

[Report of the Medical Officer of Health for Coulsdon].

Contributors

Coulsdon and Purley (London, England). Urban District Council.

Publication/Creation

[1951?]

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HEALTH REPORT

for

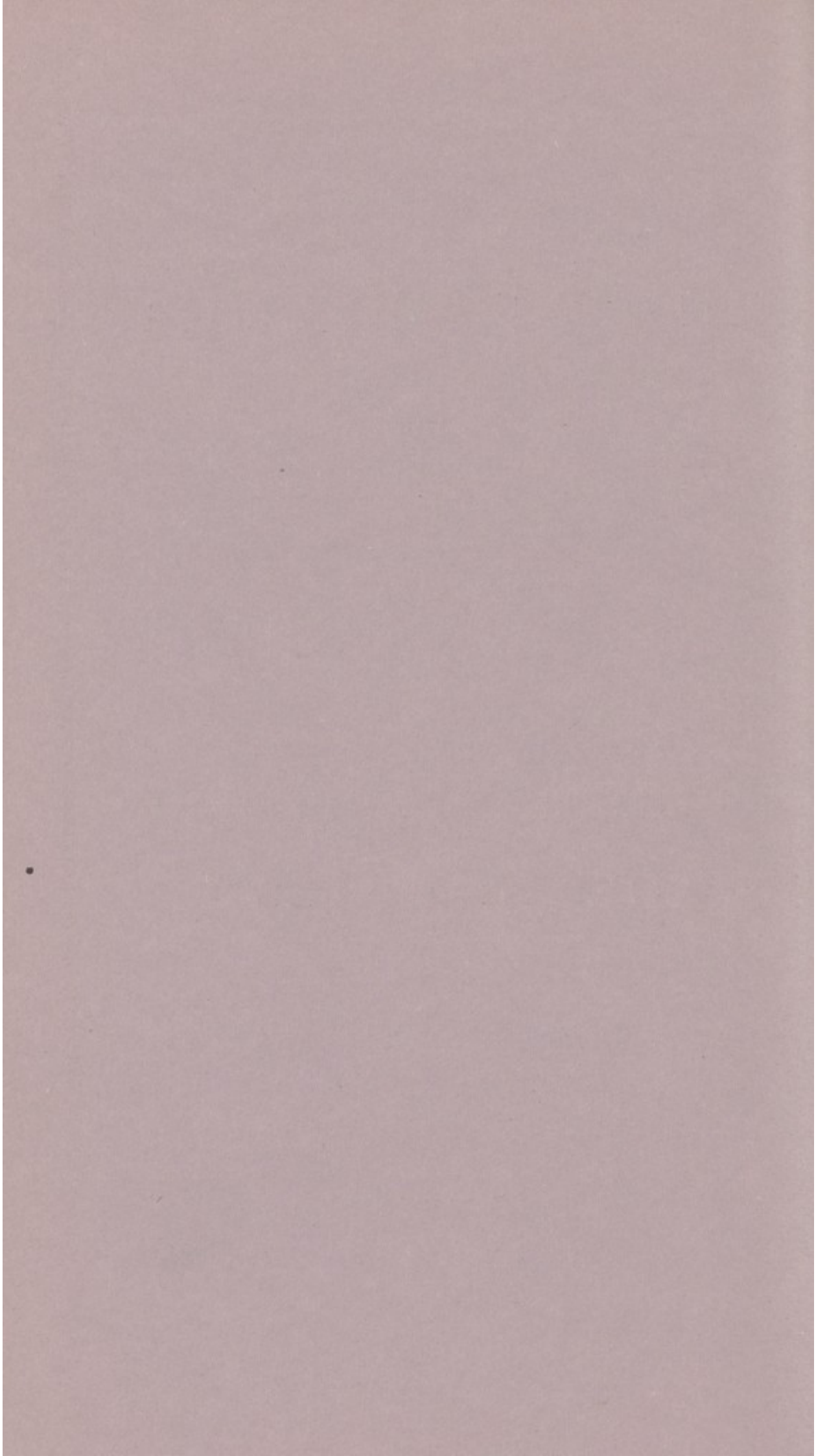
1950



COULSDON & PURLEY URBAN DISTRICT

by the

MEDICAL OFFICER OF HEALTH



HEALTH REPORT

for

1950

for the

COULSDON & PURLEY URBAN DISTRICT

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HEALTH REPORT

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for the

CORLSON & TULLY

URBAN DISTRICT

by the

MEDICAL OFFICER
OF HEALTH

URBAN DISTRICT COUNCIL OF COULSDON AND PURLEY.
1950.

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STAFF:

Medical Officer of Health:

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

Deputy Medical Officer of Health:

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*MARY SUTCLIFFE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
(from 27th Nov., 1950).

Chief Sanitary Inspector:

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Deputy Chief Sanitary Inspector:

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

COULSDON AND PURLEY URBAN DISTRICT COUNCIL.

LADIES AND GENTLEMAN,

I beg to present to you my Annual Report for 1950, this being my nineteenth report as your Medical Officer of Health.

Only slight variations have been made in its arrangement compared with previous Reports, and it is hoped much of the information which has been included will be useful for purposes of reference during the year.

It is pleasing to be able to report that, as judged by the vital statistics, the year 1950 was a favourable one from the point of view of the public health. The greatest improvement was in the infant mortality rate, which, together with the stillbirth and neonatal mortality rates, was much the lowest yet experienced in this District. This saving of infant lives tends to compensate for the low birth rate. The latter has steadily dropped since the post-war peak in 1946, until it has now reached the lowest pre-war average.

The crude death rate was slightly higher than in 1949 as was the corrected death rate, but both remained below the post-war average and considerably lower than the death rate of the Country as a whole. Unfortunately, after a clear year in 1949, there were two maternal deaths, with the result that the maternal mortality rate was relatively high, whereas, nationally, this rate was the lowest ever recorded.

The incidence of infectious disease increased somewhat, but this was chiefly due to the prevalence of mild scarlet fever, and measles towards the end of the year. Apart from tuberculosis, however, there was only one death among residents from the notifiable infectious diseases. The case rate from tuberculosis was the average for recent years, but the death rate from this disease again decreased.

Poliomyelitis was also rather prevalent nationally, while locally there were more than the average number of cases, but the total was relatively small. Even at its peak, in this Country the risks from this disease have been far below those from road accidents. It was unfortunate that press publicity contributed to a decrease in diphtheria immunisation, undue emphasis being given to the comparatively small number of cases which developed paralysis following certain prophylactic injections. The minute dimensions of this risk can be appreciated when it is noted that not one of the 175 cases of poliomyelitis which occurred in Surrey in 1950 followed a recent injection, although about 34,000 children received approximately 50,000 diphtheria immunisation injections in the County during that year.

As there has been no case of confirmed diphtheria in this District for the last 4 years, there is inevitably some tendency to disregard the very definite risk of its return if the degree of immunity among the child population is permitted to decrease. While it is quite reasonable to arrange for the less urgent reinforcing doses to be given during the period of the year when poliomyelitis is least prevalent, to omit this simple preventive treatment is very unwise and quite unjustified.

In general, the conclusion that the health of the District during 1950 compared not unfavourably with that of previous years, is justified, but a consideration of this Report will indicate many ways in which improvements can be effected. There are, for example, still far too many preventable deaths from the forms of cancer which are observable at an early stage. Concerted efforts can greatly reduce the deaths and incapacity from tuberculosis and accidents. Colds, influenza, and gastro-enteritis of the food poisoning variety cause far too much loss of working time.

While further research is needed and is being undertaken into the cause and prevention of some of the diseases which are most influential in ending life or crippling people prematurely, e.g. cancer and rheumatism, enough is already known about the comparatively simple preventive measures which can be taken to postpone or avert death or incapacity from many diseases, and thus effect very extensive improvements in our standard of health. Regard might well be paid also to probable causes of illhealth even when the true causes have not yet been scientifically proved, e.g. excessive smoking is suspected of having an influence on the increasing incidence of cancer of the lung, while it may share with the equally bad habits of taking hurried and irregular meals, and not relaxing adequately whenever practicable, in the causation of ulcers of the stomach and intestines, and premature heart and circulatory disease.

If, finally, it is remembered that health is a positive state and not the mere absence of disease, it will be more fully appreciated that ultimately the responsibility for the health of the community rests upon the co-operation of each individual member.

At a time when our economic and international position impels a very careful review of the health and other social services, it is opportune to emphasize the extent to which our health depends upon our own efforts. Prevention, which frequently depends on our own efforts, is not only better, but far less costly in all ways than cure. Many of our present day problems depend finally on our recognition of the truth in the statement that "The final decision as to what the future of society shall be depends not on how near its organisation is to be perfection, but on the degree of worthiness of its individual members."

May I conclude this introduction by expressing my thanks to members of the Council, to its officers, and particularly to all who are associated with the Health Services, for their encouragement and co-operation throughout the year. The Chief Sanitary Inspector, his Deputy and my Administrative Assistant have given valuable assistance in the preparation of sections of this Report, and I am very indebted to them for their help and advice, as also for their contributions towards the friendly team spirit which has continued in the local Public Health Services throughout the year.

The preparation of a Report such as this involves a great deal more time and work than is generally recognised, while the cost of production steadily rises. Positive suggestions as to ways in which its value can be increased in future years would therefore be very welcome.

