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Contributors

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HEALTH REPORT

FOR

1949

FOR THE

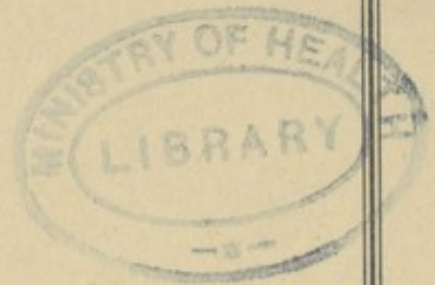
COULSDON AND PURLEY

URBAN DISTRICT

BY THE

MEDICAL OFFICER

OF HEALTH



1804-1805

1806-1807

1808-1809

1810-1811

1812

HEALTH REPORT

FOR

1949

FOR THE

COULSDON AND PURLEY

URBAN DISTRICT

BY THE

MEDICAL OFFICER

OF HEALTH

URBAN DISTRICT COUNCIL OF COULSDON AND PURLEY.

1949.

Public Health Committee.

Chairman : Councillor R. H. PULLEN

Councillor A. S. BENBOW.

Councillor Mrs. L. J. NESBITT.

„ Mrs. G. M. BLUETT, J.P.

„ E. R. NICHOLSON, A.C.A.

„ Mrs. J. E. CALDWELL.

„ R. N. SAUNDERS.

„ F. JOBBINS.

Ex-officio : Councillor S. E. LITTLECHILD, J.P.

„ A. G. SUTHERLAND.

Representatives on the South Eastern Divisional Health Sub-Committee.

Chairman : Councillor Mrs. G. M. BLUETT, J.P.

Councillor F. JOBBINS.

Councillor Mrs. L. J. NESBITT.

„ S. E. LITTLECHILD, J.P.

„ R. H. PULLEN.

Public Health Department.

STAFF :

Medical Officer of Health :

*F. R. EDBROOKE, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health :

*T. H. HARRISON, M.R.C.S., L.R.C.P., D.P.H. (from 1st Dec., 1949).

Chief Sanitary Inspector :

W. HAWORTH, M.S.I.A.

Deputy Chief Sanitary Inspector :

G. H. COCKELL, M.S.I.A.

Additional Sanitary Inspectors :

S. E. CRISP, Cert.R.S.I. (until 31st Dec., 1949).

V. W. RIBBONS, M.S.I.A.

W. RICE-JONES, M.S.I.A. (from 1st Jan., 1950).

Assistant to Sanitary Inspectors :

W. H. SANDS.

Rodent Operative :

H. M. KEY.

Nurse for Scabies Treatment :

Miss E. B. HICKS.

Chief Clerk :

* D. V. PROTHERO (from 28th Nov., 1949).

Clerks :

Mrs. G. EDMONSTON.

*Mrs. F. B. CLARKE.

F. J. SMITH.

(* Part-time appointment only to this Council.)

COULSDON AND PURLEY URBAN DISTRICT COUNCIL

LADIES AND GENTLEMEN,

I beg to present to you my Annual Report for 1949, this being my eighteenth report as your Medical Officer of Health.

The arrangement adopted in previous reports has again been retained, and, developing slightly the practice initiated in the 1948 Report, the opportunity has been taken to include information regarding the present arrangements for those Health Services which are not the responsibility of this Council.

Reviewing the state of the public health in this District during 1949 it is pleasing to note that, as judged by the vital statistics, the general health of the population remained good on the whole, although unfavourable variations are observable in certain of the rates compared with 1948. The Birth Rate, for example, again decreased, and the Still Birth Rate increased slightly, but the Infant Mortality Rate was lower than in 1948 and, having only been lower on three occasions, remains comparatively satisfactory, particularly as more than half the deaths in young babies were due to conditions which are at present unpreventable.

The crude Death Rate increased slightly, but when corrected to allow for the abnormal distribution of the sexes and age groups locally, it compares very favourably with that of the Country as a whole. It is most satisfactory to report that no maternal deaths occurred during the year.

The incidence of infectious disease was not quite so low as in recent years, but the most prevalent diseases, measles and scarlet fever, were very mild in type, only one death occurring from the former in a child who was handicapped by a congenital defect. For the third year in succession no case of diphtheria occurred in the District, but the immunity of the children must be maintained by active immunisation if this record is to be retained. It is also pleasing to note the absence of any cases of cerebro-spinal fever or puerperal pyrexia, and the diminution of dysentery in the mental hospitals in the District.

Poliomyelitis was again slightly more prevalent, but only nine cases occurred in this District, with one death.

Reference was made to the inauguration of the National Health Service in my last Report, and there is little which can usefully be added thereto. A number of the most obvious initial mistakes were dealt with during 1949, and the excessive demands on certain branches of the Service moderated somewhat. The expected spate of requests for spectacles, dentures and medical accessories passed the maximum and

is very unlikely to recur in such dimensions. Locally the School Dental Service remained only slightly below full strength at a time when the denudation of this Service nationally was rendering farcical the preferential treatment for young children prescribed in the Act. It is to be hoped that the tendency for other branches of the Public Health Services to become weaker will not be permitted to continue, otherwise inevitable results can be foreseen.

The Emergency Bed Service improved during the year, although it is obviously hampered by the continuing deficiency in hospital beds. Unfortunately the services having a fundamental influence on health, viz., housing, schools, hospitals, health centres, etc., made insufficient advance during the year to affect the trend of events, they being limited of course, chiefly by economic and similar conditions.

It is well known that, in spite of their additional expenditure, the Hospital Services are unable to develop as they would wish, but a subject which receives too little publicity is the part to be played in the new services by those responsible for the *prevention* of ill-health. What is nominally a "Health" Service is thus in reality a service for the treatment of disease, and almost, if not all, the increases in expenditure on the National Health Service have, in fact, been incurred on a "repair service." It is naturally questioned whether this is the soundest avenue of approach.

For those involved in the Public Health Service it is obviously disappointing to see their ranks being depleted, their duties transferred to other sections of the Health Service, the members of which are not always specially trained or experienced for the purpose, and to see but little hope of development of true preventive work.

The outlook in respect of the creation of Health Centres has deteriorated depressingly. Only when existing Clinic facilities are very deficient can it be hoped that new premises will be procurable. It is a pity that in such circumstances experiments cannot be made which will provide for group practice for general practitioners, probably in association with existing X-ray and other facilities, and in such a way that later extensions can be made to provide, where needed, a full Health Centre. Although this move is only likely to produce improved efforts at the prevention of disease in the more distant future, it would appear to be a practicable step which could wisely be made at this juncture, with more hope of ultimate influence than the erection of a few isolated and very expensive comprehensive Health Centres.

At the time of writing the increasingly complicated problem of international relationships is again raising the very difficult question as to how far we can permit ourselves to be distracted from the creation of a healthier and better balanced national life by non-creative preparations for defence. Greater productive efforts will obviously be required of all members of the community, combined with a careful review and elimination of wasteful or non-productive activities. At the same time

it will need to be constantly borne in mind that ultimately it will not be compulsion but the form of social life which gives greatest happiness and opportunities for the complete development of the individual members which will attract the allegiance of the world.

Defence measures may logically require an increasing proportion of the national resources of energy, manpower and material, but their detailed demands must be kept under careful scrutiny to ensure their justification. Similarly the balance between them and the creative efforts of the State must be very carefully maintained, pruning of the latter being only permitted if and when such action will encourage the growth of those corporate activities which are potentially most productive.

It is customary to conclude introductions to these Reports with thanks to all who have assisted in maintaining the Health Services of this District during the year. This thanks I would most sincerely tender, and particularly to the Chief Sanitary Inspector, not only for his assistance in preparing that section of this Report which refers to the work of his colleagues and himself, but for his able and cordial co-operation throughout the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. R. EDBROOKE,

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	11,142
Registrar-General's estimate of population, Dec., 1949 ..	64,080
Population, Census 1931	37,666
Number of occupied houses, December, 1949	17,424
Number of occupied houses, 1931	9,533
Rateable Value, December, 1949	£759,380
Sum represented by a penny rate	£3,080

VITAL STATISTICS FOR THE YEAR 1949

	Total	M.	F.	<i>Birth Rate per 1,000 of the estimated resident population.</i>
Live Births—Legitimate	813	420	393	
do. Illegitimate	21	10	11	
	<hr/>	<hr/>	<hr/>	13.0
	834	430	404	
	<hr/>	<hr/>	<hr/>	

				<i>Rate per 1,000 (live and still) births.</i>
Still Births—Legitimate	..	19	11	8
do. Illegitimate	..	2	1	1
				24.8

				<i>Crude Death Rate per 1,000 of the estimated resident population.</i>
Deaths	622	306	316	9.1

Corrected Death Rate 8.5

				<i>Rate per 1,000 (live and still) births.</i>
Deaths from Puerperal causes :—				
Puerperal Sepsis	—	—
Other Puerperal causes	—	—
			—	—
Total	—	—
			<hr/>	<hr/>

Death Rates of Infants under one year of age :—

All infants per 1,000 live births	25
Legitimate infants for 1,000 legitimate births	25
Illegitimate infants per 1,000 illegitimate births	47
Deaths from Cancer (all ages)	111
Deaths from Measles (all ages)	1
Deaths from Whooping Cough (all ages)	Nil
Deaths from Diarrhoea (under 2 years)	1

HEALTH REPORT FOR 1949.

The Urban District of Coulsdon and Purley was constituted by an Order of the Local Government Board dated 1st November, 1914, and came into existence on the 7th April, 1915. It has therefore been a separate District for just over 34 years.

Situated on the North Downs immediately to the south of Croydon, it is a well-favoured "dormitory" suburb, with a very considerable part of its area as yet undeveloped and forming part of the "Green Belt." Thanks to successful Town Planning Schemes in the past there is comparatively little dense development, most of the houses being well spaced, while it is hoped that as an outcome of the Town and Country Planning Act, 1947, it will continue to possess very extensive open spaces.

The majority of the residents who work, do so in London or Croydon, travelling to and fro daily. Locally there are no really large manufacturing or other industries, most of the residents employed in the District being connected with building and decorating, with the provision of food and the other wants of the inhabitants, or attached to the mental hospitals. The amount of unemployment, apart from temporary unemployment pending transfer, is negligible.

AREA AND POPULATION.

The District has an area of 11,142 acres, these being distributed among the wards as follows :—

Coulsdon East	..	..	2,812
Coulsdon West	..	..	1,253
Kenley	..	..	1,292
Purley	..	..	685
Sanderstead	..	..	2,311
Selsdon and Farleigh	..	..	1,924
Woodcote	..	..	865

This is 2,507 acres more than in 1915, owing to revisions of the boundaries, the last of which was in 1933.

In mid-1949 the Registrar-General estimated that 64,030 persons were residing in the District, and 64,080 at the end of the year, compared with 62,980 in December, 1948.

This number includes persons resident in Institutions in the District, the number of which at the end of 1949 were as follows :—

Cane Hill Hospital	..	2,402
Netherne Hospital	..	2,276
Russell Hill School	..	246
Reedham Orphanage	..	275

In 1949 there were 17,424 occupied houses, distributed as follows :—

Coulsdon East	..	2,692
Coulsdon West	..	2,972
Purley	..	2,626
Woodcote	..	1,656
Sanderstead	..	4,574
Selsdon and Farleigh	..	1,712
Kenley	..	1,192

This suggests an average of 3.68 persons per occupied house in 1949, or 3.37 if the institutional population is excluded.

