley and the Civic Cinema, Alresford. By the co-operation of other departments of this Authority, leaflets were distributed in correspondence going out from the various offices. Rate Demand notes were inscribed with the words "Guard that Fire". Health Department correspondence bore a similar message by means of a rubber stamp and Council vehicles carried a 6" sticker. Parish Councils were provided with a variety of leaflets and posters for display and tradesmen were invited to make a display of certain posters. Talks were also arranged for interested bodies.

Propaganda is undoubtedly of value, but it is the sustained and personal contact of all the workers in the

health team who have contacts in the homes of the people which is the most likely to prove fruitful in the end. The opportunity given to the public health inspector or to the health visitor - when inside the home - is invaluable and, on whether or not he or she grasps it, will depend the continued success of such a campaign.

BYELAWS

The following byelaws were in operation in this District as at 31st December, 1958:

<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 & Drugs Act, 1938) ...	11th April, 1950.
Building Byelaws under the Public Health Act, 1936 ...	27th May, 1953.
Byelaws for preventing waste, undue consumption, misuse or contamination of water (Water Act, 1945, Section 17) ...	4th December, 1950.
Byelaws prohibiting the deposit of liquid matter in dustbins. (Public Health Act, 1936, Section 72) ...	10th September, 1956.

health care, which have been developed in the course of the people
which is the most likely to prove beneficial in the end.
The opportunity given to the public health inspector in
the health officer's office is the best - it is in-
valuable and, in addition, it is not too far from the
department of health, which is a very important
department in the health service.

The following points were in question in
this District at the time of the outbreak:
1. The health officer's office was not
adequately staffed with health officers.
2. The health officer's office was not
adequately staffed with health officers.
3. The health officer's office was not
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ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
AND PUBLIC CLEANSING OFFICER FOR THE YEAR 1958

May, 1959.

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

Mr. Chairman, Ladies and Gentlemen,

I am pleased to submit my report for the year 1958, which details the work carried out by the Public Health Inspector and the Public Cleansing Officer and also other work done by the Public Health Inspector.

A N N U A L R E P O R T

During the year, two additional Public Health Inspectors were appointed, making a staff of three. The backing of work was carried out over a period of time. Mr. H.J. Smith, District Public Health Inspector, was absent due to illness for a period of six months but returned to his duty in June.

CHIEF PUBLIC HEALTH INSPECTOR

The work done in the Cleansing Services and is given in full detail in the report.

and

The Public Cleansing Service was also re-organized during the year at a time when coincided with the retirement of the Public Officer, Mr. T. Perkins and the appointment in his place of Mr. J. H. Smith.

PUBLIC CLEANSING OFFICER

During the year, I have received general assistance from the District Officer of Health, the Public Health Inspector, Chief Clerk and Clerical Staff and the Public Cleansing Officer. I am very grateful to them for the help and assistance they have given me in regard to my appointment.

for the year 1958

In conclusion, I feel it will be seen from the details given in the report that although the foundations of the public health system have been started on a solid basis, there is a considerable amount of building to be done and we can only have hopes for feeling satisfied.

J. H. SMITH

Chief Public Health Inspector
and Public Cleansing Officer.

ANNUAL REPORT

of the

CHIEF PUBLIC HEALTH INSPECTOR

and

PUBLIC CLEANSING OFFICER

for the year 1958

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
AND PUBLIC CLEANSING OFFICER FOR THE YEAR 1958

May, 1959.

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

Mr. Chairman, Ladies and Gentlemen,

I am pleased to submit my report for the year 1958, which details the work carried out by the Public Health Inspectorate under the various statutory requirements and also other information relating to the work of this Authority.

During the year, two additional Public Health Inspectors were appointed, enabling a start to be made on the backlog of work which had accrued over a period of time. Mr. H.J. Smith, District Public Health Inspector, was absent due to illness for a period of six months but returned to his duties on 27th October, 1958.

Further re-organisation was made in the Cleansing Services and is given in full detail in the report.

The Rodent Service was also re-organised during the year at a time which coincided with the retirement of the Rodent Officer, Mr. T. Sawkins and the appointment in his place of Mr. O.J. Norris.

During the period under review I have received generous assistance from the Medical Officer of Health, the Public Health Inspectors, Chief Clerk and Clerical Staff and the task has been made considerably lighter than would otherwise have been the case and I wish to record my appreciation.

In conclusion, I feel it will be seen from the details given in the report that although the foundations of the public health aspects have been started on a solid basis, there is a considerable amount of building to be done and no-one can have cause for feeling satisfaction.