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., 1950	64,490
Population, Census 1931	37,666
Number of occupied houses, December, 1950 ...	17,885
Number of occupied houses, 1931	9,533
Rateable Value, December, 1950	£766,575
Sum represented by a penny rate	£3,100

VITAL STATISTICS FOR THE YEAR 1950.

	Total	M.	F.	Birth Rate per 1,000 of the estimated resident population
Live Births—Legitimate	733	374	359	
do. Illegitimate	22	8	14	11.7
	<u>755</u>	<u>382</u>	<u>373</u>	

				Rate per 1,000 (live and still) births.
Still Births—Legitimate	13	9	4	
do. Illegitimate	—	—	—	16.9

				Crude Death Rate per 1,000 of the estimated resident population
Deaths	615	297	318	9.5

Corrected Death Rate
8.8

Deaths from puerperal causes :—		Rate per 1,000 (live and still) births.
Puerperal Sepsis	—	—
Other Puerperal causes	2	2.60
Total	<u>2</u>	<u>2.60</u>

Death Rates of Infants under one year of age :—

All infants per 1,000 live births	17.2
Legitimate infants per 1,000 legitimate births ...	17.7
Illegitimate infants per 1,000 illegitimate births ...	Nil
Deaths from Cancer (all ages)	119
Deaths from Measles (all ages)	Nil
Deaths from Whooping Cough (all ages)	Nil
Deaths from Diarrhoea (under 2 years)	1

HEALTH REPORT FOR 1950

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 35 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

In mid-1950 the Registrar-General estimated that 64,490 persons were residing in the District, compared with 64,030 in December, 1949. (The result of the 1951 census, 63,770, suggests that both the above were slightly over-estimated).

These numbers include persons resident in Institutions in the District, the number of which at the end of 1950 were as follows :—

Cane Hill Hospital...	...	2,477
Netherne Hospital...	...	2,207
Russell Hill School	...	249
Reedham Orphanage	...	275

In 1950 there were 17,885 occupied houses, distributed as follows :—

Coulsdon East	...	...	2,775
Coulsdon West	...	...	3,070
Purley	...	...	2,685
Woodcote	...	...	1,647
Sanderstead	...	...	4,647
Selsdon and Farleigh	...	...	1,754
Kenley	...	...	1,307

This suggests an average of 3.61 persons per occupied house in 1950, or 3.31 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 1920-1949, together with the actual figures for 1949 and 1950.

<i>Rates per 1,000 population.</i>	1920-1924.	1925-1929.	1930-1934.	1935-1939.	1940-1944.	1945-1949.	1949.	1950.
Birth rate ...	13.5	12.9	11.6	12.8	15.2	15.2	13.0	11.7
Percentage illegitimate ...	3.4%	3.7%	2.8%	3.4%	3.9%	3.4%	2.5%	2.9%
Stillbirth rate...	—	—	—	0.43	0.48	0.40	0.33	0.20
Death rate ...	7.4	7.0	7.4	8.3	11.4	9.7	9.1	9.5
Cancer death rate ...	0.96	1.15	1.35	1.19	1.70	1.75	1.73	1.84
Tuberculosis death rate (per 100,000 population)	57	36	38	35	48	36	38	26
Violence including Suicide	0.44	0.35	0.32	0.46	0.82	0.37	0.33	0.37
Maternal mortality rate per 1,000 live and still births	2.08	2.66	3.21	2.27	2.10	1.12	Nil	2.60
Infant mortality rate (per 1,000 registered births) ...	28	38	32	38	40	26	25	17
Neo-natal mortality rate ...	—	—	—	26	28	19	14	11
Estimated population ...	21,351	28,950	41,616	53,084	49,880	60,610	64,030	64,490

BIRTHS.

During the year 1950, 755 births were registered as occurring in the District, of which 382 were male and 373 were female, compared with 834 in 1949. It will be seen by reference to the above table that this is equal to an annual birth rate of 11.7 per 1,000 population, as compared with 13.0, 14.6 and 17.0 in the previous three years. The rate of 17.6 in 1946 was the

highest birth rate experienced in this District, but already it has fallen to the lowest pre-war average rate.

The corresponding birth rates for England and Wales were 15.8 in 1950, and 16.7, 17.9 and 20.5 in the preceding three years.

ILLEGITIMACY.—In 1950, of the births registered, 22 were illegitimate (8 males and 14 females), this being slightly more than in the preceding year. The post-war decrease in the percentage of illegitimate births has, however, now reached the lowest pre-war average.

STILLBIRTHS.—The number of stillbirths registered during 1950 was 13 (9 males and 4 females), as compared with 20, 16, 31 and 40, in the preceding 4 years.

None of the stillbirths occurred in respect of illegitimate children. The local stillbirth rate was thus 0.20 per thousand of population, compared with 0.33, 0.25, 0.49 and 0.49 in the 4 preceding years. The stillbirth rate for England and Wales was 0.37 in 1950.

DEATHS.

The number of deaths registered during 1950 as belonging to this District was 615, (297 males and 318 females) as compared with 622, 545 and 672 in the preceding 3 years.

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 22 in 1950, and 35, 24 and 32 in the preceding 3 years.

It will be seen from the table of vital statistics, that the crude death rate for the year was equal to 9.5 per thousand of population, as compared with 9.1 last year, and an average of 9.7 since the war.

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 supplied by the Registrar General it is found that the corrected death rate was 8.8, compared with 8.5 last year.

The crude death rate for England and Wales was 12.0 in 1947, 10.8 in 1948, 11.7 in 1949, and 11.6 in 1950.

The principal causes of death locally during 1950 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 ...	115	18.7
Heart disease	207	33.6
Cerebral hæmorrhage	73	11.8
Other circulatory diseases ...	29	4.7
Pneumonia	21	3.4
Tuberculosis (all forms) ...	17	2.7
Bronchitis	22	3.5

(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, 4.79, was slightly higher than in 1949, but as this group is composed chiefly of elderly people dying virtually of old age, this increase is not regrettable.

In 1950, as in 1949, 81 per cent of deaths from heart disease, etc. were over 65 years at the time of death, while no less than 49 per cent were over 75 years of age. (69 per cent of deaths from all causes were over 65 years, which is 8 per cent more than last year).

CANCER.

The cancer death rate for the year 1950 was 1.84 compared with 1.73 last year, and an average of 1.75 since the war.

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. While the 1950 rate is above the average for the last five years, it is lower than the corresponding rate for 1947, hence it would not be wise to deduce any important trend from this isolated figure.

The following table gives the age, sex and distribution of the disease in the 115 deaths which occurred during 1950. The number of cases of cancer of the lung again increased, but the number of cases of breast cancer remained the same. Emphasis is, however, again laid on the need for early investigation of any persistent lump in the breast, and attention is drawn to the ages at which death occurred.

Similarly medical opinion should be obtained on any persistent lump, pain or abnormal hæmorrhage. The relief obtained from a negative finding is almost as important as is an early diagnosis.

CANCER DEATHS, 1950.

Localisation.	0-10.		30-40.		40-50.		50-60.		60-70.		70-80.		Over 80-		TOTAL.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Skin and Tongue	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	1
Ear and Nose	—	—	—	—	1	—	—	—	—	—	—	—	1	—	2	—
Brain and Thyroid	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2
Bone	—	—	—	—	—	—	—	—	2	1	—	—	—	—	2	1
Pharynx and Oesophagus	—	—	—	—	—	—	1	—	2	—	1	2	—	—	4	2
Stomach and Duodenum ...	—	—	1	—	—	—	1	—	—	2	2	2	2	—	6	2
Intestines	—	—	—	—	1	—	3	3	3	1	5	11	1	5	13	20
Liver	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Pancreas	—	—	—	—	—	1	—	—	—	1	—	3	—	1	—	6
Lungs	—	—	—	—	—	—	4	1	3	4	4	1	1	1	12	7
Bladder	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	1
Prostate	—	—	—	—	—	—	1	—	—	—	2	—	—	—	3	—
Uterus	—	—	—	—	—	—	—	—	—	3	—	—	—	1	—	4
Vagina and Ovary	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	3
Breast	—	—	—	1	—	2	—	4	—	2	—	5	—	—	—	14
Ill-defined	1	—	—	—	—	—	—	—	2	—	—	3	1	—	4	3
TOTALS	1	—	1	1	2	4	10	8	13	17	16	27	6	9	49	66

VIOLENCE.

Deaths from violence (including suicide) showed a very slight increase compared with 1949, the death rate being 0.37 per thousand of population compared with 0.33 last year and an average of 0.39 both for the inter-war years, and for those since the war.

Deaths on the road decreased slightly, three deaths being attributed to this cause compared with five last year and three in 1947 and 1948. In all three accidents, collision with a motor car occurred, the deceased being respectively a pedestrian, a motor cyclist and a passenger.

There were diverse causes of the remaining 14 accidental deaths, the only ones causing more than a single death being falls in the elderly, train accidents and operative treatment.

The number of deaths attributed to suicide, 7, was one less than last year, and was 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.

Unfortunately, after a clear year in 1949, two maternal deaths occurred, which is slightly more than the average, the maternal mortality rate rising sharply to 2.60 per 1,000 live and still births. Both deaths occurred in hospitals outside the District, and neither person had attended a local clinic. From the information available the causes of death are well recognised, but infrequent complications of pregnancy, one of which might possibly have been prevented from terminating fatally.