VITAL STATISTICS.

The following table gives the average population, birth, death, maternal and other important mortality rates for the quinquennial periods 1915-1944, together with the actual figures for 1947, 1948 and 1949 :—

<i>Rates per 1,000 population.</i>	1915- 1919.	1920- 1924.	1925- 1929.	1930- 1934.	1935- 1939.	1940- 1944.	1947.	1948.	1949.
Birth rate ..	13.9	13.5	12.9	11.6	12.8	15.2	17.0	14.6	13.0
Percentage illegitimate ..	5.7%	3.4%	3.7%	2.8%	3.4%	3.9%	3.1%	3.2%	2.5%
Stillbirth rate	—	—	—	—	0.43	0.48	0.49	0.25	0.33
Death rate ..	8.5	7.4	7.0	7.4	8.3	11.4	10.8	8.7	9.1
Cancer death rate	1.18	0.96	1.15	1.35	1.19	1.70	1.89	1.47	1.73
Tuberculosis death rate (per 100,000 population) ..	72	57	36	38	35	48	37	33	38
Violence (including Suicide)	0.19	0.44	0.35	0.32	0.46	0.82	0.56	0.30	0.33
Maternal mortality rate (per 1,000 live and still births) ..	3.20	2.08	2.66	3.21	2.27	2.10	1.83	1.07	Nil
Infant mortality rate (per 1,000 registered births) ..	44	28	38	32	38	40	23	26	25
Neo-natal mortality rate ..	—	—	—	—	26	28	15	18	14
Estimated population ..	19,073	21,351	28,950	41,616	53,084	49,880	62,440	62,730	64,030

BIRTHS.

During the year 1949, 834 births were registered as occurring in the District, of which 430 were male and 404 were female, compared with 917 in 1948. It will be seen by reference to the above table that

this is equal to an annual birth rate of 13.0 per 1,000 population, as compared with 14.6 in 1948 and 17.0 in 1947. The rate of 17.6 in 1946 was the highest birth rate experienced in this District, but it is fast decreasing to the pre-war average rate.

The birth rate for England and Wales was 16.7 in 1949, 17.9 in 1948 and 20.5 in 1947.

ILLEGITIMACY.—In 1949, of the births registered, 21 were illegitimate (10 males and 11 females), this being nine less than in the preceding year. The post-war decrease in the percentage of illegitimate births has thus brought this percentage well below the pre-war average.

STILLBIRTHS.—The number of stillbirths registered during 1949 was 20, (11 males and 9 females), as compared with 16, 31 and 40 in the preceding 3 years. Two of the stillbirths occurred in respect of illegitimate children. The local stillbirth rate was thus 0.33 per thousand of population, compared with 0.25, 0.49 and 0.49 in the three preceding years. The stillbirth rate for England and Wales was 0.39 in 1949.

DEATHS.

The number of deaths registered during 1949 as belonging to this District was 622, (306 males and 316 females), as compared with 545 in 1948, and 672 in 1947.

These numbers exclude deaths which, although occurring within the District belonged to other districts, but include deaths of residents who died outside the District, and also non-residents dying in the District who have previously had no permanent place of abode. The latter group has increased of recent years, being 35 in 1949, 24 in 1948 and 32 in 1947.

It will be seen from the table of vital statistics that the crude death rate for the year was equal to 9.1 per thousand of population, as compared with 8.7 in 1948.

The age and sex distribution of the population of this District not being typical of that of the country as a whole, a correction is necessary. Using the comparability factor again supplied by the Registrar General after an interval of 11 years it is found that the corrected death rate is 8.5.

The crude death rate for England and Wales similarly fell from 12.0 in 1947 to 10.8 in 1948, but rose slightly to 11.7 in 1949.

The principal causes of death locally during 1949 together with the rates per cent. of total deaths, are shown in the following table :—

<i>Cause.</i>	<i>Number of Deaths.</i>	<i>Rate per cent. of Total Deaths.</i>
Cancer, malignant disease	111	17.9
Heart disease	199	31.9
Cerebral hæmorrhage	69	11.1
Other circulatory diseases	25	4.0
Pneumonia	33	5.3
Tuberculosis (all forms)	24	3.9

(A full list of the causes of the deaths and the ages at which they occurred is given in Table IV. in the Appendix.)

HEART AND CIRCULATORY DISEASE.

The death rate from heart and other circulatory diseases showed a slight increase on last year's figure, but as this group is largely composed of deaths occurring in elderly people from what is really old age, the increase in this rate is not regretted.

In 1949, as in 1947, 81 per cent. of deaths from heart disease, etc., were over 65 years of age at the time of death (*i.e.*, 4 per cent. higher than in 1948), while no less than 49 per cent. were over 75 years of age. Of deaths from all causes 61 per cent. were over 65 years of age, which is slightly less than last year.

CANCER.

The cancer death rate for the year 1949 was 1.73 which, although an increase on the rate of 1.47 in 1948, is less than the rate for 1947, which was 1.89.

This rate has tended to increase more or less steadily since 1920, partly owing to better notification, but in part due to a true increase in some forms of the disease. The 1949 rate is about the average for the last four years and only slightly above the average for 1940-44, which suggests that the tendency to increase is diminishing.

The following table gives the age, sex and distribution of the disease in the 111 deaths which occurred during 1949. While the number of cases of cancer of the lung remained unchanged, the number of cases of breast cancer increased slightly, though not to the 1947 total. Emphasis cannot, however, be laid too often on the need for early investigation of any persistent lump in the breast, and attention is drawn to the ages at which death occurred.

CANCER DEATHS, 1949.

<i>Localisation.</i>	15-25.		30-40.		40-50.		50-60.		60-70.		70-80.		Over 80.		TOTAL.	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Pharynx and œsophagus	—	—	—	—	—	—	—	—	1	—	3	—	—	—	4	—
Cerebral	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1
Spine	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Stomach and duodenum	—	—	1	—	1	—	—	3	4	2	4	4	—	1	10	10
Intestines	—	—	—	—	1	—	1	3	2	2	6	6	3	1	13	12
Liver and gall bladder	—	—	—	—	—	—	—	—	—	1	2	—	—	—	2	1
Pancreas	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	1
Lungs	—	—	—	—	4	1	1	1	4	—	—	—	1	—	10	2
Mediastinum	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1
Kidney and suprarenal	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	1
Bladder	—	—	—	—	—	—	—	—	—	1	2	—	—	1	2	2
Prostate	—	—	—	—	1	—	—	—	1	—	2	—	—	—	4	—
Uterus and vagina	—	—	—	—	—	—	—	2	—	4	—	—	—	1	—	7
Ovary	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Breast	—	—	—	2	—	1	—	1	—	5	1	3	—	1	1	13
Ill-defined sites	2	—	—	—	2	1	1	—	—	1	—	1	—	—	5	3
TOTALS	2	—	1	3	9	5	4	11	14	18	21	14	4	5	55	56

VIOLENCE.

Deaths from violence (including suicide) showed a very slight increase compared with 1948, the death rate being 0.33 per thousand of population compared with 0.30 last year and an average of 0.39 for the inter-war years.

Unfortunately deaths on the road increased slightly, five deaths being attributed to this cause compared with three in each of the last two years. In at least three instances the persons killed were pedestrians, two being knocked over by cars, and one by a cyclist. One death resulted from the fall of a cyclist.

The number of deaths attributed to suicide was the same as last year and remained at about the average for the inter-war years.

TUBERCULOSIS AND PNEUMONIA.

Deaths from tuberculosis and pneumonia are referred to in later sections of this report.

MATERNAL MORTALITY.

It is very satisfactory to report that as in 1945, there were no maternal deaths during the year, compared with 3, 2, and 1 for the years 1946-48.

The maternal mortality rate for England and Wales was 0.98 per 1,000 live and still-births, which is the lowest yet recorded.

INFANT MORTALITY.

During 1949, there were 21 deaths among the children under one year of age, as compared with 24 in the last two years and an average of 27 in the last six years. Only one of the deaths was in respect of an illegitimate child.

The resultant infant mortality rate was thus only 25 per 1,000 registered births, which is one of the lowest recorded for the District.

The infant mortality rate for England and Wales was 32 in 1949, compared with 34 in 1948, which was the lowest hitherto recorded.

The following table gives the causes of the deaths which occurred during 1949 and of which records are available, together with the age at death.

INFANTILE MORTALITY DURING THE YEAR 1949.

<i>Cause of death.</i>	<i>Under 1 week.</i>	<i>1-2 weeks.</i>	<i>2-3 weeks.</i>	<i>3-4 weeks.</i>	<i>Total under 4 weeks.</i>	<i>4 weeks and under 3 months.</i>	<i>3 months and under 6 months.</i>	<i>6 months and under 9 months.</i>	<i>9 months and under 12 months.</i>	<i>Total deaths under 1 year.</i>
Acute bronchitis	—	—	—	—	—	1	—	—	—	1
Congenital malformation ..	6	2	—	—	8	—	1	1	—	10
Congenital blood condition	1	—	—	—	1	1	—	—	—	2
Prematurity	2	1	—	—	3	—	—	—	—	3
Atelectasis	2	—	—	1	3	—	—	—	—	3
Birth injury	1	—	—	—	1	—	—	—	—	1
TOTALS	12	3	—	1	16	2	1	1	—	20

It is satisfactory to note that only one death occurred from a respiratory infection, and that half the deaths were from congenital defects which are unpreventable in the present state of our knowledge.

The 12 babies dying in the first month correspond with a neo-natal mortality rate of 14 (*i.e.*, deaths in the first month per 1,000 live births), which is the lowest recorded in this District since 1936, when this rate was first noted. The average for the past 12 years was 25.7.

During the year 2 premature babies were notified as being born at home and 20 in institutions. Of the former one died within an hour of birth. Altogether six deaths occurred in premature babies, five being children who were born in institutions, only one of which had been discharged home before death occurred.

These numbers suggest that 27 per cent. of the premature babies died, which is 4% more than last year.