E.M. ORGAN

Chief Public Health Inspector
and Public Cleansing Officer.

INSPECTIONS

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

Drainage	...	...	345
Stables and Piggeries	...	...	15
Offensive Accumulations	...	...	47
Rats and mice	...	...	11
Insect Pests	...	...	62
Ponds, Pools, Ditches and Watercourses	..	...	73
Atmospheric Pollution	...	...	102
Public Halls and Places of Entertainment	..	...	2
Public Conveniences	...	...	12
Schools' Sanitary Accommodation	...	...	5
Factories, mechanical	...	...	8
Factories, non-mechanical	...	...	2
Cooked meats, etc.	...	...	37
Ice-cream	...	...	44
Bakeries	...	...	5
Butchers	...	...	4
Fishmongers	...	...	1
Fried Fish Premises	...	...	1
Grocers and Greengrocers	...	...	17
Dairies and Milk Distributors	..	...	18
Hotels, Restaurants and Cafes, etc.	...	...	32
Mobile Canteens	..	...	2
Slaughterhouses	..	...	18
Meat Inspection	..	...	157
Inspection of Foodstuffs	...	...	15
Sweet Shops, etc.	...	...	2
Water Supplies	...	...	89
Water Sampling	...	...	127
Milk Sampling	...	...	24
Housing Applications	...	...	396
Housing - Housing Acts	...	...	571
Housing - Public Health Acts	...	...	353
Overcrowding	...	...	2
Tents, Vans and Sheds	...	...	181
Filthy or verminous premises	...	...	11
Certificates of Disrepair	...	...	68
Improvement Grants	...	...	245
Miscellaneous Housing Inspections	...	...	34
Infectious Diseases	...	...	101
Disinfection	...	...	4
Petrol Installations	...	...	48
Refuse Tips	...	...	76
Miscellaneous Visits	...	...	54
Total	...	...	<u>3,421</u>

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 1957. Details, as compared with 1957, are shown in the table below:

	<u>1957</u>	<u>1958</u>
(a) New Council houses and flats occupied during the year	84	88
(b) Number of families rehoused from camp hutments	24	15
(c) Number of "live" applications for accommodation at 31st December ...	1429	1379

Provision of New Houses and Flats.

56 houses and 28 flats have been erected for the Council during the year in the undermentioned parishes:

	<u>Houses</u>	<u>Flats</u>
Hedge End	30	-
Hound	14	-
Colden Common	4	16
Bursledon	8	8
Fair Oak	-	4

In addition, 265 houses were erected by private enterprise in the undermentioned parishes:

West End	80	Colden Common	5
Hound	35	Itchen Valley	4
Headbourne Worthy ..	30	Otterbourne	4
Kings Worthy	19	Bramdean	3
Bursledon	16	Littleton	3
Oliver's Battery ...	16	Bighton	2
Fair Oak	13	Cheriton	2
Wonston	9	Compton	2
Hamble	6	Crawley	2
New Alresford	6	Botley	1
Twyford	6	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	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 ...	44	16	8	68	-
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 x
Bursledon ...	276	136	-	412	30
Fair Oak ...	76	4	-	80	-
Hamble ...	92	20	50	162	-
Hedge End ...	150	-	20	170	14 x
Hound ...	223	8	62	293	-
West End ...	118	32	-	150	-
Totals ...	1,575	325	265	2,165	48

x - Rest Centre Huts.

Ex-Service Camps.

The Cricket Camp at Bursledon is the only camp under the administration of the Council. At the end of the year the number of huts occupied at the camp was thirty.

Clearance Areas and Individual Unfit Houses.

For some time the table shown hereunder has been reproduced in the Annual Report and I feel that on this occasion a few additional words on the progress made to date are not amiss.

When the local authorities were asked to submit their five-year slum clearance programmes to the Minister in 1955, this Authority listed 280 dwellings. Since then further dwellings have been found to be in such condition as to warrant inclusion on the list.