The maternal mortality rate for England and Wales was 0.86 per 1,000 live and still-births, which is the lowest yet recorded.

INFANT MORTALITY.

During 1950, there were 13 deaths among children under one year of age, as compared with 21 last year, and an average of 23 in the last 3 years. None of the deaths was in respect of an illegitimate child.

The resultant infant mortality rate was thus only 17.2 per 1,000 registered births, which is the lowest ever recorded for this District.

Similarly, the infant mortality rate for England and Wales was the record of 29.8 in 1950, compared with 32 in 1949, which was the lowest previously recorded.

The following table gives the causes of the 13 deaths which occurred during 1950, together with the age at death.

INFANTILE MORTALITY DURING THE YEAR 1950.

<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>
Pneumonia	—	—	—	—	—	—	—	—	1	1
Otitis Media	—	—	—	—	—	—	1	—	—	1
Congenital Malformation	2	—	—	1	3	1	1	—	—	5
Prematurity	4	—	—	—	4	1	—	—	—	5
Atelectasis	1	—	—	—	1	—	—	—	—	1
TOTALS ...	7	—	—	1	8	2	2	—	1	13

It is satisfactory to note that only two deaths occurred from infections, and that the deaths from congenital defects which are unpreventable again formed the largest group.

The 8 babies dying in the first month correspond with a neo-natal mortality rate of 10.6 (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 5 years was 19.

During the year 1 premature baby was notified as being born at home and 40 in institutions. Of the latter 5 died within a week and before their discharge to their homes.

This suggests that 12 per cent of the premature babies died, which is 15 per cent fewer 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 1950.**

	England and Wales.	126 County Boroughs and Great Towns including London.	148 Smaller Towns (Resident Population 25,000-50,000 at 1931 Census).	London Adminis- trative County.	Coulsdon and Purley Urban District.
Births :	Rates per 1,000 Civilian Population :				
Live Births	15.8	17.6	16.7	17.8	11.7
Still Births	0.37	0.45	0.38	0.36	0.20
Deaths :					
All causes	11.6	12.3	11.6	11.8	9.5
Typhoid and paratyphoid	0.00	0.00	0.00	0.00	—
Whooping cough	0.01	0.01	0.01	0.01	—
Diphtheria	0.00	0.00	0.00	0.00	—
Tuberculosis	0.36	0.42	0.33	0.39	0.26
Influenza	0.10	0.09	0.10	0.07	0.03
Smallpox	—	—	—	—	—
Acute poliomyelitis and polioencephalitis	0.02	0.02	0.02	0.01	0.01
Pneumonia	0.46	0.49	0.45	0.48	0.32
Notifications (Corrected)					
Typhoid fever	0.00	0.00	0.00	0.01	0.01
Paratyphoid fever	0.01	0.01	0.01	0.01	—
Meningococcal infection	0.03	0.03	0.02	0.03	—
Scarlet fever	1.50	1.56	1.61	1.23	2.31
Whooping cough	3.60	3.97	3.15	3.21	3.75
Diphtheria	0.02	0.03	0.02	0.03	—
Erysipelas	0.17	0.19	0.16	0.17	0.06
Smallpox	0.00	0.00	—	—	—
Measles	8.39	8.76	8.36	6.57	7.24
Pneumonia	0.70	0.77	0.61	0.50	0.35
Acute Poliomyelitis—					
Paralytic	0.13	0.12	0.11	0.08	0.13
Non-paralytic	0.05	0.05	0.06	0.05	0.01
Food poisoning	0.17	0.16	0.14	0.25	0.09
Deaths :	Rates per 1,000 Live Births :				
All causes under 1 year of age	29.8	33.8	29.4	26.3	17.2
Enteritis and diarrhoea under 2 years of age	1.9	2.2	1.6	1.0	1.3
Notifications (Corrected):	Rates per 1,000 (Live and Still Births :				
Puerperal fever and pyrexia	5.81	7.43	4.33	6.03	2.60
Maternal Mortality :	<i>England and Wales.</i> Rates per 1,000 Total (Live and Still) Births.		<i>Coulsdon and Purley Urban District.</i> Rates per 1,000 Total (Live and Still) Births.		
Abortion with Sepsis..	0.09		—		
Other abortion	0.05		—		
Complication before/ during delivery	0.54		1.3		
Sepsis following delivery	0.03		1.3		
Other complications following delivery	0.15		—		

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

INFECTIOUS DISEASE.

The following table indicates the numbers of cases of infectious disease notified during 1950, the number thought to have been treated in hospital, and the number of deaths which occurred.

<i>Disease.</i>	<i>Numbers Notified.</i>	<i>Treated in Hospital.</i>	<i>Total Deaths.</i>
Diphtheria	—	—	—
Typhoid fever	1	1	—
Scarlet fever	149	82	—
Erysipelas	4	—	—
Puerperal pyrexia	2	—	—
Pneumonia — primary	23	3	21*
Dysentery	28	27	—
Cerebro-spinal fever	—	—	—
Poliomyelitis	10	9	1
Measles	477	6	—
Whooping cough	242	3	—
Malaria	1	—	—
Ophthalmia neonatorum	1	—	—
Food poisoning	6	2	—
TOTALS	944	133	22

*All these deaths were from other forms of pneumonia.

A further analysis of these cases by age, wards and the months during which they occurred is given in Tables I, and II in the Appendix, while a full statement of the cases of infectious disease notified since 1920 is presented in Table III in the Appendix.

It will be seen that measles was by far the commonest notifiable infectious disease; in fact 1950 was a peak year for this infection. Similarly scarlet fever, now also a relatively mild disease, was more prevalent than usual. While the number of cases of poliomyelitis increased slightly, 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 remained at a comparatively low level, it is noted that the incidence of the remaining acute infectious diseases increased from 2.5 to 3.1 per 1,000 population. While this is slightly higher than in recent years, as it is chiefly due to the number of cases of mild scarlet fever, it is not of vital importance.

DIPHTHERIA.

For the fourth year in succession no confirmed case of diphtheria occurred in the District, and only 3 cases were admitted as being suspicious, all proving negative on further investigation.

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 notified cases of scarlet fever remained high for the second year in succession, there being 149 such cases in 1950 and 138 in 1949, compared with 78 and 62 in the two preceding years. As the waves of this disease which occurred in this District in 1920-21, 1928-29, 1934-36 and in 1943 only lasted about 2 years, a reduction in incidence can be hoped for during the next few years.

The disease remained very mild in type, and as a result was more widely and easily spread. A number of the local outbreaks were commenced by children attending parties when suffering from slight catarrhal symptoms.

As usual it was almost entirely limited to young children, only 3 cases being notified among adults. More than a quarter of the children were 6 years of age and four-fifths between 3 and 8 years. Scarlet fever can thus be regarded as a disease now associated with the first direct or indirect contact with school life.

On considering the individual cases it is obvious that frequently the spread has been associated with school, parties, or similar congregations of children of the most susceptible age. On the other hand it is interesting to note how few cases may occur even when there are apparently ideal conditions for encouraging dissemination; for example, an outbreak occurred at a large residential school at which there were 8 children of about 7 years of age in the same dormitory as the first case and 20 in contact with the third case of 8 years of age, yet only a total of 4 children developed scarlet fever in the whole of this institution. Doubtless many more were affected by the germ without producing a rash, but very many more typical cases might have been expected to result.

Slightly less than half the cases in the District were treated at their homes, but 82 were distributed among 9 hospitals, 47 going to the Wandle Valley at Mitcham, 17 to Bletchingly, 5 to Croydon, 4 to Cuddington, 3 to Dorking, and the others to The Grove, The Western, Redhill and Bromley hospitals.

Of those treated at home, 24 were the only children in the house. On the other hand, in 38 instances there were brothers or sisters in the house at the time, yet in only 5 of these did secondary cases occur. Furthermore, as two pairs apparently contracted the disease simultaneously from a common source, or the second occurred before the first case was diagnosed, treatment at home could not have been a contributory factor.

With regard to those admitted to hospital, in 11 instances the patient was an only child. (In 3, or possibly 4 of these cases the adult members of the family were associated with food handling or some occupation making the child's admission to hospital desirable, but in at least 7 instances there would appear to have been no special reason for their admission.) It is interesting also to note that in the 59 cases in which the patient was admitted to hospital, there being other brothers or sisters in the home, there were 3 occasions on which secondary cases occurred within a few days of the commencement of the first case, hospitalisation as such, therefore, being too slow a measure to prevent a second case. In addition, in 2 instances after the discharge of the original case from hospital, one or two of the other children in the home contracted the disease, all 3 of these "return" cases being admitted to hospital, presumably on account of other children still in the house.

From these and similar observations in preceding years, it appears that, unless there are physical complications requiring special nursing, or special domestic reasons such as overcrowding both parents working, or either of them involved in food handling, there is no justification from the point of view of the prevention of the spread of the disease for the admission of cases of scarlet fever to hospital at the present time.

It is only in about one in ten of these infections that secondary cases occur in the house, and the chance of these occurring is not greatly reduced by the removal of the original case to hospital, especially when the subsequent risk of "return" cases is taken into account.