**COMPARATIVE CRUDE BIRTH-RATES, CIVILIAN DEATH-RATES,
ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE-
RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1949.**

	<i>England and Wales.</i>	<i>126 County Boroughs and Great Towns including London.</i>	<i>148 Smaller Towns (Resident Population 25,000-50,000 at 1931 Census).</i>	<i>London Adminis- trative County.</i>	<i>Coulsdon and Purley Urban. District.</i>
Rates per 1,000 Civilian Population :					
Births :					
Live Births	16.7(a)	18.7	18.0	18.5	13.0
Still Births	0.39(a)	0.47	0.40	0.37	0.33
Deaths :					
All causes	11.7(a)	12.5	11.6	12.2	9.1
Typhoid and paratyphoid ..	0.00	0.00	0.00	0.00	0.01
Whooping cough	0.01	0.02	0.01	0.01	—
Diphtheria	0.00	0.00	0.00	0.00	—
Tuberculosis	0.45	0.52	0.42	0.52	0.37
Influenza	0.15	0.15	0.14	0.11	0.06
Smallpox	0.00	0.00	—	—	—
Acute poliomyelitis and polio- encephalitis	0.01	0.02	0.02	0.01	0.01
Pneumonia	0.51	0.56	0.49	0.59	0.51
Notifications (Corrected) :					
Typhoid fever	0.01	0.01	0.01	0.01	—
Paratyphoid fever	0.01	0.02	0.01	0.01	0.03
Cerebro-spinal fever ..	0.02	0.03	0.02	0.02	—
Scarlet fever	1.63	1.72	1.83	1.46	2.15
Whooping cough	2.39	2.44	2.39	1.70	0.64
Diphtheria	0.04	0.05	0.04	0.07	—
Erysipelas	0.19	0.20	0.19	0.17	0.06
Smallpox	0.00	0.00	0.00	0.00	—
Measles	8.95	8.91	9.18	8.54	9.36
Pneumonia	0.80	0.91	0.65	0.55	0.07
Acute poliomyelitis	0.13	0.13	0.12	0.18	0.14
Acute polioencephalitis ..	0.01	0.01	0.02	0.01	—
Food Poisoning	0.14	0.16	0.14	0.19	0.03
Rates per 1,000 Live Births :					
Deaths :					
All causes under 1 year of age	32(b)	37	30	29	25
Enteritis and diarrhoea under 2 years of age	3.0	3.8	2.4	1.7	1.2
Rates per 1,000 Total (Live and Still) Births :					
Notifications (Corrected) :					
Puerperal fever and pyrexia	6.31	8.14	5.30	6.82	2.33
Maternal Mortality :	<i>England and Wales. Rates per 1,000 Total (Live and Still) Births.</i>		<i>Coulsdon and Purley Urban District. Rates per 1,000 Total (Live and Still) Births.</i>		
Abortion with sepsis ..	0.11		—		
Abortion without sepsis ..	0.05		—		
Puerperal infections ..	0.11		—		
Other maternal causes ..	0.71		—		

(a) Rates per 1,000 total population.

(b) Per 1,000 related births.

A dash (—) signifies that there were no cases.

INFECTIOUS DISEASE.

The following table indicates the numbers of cases of infectious disease notified during 1949, the number thought to have been treated in hospital, and the number of deaths which resulted. Owing to the change in the method of admission to hospital after 5th July, 1948, and the impossibility of visiting all the cases of measles and whooping cough, the numbers thought to have been treated in hospital may not be quite accurate, but the proportion of missed cases is probably very small.

<i>Disease</i>	<i>Numbers Notified.</i>	<i>Treated in Hospital.</i>	<i>Total Deaths.</i>
Diphtheria	—	—	—
Paratyphoid fever	2	2	1
Scarlet fever	138	76	—
Erysipelas	4	3	—
Puerperal pyrexia	2	1	—
Pneumonia	5	1	33*
Dysentery	14	14	—
Cerebro-spinal fever	—	—	—
Poliomyelitis	9	8	1
Measles	600	4	1
Whooping cough	42	2	—
Food Poisoning	2	—	—
TOTALS	818	112	36

* Includes deaths from all forms of pneumonia.

A full statement of the cases of infectious disease notified since 1919 is presented in Table III. in the appendix, while a further analysis of the 1949 cases by age, wards and the months during which they occurred is given in Tables I. and II. in the appendix.

It will be seen that measles was by far the commonest notifiable infectious disease and that 1949 was a peak year for this infection. Similarly scarlet fever, also a relatively mild disease at present, was more prevalent than usual. The number of cases of poliomyelitis increased slightly, but fortunately only a small proportion of the population was affected.

Excluding measles and whooping cough, which were not notifiable between the two wars, and the hospital cases of dysentery, which have now decreased satisfactorily, it is pleasing to record that the incidence of the remaining acute infectious diseases was only 2.5 per 1,000 population which is less than the average for the pre-war years, though higher than recent years owing to the number of cases of mild scarlet fever.

DIPHTHERIA.

For the third year in succession no confirmed case of diphtheria has occurred in the District and only 2 cases were admitted as being suspected of having the disease. One of these was subsequently diagnosed as a case of glandular fever, and the other as a non-diphtheritic tonsillitis.

While it is very satisfying to consider the saving of life, ill-health, manpower and money which the continued absence of any confirmed case of diphtheria implies, it must be emphasized that, to retain this freedom, the percentage of the population who are sufficiently immunised must not be allowed to decrease.

SCARLET FEVER.

The number of cases of scarlet fever during the year increased sharply from 78 and 62 in the two previous years to 138, but fortunately the type of case remained mild, there being no deaths from this cause during 1949. Waves of this disease have been previously noted to have occurred in this District in 1920-21, 1928-29, 1934-36 and in 1943, hence the onset of a further wave was not unexpected. The mildness of the present form of the disease has, as explained in earlier reports, made its control more difficult, while the increased number of examinations of throat and nose swabs for hæmolytic streptococci of the pathogenic types has shown the dimensions of the problem.

As an example the following are the results of the examination of 17 such swabs taken from the staff and scholars of a local school in which there were a large number of cases of tonsilitis of a peculiar clinical type in March:—8 swabs were positive for hæmolytic streptococci Group A, 2 swabs contained pneumococci and 5 H. influenza. None of the children were ill at the time and only a few convalescent, while only 1 case of scarlet fever occurred in that school about a month before and none for weeks after the swabbing.

It has often been shown that an appreciable proportion of the population are carrying hæmolytic streptococci during times of prevalence, and it is obviously illogical to emphasize unduly the proportion who produce a rash and other symptoms justifying the diagnosis "scarlet fever," while more or less ignoring the carriers not showing these signs and symptoms. In practice the only aims which have a hope of success are the prevention of known carriers of a virulent streptococcus from infecting large numbers of residents either by direct contact or by the infection of food, etc., intended for public consumption.

An analysis of the cases which were notified during 1949 confirms previous observations that during recent years at least this disease primarily affects children below school leaving age. In almost all the cases the sufferers were children attending or related to children in attendance at schools, nursery schools or day nurseries. (Nearly half the cases were 5 or 6 years old and cases over 9 years of age were uncommon.) This year only 3 cases had left school, but it was frequently found on investigation that, coinciding with the case, older relatives experienced sore throats which were frequently shown to have been caused by the same organisms as those producing scarlet fever in the younger children.

These findings justify the exclusion of those adult contacts who are food handlers from their work, while they have any symptoms, and possibly the admission to hospital of cases with which they are in contact. It would not, however, appear necessary to admit the vast majority of cases to hospital, and particularly those in which there are no other

children in the house, unless, for example, both parents must continue their work.

In 1949 nearly 60 per cent. of the cases were admitted to hospital, 63 to the Wandle Valley Isolation Hospital, and the remainder to five or more other hospitals. While among the families with more than one child, the percentage of secondary cases following primary cases treated at home was about double the percentage of secondary and return cases following cases treated at hospital, the actual numbers of secondary cases were very small and might well have occurred irrespective of whether the cases were treated at home or in hospital.

Only one death has occurred in this District from scarlet fever since 1932, and that in a debilitated adult, and were it not for the tendency of scarlet fever to change its severity, less emphasis would be given to the presence and control of this disease.

ERYSIPELAS.

Only 4 cases of erysipelas were notified during the year, this being 4 less than last year.

PUERPERAL PYREXIA.

Two cases of puerperal pyrexia were notified which is the average for recent years.

ENTERIC FEVER.

One case was notified as suffering from typhoid fever and died in hospital, but the postmortem diagnosis was "septicaemia."

Three cases were notified and admitted to hospital as suffering from paratyphoid fever and the diagnosis was confirmed in 2 of these, one dying of the disease. Both contracted the disease when abroad.

DYSENTERY.

The number of notified cases of dysentery at last decreased to pre-war proportions, with only 14 cases, this being the lowest since 1939. (Last year there were 71 cases and the average each year since the war has been 94.7.)

All the cases were patients in one or other of the mental hospitals, and it is pleasing to note the suppression of this disease.

CEREBRO-SPINAL FEVER.

No case of cerebro-spinal fever was notified during 1949, this being the first free year since 1938.

POLIOMYELITIS.

By contrast, the incidence of poliomyelitis again increased both nationally and locally, 9 confirmed cases being notified in this District, compared with 2 and 11 in the last 2 years and a preceding average of 2. Actually 10 suspected cases were admitted to hospital, where 2 were not confirmed, while one doubtful case with no paralysis was treated

at home. Unfortunately one case, who continued to work in spite of his illness, died.

PNEUMONIA.

The number of cases of acute primary or influenzal pneumonia notified again decreased from 20 and 13 in the last 2 years to 5, this being the lowest experienced since 1926. All the cases were adults and apparently unconnected. A total of 33 deaths occurred from all forms of pneumonia but it is believed that no deaths occurred among the 5 notified cases.

MEASLES.

This disease was again very prevalent, 600 cases being notified compared with 567 last year, and 141 and 705 in the two preceding years. As the majority of cases occurred in the opening months of the year they can be regarded as an extension of the peak in 1948, although there were, as usual, very few cases in the second half of that year. Peaks appear to occur locally every third year, previous peaks being in 1942 and 1945. This being so, a low incidence can be expected in 1950, with the next rise commencing in 1951.

Only a small proportion of the cases could be visited owing to the high number concerned, preference being given to the youngest and those most likely to need advice.

The disease was present in Selsdon, Sanderstead and Purley in January and very prevalent in the two latter during the following months. Commencing in Old Coulsdon in February it was fairly prevalent for the following three months, but the remainder of the District and especially the Chipstead Valley had relatively few cases.

Nearly half the cases were in pre-school children, and the proportion of these who suffered was highest in Sanderstead (which had one-third of all the cases), and Old Coulsdon.

At least 3 cases were admitted to hospital. Unfortunately, in the case of one school child, who was handicapped by a congenital heart defect, the complications of measles caused death.

WHOOPING COUGH.

After a peak in the year 1948 with 201 notified cases, the decrease to 42 cases in 1949 was not unexpected. These cases were fairly evenly distributed over the District, only Selsdon and Kenley having single cases. The majority of the cases, about half of whom were pre-school children, occurred from March to June. No cases are known to have been admitted to hospital, and none died from the disease.

FOOD POISONING.

Two notifications of food poisoning were accepted as being probably correct, although in one of these no positive bacteriological results were obtained from the patient or suspected food. In the other the patient's

vo mit contained numerous staphylococci (aureus) but no corresponding infection of food stuffs could be demonstrated. In cases of this type, not only is very early notification essential for diagnosis and preventive measures, but it is most important to secure specimens from the patient and of the suspected foods, containers, etc.

TUBERCULOSIS.