Details of action taken in respect of unfit houses are shown in the following table:

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 Sec. 17(1), Housing Act, 1957 ...	17	77	27
B. UNFIT HOUSES CLOSED			
Under Sec. 16(4), 17(1) and 35(1), Housing Act, 1957...	5	10	3
Under Sec. 17(3) and 26, Housing Act, 1957	4	8	4
Parts of buildings closed under Sec. 18, Housing Act, 1957	-	-	-
C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED			
After informal action by Local Authority	By Owner	By L.A.	
	4	-	
After formal notice under:			
(a) Public Health Acts	-	-	
(b) Secs. 9 and 16, Housing Act, 1957	8	2	
Under Sec. 24, Housing Act, 1957 ...	-	-	
D. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)			
Nil			
E. PURCHASE OF HOUSES BY AGREEMENT			
Nil			

The position at the end of the year under review can be regarded as fairly satisfactory when looking at the picture as a whole. Details are shown in the table below:

Number of properties placed on list of unfit dwellings	327
Number demolished without service of Demolition Orders ...	8
Number dealt with by service of Demolition or Closing Orders ...	111
Undertakings given not to let for human habitation	23
Number which have been made fit follow- service of a Demolition or Closing Order	6
Number made fit without service of a Demolition or Closing Order ...	25

Improvement Grants

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

	<u>1958</u>	<u>Total over last five years</u>
Applications received ...	72	364
Applications approved ...	67	333
Withdrawn by applicants..	4	22
Applications refused by the Council ...	1	9

To the Council's willingness to use the improvement grant scheme to the fullest extent can be attributed the fact that a number of dwellings have been virtually "brought back from the dead" to serve a further term of useful life. This has been achieved by requiring not only a high standard of amenity but also a high standard of repair. It is, however, regrettable that too few improvement grants are taken up by owners of tenanted dwellings in relation to owner-occupiers, as can be seen from the following comparison:

<u>1958</u>		<u>Last five years</u>	
<u>Owner-occupier</u>	<u>Tenanted</u>	<u>Owner-occupier</u>	<u>Tenanted</u>
43	24	191	142

Certificates of Disrepair.

During the year, 10 applications for Certificates of Disrepair were received, making a total of 31 since the Act came into force.

This is a further measure which it was thought would solve the housing repair problem, but it seems that it has followed the way of previous measures by virtually dying a natural death. Although this has happened, there can be no doubt in anyone's mind that the problems of dealing with dwellings requiring repair are still present and still unsolved since the two lines of action open to local authorities are by no means comprehensive in enabling all types of defects to be dealt with. There does seem to be a good case for a general re-appraisal of the definition of "standard of fitness" given in Section 4 of the Housing Act, 1957. This would provide local authorities with efficient tools to ensure that dwellings generally can be retained as a national asset instead of the present position where legislation has provided tools of dubious efficiency, with a consequent hamstringing of the efforts of local authorities who are anxious to prevent a turnover of unfit dwellings at the present high rate.

Moveable Dwellings.

The growth in the number of caravans used for permanent occupation in the district continues to increase steadily. Inspections were made as a routine of the various sites and although in many cases the conditions attached to the licence were being complied with, it must be remembered that in some instances these licences were issued many years ago and standards have been changed. More improvements have been effected with the co-operation of the site owners, but the general position cannot be considered as satisfactory.

Licensed caravan sites in the district are shown below, together with the number of moveable dwellings licensed:

Riverside Camp, Satchell Lane, Hamble	...	...	50
Winchester R.D.C. Site, 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
Valler's Site, The Dean, Alresford	...	...	22
Woodlands Camp, Old Bishopstoke Road, Brambridge	...	...	20
Taylor's Camp, Sutton Scotney	...	...	18
Spring Lane Caravan Site, Colden Common	...	...	16
Market Gardens, Oliver's 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
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 supply water in the central parishes and the 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:

Physical Characters

Appearance: Clear and bright. Reaction pH: 7.1
Odour and taste: Normal

Chemical Results in parts per million.

Total solids		Ammoniacal Nitrogen	0.002
dried at 180°C.	312	Albuminoid Nitrogen	0.012
Chlorine in Chlorides..	12	Phosphates	... Absent
Alkalinity as CaCO ₃ ...	233	Iron	... Absent
Sulphates as SO ₄ ...	Present	Lead	... Absent
Nitrate Nitrogen as N..	3.5	Zinc	... Absent
Nitrite Nitrogen as N..	Nil	Copper	... Absent
Oxygen absorbed from		Free CO ₂	... 9
N/80 permanganate in			
4 hrs. at 27°C. ...	Nil		
(Total ... 16.65)	Clark's	238	) Parts
Hardness (Temporary. 13.85)	Scale	198	) per
as CaCO ₃ (Permanent. 2.80)		40	) million