As in almost all instances at least one other member of the family can be assumed to be infected, though not necessarily showing any symptoms, or at any rate not developing a rash, the only criterion worth serious consideration in deciding whether a case shall be admitted to hospital is whether physical or domestic complications make admission very desirable.

Unnecessary hospitalisation should obviously be avoided in view of the risks of cross infection for the patient, the absorption of bed space and nursing manpower which might be otherwise utilised, and the cost to the community.

ERYSIPELAS.

Only 4 cases of erysipelas were notified during the year, this being the same number as in 1949. All were treated at their homes and recovered.

PUERPERAL PYREXIA.

Two mild cases of puerperal pyrexia were notified, this being the average for recent years. Both recovered without being removed to hospital.

OPHTHALMIA NEONATORUM

One mild case was notified and treated at home where recovery occurred without any effect on the child's vision.

ENTERIC FEVER.

One case of typhoid fever was notified in respect of a patient in a mental hospital in July.

One resident was notified as suffering from paratyphoid fever in August, and admitted to hospital, but the final diagnosis proved to be pneumonia complicated by pleurisy.

DYSENTERY.

There was a slight increase in the number of notifications of dysentery, a total of 28 being received, compared with 14 in 1949, but this was a great improvement on the 71 in 1948 and the average of 87 for the last 10 years.

Only one of the cases was an ordinary resident who may have become infected abroad with Sonne dysentery. The remainder were inmates of one or other of the mental hospitals and some of these were infected with the Flexner type of the disease, but at least 13 suffered from the milder Sonne type. No deaths occurred from this cause among the residents of the District.

CEREBRO-SPINAL FEVER.

One case was notified as suffering from cerebro-spinal fever, but the diagnosis was not confirmed in the Isolation hospital to which it was admitted, hence for the second successive year no confirmed case of this disease has occurred.

POLIOMYELITIS.

Nationally this disease was again prevalent during the second half of the year, and this District in common with other areas experienced an increased number of cases. Altogether 15 persons were notified as suffering from poliomyelitis, but in only 10 cases was the diagnosis confirmed, compared with 9, 2 and 11 in the preceding 3 years, and an average of 2 cases per annum before 1947. As is usual at such times there was evidence that other individuals were infected, but without any paralysis developing, while there was a difference of opinion among the Specialists regarding one of the "Negative" cases, which in fact should probably have been accepted as an additional case.

Of the 10 confirmed cases all but one had some paralysis, and the first case unfortunately died. At the end of the year one case was still in hospital with rather extensive paralysis.

one had become ambulant with moderate paralysis, three had only very slight residual paralysis and four had completely recovered.

Cases occurred in most of the Wards in the District, Old Coulsdon, however, having rather more than the average, and they were distributed among six different hospitals. The advice which was given and the precautions taken were similar to those advocated or adopted in previous years, but in addition, reinforcing diphtheria immunisation treatment was temporarily postponed.

PNEUMONIA.

During 1950 a total of 23 cases of acute primary or influenzal pneumonia were notified, compared with 5, 13 and 20 in the preceding three years.

The cases, which included 7 of school age, were, however, scattered throughout the year and over the District, only 2 of them being in any way connected with another case. Three of them were admitted to hospital.

Altogther 21 deaths were registered as being due to some form of pneumonia, but no deaths occurred among the notified cases.

MEASLES.

Comparatively few cases of measles occurred until October, but they increased rapidly in the last two months of the year, a total of 477 being notified, compared with 600, 567, 141 and 705 in the preceding 4 years. The lull between the extreme ends of the last wave and the present one was 14 months, during which less than 10 cases a month were notified, but the intervals between the peaks was about 2 years.

The first impact of the present wave was in Sanderstead quickly followed by Coulsdon West, the 5-10 year age group being chiefly affected. Fortunately the disease has been of a fairly mild type with few complications, hence the number of children of 2 years and under who suffered, which was comparatively small, was of less importance than usual.

While the payment of the full notification fee in respect of cases of measles and whooping cough has given a more complete picture of the numbers affected, it has made preventive work even less practicable than hitherto. Faced with some 200 notifications a month the Health Visitors can only visit a small proportion of them, focusing their attention on the youngest children and the most negligent families.

The position has changed with the implementation of the National Health Service Act in that private doctors are now called in more frequently and earlier, while modern methods of treatment reduce the risks and combat the results of complications.

It is thus very questionable whether notification of this disease is worth while at the present time in a District such as this, involving as it does very considerable expense, and loss of time to the private doctors and the public health clerical staff.

There were no deaths from this cause during 1950, and only 2 during the last 11 years.

WHOOPIING COUGH.

This disease again became prevalent, 242 cases being notified, compared with 42 in 1949, and 201 in 1948. The increase which started in May, reached a peak in August, but notifications continued at a fairly high level to the end of the year. The disease was fairly evenly distributed over the District, and was not unduly severe in type. No deaths from this cause have occurred since the war.

While the majority of sufferers were of 5-10 years of age, there was a higher proportion under this age, and especially under one year, than in the case of measles. This, of course, is chiefly due to the infection often spreading before the nature of the cough has been recognised. Some form of inoculation is obviously the answer to the need to postpone the onset of whooping cough until children are older and better able to meet the strain. Unfortunately, although preventive inoculations are being very freely given by private practitioners under the National Health Service Act, it has not been possible to place sufficient reliance on the efficacy of the available materials to justify official adoption of an immunisation scheme comparable to that which has been so successful against diphtheria. Fortunately, curative measures have improved very considerably in recent years, and recent evidence suggests that an official scheme of immunisation may soon be practicable.

FOOD POISONING.

During the year 8 small outbreaks of suspected food poisoning were investigated, but only 6 persons were finally considered definitely to have suffered from this condition. Unfortunately, 3 of these were isolated cases which were first notified from the hospitals into which they had been admitted, and in two instances the notification was too late to permit any useful investigation. Both had been infected by *S. typhi* murium, as had the third hospital case, a young child who unfortunately died as a result of the infection. The source of infection in the latter was not traced, but staphylococci were found in some sausages eaten after the relevant date.

Two cases formed part of an outbreak in a house in Caterham in which a number of persons suffered acutely following consumption of a meat mould and chocolate souffle. Most of the cases, 3 of which were admitted to hospital, had *S. typhi* murium infections. In spite of a very full investigation the exact source of the infection was not found.

The sixth case, treated at home, also was infected by *S. typhi* murium, and reheated meat was suspected, but not proved to be the source.

The above notes illustrate the difficulty in finding the source of these infections, particularly, of course, in those cases in which notification is delayed, or specimens of vomit, faeces, and the suspected foods are not retained or submitted for early examination. The presence of *S. typhi* murium in each of the above cases should not be regarded as indicating that this is the only or commonest cause of these infections. Its presence will clinch the diagnosis, but other cases showing no definite organism probably occur from time to time without notification, unless many persons are involved.

It is now becoming widely recognised that food infections are preventable, but time must inevitably elapse before a complete change in our national habits occurs. Meanwhile it is hoped these notes will continue to record an absence of spectacular outbreaks of these infections locally.

TUBERCULOSIS.

The following table presents concisely the position with regard to tuberculosis in the District during 1950:—

	<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, 1950	191	135	30	36	221	171
ADDITIONS, 1950:—						
New cases notified	28	19	4	3	32	22
Cases removed into District	14	10	2	—	16	10
Restored to register	—	1	—	—	—	1
TOTAL ADDITIONS	42	30	6	3	48	33
REMOVALS, 1950:—						
Deaths	11	9	2	—	13	9
Removed from District	14	11	2	2	16	13
Recovered	2	3	—	—	2	3
Non-tuberculous	—	—	—	—	—	—
TOTAL REMOVED FROM REGISTER	27	23	4	2	31	25
Number of cases on register, 1st January, 1951	206	142	32	37	238	179

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

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	—	—	—	—	—	—	—	—
1 and under 5 ...	1	—	—	—	—	—	—	—
5 and under 10 ...	1	—	—	—	—	—	—	—
10 and under 15 ...	—	—	—	—	—	—	—	—
15 and under 20 ...	—	3	—	1	—	1	—	—
20 and under 25 ...	2	5	1	—	1	—	—	—
25 and under 35 ...	8	3	—	2	4	1	—	—
35 and under 45 ...	2	5	—	—	1	4	1	—
45 and under 55 ...	5	1	1	—	3	—	—	—
55 and under 65 ...	6	—	—	—	1	1	—	—
65 and over ...	3	2	2	—	1	2	1	—
TOTALS ...	28	19	4	3	11	9	2	—

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

Localisation.	Coulsdon East.	Coulsdon West.	Kenley.	Purley.	Sanderstead.	Selsdon and Farleigh.	Woodcote.
Pulmonary ...	11	7	3	6	10	6	4
Non-pulmonary ...	2	1	—	1	—	1	2
TOTALS ...	13	8	3	7	10	7	6

The number of new notifications of pulmonary tuberculosis was 47, compared with 57, 48 and 59 in the previous 3 years. This corresponds with a case rate of 72 per 100,000 population which is the average for the last 5 or 10 years, and a considerable improvement on last year. It is, however, much higher than it was in the years immediately before the war, possibly due to the influence of Mass Radiography etc. in detecting more cases in their earlier stages.