The following table presents concisely the position with regard to tuberculosis in the District during 1949 :—

	<i>Pulmonary.</i>		<i>Non-pulmonary.</i>		<i>Total.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Number of cases on register, 1st January, 1949	196	145	30	43	226	188
ADDITIONS, 1949 :—						
New cases notified	32	25	1	4	33	29
Cases removed into District	3	6	3	—	6	6
Restored to register	2	1	—	1	2	2
TOTAL ADDITIONS	37	32	4	5	41	37
REMOVALS, 1949 :—						
Deaths	22	19	—	2	22	21
Removed from District	16	20	4	9	20	29
Recovered	4	3	—	1	4	4
Non-tuberculous	—	—	—	—	—	—
TOTAL REMOVED FROM REGISTER ..	42	42	4	12	46	54
Number of cases on register, 1st January, 1950	191	135	30	36	221	171

The following table shows the age-groups in which notifications and deaths occurred :—

<i>Age Periods.</i>	<i>New Cases.</i>				<i>Deaths.</i>			
	<i>Pulmonary.</i>		<i>Non-pulmonary.</i>		<i>Pulmonary.</i>		<i>Non-pulmonary.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Under 1 year ..	—	—	—	—	—	—	—	—
1 and under 5 ..	—	—	—	—	—	—	—	—
5 and under 10 ..	1	—	1	—	—	—	—	—
10 and under 15 ..	—	1	—	1	—	—	—	—
15 and under 20 ..	—	5	—	—	1	2	—	—
20 and under 25 ..	8	4	—	—	—	1	—	—
25 and under 35 ..	9	6	—	—	4	4	—	—
35 and under 45 ..	8	5	—	1	3	3	—	2
45 and under 55 ..	4	—	—	2	4	5	—	—
55 and under 65 ..	1	1	—	—	6	1	—	—
65 and over ..	1	3	—	—	4	3	—	—
TOTALS ..	32	25	1	4	22	19	—	2

The new cases were distributed amongst the wards as follows :—

<i>Localisation.</i>	<i>Coulsdon East.</i>	<i>Coulsdon West.</i>	<i>Kenley.</i>	<i>Purley.</i>	<i>Sanderstead.</i>	<i>Selsdon and Farleigh.</i>	<i>Woodcote.</i>
Pulmonary ..	8	16	7	6	9	5	6
Non-pulmonary	—	—	—	1	1	3	—
TOTALS ..	8	16	7	7	10	8	6

The number of new notifications of pulmonary tuberculosis was 57, compared with 48 last year and 59 in 1947, giving a case rate of 89 per 100,000 population which is 13 more than last year and above the average for recent years. On the whole, however, this rate does not compare very unfavourably with previous average rates for this district, bearing in mind that Mass Radiography, etc., has resulted in the detection of more cases in their earlier stages. At the same time it should be possible to reduce this rate if more hospital beds are made available, immunisation and segregation of contacts is encouraged, and preferential treatment is given in rehousing and rehabilitation.

The death rate from pulmonary tuberculosis at 64 per 100,000 population was more than double the corresponding rate for 1948, but the latter was easily the lowest since before the war, hence undue emphasis should not be laid on this not unexpected swing of the pendulum.

The average death rate during the last 5 years has been 43, compared with 48 during the war years, and average rates of 72, 57, 36, 38 and 36 for the quinquennial periods 1915-39.

The position with regard to non-pulmonary tuberculosis was just the reverse of the above, in that decreases occurred both in the case rate (from 21 in 1948, to 8 in 1949), and in the death rate (from 5, to 3 per 100,000 population). This death rate has definitely tended to decline for several years.

The Council continues to be responsible for two measures aimed at combating this disease, *viz.*, rehousing and disinfection, but the County Council bears the responsibility for all other preventive measures except the treatment of cases which has passed to the Regional Hospital Boards. A scheme for the immunisation of certain sections of the population is being instituted, while it is hoped that more beds for treatment will soon be made available.

The local Tuberculosis Clinic is held every Monday from 2 - 4 p.m. at the Surrey County Council Clinic, 62, Whytecliffe Road, Purley.

PUBLIC HEALTH ACT, 1936, SECTION 172.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1926.

No action has been required under these powers during recent years.

NON-NOTIFIABLE INFECTIOUS DISEASE.

The group of non-notifiable infectious diseases again accounted for very few deaths, with the exception of influenza, to which 4 deaths were attributed in 1949.

There was only one death among the children under 2 years of age which was attributed to infantile diarrhoea.

Apart from the death returns, the only information as to the presence of outbreaks of non-notifiable infectious disease is obtained from the returns from the nurseries and public elementary schools. As judged by these, only a few cases of chickenpox occurred until the end of the year, when small outbreaks occurred at Kenley, Smitham and Old Coulsdon. Similarly, there were relatively few cases of mumps, and these were chiefly during the first three months. Smitham, Old Coulsdon, and, to a lesser degree, Kenley, were most affected.

In both diseases scattered isolated cases were notified throughout the year.

Only 1 case of jaundice was reported, and no cases of ringworm.

Home visitation and exclusion from school are still the two chief methods relied upon to prevent the spread of these diseases.

Treatment in hospital is provided when required owing to social or physical complications being present, but of these admissions records are rarely received.

INFESTATIONS

(a) SCABIES.

During 1949 the number of persons treated by the Health Department for this disease was only 15, (9 adults, 5 school children and 1 child under 5 years), while 3 contacts were also painted with benzyl benzoate, other contacts being provided with a special soap now used as a preventative. A total of 49 treatments were carried out. Only 1 case was treated in the second half of the year.

As previously reported, the Cleansing Centre at Lion Green was closed in December, 1948, and almost all the above treatment was provided in the patients' own homes, chiefly by a part-time Nurse.

The welcome decrease in the prevalence of this disease is shown by the following table :—

<i>Year.</i>	<i>Number of Baths given.</i>	<i>Number of Persons treated.</i>
1943	1,217	326
1944	905	399
1945	768	349
1946	805	250
1947	316	172
1948	133	60
1949	49	15

The occasional case which is still apt to occur can be provided with home treatment if referred to the Medical Officer of Health.

(b) VERMIN.

The number of cases of infestation remained small and was limited to the 30 children found to have head nits in school. The majority of these were only casual infestations which immediately responded to the treatment mainly provided by the parents.

THE CONTROL OF INFECTIOUS DISEASE.

The place of immunisation among the measures for the control of infectious disease remained much as in recent years, but the change since 1948 to reliance on voluntary co-operation in respect of infant vaccination, as opposed to the previous compulsory requirements, has not proved very promising. This change of policy cannot, however, be judged on the numerical results to date, as justifiable doubt has been expressed as to the wisdom of encouraging infant vaccination against smallpox, bearing in mind the reduced risks of the present day. The minimum risk of complications following primary vaccination appears to be at 2 years of age, and the maximum during school life. With the careful surveillance of all known smallpox contacts entering this country, coupled with the vaccination of all possible contacts, there appears to be but little risk to the vast majority of children in this country resulting from non-vaccination in infancy unless school children are travelling abroad for educational or other reasons. Apart from this limited group, for whom special precautions and consideration are required, primary vaccination of both sexes at the age at which normally registration for military service is required appears to be of more importance and associated with less risk than infant vaccination.

Further reconsideration and clarification of our national policy in regard to vaccination in the light of present-day information and circumstances appears to be required.

With regard to the necessity of immunisation against diphtheria, there is no doubt that the parents of all children should be encouraged to ensure that they are kept as highly immune as possible by early immunisation and periodical enhancing doses.

The comparatively small risk of this treatment influencing the onset of poliomyelitis is now well-recognised and precautionary measures can

be instituted as and when these are indicated. It should certainly not deter parents from agreeing to immunisation against diphtheria, which will only be given when the time is opportune.

No further evidence has been forthcoming since my last Report to justify the inauguration of an official scheme for the immunisation of children against whooping cough.

DIPHTHERIA IMMUNISATION.

The following table shows the treatment given during 1949, and the proportion of children estimated to have been immunised in that year :—

CENTRES AND CLINICS (including day nurseries).					
Number of sessions held during the year	..	..	..	..	229
Number of children who commenced treatment	..	..	..	..	394
Number who completed treatment	..	..	..	..	418
Number of "Booster" doses given	..	..	..	..	125
Total number of attendances	..	..	..	..	937
SCHOOLS.					
Number of visits made	..	..	..	..	24
Number commencing treatment	..	..	..	..	44
Number completed treatment	..	..	..	..	22
Number of "Booster" doses given	..	..	..	..	367
GENERAL PRACTITIONERS.					
Number completed treatment	..	..	..	..	263
Number given "Boosters"	..	..	..	..	82
Proportion of children estimated to have been immunised :—					
(a) from 1-5 years	..	..	..	..	48.7%
(b) from 5-14 years	..	..	..	..	88.6%

Unfortunately, all the above figures indicate a decrease in immunisation compared with the corresponding figures in 1948. The number of children who received a primary course diminished by about 12 per cent., the number "boosted" by about 40 per cent., while the percentage of the children aged 1 to 5 years, who had been immunised was estimated to be 4.7 per cent. less than in the previous year. The latter probably reflects the absence of any case of diphtheria in the District during the last three years. While the proportion of school children which has been immunised has not yet been affected, it obviously will do so in time if the present tendency continues.

It is incumbent upon parents to co-operate in ensuring that diphtheria is not allowed to reappear in our midst.

VACCINATION.

In 1948 it was only possible to report on the number of vaccinations carried out during the second half of the year when the new policy came into force and the local Health Authority became responsible for this work. The year 1949 is thus the first full year for which statistics are

available, as set out in the following table, indicating the number of vaccinations performed in this District :—

WELFARE CENTRES.					
Primary vaccinations					44
GENERAL PRACTITIONERS.					
Primary vaccinations 0-15 years					301
over 15 years					22
Re-vaccinations 0-15 years					51
over 15 years					114

It is noted that while there was some increase in the number treated at Welfare Centres, the larger numbers treated by general practitioners were proportionately less than those treated by them in 1948.

WHOOPING COUGH IMMUNISATION.

It is known that an appreciable proportion of children are now given combined whooping cough and diphtheria immunisation treatment by their private doctors under the National Health Service Act, but no records are called for or available.

Meanwhile it is not thought to be opportune to introduce an official scheme of whooping cough immunisation pending the production of materials which can be guaranteed as being reliable.

AMBULANCES.

No alterations of note have been made in the local arrangements for the Ambulance Service, which is the responsibility of the Surrey County Council, since my last Report. The addresses of the Ambulance Stations in this District are :—

Purley Fire and Ambulance Station, Brighton Road, Purley ..	Telephone : UPLands 2222
Sanderstead Fire and Ambulance Station, Limpsfield Road, Sanderstead	SANderstead 2222

The Superintendent, Mr. R. A. Cupit, is stationed at the S.C.C. Main Ambulance Station, Smallfield Avenue, Smallfield (Smallfield 271).

HOSPITALS.

This District comes within the ambit of two Hospital Groups of the S.W. Metropolitan Regional Hospital Board, viz., the Croydon and Redhill Groups, which are centred on the Croydon General Hospital, London Road, Croydon, and the Redhill County Hospital, Earlswood Common, Redhill.

The majority of the local residents needing in-patient hospital treatment are admitted to the Redhill County Hospital, especially the local maternity cases, but out-patient treatment is supplied by both Groups, with a proportion attending Out-patients' Departments at St. Helier's Hospital and the London Hospitals.

The numerical deficiencies in accommodation at the present time are too-well known to require comment.

MASSAGE ESTABLISHMENTS

The provisions of Part IV of the Surrey County Council Act, 1931, relating to the registration and management of massage establishments, are in operation. There are 22 such establishments in the Urban District.

BACTERIOLOGICAL AND CHEMICAL EXAMINATIONS.

Almost all the specimens requiring bacteriological examination in the interests of the public health are now sent to the Public Health Laboratory, West Hill House, West Hill Road, Epsom, and during 1949 reports were received on the following specimens :—

Milk, ice cream, and water samples	.. .. .	249
Nose or throat swabs for diphtheria or streptococci, etc.		288
Sputum for tuberculosis	.. .. .	11
Fæces	} for organisms	15
Urine		
Vomit		
Food		

Samples of water requiring chemical analysis, and milk for biological examinations are sent by the Local Authority to The Clinical Research Association, while Food and Drug samples are submitted to the Public Analyst.