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

Parish	Number of Houses	Percentage on main supply
Abbotts Barton	9	77
Beauworth	40	53
Bighton	62	55
Bishops Sutton	164	58
Botley	439	92
Bramdean	182	56
Bursledon	1,031	93
Cheriton	180	53
Chilcomb	33	66
Colden Common	455	97
Compton	384	99
Crawley	150	94
Fair Oak	506	98
Hamble	846	99
Headbourne Worthy	130	81
Hedge End	1,060	99
Hound	1,374	97
Hursley	275	80
Itchen Stoke and Ovington	96	18
Itchen Valley	418	72
Kilmeston	78	63
Kings Worthy	640	99
Littleton	224	67
Micheldever	384	71
New Alresford	712	98
Northington	83	58
Old Alresford	157	66
Oliver's Battery	219	98
Otterbourne	247	97
Owslebury	239	60
Sparsholt	205	91
Tichborne	78	55
Twyford	524	97
West End	1,198	97
Wonston	430	78
Totals	13,254	89

Samples of well water supplying 25 individual properties have been submitted for bacteriological examination during the year and resulted as follows:

Number found to be satisfactory	21
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..	20	Hound..	6	Hamble..	3
		New Alresford ..	6		

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	...	...	...	...	8
Dealers' Licences for tuberculin tested milk	...	...	...	...	7
Supplementary Licences for pasteurised milk	...	...	...	...	11
Supplementary Licences for tuberculin tested milk	...	...	...	...	12
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 and condemned as unsound during the year are as follows:

Mutton	146 lbs.	Lamb's liver	10 lbs.
Beef	87 $\frac{1}{2}$ lbs.	Stewed steak	1 lb.
Pork	47 lbs.	Fruit (tinned)	12 $\frac{3}{4}$ lbs.
Chopped Pork	104 lbs.	Vegetable (tinned) ..	5 $\frac{1}{2}$ lbs.
Luncheon Meat	10 $\frac{1}{2}$ lbs.	Fish	12 ozs.
Cooked ham	11 lbs.	Jam	6 ozs.
Corned beef	72 $\frac{3}{4}$ lbs.	Cream	4 ozs.

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	17	10	66	29	182	-
Number inspected	17	10	66	29	182	-
<u>All diseases except tuberculosis and cystercerci:</u>						
Whole carcasses condemned	-	-	1	2	1	-
Carcasses of which some part or organ was condemned	2	2	-	3	-	-
Percentage of number inspected affected with disease other than tuberculosis or cystercerci	12.5	17.6	1.5	17.1	0.5	-
<u>Tuberculosis only:</u>	-	-	-	-	-	-
Cystercercosis:	1	-	-	-	-	-

Sampling of Food.

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

141 samples were procured under the Food and Drugs Act, 1955, within this Rural District.

(a) Milk Samples.

The total number includes 100 samples of milk, of which 33 were of Channel Islands Milk. Only one sample proved to be unsatisfactory. This was a Channel Islands Milk, the fat content of which was 3.26% i.e. 18.5% below the minimum of 4% of fat required for milk of this description. The sample was taken at a roadside farm outside which a notice was displayed advertising "Jersey Milk 4d per glass". The milk intended for sale to

passing customers was retained in a large jug and subsequent inquiries indicated that no steps had been taken to ensure that the milk was mixed before being served. This would doubtless have accounted for the glasses of milk supplied to the Inspector being deficient of fat. A further check, of the milk given by the cows, showed it to be of satisfactory quality. In the circumstances, the vendor was warned. He did in fact remove the word "Jersey" from the notice advertising the sale of milk, in order to avoid any question of the extra responsibility involved in the use of a description which brought the milk within the special provisions applicable to Channel Islands Milk, i.e. milk produced by Guernsey, Jersey or South Devon breed of cows.

(b) Miscellaneous Samples.

Of the 41 samples other than milk, which embraced a considerable variety of food and drugs, two were the subject of complaint, as follows:

(i) Cough Syrup (deficient of chloroform).

This product was declared to contain 1% of chloroform but analysis showed only one third of this amount to be present. The loss had doubtless occurred during the time that the article had remained in stock, chloroform being a very volatile substance, but the manufacturers' attention was drawn to the result, with a view to an improved method of packing being adopted.

(ii) Beef Sausage (containing undeclared preservative).

The amount of sulphur dioxide, as a preservative, in this product, was within that permitted under the Public Health (Preservatives etc. in Food) Regulations but its presence was not specified, by notice, at the place of sale, in accordance with the relevant provisions. It appeared, however, that the notice in question had been inadvertently mislaid, during redecoration of the premises, and it was not therefore considered necessary to take further action although the vendor was acquainted with the requirements pertaining to this matter.