The incidence of this disease can be further reduced 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 has again dropped to a low level, as it has nationally, being 31 per 100,000 population in 1950, compared with 64 and 29 in the two preceding years, and a post-war average of 43. (Nationally it was 40 in 1949 and 32 in 1950).

The incidence of new cases of non-pulmonary tuberculosis increased slightly (11 per 100,000 population compared with 8 last year) but was still below the post-war average of 12, while the death rate from this form of tuberculosis remained at the low post-war average of 3 per 100,000.

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, and it is hoped that still more beds for treatment will 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 2 deaths were attributed in 1950. There was also 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, relatively few cases of chickenpox occurred and these briefly in Coulsdon and Sanderstead. There were even fewer cases of mumps, and these were chiefly in Kenley. Scattered isolated cases of both diseases 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 records of these admissions are rarely received.

INFESTATIONS.

(a) SCABIES.

During 1950 the number of persons treated by the Health Department for this disease was only 11, (5 adults, 4 school children and 2 children under 5 years), while a few contacts were provided with a special soap now used as a preventative. A total of 20 treatments was carried out.

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 by the Medical Officer or 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
1950 	20	11

It would, perhaps, be preferable if more of the apparently isolated cases, which occur from time to time were referred to the Medical Officer of Health in order to ensure the rapid and complete treatment of the whole family.

(b) VERMIN.

The number of cases of infestation remained small and was limited to the 30 children found to have head nits in school. Almost all of these were only casual infestations which immediately responded to the treatment mainly provided by the parents. A concerted effort is being made to deal with the few families most prone to reinfestation.

THE CONTROL OF INFECTIOUS DISEASE.

The place of immunisation among the measures for the control of infectious disease remained much as in recent years.

The parents of all children should ensure that they are kept as highly immune as possible against diphtheria 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 treatment will only be given if the time is considered opportune by the doctor concerned.

DIPHTHERIA IMMUNISATION.

The following table shows the treatment given during 1950, 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	...	...	...	...	183
Number commenced treatment	...	...	...	...	250
Number who completed treatment	...	...	...	...	286
Number of "Booster" doses given	...	...	...	...	95
Total number of attendances	...	...	...	...	631
SCHOOLS.					
Number of visits made	...	...	...	...	6
Number commenced treatment	...	...	...	...	5
Number completed treatment	...	...	...	...	23
Number of "Booster" doses given	...	...	...	...	29
GENERAL PRACTITIONERS.					
Number completed treatment	...	...	...	...	313
Number given "Boosters"	...	...	...	...	141
Proportion of children estimated to have been immunised:—					
(a) from 1-5 years	...	...	...	...	48.7%
(b) from 5-14 years	...	...	...	...	89.6%

The above figures indicate a decrease in immunisation compared with the corresponding figures in 1949, but while to some extent this decrease was probably due to fear caused by the press publicity on the suggested association between immunisation and the paralysis of poliomyelitis, in part it represents the postponement of "boosting" treatment until early in 1951, which was a reasonable precaution in the circumstances.

The percentage of the children aged 1 to 5 years, who were estimated to have been immunised was the same as in the previous year, but the proportion of school children who had been treated probably increased by 1 per cent.

To repeat, it is incumbent upon parents to co-operate in ensuring that diphtheria is not allowed to reappear in our midst.

VACCINATION.

The following table shows the number of vaccinations performed in this District during 1950 :—

WELFARE CENTRES.					
Primary vaccinations	...	...	...	...	86
GENERAL PRACTITIONERS.					
Primary vaccinations 0-15 years	...	...	...	...	339
" " over 15 years	...	...	...	...	50
Re-vaccinations 0-15 years	...	...	...	...	56
" " over 15 years	...	...	...	...	160

It is noted that there was a 23 per cent increase in the number of primary vaccinations of young children compared with 1949, while the number of revaccinations in this group increased only very slightly. On the other hand the number of primary vaccinations of adults was more than doubled, and their revaccinations increased by 40 per cent, doubtless due to concern caused by cases of smallpox known to have entered the Country during the year.

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 to the Medical Officer of Health.

To date it has been thought unwise to introduce an official scheme of whooping cough immunisation pending the production of materials which can be guaranteed as being reliable. Very recent evidence suggests that this form of immunisation may soon become a practical proposition.

AMBULANCES.

No alterations of note were made during 1950 in the local arrangements for the Ambulance Service, which is the responsibility of the Surrey County Council. 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 Area Superintendent, Mr. R. A. Cupit, is stationed at the S.C.C. Main Ambulance Station, Smallfield, Horley (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.

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 18 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 sent to the Public Health Laboratory, West Hill House, West Hill Road, Epsom, and during 1950 reports were received on the following specimens :—

Milk, ice cream, and water samples	...	...	...	362
Nose or throat swabs	...	...	...	137
Sputum	...	...	...	5
Faeces	}	...	...	39
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 are made :—

£1 per load of bedding, etc., 5s. for the first room and 2s. 6d. for each additional room disinfected at the same time.

During 1950 the following disinfections were carried out :---

	<i>Free of cost.</i>	<i>Upon payment.</i>	<i>Total.</i>
Loads of bedding, etc ...	163	16	179
Houses disinfected ...	208	3	211

NATIONAL ASSISTANCE ACT, 1948, SECTION 47.

The powers given under this section for securing the removal of aged persons from insanitary conditions were not utilised during 1950.

The one case dealt with under this Section in 1949 is now living voluntarily in a Home for elderly people in the country.

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 area, and during the visitation of the Health Visitors and Sanitary Inspectors. During the year a film strip projector was purchased to assist in the talks given by the officers. The material provided by the Central Council for Health Education and other bodies has proved extremely useful and is widely employed.

MATERNITY AND CHILD WELFARE.

Since 5th July, 1948, the responsibility for the maternity and child welfare work in the District has been that of the County Council. Local interest is retained by the local Council being 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 some of the allied Health Services. 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 Service.

While it might be inappropriate to give statistics relating to the Maternity and Child Welfare Services in this report, it should be mentioned that they have continued to function satisfactorily throughout the year.

In order to increase the usefulness of the Report, however 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 and 5th Wednesday in each month, 2—4 p.m.	(Purley and Kenley mothers).
62, Whytecliffe Road, Purley.	Every Thursday 2—4 p.m.	(Old Lodge Lane, Coulsdon and Sanderstead mothers).
Westway, Caterham-on-the-Hill.	1st, 3rd and 5th 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 Coulsdon Nursing Association, "Westview," Woodstock Road, Coulsdon	... ..	Downland 4005
Mrs. Noakes, 44, Purley Park Road, Purley	... ..	UPLands 5825
Miss Neighbour, Flat 1, "Woodland," Sanderstead Hill, Sanderstead	... ..	SANderstead 3514

RELIEF MIDWIFE:—

Miss B. E. L. Dale, Flat 2, "Woodland," Sanderstead Hill, Sanderstead

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

DISTRICT 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:—		
58, Brighton Road, Purley (Kenley area)	... ..	UPLands 6815
32, Higher Drive, Purley (Purley area)	... ..	UPLands 6715
Sanderstead and Selsdon Nursing Association, Flat 1, The Quest, Sanderstead Road, Sanderstead	... ..	SANderstead 1969

(Note:—Neither the midwifery nor general nursing services have yet been divisionalised, but since 1950 the County Council has agreed to this in principle.)

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 9277, 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 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 Council 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 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.
Community Centre, Hooley	1st and 3rd Wednesday 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, while a Toddlers' Session is held at the Selsdon Centre from 10-12 noon on the 2nd and 4th Wednesday in each month.

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 clinic 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 HEALTH SERVICE.

The Surrey County Council is also responsible for this service, the responsible officer locally being the Divisional Medical Officer, 115, Brighton Road, Purley, but local representatives serve on the South Eastern Divisional Executive, the office accommodation of which is provided at 38, Grovelands Road, Purley. (UPLands 7601).

SCHOOL CLINICS.

The following minor ailment clinics are held weekly at:—

S.C.C. Clinic, 62, Whytecliffe Road, Purley ...	Thursdays 9—11 a.m.
Baptist Church, Addington Road, Selsdon	Mondays 1.30—2.0 p.m.
St. John's Hall, Bradmore Green, Old Coulsdon ...	Wednesdays 1.45—2.0 p.m.

The following clinics for school children are also held at 62, Whytecliffe Road, Purley.

School dental clinic	Fridays 1.30 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.

CLINICS ADMINISTERED BY THE GROUP HOSPITAL BOARDS.

TUBERCULOSIS—

62, Whytecliffe Road, Purley ... Every Monday 1.30—3.30 p.m.

VENEREAL DISEASE—

Croydon General Hospital ... *Males*:
Tuesdays, 7 p.m.
Saturdays, 10.45 a.m.
Women and Children:
Wednesdays, 2.30 p.m.
Thursdays, 11.0 a.m.
Fridays, 5.30—7.0 p.m.

Redhill County Hospital ... *Males*:
Mondays, 5—7 p.m.
Females:
Wednesdays, 5—7 p.m.

HOUSING.

The following is a statistical record of work carried out in respect of the sanitary condition of dwelling houses, as required by the Minister.