DISINFECTION.

The disinfection of bedding, etc., is undertaken at the Wandle Valley Hospital, while the disinfection of premises is carried out by the officers of the Public Health Department.

For the convenience of ratepayers, the Council has decided to arrange disinfection even when this is not essential in the interests of public health but in these cases the following charges were made :—

10s. per load of bedding, etc., 5s. for the first room and 2s. 6d. for each additional room disinfected at the same time. As from 1st October, 1949, the charge for collection, disinfection and return, of household bedding, etc., was increased from 10s. to £1, per case.

During 1949 the following disinfections were carried out :—

	<i>Free of cost.</i>	<i>Upon payment.</i>	<i>Total.</i>
Loads of bedding, etc.	185	15	200
Houses disinfected	174	7	181

NATIONAL ASSISTANCE ACT, 1948, SECTION 47.

One case of an elderly person living in unhygienic conditions and unable to provide for her own care and maintenance was taken before the Wallington Court during the year, an Order being granted for her removal to St. Anne's, Redhill. Two renewals of the Order were required before she agreed to remain voluntarily at this Home, where she has made very considerable physical and mental progress. It is hoped she will soon be transferred to a less formal Home.

NATIONAL ASSISTANCE ACT, 1948. SECTION 50.

Under the above section, as from 5th July, 1948, the Council became responsible for the disposal of the remains of any person dying in the District, where suitable arrangements would not otherwise be made, and during the year one burial was thus arranged.

HEALTH PROPAGANDA.

Steady use was made of the opportunities for health propaganda at the clinics and centres in the Division, and during the visitation of the Health Visitors and Sanitary Inspectors. The material provided by the Central Council for Health Education and other bodies has been extremely useful and is widely employed.

MATERNITY AND CHILD WELFARE.

From 1915 until 5th July, 1948, this Council was responsible for the maternity and child welfare work in the District, and had built up a service which was recognised as being second to none in the County. With the implementation of the National Health Service Act, however, it was transferred to the County Council. Fortunately, from the point of view of local interest and continuity of service, not only is this Council represented on the S.E. Divisional Health Sub-Committee of the County Health Committee, which body has considerable delegated powers and responsibilities for this and allied Health Services, but the Medical Officer of Health for this District and his Deputy, who hold similar positions in the Caterham and Warlingham Urban District, are also the responsible officers for the Divisional Health Services, while the majority of the former Health Visitors and the Home Help Supervisor are still working in this District.

While it would be inappropriate to give statistics relating to the Maternity and Child Welfare Services in this report, it should be mentioned that all the former branches of the Service have continued to function satisfactorily.

In order to increase the usefulness of this Report, the arrangements which are now in operation locally are set out in the following paragraphs :—

MATERNITY CLINICS.

These are now held at :—

62, Whytecliffe Road, Purley.	2nd & 4th Wednesday in each month 2—4 p.m.	(Lower Sanderstead, Purley and Kenley mothers).
62, Whytecliffe Road, Purley.	Every Thursday, 2—4 p.m.	(Old Lodge Lane and Couls- don mothers).
Westway, Caterham- on-the-Hill.	1st and 3rd Monday in each month, 2—4 p.m.	(Old Coulsdon mothers).
The Baptist Church, Addington Road, Selsdon	2nd and 4th Wednesday in each month, 2—4 p.m.	

It is open to any expectant or post-natal resident to attend for advice and, when necessary, examination. The facilities include the introduction of suitable cases to the maternity wards at the local hospitals, and routine blood examinations for Rh. factor, etc., which service may be of assistance to general practitioners.

MIDWIVES.

The County midwives can be found as follows :—

	Telephone :
The Coulson Nursing Association, " Westview," Woodstock Road, Coulsdon	Downland 4005
Mrs. Noakes, 44, Purley Park Road, Purley	UPLands 5825
Miss Neighbour, 21, Brent Road, Selsdon	SANderstead 3514
RELIEF MIDWIFE :—	
Miss P. Joachim, 31, Edgar Road, Sanderstead	UPLands 0630

Premature baby outfits are held by the two first-named for use in suitable cases.

GENERAL NURSING SERVICE.

The services of general trained nurses employed by the County Council can be obtained by application to :—

	Telephone :
Coulsdon Nursing Association, " Westview," Woodstock Road, Coulsdon	Downland 4005
Purley and Kenley Nursing Association :—	
56, Brighton Road, Purley	UPLands 6815
60, Woodcote Valley Road, Purley	UPLands 6715
Sanderstead Nursing Association, Flat 3, Llandaff House, Sanderstead Hill	SANderstead 1969
Selsdon Nursing Association, 77, Foxearth Road, Selsdon	SANderstead 2188

(Note.—Neither the midwifery nor general nursing services have yet been divisionalised.)

CONSULTANT SERVICE.

The general practitioners have been supplied by the Regional Hospital Board with particulars of the specialists whose services are available in the District.

EMERGENCY UNITS.

The Emergency Units or " Flying Squads " based on Redhill County, St. Helier and May Day Hospitals are available at any time for *bona fide* service in this District.

HOME HELP SERVICE.

Applications for the service of a Home Help should be addressed to the Home Help Organiser, 115 Brighton Road, Purley. In case of emergency the following telephone numbers may be used :—UPLands 7014 or 2977, preferably between 9.30 and 10.30 a.m. Home Helps can only be supplied to cases genuinely needing their assistance in which ill-

health or old-age are involved ; the capacity of the Service is limited, but preference is given to those in the greatest need, the degree of help varying with the physical and social circumstances of the family.

FAMILY PLANNING.

The local Family Planning Clinic is now held at the Surrey County Clinic, Westway, Caterham-on-the-Hill. Residents needing advice are seen only by appointment and this should be obtained by application to the Divisional Medical Officer at 115 Brighton Road, Purley.

HEALTH VISITORS.

The local Health Visitors are based on 115 Brighton Road, Purley (UPLands 7014/9277), and should normally be contacted through the Divisional Medical Officer or the Divisional Health Visitor (Miss K. M. O'Connor).

INFANT WELFARE CENTRES.

The following Infant Welfare Centres are held regularly from 2—4 p.m. :—

Methodist Church, Brighton Road, Coulsdon	..	Every Thursday.
Church of St. Francis, Rickman Hill, Coulsdon	..	Every Tuesday.
St. John's Hall, Bradmore Green, Old Coulsdon	..	Every Wednesday.
Methodist Church, Sylverdale Road, Purley	..	Every Friday.
Baptist Church, Addington Road, Selsdon	..	Every Monday.
Congregational Church, Sanderstead Road, Sanderstead	..	Every Friday.
Whitgift Sports Pavilion, Lime Meadow Avenue, Sanderstead	..	Every other Thursday.
Laing's Estate Office, Mitchley Avenue, Purley	..	1st and 3rd Tuesday in each month.

The first session in each month at those centres which are held weekly (except at Old Coulsdon), is chiefly devoted to the supervision of toddlers.

EYE DEFECTS AND DENTAL TREATMENT.

Children under 5 years of age suffering from eye defects are referred by appointment from the Infant Welfare Centres to the County Council eye clinics held at 62, Whytecliffe Road, Purley. Similarly, ante-natal or nursing mothers unable to make other arrangements to obtain dental treatment under the National Health Service Act, and children under 5 years needing dental treatment are referred for treatment to the dental clinic sessions held in the same premises.

SCHOOL CLINICS.

The County Council also provide the following clinics which, with the exception of the last, are held at the Clinic at 62, Whytecliffe Road, Purley.

Minor ailment clinic	..	Thursdays 9 a.m.—11 a.m.
School dental clinic	..	Fridays 1.30 p.m. or by appointment.
School eye clinic	..	} By appointment.
Speech therapy clinic	..	
Remedial exercise clinic	..	

DAY NURSERIES.

The two Day Nurseries at present functioning in the District are situated as follows :—

“ Hazelglen ” Day Nursery, Sanderstead Road, Sanderstead.
(SANDerstead 5329.) *Matron* : Miss J. DAVISON.

Old Coulsdon Day Nursery, Bradmore Green, Old Coulsdon.
(Downland 4071.) *Matron* : Mrs. L. C. BRYAN, S.R.N.

HOUSING.

The following table is a statistical record of work carried out in respect of the sanitary condition of dwelling houses.

1. INSPECTION OF DWELLING HOUSES DURING THE YEAR 1949.	
(1) (a) Total number of houses inspected for housing defects (under Public Health or Housing Acts)	403
(b) Number of inspections made for the purpose	1,677
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	2
(b) Number of inspections made for the purpose	8
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	1
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	378
2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—	
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	338
3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—	
(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	Nil
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	Nil
(b) By Local Authority in default of Owners	Nil
(b) Proceedings under the Public Health Acts :—	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	12
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By Owners	10
(b) By Local Authority in default of Owners	10
(3) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :	
(a) Number of dwelling houses in respect of which Demolition Orders were made	Nil
(b) Number of dwelling houses demolished in pursuance of Demolition Orders	4

(4) Proceedings under Section 12 of the Housing Act, 1936 :	
(a) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(b) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil
4. HOUSING ACT, 1936, PART IV—OVERCROWDING :—	
(a) (1) Number of dwelling houses overcrowded at end of year ..	15
(2) Number of families dwelling therein	28
(3) Number of persons dwelling therein	97
(b) Number of new cases of overcrowding reported during the year	14
(c) (1) Number of cases of overcrowding relieved during the year	5
(2) Number of persons concerned in such cases	34
(d) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority has taken steps for the abatement of overcrowding ..	Nil
NUMBER OF NEW HOUSES ERECTED DURING THE YEAR :—	
By the Local Authority	135
By other persons	144

There was a decrease on the preceding year in the number of houses inspected for defects, with a corresponding decrease in the actual number of inspections made for the purpose. On the other hand, the number of houses found not to be in all respects reasonably fit for human habitation was 91 more than in 1948. In all 358 houses were rendered fit in consequence of action taken by the Department.

In one case, the Council accepted an undertaking from the owner under Section 11 of the Housing Act, 1936, that a house which was considered unfit for human habitation and incapable of being rendered so fit at a reasonable expense, should not thereafter be used for human habitation.

The shortage of building materials and labour which has hitherto been an important factor in the delays experienced in obtaining house repairs has now been largely resolved.

The economic factor is now the greatest obstacle facing Local Authorities in their efforts to obtain a satisfactory standard of fitness in working-class houses.

In the majority of cases, the pre-war controlled rents make it impossible to require a comprehensive scheme of repair to sub-standard houses, having regard to the restrictions imposed in the relevant statutes which relate to "reasonable cost."

In view of these considerations the Department has continued to deal with the more urgent items of disrepair, but in many cases, as a result of informal action and co-operation with the owner, a considerable amount of work has in fact been carried out in addition on individual properties.

The figures for overcrowding cannot of necessity give a very clear picture of the housing position as it affects the District. Nothing short of a comprehensive Housing Survey would reveal the exact state of the housing problem today in relation to overcrowding, statutory or otherwise.