(c) During normal visits to traders, attention was given to the provisions of the Labelling of Food Order and the Pharmacy and Medicines Act, as regards the marking of ingredients and other particulars which are required to be furnished with certain food and medicines.

(d) It should be appreciated that as regards pre-packed articles, which now form a very high proportion of the food and drugs sold by retailers, these are distributed over wide areas and duplication of sampling of such articles in the various Districts of the County is avoided as far as is possible. Products of this type are, of course, not readily subject to interference after packing and, except as regards conditions of storage, a single check over a given period is normally sufficient where the result is satisfactory.

FOOD HYGIENE.

The inspection of food premises throughout the area has continued where possible and the requirements of the Food Hygiene Regulations have been obtained in co-operation with the various occupiers.

In order to obviate this Department requiring works in accordance with these regulations in any new structure, arrangements have been made with the Engineer and Surveyor for the Public Health Department to be notified immediately any plans are received which may involve food handling. In this manner it has been possible to make the necessary contact with the person concerned and ensure that the premises will comply with the regulations before any work is started.

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

Cafes, etc.	...	...	...	...	45
General Stores	...	...	...	...	94
Bakers	...	...	...	...	11
Butchers	...	...	...	...	17
Premises registered under Section 16, Food and Drugs Act, 1955:-					
Ice-cream	...	...	...	...	121
Preserved foods	...	...	...	...	20
Dairies registered under the Milk and Dairies Regulations, 1949	...	...	...	...	9
Number of inspections of registered food premises	...	...	...	...	86

FACTORIES ACT, 1937

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

Factories	No. on Register	Inspections	Written notices	Occupiers prosecuted
Factories (with mechanical power)	134	8	3	-
Factories (without mechanical power)	29	2	-	-
Other premises under the Act (including works of building construction, but not including out-workers' premises)	-	-	-	-
Totals	163	10	3	-

PUBLIC CLEANSING

Refuse Collection.

This service has operated throughout the year without any major difficulty being experienced. It is apt at this time to pay tribute to the employees, both drivers and loaders, who have translated the re-organisation into fact and have, in the main, cheerfully carried out their duties through all sorts of inclement weather.

The vehicle fleet engaged on this work consists of:

- Two 7-yard side loading freighters
- Five 10-yard side loading freighters
- One 18-yard rear loading (semi-dustless) freighter with compression mechanism
- One 25-yard rear-loading (semi-dustless) freighter with power-press.

The 25-yard rear-loading freighter with power-press came into service on the 28th May, 1958 and has proved

itself to be extremely satisfactory, so much so that a similar vehicle has been ordered for delivery in the next financial year.

Frequency of collection through the District is as follows:

Weekly Collection

Botley	Hedge End	New Alresford (part)
Bursledon	Hound	Oliver's Battery
Hamble	West End	

Fortnightly Collection

Abbotts Barton	Fair Oak	Micheldever
Beauworth	Headbourne	New Alresford (part)
Bighton	Worthy	Northington
Bishops Sutton	Hursley	Old Alresford
Bramdean	Itchen Stoke	Otterbourne
Cheriton	and Ovington	Owslebury
Chilcomb	Itchen Valley	Sparsholt
Colden Common	Kilmeston	Tichborne
Compton	Kings Worthy	Twyford
Crawley	Littleton	Wonston

The weekly collection in the parishes of Botley, Bursledon, Hedge End and West End commenced on the 7th April, 1958 and was effected by the re-organisation and adjustment of the existing vehicle fleet and personnel.

It is anticipated, however, that there will be an increase in the overall tonnage of refuse collected through the provision of a weekly collection as opposed to a fortnightly one and this, together with the absorption of all new houses in the district (950 in the past three years) means that the vehicle fleet is working in a proper manner, i.e., to a reasonable capacity, although with the rate of additional building a saturation point may well be reached in the not too distant future.

The ultimate aim of this service must obviously be to provide as a minimum standard a weekly collection throughout the Rural District with bins being collected from the normal standing position instead of having to be placed at the curbside and, after emptying, returned to their normal positions by the occupier. At the present

92

time, in cases where occupiers through either illness or age are unable to handle their own bins, collection is made from the normal standing position and the bin returned there by the refuse collectors.