1. INSPECTION OF DWELLING HOUSES DURING THE YEAR 1950.

(1) (a) Total number of houses inspected for housing defects (under Public Health or Housing Acts)	352
(b) Number of inspections made for the purpose	1,497
(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	4
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
(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	194

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	208
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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 ... 11

(2) Number of dwelling houses in which defects were remedied after service of formal notices :—

(a) By owners ... 7

(b) By Local Authority in default of owners ... 2

(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 ... Nil

(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 11

(2) Number of families dwelling therein ... 12

(3) Number of persons dwelling therein ... 59½

(b) Number of new cases of overcrowding reported during the year ... 14

(c) (1) Number of cases of overcrowding relieved during the year ... 17

(2) Number of persons concerned in such cases ... 87½

(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 ... 194

By other persons ... 60

Unfortunately there was again a decrease compared with the preceding year in the number of houses inspected for defects, with corresponding decreases in the number of houses

rendered fit and the inspections made for this purpose. Although not so apparent in this District as in less fortunate areas, this trend reflects in some respects the increasing economic difficulties associated with the repair of sub-standard houses which are let at low controlled rents, upon which comment has been made in recent years.

While the amount of building repair work carried out in consequence of war damage has also had an important bearing on housing work and statistics in the post-war years, with the rapid settlement of claims this will have less influence in the future.

The systematic inspection of houses as visualised by the Housing Consolidated Regulations is by virtue of these and other considerations impracticable at the present time.

Notwithstanding these retarding influences, however, considerable success has been achieved in dealing with the more urgent items of repair.

The figures for overcrowding, although obviously incomplete, reveal an appreciation of the problem and a readiness on the part of the Council's Housing Department to assist in the more urgent cases.

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. In addition, 8 samples were obtained for bacteriological examination only, making 24 samples in all.

In addition, both the Water Companies and the Local Authorities sharing these public supplies provided 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.

	Sutton and District Water Company.		East Surrey Water Company.	
	Parts per 100,000.	Grains per Gallon.	Parts per 100,000.	Grains per Gallon.
Total solids (dried at 180°C.) ...	19.0	13.3	17.0	11.9
Combined chlorine (Cl) ...	1.6	1.1	1.7	1.2
equivalent to Sodium Chloride (Na Cl).	2.6	1.9	2.8	2.0
Nitric nitrogen (Nitrates) ...	0.64	0.45	0.62	0.43
Nitrous nitrogen (Nitrites) ...	Definite traces present.		Minute trace present.	
Ammoniacal nitrogen ...	Nil	Nil	0.0042	0.0029
Albuminoid nitrogen ...	0.0004	0.0003	0.0005	0.0004
Oxygen absorbed in 4 hours at 27°C.	0.003	0.002	0.003	0.002
Lead or Copper ...	Nil	Nil	Nil	Nil
Temporary hardness { equivalent	8.0	5.6	5.0	3.5
Permanent hardness { to	3.0	2.1	3.0	2.1
Total hardness { CaCO ₃ }	11.0	7.7	8.0	5.6

BACTERIOLOGICAL EXAMINATION.

Probable number of coliform bacilli,

MacConkey 2 days, 37°C.

0 per 100 ml.

0 per 100 ml.

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 standpipes 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, in that adequate softening had been carried out.

RAINFALL.

The rainfall registered by the automatic rain gauge installed at Alderstead Heath was 31.78 inches, this being an increase of 6.92 inches compared with the previous year. The monthly totals throughout the year were as follows :—

January ...	1.02 inches
February ...	4.35 "
March ...	1.88 "
April ...	3.26 "
May ...	1.39 "
June ...	1.82 "
July ...	3.39 "
August ...	2.23 "
September ...	3.91 "
October ...	0.43 "
November ...	6.07 "
December ...	1.95 "

DRAINAGE AND SEWERAGE.

A total of 802 yards of new sewers was constructed during the year, and of this total 412 yards were in connection with a scheme for converting the cesspools of 16 houses to main drainage.

A further 148 yards were constructed by joint agreement between the owners concerned and the Council, in order to provide main drainage in connection with the provision of sanitary conveniences at a factory, while the balance was in connection with the developement of Council Housing Estates.

CLOSET ACCOMMODATION.

During the year the Council was able to recommence to a limited extent the implementation of their long standing policy of eliminating cesspool drainage in the District wherever possible. As a result, 19 houses were connected to the public sewer and 15 cesspools abolished.

At the end of the year the figures for pail closets and cesspools were :—

Premises with pail closets	...	...	17
Number of cesspools	...	...	180

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 continued on a weekly basis throughout the year, and the charges for trade refuse collection and for cesspool emptying remain unchanged.

SMOKE ABATEMENT.

A number of complaints were received from residents in the vicinity regarding an alleged dust nuisance emanating from the Refuse Disposal Works, Kenley.

Observations were made and a Petri Dish survey carried out in accordance with the recommendations of the Fuel Section of the Department of Scientific and Industrial Research in order to ascertain to what extent, if any, solid matter is desposited from the works.

No evidence could be obtained that supported the allegations.

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 9 samples of the water were obtained for examination.

One chemical sample was reported as being unsatisfactory, probably due to faults in the system of filtration. The matter was under consideration at the end of the year.

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 ACTS, 1937 and 1948.

PART I.

1. INSPECTIONS.

<i>Premises.</i>	<i>Number on Register.</i>	<i>Number of</i>		
		<i>Inspections.</i>	<i>Written notices.</i>	<i>Occupiers prosecuted.</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	18	45	4	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	93	148	4	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	2	2	—	—
TOTAL ...	113	195	8	—

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars.	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted.
	Found.	Remedied.	Referred To H.M. Inspector. By H.M. Inspector.		
Want of cleanliness (S.1) ...	3	2	—	1	—
Overcrowding (S.2)	1	1	—	1	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	1	1	—	1	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient... ..	5	6	—	3	—
(b) Unsuitable or defective ...	2	2	—	—	—
(c) Not separate for sexes ...	3	3	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	1	—	—
TOTAL ...	15	15	1	6	—

PART VIII.

OUTWORK.

(SECTIONS 110 AND 111)

<i>Nature of Work.</i>	<i>Section 110.</i>			<i>Section 111.</i>		
	<i>No. of out-workers in August list required by Sect. 110 (1) (c).</i>	<i>No. of cases of default in sending lists to the Council.</i>	<i>No. of prosecutions for failure to supply lists.</i>	<i>No. of instances of work in unwholesome premises.</i>	<i>Notices served.</i>	<i>Prosecutions.</i>
Wearing { Making, etc. apparel { Cleaning and washing ...	24	—	—	—	—	—
Furniture and upholstery	1	—	—	—	—	—
Carding, etc. of buttons etc.	27	—	—	—	—	—
Cosaques, Christmas crackers, Christmas stockings, etc. ...	2	—	—	—	—	—
TOTAL ...	54	—	—	—	—	—

SANITARY INSPECTIONS, ETC.

The following is a summary of the complaints received, visits made, notices served and defects remedied during the year 1950.

There was a small increase in the total number of complaints received, mainly due to more complaints of unsound food and blocked drainage systems, and a substantial increase in complaints of infestations by rats and mice.

The total number of visits made by the Sanitary Inspectors compared very 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 and his colleagues can again be congratulated on a very full and useful year's work, and particularly on their success in achieving co-operation without resort to legal action.

COMPLAINTS RECEIVED.

General disrepair and insanitary conditions	...	...	...	79
Dampness	...	...	...	27
Obstruction of light by trees	...	...	...	1
Overcrowding	...	...	...	6
Defective drainage systems	...	...	...	8
Blocked drainage systems	...	...	...	115
Defective drainage fittings	...	...	...	15
Defective sinks and lavatory basins	...	...	...	1
Defective W.C. pans and flushing apparatus	...	...	...	14
Defective service water pipes	...	...	...	5
Defective hot water systems	...	...	...	2
Defective chimney stacks	...	...	...	2
Absence of, or defective dustbins	...	...	...	5
Insanitary pig waste bins	...	...	...	6
Accumulation of refuse, etc.	...	...	...	11
Insanitary A.R.P. shelters	...	...	...	1
Rats and mice	...	...	...	385
Keeping of animals	...	...	...	14
Insect pests, etc.	...	...	...	37
Wasps' nests	...	...	...	14
Unsound food	...	...	...	68
Miscellaneous	...	...	...	54
TOTAL				870

SUMMARY OF VISITS MADE.

Number of houses visited	...	...	...	360
Number of reinspections and calls made	...	...	...	1,145
Verminous premises	...	...	...	21
Water supply	...	...	...	2
Tents, vans and sheds	...	...	...	57
Schools	...	...	...	6
Places of entertainment	...	...	...	1
Licensed premises	...	...	...	13
Storage of refuse	...	...	...	51
Accumulation	...	...	...	93
Piggeries, fowls and other animals	...	...	...	108
Stables	...	...	...	15
Rats and Mice Destruction	...	...	...	4,442
Drainage inspected	...	...	...	1,902
Drainage tested	...	...	...	341
Pail closets	...	...	...	5
Cesspools	...	...	...	228
Urinals	...	...	...	2
Atmospheric Pollution	...	...	...	75
Sewers and street gullies	...	...	...	127
Cowsheds, dairies and milkshops	...	...	...	155
Ice-cream premises	...	...	...	121
Meat shops	...	...	...	188
Food preparing premises	...	...	...	291
Other food shops	...	...	...	416
Bakehouses—Power	...	...	...	52
Other	...	...	...	8
Slaughterhouses	...	...	...	21
Food Inspection—Meat	...	...	...	47
Other Food	...	...	...	96
Factories—Power	...	...	...	96
Other	...	...	...	34
Workplaces	...	...	...	3
Outworkers	...	...	...	29
Shops Acts	...	...	...	17
Infectious disease enquiries	...	...	...	212
Infectious disease contacts	...	...	...	33
Food poisoning enquiries	...	...	...	34

Disinfection	...	...	...	...	...	...	264
Disinfestation	...	...	...	...	...	...	76
Swimming baths	...	...	...	...	...	...	13
Sampling—Food and Drugs Act, 1938	...	...	...	...	...	...	163
" Ice-cream	...	...	...	...	...	...	103
" Milk (Bactl.)	...	...	...	...	...	...	249
" Water	...	...	...	...	...	...	32
Milk (biological)	...	...	...	...	...	...	76
Interviews	...	...	...	...	...	...	1,214
Miscellaneous visits	...	...	...	...	...	...	935
TOTAL							13,972

DEFECTS REMEDIED.