There are no doubt many more cases than recorded, and the housing lists of Local Authorities are an indication of the urgency of the problem. Wherever possible, the Council's Housing Department has endeavoured to assist in the most urgent cases, but even so the number of known cases of statutory overcrowding, which represents a very low standard, had, by December, increased by 9 on the total of the previous year.

WATER SUPPLY.

The water supply of the District was, as in previous years, provided by the Sutton and District Water Company and the East Surrey Water Company, with a private supply supplementing, as necessary, at Cane Hill Hospital.

No samples of raw water were taken during the year, but routine samples of the treated water were submitted quarterly for bacteriological and chemical examination. The Water Companies and the Local Authorities affected also supplied the Department with copies of the reports on the samples taken by them. No complaints were received during the year with regard to the quality or quantity of water supplied by the Companies, and no unsatisfactory reports were received on the samples taken in the District.

The results of two chemical examinations and two bacteriological examinations are given below and these are fairly typical of the reports received :—

CHEMICAL ANALYSIS.

	<i>Sutton and District Water Company.</i>		<i>East Surrey Water Company.</i>	
	<i>Parts per 100,000.</i>	<i>Grains per Gallon.</i>	<i>Parts per 100,000.</i>	<i>Grains per Gallon.</i>
Total solids (dried at 180°C.) ..	20.0	14.0	17.0	11.9
Combined chlorine (Cl) equivalent to Sodium Chloride (Na Cl)	1.8	1.3	1.7	1.2
Nitric nitrogen (Nitrates)	0.70	0.49	0.80	0.56
Nitrous nitrogen (Nitrites)	trace present		trace present	
Ammoniacal nitrogen	Nil	Nil	Nil	Nil
Albuminoid nitrogen	Nil	Nil	Nil	Nil
Oxygen absorbed in 4 hours at 27°C.	0.024	0.017	0.012	0.008
Lead or Copper	Nil	Nil	Nil	Nil
Temporary hardness (equivalent	8.0	5.6	4.5	3.2
Permanent hardness (to)	3.0	2.1	3.0	2.1
Total hardness (CaCO ₃)	11.0	7.7	7.5	5.3

BACTERIOLOGICAL EXAMINATION.

Probable number of coliform bacilli, MacConkey 2 days, 37°C. ..	0 per 100 ml.	0 per 100 ml.
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There are no private wells in use in the District ; all houses are provided with a mains supply laid into the house, and there are no stand-pipes for common use.

A total of 48 samples were taken from the supplies of the two Companies and examined for hardness by the Department, all of which were satisfactory.

RAINFALL.

The rainfall registered by the automatic rain gauge installed at Alderstead Heath was 24.86 inches, this being a decrease of 6.09 inches compared with the previous year. The monthly totals throughout the year were as follows :—

January	1.41 inches
February	1.50 „
March	1.14 „
April	1.95 „
May	2.29 „
June	1.17 „
July	1.14 „
August	1.39 „
September	0.45 „
October	7.75 „
November	3.17 „
December	1.50 „

DRAINAGE AND SEWERAGE.

During the year 400 feet of new sewers were constructed in connection with the development of Council Housing Estates.

CLOSET ACCOMMODATION.

The approximate number of each type of closet accommodation in use at the end of the year was :—

Premises with water closets drained to sewers	17,983
Premises with pail closets	15
Number of cesspools	192

The contents of pail closets at private premises are disposed of in the gardens by the occupiers of the houses.

PUBLIC CLEANSING.

The collection of refuse was carried out on a weekly basis throughout the year, and the charges for trade refuse collection remain unchanged.

In September the Council reviewed their charges for the emptying of cesspools. Since that date a charge of 5s. per load is made for the removal of 18 loads in any year, all additional loads being at the rate of 10s. per load.

SMOKE ABATEMENT.

The chimneys of the small factories in the District give little trouble, and observation of these and the few large chimney stacks has never resulted in any major problem.

RIVERS AND STREAMS.

From time to time inspections are made of the watercourses in the District, and they have been cleared whenever necessary. No particular difficulty has arisen in regard thereto.

CAMPING SITES.

The Boy Scouts' camping site at Featherbed Lane continues to be used, and is conducted in a very satisfactory manner.

Tents and caravans are not a serious problem in the District, but constant supervision is necessary to prevent undesirable conditions arising through uncontrolled development.

SWIMMING BATHS.

There are two swimming baths in the District which are used by the general public, and during the year seven samples of the water were obtained for examination.

Two bacteriological samples from one of the baths were reported as unsatisfactory, and, as a result of representations made to the owner, a modern continuous chlorination plant was installed, with satisfactory results.

SHOPS AND OFFICES.

As far as possible inspections have been made of the sanitary accommodation, washing facilities, heating and ventilation of shops and offices, and improvements have been effected as circumstances have permitted. Further reference is made to food premises later in this Report.

FACTORIES AND WORKPLACES.

FACTORIES ACT 1937, PART 1.

1. INSPECTIONS.

<i>Premises.</i>	<i>Number on Register.</i>	<i>Number of</i>		
		<i>Inspec- tions.</i>	<i>Written notices.</i>	<i>Occupiers prosecuted.</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be en- forced by Local Authorities	18	17	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	87	91	2	—
TOTALS ..	105	108	2	—

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars.	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted. (7)
	Found.	Remedied.	Referred		
			To H.M. Inspector.	By H.M. Inspector.	
Want of cleanliness (S.1) ..	2	2	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7) :					
(a) Insufficient	4	3	—	2	—
(b) Unsuitable or defective ..	2	2	—	—	—
(c) Not separate for sexes ..	1	1	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	—	1	—	—
TOTALS ..	10	8	1	2	—

3. OUTWORK.

(SECTIONS 110 AND 111).

Nature of Work.	Section 110.			Section 111.		
	No. of out-workers in August list required by Sect. 110 (1) (c).	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.	No. of instances of work in unwholesome premises	Notices served.	Prosecutions.
Wearing apparel { Making, etc. Cleaning and washing	27	—	—	—	—	—
Furniture and upholstery	1	—	—	—	—	—
Brass and brass articles	1	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	1	—	—	—	—	—
Carding, etc., of buttons, etc.	19	—	—	—	—	—
Cosaques, Christmas crackers, Christmas stockings, etc. ..	2	—	—	—	—	—
TOTALS ..	51	—	—	—	—	—

SANITARY INSPECTIONS, ETC.

The following is a summary of the complaints received, visits made, notices served and defects remedied during the year 1949.

There was a small decrease in the total number of complaints received, with a marked decrease in those relating to disrepair and insanitary conditions.

An unusual cause of complaint was the nuisance and discomfort arising from wasps' nests in the near vicinity of houses, and, no doubt due to the exceptionally warm summer, no less than 106 of these complaints were received. The vast majority of them were dealt with satisfactorily by the Department.

The total number of visits made by the Sanitary Inspectors compared favourably with the previous year, and those premises in which food is prepared and stored for sale continued to receive special attention.

The Chief Sanitary Inspector has now a good, well-balanced team of assistants, and it is a pleasure to report their satisfactory work and to note their further successes without resort to legal action.

COMPLAINTS RECEIVED.

General disrepair and insanitary conditions	..	..	84
Dampness	..	..	44
Obstruction of light by trees	..	..	3
Overcrowding	..	..	9
Defective drainage systems	..	..	13
Blocked drainage systems	..	..	78
Defective drainage fittings	..	..	10
Defective sinks and lavatory basins	..	..	2
Defective W.C. pans and flushing apparatus	..	..	16
Defective service water pipes	..	..	2
Defective hot water systems	..	..	6
Defective chimney stacks	..	..	4
Absence of, or defective dustbins	..	..	6
Insanitary pig waste bins	..	..	4
Accumulation of refuse, etc.	..	..	23
Insanitary A.R.P. shelters	..	..	3
Rats and mice	..	..	258
Keeping of animals	..	..	13
Insect pests, etc.	..	..	36
Wasps' nests	..	..	106
Unsound food	..	..	37
Miscellaneous	..	..	64
TOTAL			821

SUMMARY OF VISITS MADE.

Number of houses visited	..	..	408
Number of re-inspections and calls made	..	..	1,265
Verminous premises	..	..	31
Water supply	..	..	9
Tents, vans and sheds	..	..	23
Schools	..	..	9
Places of entertainment	..	..	8
Licensed premises	..	..	6
Storage of refuse	..	..	52
Accumulation	..	..	85
Piggeries, fowls and other animals	..	..	114
Stables	..	..	12
Rats and Mice Destruction Act	..	..	3,566
Drainage inspected	..	..	1,429
Drainage tested	..	..	177
Cesspools	..	..	352
Urinals	..	..	11
Sewers and street gullies	..	..	105
Cowsheds, Dairies and Milk shops	..	..	89
Ice-cream premises	..	..	85
Meat shops	..	..	37
Food preparing premises	..	..	181
Other food shops	..	..	381
Bakehouses—power	..	..	59
„ other	..	..	1
Food inspection—meat	..	..	9
„ „ other food	..	..	159
Factories—power	..	..	32
„ other	..	..	16
Workplaces	..	..	7
Outworkers	..	..	76
Shops Acts	..	..	12
Infectious disease enquiries	..	..	218
Infectious disease contacts	..	..	33
Food poisoning enquiries	..	..	17

Disinfection	188
Disinfestation	473
Swimming baths	14
Sampling—Food and Drugs Act, 1938	184
" Ice-cream	102
" Milk (bactl.)	159
" Water	18
" Milk (biological)	53
Interviews	1,042
Miscellaneous visits	623
TOTAL ..	11,930

DEFECTS REMEDIED.

Drainage and Sanitary Fittings :

Drains examined and tested	130
New gullies provided	31
Drains reconstructed	89
Blocked drains cleared	128
Soil and vent pipes repaired or renewed	13
Inspection chambers rebuilt or repaired	36
Inspection chamber covers renewed and frames re-bedded	50
Fresh air inlets repaired or renewed	12
New W.C. pans fixed	30
W.C. flushing cisterns repaired or renewed	33
Cesspools provided or enlarged	2
Cesspools cleansed, repaired or renewed	18
Cesspools abolished and house drains connected to sewer	2
Soakaways reconstructed	12
Eaves gutters and stack pipes renewed or repaired	69
New lavatory basins fixed	7
Glazed sinks renewed or repaired	24
Waste pipes trapped, repaired or renewed	35
Sink gully dishings and curbs repaired	54
Pail closets abolished	17
Urinals cleansed	5

General Housing Repairs :

Defective roofs repaired	57
Chimney stacks repaired or rebuilt	13
Yards paved, or paving repaired	15
Common passageway paved	5
Dampness in walls remedied	59
Damp-proof courses provided	2
Additional sub-floor ventilation provided	3
Walls and ceilings repaired	334
New ceilings provided	115
Walls of rooms cleansed	159
Ceilings of rooms cleansed	162
Floors repaired or renewed	32
Ventilation and lighting of rooms improved	4
Windows repaired or renewed	114
Doors repaired or renewed	28
Firegrates repaired or renewed	35
Coppers repaired or renewed	2
Public water supply laid on to house	1
Service water pipes repaired or renewed	7
Cellars cleansed	2
Additional ventilation and light provided to W.C. apartments	1
Walls and ceilings of W.C. apartments cleansed	12
Portable dustbins provided	18

Food Premises :

New milking parlour and dairy constructed on farm premises	1
Bakehouses cleansed	3
New fish frying range installed	1
New enclosed shop front provided	1
Food preparing premises closed and demolished	1
Hot water supply provided for ablution purposes	39
Lavatory basins provided	11
Glazed sinks provided	8
Staff sanitary accommodation repaired	4
Staff sanitary accommodation cleansed	4
Staff sanitary accommodation provided	7
Walls and ceilings cleansed and repaired	108
Floors repaired or relaid	4
Additional ventilation provided to kitchen	4
Windows repaired	1
Food store provided	1
Yards paved	2
Roofs repaired	1
Premises re-drained	2
Blocked drains cleared	6
Miscellaneous	29

NOTICES SERVED.