During the year an additional task was undertaken - namely, the clearance of refuse, etc. from the Royal Counties Agricultural Show which was held at Morestead from the 18th to 21st June. Unfortunately heavy rain fell on the 19th and successive days, turning the temporary roadways into quagmires which did nothing to help matters. The collections made during the Show totalled seventeen loads, giving an approximate volume of 204 cubic yards of refuse. All refuse was cleared each day from the site between 6 a.m. and 7.30 a.m. in such a manner that the service contributed to the enjoyment derived by the public when visiting the Show during the day.

During the year under review the vehicles operating this service have covered 75,047 miles and collected and tipped 4,505 loads which represents the approximate volume of 54,060 cubic yards.

Refuse Disposal.

The method which is in use at the present time is controlled tipping and a labour force of one driver operating a mechanical shovel; in addition, one loader is occupied for three days a week at one particular tip. This labour force covers the whole of the refuse disposal for the Council at its five tips, which are situated as follows:

Bursledon Road, Hound
Spring Lane, Colden Common
Ham Green, Sparsholt
Sly's Farm, Bramdean
Weston, Micheldever.

At each of these tips there is a considerable amount of work to be done, not only to keep up with the volume of refuse which is tipped there from the present collections, but in order to deal with the extremely unsatisfactory conditions which have been allowed to accrue over a period of years.

There is no doubt at all that the purchase of the mechanical shovel, which commenced work on the 1st April, has been a tremendous asset to this Authority and has been a means by which the large number of fires has been eliminated, particularly at the Bursledon Road tip, and has enabled a start to be made on pest control.

There has been relatively little difficulty in obtaining covering material for the tip at Bursledon Road but, in the main, it has been necessary at each of the other sites, to dig any covering material within the tipping area.

The tyre wear on the mechanical shovel has been relatively satisfactory although, of course, a fairly large number of punctures is inevitable, particularly in the front wheels, which also take the thrust of the newly tipped material. Throughout the year there have only been two punctures in a rear wheel. One of the major points which has saved considerable time in the latter part of the year has been the purchase of a spare front wheel, tyre and tube and this has literally saved hours, enabling the machine to continue operating with the minimum delay.

When the machine was purchased, it was anticipated that it would be able to travel from tip to tip, dealing with the refuse brought in reasonably well. In practice, however, it has been found that with the increased collections, the volume of refuse itself has increased and the machine, although being worked flat out throughout the year has not, by itself, been able to effectively deal with each tip. In fact, during the whole year it has only been at the Micheldever tip for one day.

It is now clearly evident that the answer to the effective and proper disposal of refuse by means of controlled tipping in this area will necessitate having a loading shovel or similar machine located at each of the major tips and it should be realised at the same time that only in this way can the refuse be properly and hygienically covered and, after all, that is what we set out to do - to dispose of refuse in such a manner that it creates no nuisance either by smell or insect pests or prejudice the amenities where it is located.

It is not possible to give the correct costs over the period of a year since the mechanical shovel has not been operating for a full year, but it is evident that the costs of disposal are low, being for the period 1st April to 31st December, 1958, 3s.6.4d per load, a load averaging 12 cubic yards.

135

RODENT CONTROL

Until the 1st October this service operated on a block control scheme throughout the area under the control of the Rodent Officer, taking in domestic and business premises only. Parallel to this service was the work carried out by the Agricultural Rodent Inspector who dealt, as the designation implies, solely with agricultural properties.

The retirement of the Rodent Officer at the end of September presented an opportunity for a complete re-organisation of this service as follows:

The responsibilities of the Rodent Officer and Agricultural Rodent Inspector were combined. The area was then divided into four districts, each served by a Rodent Operative, thus reducing the number of operators from five to four.

The charge in respect of treatment to domestic property was abolished and the operators were required to pay particular regard to the agricultural properties within their specific district. It was hoped by this means that the number of treatments required to domestic properties would be curtailed due to the fact that the essential work of treating agricultural properties was carried out, thus saving the seasonal migration into the villages from the surrounding countryside. There has been little chance to assess the value of the re-organisation in the period left of the year under review but it is anticipated that considerable benefit will be derived from this re-organisation in the very near future.

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

Type of property	Inspections made	Treatments carried out		Under Sec. 5	Block treatments
		Rats	Mice		
Local Authorities' properties	67	56	-	-	-
Dwelling-houses) Business premises)	15,012	1,211	21	-	378
Agricultural properties	640	107	-	-	-
Totals	15,719	1,374	21	-	378

Number of dead rats found 3,419