Preliminary Notices	516
Statutory Notices	14

LEGAL PROCEEDINGS.

It was again unnecessary to take legal proceedings in connection with public health work in this District.

DISINFESTATION.

During the year only 4 houses needed to be, and were disinfested owing to the presence of bed bugs, but in only two of the cases was it found necessary to treat bedding by steam.

Action was also taken by the Department in 99 cases of infestation with other pests such as cockroaches, crickets and wasps.

In the majority of cases disinfestation was carried out by spraying with a proprietary insecticide.

RATS AND MICE DESTRUCTION ACT, 1919.

INFESTATION ORDER, 1943.

The following is a summary of the work carried out during the year under the above heading :—

Number of complaints received	258
Number of complaints investigated	264
Number of premises inspected	410
Number of premises found infested	297
Number of premises treated by the Council	268
Number of premises treated privately	29
Total number of visits in connection with Rats and Mice Destruction	3,566

These figures are very similar to those reported in respect of 1948.

During 1949, 50 visits were made to the Council Depots at Millstock, Purley Oaks, Kenley and Old Lodge Lane.

In accordance with the requirements of the Ministry of Agriculture and Fisheries, a routine test baiting of the sewers in the District was carried out, with subsequent treatment as necessary.

A total of 201 manholes was baited but it was only found necessary to lay poison at 9 points.

The Council's policy of making a charge of 3s. 6d. per hour (minimum charge 5s.) to occupiers of premises for services rendered in the destruction of rats and mice was continued during the year.

In November the Public Health Committee considered a report on the disinfection of County-owned properties within the District, consisting of schools and school canteens, and it was agreed to carry out the necessary work on a contract basis for an experimental period of one year.

SCHOOLS.

Hygienic factors relating to the schools were considered by the Divisional Executive on the reports of the Medical Officer of Health as Divisional Medical Officer. In addition the Sanitary Inspectors visited such schools as it was desirable or they were requested to visit.

Close co-operation exists between the School Medical and Public Health Services with a view to preventing the spread of infectious disease, etc.

INSPECTION AND SUPERVISION OF FOOD.

MILK.

MILK AND DAIRIES ORDER, 1926.

Action continued to be taken under this Order until the 1st October, 1949, when the Milk and Dairies Regulations, 1949, the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, and the Milk (Special Designation) (Raw Milk) Regulations, 1949, came into force.

The effect of these new Regulations, in conjunction with the Food and Drugs (Milk and Dairies) Act, 1944, and the Milk (Special Designations) Act, 1949 has been virtually to remove the control of the production of milk from the Local Authorities to the Ministry of Agriculture and Fisheries.

Only the handling, distribution, and sale of milk after leaving the point of production remains within the province of the Local Authorities, but this involves the important duty of sampling all milk used in the District, and the supervision and licensing of all the pasteurising establishments in the District of a Food and Drugs Authority.

The following is a record of the entries which were required to be kept up to 30th September in the appropriate register :—

Cowkeepers	7
Dairymen and retail purveyors with premises in the District	4
Retail purveyors with premises outside the District ..	5
Retail purveyors of bottled milk only sold in general shops	12
Dairies (including 1 Receiving Depot)	4

The dairy farms in the District are as follows :—

Hooley Farm, Woodplace Lane, Coulsdon.
 Dean Farm, Brighton Road, Hooley.
 Elm Farm, Farleigh.
 Moorcroft Farm, Farleigh.
 Elmgrove Farm, Old Lodge Lane, Kenley.
 Kenley House, Kenley.
 Farleigh Court Farm, Farleigh.

In addition, the hospitals at Netherne and Cane Hill are supplied chiefly by their own private farms, while a few cows are kept by private individuals.

MILK AND DAIRIES REGULATIONS.

The entries in the registers required to be kept as from 1st October, 1949 in accordance with these Regulations were as follows :—

Distributors of milk in the District	..	..	..	11
Premises registered as Dairies	..	..	..	2

MILK SAMPLING.

A total of 175 samples was submitted for bacteriological and biological examination, an increase of 37 compared with 1948, with the results set out in the following tables :—

TESTS REQUIRED BY THE MILK (SPECIAL DESIGNATIONS) REGULATIONS,
 1936 TO 1949, AND THE HEAT-TREATED MILK (PRESCRIBED TESTS)
 ORDER, 1944.

BACTERIOLOGICAL.

Designation.	Num- ber.	Methylene Blue.		Phosphatase.		Coliform Bacteria.		Turbidity.	
		Satis- factory.	Unsatis- factory.	Satis- factory.	Unsatis- factory.	Satis- factory.	Unsatis- factory.	Satis- factory.	Unsatis- factory.
Pasteurised ..	62	56	6	62	—	—	—	—	—
Heat Treated	73	66	7	71	2	—	—	—	—
Raw ..	2	2	—	—	—	1	1	—	—
Sterilised ..	5	5	—	5	—	—	—	5	—
T.T. (Certified)	2	1	1	—	—	1	1	—	—
TOTALS ..	144	130	14	138	2	2	2	5	—

BIOLOGICAL.

Designation.	Num- ber	Tubercle Bacillus.	
		+	—
Ungraded	29	2	27
Channel Island	2	—	2
TOTALS ..	31	2	29

The percentages of samples of Pasteurised and Heat Treated Milk which were satisfactory, as judged by the Methylene Blue (keeping) test and Phosphatase (pasteurisation) test, compared very favourably with those for 1948 in spite of the very hot weather experienced during the summer months.

It is very gratifying to record that virtually all the milk sold by retail in the District is pasteurised or otherwise designated.

As a result of representations made to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries, in respect of the two T.B. positive biological milk samples, two cows were removed from the herd in question.

Subsequent samples taken by the Divisional Veterinary Department proved negative.

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936/49.

Licences to sell milk under the above Regulations were issued as follows :—

DEALERS :				
Tuberculin Tested	..	..	..	7
Pasteurised	..	..	..	9
Sterilized	..	..	..	11
SUPPLEMENTARY :				
Tuberculin Tested	..	..	..	8
Pasteurised	..	..	..	7
Sterilized	..	..	..	6

ICE-CREAM.

Under the provisions of Section 64 of the Coulsdon & Purley Act, 60 premises within the District are registered for the sale of ice-cream and 4 in respect of the manufacture and sale of this commodity. In addition, the sale of ice-cream is carried on from 17 premises exempt from registration.

The bulk of the ice-cream retailed in the District is obtained by the vendors from manufacturers situate outside the Council area.

A total of 90 samples of ice-cream, including 7 ice lollies, were examined for bacterial quality by submission to the methylene blue reduction test.

The samples were placed in the following provisional grades :—

	<i>Ice-cream.</i>		<i>Ice Lollies.</i>	
Grade I	36	..	7
Grade II	21	..	—
Grade III	21	..	—
Grade IV	5	..	—

Grade I and II samples can be considered satisfactory ; only about a fifth of the samples taken from any dealer should be of Grade III quality, and none of Grade IV.

In a table such as the above, the proportion of unsatisfactory samples will, of course, be influenced by the percentage taken from suspected sources, and it should be noted that 3 of the Grade IV samples were in fact obtained from the same source. Furthermore, all the samples of this grade were obtained from retailers purchasing their supplies from outside the District.

In the case of all adverse reports, appropriate investigations and representations are made with a view to encouraging an improvement in future supplies.

MEAT.

The two slaughterhouses in the District have not been licensed since 1940. In 1949 one licence was issued under the Slaughter of Animals Act, 1933, for the purpose of slaughtering at a public institution in the District. The only carcasses examined were occasional cottagers' pigs, and meat delivered to local butchers' shops from the Wholesale Meat Supply Association situated outside the District.

FOOD PREMISES.

The routine inspection of food shops and other premises where food is prepared continued to form an important part of the work of the Department. A register of all such premises includes the following :—

Confectioners	..	..	..	..	51
Butchers	..	..	..	..	31
Fishmongers (Wet and Dry)	..	..	..	..	12
Fishmongers (Fried)	..	..	..	..	8
Bakers	..	..	..	..	21
Greengrocers	..	..	..	..	42
Ice-cream premises	..	..	..	..	81
Cafes and Restaurants	..	..	..	..	66
Grocers	..	..	..	..	72

In the promotion of a higher standard of food hygiene in these premises and amongst the personnel employed therein, it has been considered a first essential that not only the premises as such, but the equipment and facilities provided should be satisfactory.

Inspections have been carried out for this purpose, the aim being a minimum standard based on Section 13 of the Food and Drugs Act, 1938.

In an effort to obtain something higher than the minimum, and as a guide to the standard it is hoped will be achieved, Codes of Practice in respect of premises and particular trades, together with a Code of Conduct applicable to all persons engaged in the manufacture, handling and distribution of food, have been circulated to each individual trader, with a circular letter on the subject of Food Hygiene.

When the premises have been rendered satisfactory, the Department hopes to maintain a reasonably high standard of food hygiene by regular and frequent inspection, every opportunity being taken of personal contact, individual instruction and encouragement, and already this policy has resulted in substantial progress being achieved.

UNSOUND FOOD.

The following unsound foods were surrendered during the year :—

	<i>Cwt.</i>	<i>lbs.</i>	<i>ozs.</i>
Canned Soups	—	10	8½
Canned Meat	1	25	4
Canned Fish	—	72	3
Canned Vegetables	2	59	5
Canned Fruits	1	82	5½
Canned Milk	2	56	6
Meat, Bacon, Poultry, etc.	4	74	15
Fish	25	79	8
Meat and Fish Pastes	—	3	6
Butter, Fats and Cheese	—	94	0
Sugar, Jam, etc.	—	93	0
Flour, Bread and Cereals	—	50	0
Pickles and Sauces	—	16	7
Fresh Fruit and Vegetables	2	37	5
Shell Eggs (193)	—	24	2
Miscellaneous	—	21	15
TOTAL ..	44	16	10

FOOD AND DRUGS ACT, 1938.

The following samples were taken during 1949 and submitted to the Public Analyst, with the results shown :—

Articles.	Analysed.			Non-Genuine.			Remarks.
	For- mal.	Infor- mal.	Total.	For- mal.	Infor- mal.	Total.	
Almond paste sub- stitute	1	—	1	—	—	—	—
Bread	5	—	5	—	—	—	—
Barley sugar sweets	1	—	1	—	—	—	—
Beer	2	—	2	—	—	—	—
Cough mixture ..	—	2	2	—	1	1	Incorrectly labelled.
Coffee and chicory	—	1	1	—	—	—	—
Coffee, pure ..	1	—	1	—	—	—	—
Condensed milk ..	—	2	2	—	—	—	—
Fruit drink powder	—	1	1	—	—	—	—
Fruit drops ..	1	—	1	1	—	1	Added sulphur dioxide.
Fruit squash ..	2	—	2	—	—	—	—
Gelatine	1	—	1	—	—	—	—
Glace cherries ..	1	—	1	—	—	—	—
Ice-cream	—	4	4	—	—	—	—
Ice-cream	—	1	1	—	—	—	—
Jam	4	—	4	—	—	—	—
Lemonade powder	2	—	2	—	—	—	—
Milk	46	—	46	—	—	—	—
Meat lunch ..	1	—	1	1	—	1	Ingredients not speci- fied on label.
Marmalade ..	1	—	1	—	—	—	—
Maralyn milk ..	1	—	1	—	—	—	—
Mixed herbs ..	—	1	1	—	—	—	—
Prepared mixed vege- tables	1	—	1	—	—	—	—
Potato crisps ..	1	1	2	—	—	—	—
Prescription powder	1	1	2	—	—	—	—
Pudding mixture ..	2	—	2	—	—	—	—
Pepper	—	1	1	—	—	—	—
Potato powder ..	1	—	1	—	—	—	—
Sweetened fat ..	1	—	1	—	—	—	—
Sausage meat—beef	3	—	3	—	—	—	—
Sausages—beef ..	3	—	3	—	—	—	—
Sponge mixture ..	1	—	1	—	—	—	—
Scone flour mixture	1	—	1	—	—	—	—
Suet—beef	1	—	1	—	—	—	—
Sherbet fountain ..	—	1	1	—	1	1	Deficiency in tartaric acid. Excess of magnesium carbon- ate and almost de- void of effervescent properties.
Soup—canned ..	—	3	3	—	2	2	Ingredients not speci- fied on label.
Tea	1	—	1	—	—	—	—
Throat lozenges ..	—	1	1	—	—	—	—
Vinegar	5	—	5	4	—	4	1—Non-brewed ; de- ficient in acetic acid. 3—Added salt.
Whiskey	2	—	2	—	—	—	—
TOTALS ..	94	20	114	6	4	10	

Ten samples were reported upon adversely, but three related solely to defects in labelling, in that the ingredients were not specified thereon. In two instances the commodity concerned was imported on Government account and was thus exempted from the requirements of the Labelling of Food Order. In the remaining case the firm concerned arranged for re-labelling.

In the opinion of the Public Analyst the composition and formulation of an informal sample of cough linctus did not warrant the full description given on the label, but although the matter was pursued with the manufacturers, the Department was unable to obtain a further sample for analysis.

A sample of fruit drops was found to contain 120 parts per million of sulphur dioxide but investigation revealed that the liquid glucose used in its manufacture contained this preservative within the prescribed limit.

A sherbet was found to be deficient in tartaric acid and the proportion of magnesium carbonate present was so high as to give the article a flat alkaline taste. The manufacturer was advised to employ the services of a consultant and as a result the formula was completely revised.

A small trader in the District received a warning from the Council in respect of a sample of non-brewed vinegar deficient in acetic acid.

The three remaining cases concerned samples of malt vinegar containing small percentages of added salt, which, in the opinion of the Public Analyst, is not a normal constituent of vinegar. In each case, however, the manufacturer held a special dispensation from the Ministry of Food to add salt without declaration.

TABLE I.
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1949.

Disease.	At all ages.	Number of cases notified.												Total cases notified in each Ward.						
		At Ages—Years.																		
		Under 1 year.	1 and under 2.	2 and under 3.	3 and under 4.	4 and under 5.	5 and under 10.	10 and under 15.	15 and under 20.	20 and under 35.	35 and under 45.	45 and under 65.	65 and over.	Coulsdon East.	Coulsdon West.	Purley.	Kenley.	Sanderstead.	Selsdon and Farleigh.	Woodcote.
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	2	—	—	—	—	—	—	—	1	—	—	—	1	1	1	—	—	—	—	—
Scarlet fever	138	1	5	7	10	13	82	15	2	1	1	—	1	31	34	11	9	33	14	6
Erysipelas	4	—	—	—	—	—	—	—	—	—	—	—	4	1	—	1	—	2	—	—
Puerperal pyrexia	2	—	—	—	—	—	—	—	1	1	—	—	—	2	—	—	—	—	—	—
Pneumonia	5	—	—	—	—	—	—	—	—	2	1	—	2	1	1	3	—	—	—	—
Dysentery	14	—	—	—	—	—	—	—	—	—	1	4	9	14	—	—	—	—	—	—
Cerebro-spinal fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	9	—	—	1	—	—	4	—	1	2	1	—	—	2	1	2	3	—	—	1
Measles	600	17	40	70	64	65	319	10	6	5	2	1	1	112	15	169	17	209	72	6
Whooping cough	42	1	4	5	6	3	17	2	—	2	—	2	—	10	8	6	1	9	1	7
Food Poisoning	2	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	2	—
TOTALS	818	19	49	83	80	82	422	27	11	14	6	8	17	174	60	192	30	253	89	20

TABLE II.
THE MONTHLY INCIDENCE OF INFECTIOUS DISEASE, 1949.

	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>April.</i>	<i>May.</i>	<i>June.</i>	<i>July.</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total.</i>
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	1	—	—	—	—	—	2
Paratyphoid	—	—	—	—	—	—	—	2	—	—	—	—	2
Scarlet fever	13	26	14	6	17	23	13	4	3	3	7	9	138
Erysipelas	—	—	—	—	1	—	2	1	—	—	—	—	4
Puerperal pyrexia ..	—	—	1	1	—	—	—	—	—	—	—	—	2
Pneumonia	1	2	1	—	1	—	—	—	—	—	—	—	5
Dysentery	1	3	3	2	—	—	1	1	2	—	1	—	14
Cerebro-spinal fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	1	3	3	1	1	9
Measles	45	231	144	51	49	46	23	5	2	1	2	1	600
Whooping cough ..	2	4	7	6	7	11	1	—	2	1	—	1	42
Food Poisoning ..	—	—	—	—	—	—	1	—	1	—	—	—	2
TOTALS	62	266	170	66	75	80	42	14	13	8	11	12	818

TABLE III.
INFECTIOUS DISEASE NOTIFIED EACH YEAR SINCE 1919.

Disease.	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Small pox ..	—	—	—	—	—	—	—	—	—	—	2	2	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ..	55	129	136	59	40	58	35	48	74	94	125	69	45	29	69	119	124	117	62	71	65	61	39	45	184	88	67	93	78	62	138
Diphtheria ..	26	44	62	70	27	101	14	17	11	23	26	17	8	21	16	24	52	35	8	10	10	25	7	9	7	19	15	8	—	—	—
Erysipelas ..	12	5	8	9	2	12	10	4	13	8	3	11	8	11	23	17	11	12	14	13	10	17	27	22	5	9	4	8	5	8	4
Typhoid and paratyphoid fever ..	31	15	5	16	11	5	24	9	9	9	6	4	4	7	5	5	1	3	26	5	1	53	12	3	1	6	4	4	2	2	2
Cerebro-spinal fever ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal fever ..	—	—	2	—	—	—	—	—	—	—	1	—	1	1	—	1	1	1	5	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia ..	—	—	—	—	—	—	—	—	—	—	1	1	1	3	5	1	2	1	—	2	5	3	2	—	2	3	1	2	2	1	2
Poliomyelitis ..	1	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio-encephalitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica ..	—	1	1	1	1	1	1	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Ophthalmia neonatorum ..	—	1	—	—	1	—	—	12	—	3	—	1	1	2	—	1	—	1	1	1	—	1	1	—	1	—	1	—	—	—	—
Pneumonia ..	18	8	9	21	6	16	11	—	9	7	38	11	14	29	28	20	32	13	30	12	52	19	32	38	27	9	17	16	20	13	5
Malaria ..	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	4	7	7	7	17	—	—	1	—	—	5	—	—	—	—	—	6	—	1	2	10	85	224	121	21	42	172	82	43	71	14
Whooping cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis :—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary ..	28	24	12	29	16	24	14	19	25	23	22	38	44	36	44	28	30	27	36	32	31	31	32	43	39	51	44	38	59	48	57
Other forms ..	2	2	3	5	3	6	5	2	9	4	2	7	4	6	10	17	5	3	7	10	12	8	11	7	9	7	3	7	11	13	5
Totals ..	194	237	246	218	124	224	114	113	153	174	232	162	135	154	196	235	265	213	197	162	207	323	743	809	632	337	1137	435	564	990	880

TABLE IV.
DEATHS OCCURRING DURING THE YEAR 1949.

<i>Cause of death.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Under 1 year.</i>	<i>1 and under 2.</i>	<i>2 and under 5</i>	<i>5 and under 15.</i>	<i>15 and under 25.</i>	<i>25 and under 45.</i>	<i>45 and under 65.</i>	<i>65 and over.</i>
Typhoid fever, etc. ..	1	—	1	—	—	—	—	—	—	—	1
Cerebro-spinal fever ..	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ..	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ..	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—
Respiratory tuberculosis ..	10	12	22	—	—	—	—	2	8	7	5
Other tuberculosis ..	1	1	2	—	—	—	—	—	1	1	—
Syphilis ..	1	—	1	—	—	—	—	—	—	—	1
Influenza ..	2	2	4	—	—	—	—	—	—	2	2
Measles ..	—	1	1	—	—	—	1	—	—	—	—
Poliomyelitis and polio- encephalitis ..	1	—	1	—	—	—	—	—	1	—	—
Ac. inf. encephalitis ..	—	1	1	—	—	—	—	—	1	—	—
Cancer ..	55	56	111	—	—	—	—	2	9	37	63
Diabetes ..	1	1	2	—	—	—	—	—	1	1	—
Intra-cranial lesions ..	29	40	69	—	—	—	—	—	2	14	53
Heart disease ..	103	96	199	—	—	—	—	—	3	26	170
Other diseases of circu- latory system ..	11	14	25	—	—	—	—	—	2	7	16
Bronchitis ..	10	5	15	1	—	—	—	—	—	3	11
Pneumonia ..	15	18	33	—	—	—	—	—	1	10	22
Other respiratory diseases ..	2	1	3	—	—	—	—	—	—	—	3
Ulcer of stomach or duo- denum ..	2	1	3	—	—	—	—	—	—	1	2
Diarrhoea under 2 years ..	1	—	1	1	—	—	—	—	—	—	—
Appendicitis ..	1	1	2	—	—	—	—	—	—	1	1
Other digestive diseases ..	6	9	15	—	—	—	—	2	3	3	7
Nephritis ..	10	11	21	—	—	—	—	—	—	6	15
Puerperal sepsis ..	—	—	—	—	—	—	—	—	—	—	—
Other maternal causes ..	—	—	—	—	—	—	—	—	—	—	—
Premature birth ..	—	3	3	3	—	—	—	—	—	—	—
Congenital debility, etc. ..	11	11	22	15	—	—	1	2	2	1	1
Suicide ..	5	3	8	—	—	—	—	1	2	4	1
Road traffic accidents ..	2	3	5	—	—	—	—	—	—	2	3
Other violent causes ..	—	8	8	—	—	1	—	—	—	3	4
All other causes ..	26	18	44	1	—	—	—	1	3	10	29
TOTALS ..	306	316	622	21	—	1	2	10	39	139	410

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