Drainage and Sanitary Fittings:

Drainage work examined and tested	...	...	...	...	...	...	813
Drains reconstructed	...	...	...	...	...	...	68
Blocked drains cleared	...	...	...	...	...	...	138
Soil and vent pipes repaired or renewed	...	...	...	...	...	...	15
Inspection chambers repaired or reconstructed	...	...	...	...	...	...	29
Inspection chamber covers renewed and frames rebedded	...	...	...	...	...	...	30
Interceptor stoppers provided and fitted	...	...	...	...	...	...	14
Fresh air inlets repaired or renewed	...	...	...	...	...	...	22
New W.C. pans fixed	...	...	...	...	...	...	24
New W.C. seats provided	...	...	...	...	...	...	10
W.C. flushing cisterns repaired or renewed	...	...	...	...	...	...	16
Cesspools provided or enlarged	...	...	...	...	...	...	1
Cesspools, cleansed, repaired or renewed	...	...	...	...	...	...	14
House drains disconnected from cesspool and connected to sewer	...	...	...	...	...	...	19
Cesspools abolished	...	...	...	...	...	...	15
Soakaways reconstructed	...	...	...	...	...	...	6
Eaves, gutters and stack pipes renewed or repaired	...	...	...	...	...	...	68
New lavatory basins fixed	...	...	...	...	...	...	4
Glazed sinks renewed or repaired	...	...	...	...	...	...	1
Waste pipes trapped, repaired or renewed	...	...	...	...	...	...	17
Sink gully dishings repaired	...	...	...	...	...	...	26
Urinals cleansed	...	...	...	...	...	...	1

General Housing Repairs:

Defective roofs repaired	...	...	...	...	...	...	59
Yards paved, or paving repaired	...	...	...	...	...	...	4
Paved pathways constructed	...	...	...	...	...	...	2
Dampness in walls remedied	...	...	...	...	...	...	35
Damp-proof courses provided	...	...	...	...	...	...	3
Additional sub-floor ventilation provided	...	...	...	...	...	...	13
Walls and ceilings repaired	...	...	...	...	...	...	135
New ceilings provided	...	...	...	...	...	...	51
Walls of rooms cleansed	...	...	...	...	...	...	69
Ceilings of rooms cleansed	...	...	...	...	...	...	58
Stairs repaired	...	...	...	...	...	...	2
Floors repaired or renewed	...	...	...	...	...	...	71
Ventilation and lighting of rooms improved	...	...	...	...	...	...	3
Windows repaired or renewed	...	...	...	...	...	...	104
Doors repaired or renewed	...	...	...	...	...	...	12
Firegrates repaired or renewed	...	...	...	...	...	...	18
Flues repaired	...	...	...	...	...	...	11
Coppers repaired or renewed	...	...	...	...	...	...	6
New chimney pots provided	...	...	...	...	...	...	5
Public water supply laid on to house	...	...	...	...	...	...	1
Service water pipes repaired or renewed	...	...	...	...	...	...	10
New W.C. accommodation provided	...	...	...	...	...	...	5
Additional ventilation and light provided to W.C. apartments	...	...	...	...	...	...	2
Walls and ceilings of W.C. apartments cleansed	...	...	...	...	...	...	7
Portable dustbins provided	...	...	...	...	...	...	10
Miscellaneous	...	...	...	...	...	...	20

Food Premises:

Bakehouses reconstructed	...	...	...	...	...	1
New fish preparing room provided	...	...	...	...	...	1
Ice cream storage premises constructed	...	...	...	...	...	1
Foodshops and storerooms reconstructed	...	...	...	...	...	2
Hot water supply provided for ablution purposes	...	...	...	...	...	55
Lavatory basins provided	...	...	...	...	...	14
Glazed sinks provided	...	...	...	...	...	8
Draining boards provided	...	...	...	...	...	3
Waste pipes repaired or renewed	...	...	...	...	...	7
Staff sanitary accommodation repaired	...	...	...	...	...	10
Staff sanitary accommodation provided with intervening ventilated space	...	...	...	...	...	2
Staff sanitary accommodation cleansed	...	...	...	...	...	6
Staff sanitary accommodation provided	...	...	...	...	...	3
Provision made for storage of staff clothing	...	...	...	...	...	2
Walls and ceilings cleansed and repaired	...	...	...	...	...	80
Floors repaired or relaid	...	...	...	...	...	13
Kitchen enlarged	...	...	...	...	...	1
Additional ventilation provided to food preparing rooms	...	...	...	...	...	4
Windows repaired	...	...	...	...	...	2
Yards paved, or paving repaired	...	...	...	...	...	8
Blocked drains cleared	...	...	...	...	...	5
Portable dustbins provided	...	...	...	...	...	5
Accumulations removed	...	...	...	...	...	6
Miscellaneous	...	...	...	...	...	8

NOTICES SERVED.

Preliminary Notices	...	...	...	...	...	484
Statutory Notices	...	...	...	...	...	13

LEGAL PROCEEDINGS.

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

DISINFESTATION.

During the year only 3 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 11 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.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The following is a tabular statement indicating the action taken in 1950 under this Act :—

Type of Property.	Number of properties in which infestation was—			Number of properties found to be infested by—		Number of treatments carried out by Department by arrangement with occupier.		Number of inspections made.		
	Notified by occupier.	Otherwise discovered.	Total.	Rats.	Mice.	Rats.	Mice.	Primary and re-inspections.	Sewer treatment.	Total.
Local Authority*	1	18	19	13	5	13	5			
Dwelling Houses	360	57	417	222	32	195	30			
Business Premises	23	4	27	17	7	16	7	3,405	1,037	4,442
Agricultural ...	1	2	3	3	—	1	—			
TOTAL ...	385	81	466	255	44	225	42			

* Includes County owned property treated by the Department under Contract.

During 1950, 64 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 maintenance treatment as necessary. Only minor infestations were recorded.

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

The Council continue to undertake the routine disinfection of schools and school canteens owned by the County Council within the District, as and when necessary, on a contract basis.

SCHOOLS.

Matters affecting adversely the hygienic conditions of the schools are normally reported by the Divisional Medical Officer to the Divisional Executive or, in the case of the canteens, to the Central Committee concerned. Improvements are slowly being effected, but progress is retarded by the dimensions of the problems and the economic condition of the Country.

Close co-operation exists between the School Health and Public Health Services in relation to the above and the prevention of the spread of infectious disease.

INSPECTION AND SUPERVISION OF FOOD. MILK.

MILK AND DAIRIES REGULATIONS, 1949.

In accordance with these Regulations, the handling, distribution and sale of milk after leaving the point of production continued to receive the necessary supervision.

The entries in the register, which is also required to be kept, were as follows :—

Distributors of Milk in the district ...	...	13
Premises registered as Dairies ...	...	2

The two registered Dairies are equipped with pasteurising plant and are licensed by the Council under the provisions of the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Virtually all the milk sold by retail in the District is pasteurised or otherwise designated, the greater proportion being handled by Companies having treatment plants in the London area.

MILK SAMPLING.

The routine sampling of milk was continued and a total of 315 samples was submitted for bacteriological and biological examination, an increase of 140 compared with 1949, with the results set out in the following tables:—

BACTERIOLOGICAL.

TESTS REQUIRED BY THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1949.

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	182	179	3	180	2	—	—	—	—
Heat Treated	7	7	—	7	—	—	—	—	—
T.T. (Raw)	19	11	8	—	—	2*	—	—	—
T.T. (Pasteurised)	18	18	—	18	—	—	—	—	—
Sterilised	18	—	—	—	—	—	—	18	—
TOTALS	244	215	11	205	2	2	—	18	—

*Remainder not subject to Test.

BIOLOGICAL.

Designation.	Num- ber.	Tubercle Bacillus.	
		+	—
Tuberculin Tested	12	—	12
Ungraded	54	1	53
Channel Island	5	—	5
TOTALS	71	1	70

Of the total samples taken only a comparatively small number failed to pass the prescribed test.

The somewhat high percentage of failures in respect of T.T. (Raw) Milk was due to a single source of supply which consistently failed to pass the Methylene Blue (keeping) test. This milk was produced in Hampshire and no doubt the inevitable delay between the time of production and the time of delivery was a contributory factor in the results obtained. This source of supply was discontinued.

The Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries carried out an investigation at one farm as a result of representations made to him in respect of the T.B. positive biological milk sample. Although it could not be confirmed, it was considered that a dry cow may have

been responsible for the infection. Her milk was in the original unsatisfactory bulk sample, but she had subsequently been sent to the knacker. Group samples taken from the remainder of the herd proved negative.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1949.

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

<i>Dealers:</i>					
Tuberculin Tested	...	...	...	...	11
Pasteurised	...	...	...	...	12
Sterilised	...	...	...	...	13
<i>Supplementary</i>					
Tuberculin Tested	...	...	...	...	10
Pasteurised	...	...	...	...	10
Sterilised	...	...	...	...	7

ICE-CREAM.

Under the provisions of Section 64 of the Coulsdon & Purley Act, 70 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 22 premises exempt from registration.

The bulk of the ice-cream retailed in the District is obtained by the vendors from manufacturers whose premises are situated outside the District.

A total of 95 samples of ice-cream were examined for bacterial quality by submission to the methylene blue reduction test. The samples were placed in the following provisional grades :—

Grade I	...	...	...	50
Grade II	...	...	...	28
Grade III	...	...	...	11
Grade IV	...	...	...	6

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 statistics such as the above which compare very favourably with those of the previous year, the proportion of unsatisfactory samples is, of course, influenced by the percentage taken from suspected sources, and it should be noted that of the 17 samples in the two lower grades, 5 were obtained from the same source.

Appropriate investigations and representations are made following the receipt of all adverse reports, with a view to encouraging an improvement in future supplies.

MEAT.

The two private slaughterhouses in the District have not been licensed since 1940. In 1950 one licence was issued under the Slaughter of Animals Act, 1933, for the purpose of slaughtering at a Public Institution in the District.

At the request of the South-West Metropolitan Regional Hospital Board, post-mortem inspections have been made of all animals slaughtered at Cane Hill Hospital for consumption by the inmates.

In all, the carcasses and offals of 28 cows, 24 calves and 117 pigs were inspected for evidence of disease, but a small quantity of offal only was condemned as unfit for food.

Meat delivered to local butchers' shops from the Wholesale Meat Supply Association Depot situated outside the District was inspected on frequent occasions.

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	...	...	...	...	49
Butchers	...	...	...	...	30
Fishmongers (Wet and Dry)	...	...	...	...	12
Fishmongers (Fried))	...	...	...	...	8
Bakers	...	...	...	...	22
Greengrocers	...	...	...	...	44
Ice-cream premises	...	...	...	...	96
Cafes and Restaurants	...	...	...	...	66
Grocers	...	...	...	...	72

With very few exceptions all these premises can be considered to comply with the minimum requirements based on Section 13 of the Food and Drugs Act, 1938, but the standard in many premises is, of course, much higher than the minimum.

It has been found in practice that the maintenance of a reasonably high standard of Food Hygiene in food premises, and amongst food handlers, can only be attained by regular and frequent inspections. This policy is being pursued as far as possible and there is increasing evidence that the required results are being achieved.

With a view to forming a basis for the simple instruction of food handlers in the principles of Food Hygiene, a series of film strips on the subject has been purchased. Through the medium of informal talks, supported by these visual aids, it is hoped that a gradual improvement in the standard of food handling will be obtained.

During the year the Council adopted the new Model Byelaws issued by the Ministry of Food in connection with

the Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air. It is anticipated that the Byelaws will form a valuable supplement to the provisions of the Food and Drugs Act, 1938.

UNSOUND FOOD.

The following unsound foods were surrendered during the year, the total bulk being substantially less than that surrendered in 1949 :—

	cwts.	lbs.	ozs.
Canned Soups	—	15	4½
Canned Meat	1	88	13½
Canned Fish	—	19	10
Canned Vegetables	3	31	3½
Canned Fruits	1	19	15½
Canned Milk	—	75	8½
Meat, Bacon, Poultry, etc.	7	61	3
Fish	7	37	0
Meat and Fish Pastes	—	—	8½
Butter, Fats and Cheese	—	1	12
Sugar, Jam, etc.	—	52	8½
Flour, Bread and Cereals	1	98	14½
Pickles and Sauces	—	56	2½
Fresh Fruit and Vegetables	—	42	9
Shell Eggs	—	96	5
Dried Egg	—	—	5
Tea, Coffee, etc.	—	2	6½
Ice cream	—	68	9
Meat Offals (Cane Hill Hospital)	—	32	0
TOTAL	27	16	11

FOOD AND DRUGS ACT, 1938.

The following samples were taken during 1950 and submitted to the Public Analyst, with the results shown :—

Article.	Analysed.			Non-Genuine.			Remarks.
	For- mal.	Infor- mal.	Total.	For- mal.	Infor- mal.	Total.	
Apple, bottled	—	2	2	—	—	—	Excessive zinc content.
Apple, crushed with sugar	1	—	1	—	—	—	
Almonds, ground ...	1	—	1	—	—	—	
Butter	1	—	1	—	—	—	
Bread	2	—	2	—	—	—	
Brine, liquid from gal- vanised pickling tank	—	1	1	—	1	1	
Beef Suet, shredded ...	1	—	1	—	—	—	
Beer	1	—	1	—	—	—	
Cake	1	—	1	—	—	—	
Cough Mixture	1	3	4	—	—	—	
Crisps	—	1	1	—	—	—	Inferior quality and contaminated with earth.
Campden fruit preser- ving tablets	—	2	2	—	—	—	
Coconut, dessicated ...	1	—	1	—	—	—	
Crab Paste	—	1	1	—	—	—	
Cooking fat	1	1	2	—	—	—	
Cocoa	1	—	1	—	—	—	
Coffee, ground	2	—	2	—	—	—	
Curry Powder	—	1	1	—	—	—	
Condensed milk	—	1	1	—	—	—	
Dripping, home made	1	—	1	—	—	—	
Evaporated milk	—	1	1	—	—	—	
Gum, chewing	1	—	1	—	—	—	
Gelatine	1	—	1	—	—	—	
Health Salts	—	1	1	—	—	—	
Horseradish sauce	—	1	1	—	—	—	
Ice Cream	—	6	6	—	—	—	
Jelly, table	1	3	4	—	—	—	
Jam	2	—	2	—	—	—	
Licquorice (from sher- bet fountain)	2	—	2	—	—	—	
Milk	51	—	51	—	—	—	
Mint Jelly	—	1	1	—	—	—	
Mint Sauce	—	2	2	—	—	—	
Mussel Paste	—	1	1	—	—	—	
Margarine	2	—	2	—	—	—	
Macaroni	1	—	1	—	—	—	
Mincemeat	2	—	2	—	—	—	
Milk whipping com- pound	—	1	1	—	—	—	
Nuts, ground	1	—	1	—	—	—	
Orange Squash	1	—	1	—	—	—	
Peel, cut mixed	1	1	2	—	—	—	
Peas, blue	1	—	1	1	—	1	
Pepper, white	1	—	1	—	—	—	
Pears with sugar added	1	—	1	—	—	—	
Pills, Little Liver ...	—	1	1	—	—	—	
Pudding, rhubarb ...	—	1	1	—	—	—	
Pudding and Cake mixture	1	—	1	—	—	—	

Article.	Analysed.			Non-Genuine.			Remarks.
	For- mal.	Infor- mal.	Total.	For- mal.	Infor- mal.	Total.	
Soup (packet)	—	1	1	—	—	—	Absence of de- clared preservative
Sweets	3	—	3	—	—	—	
Sugar wheat puffies ...	1	—	1	—	—	—	
Sausages, beef	4	—	4	1	—	1	
Sausages, pork	2	—	2	—	—	—	
Sausage meat, beef ...	2	—	2	—	—	—	
Sherbet	3	—	3	—	—	—	
Salad cream	1	—	1	—	—	—	
Tomato juice cocktail	—	1	1	—	—	—	
Tea	1	—	1	—	—	—	
Vinegar, malt	3	—	3	3	—	3	Added salt. (One deficient in acetic acid.)
Whalemeat cottage pie	1	—	1	—	—	—	
Whisky	3	—	3	—	—	—	
TOTALS ...	109	35	144	5	1	6	

Only 6 samples were reported upon adversely and the discrepancies were of a comparatively minor nature.

A sample of dried peas was of inferior quality and contaminated with earth. The shopkeeper received a warning and, as a consequence, surrendered his remaining stock of this commodity as unfit for human consumption.

Sausages deficient in declared preservative, and malt vinegar deficient in acetic acid to the extent of 15 per cent were the subject of similar warnings.

The latter sample also contained 0.8 per cent of salt, which, in the opinion of the Public Analyst, is not a natural ingredient of malt vinegar. In this and two similar cases, the manufacturers held a special dispensation from the Ministry of Food to add salt without declaration.

A sample of brine liquid from a galvanised pickling tub was reported as containing 26 parts per million of zinc. In the opinion of the Public Analyst this was excessive and indicative of contamination by the galvanised storage vessel.

In view of this report, a circular letter was addressed to all meat traders in the District directing attention to the unsuitability of galvanised receptacles for the brine curing of meat. As a result, alternative materials are being used for this purpose in all cases.

TABLE I.
CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1950.

Disease.	At all ages.	Number of cases notified. At Ages—Years.											Total cases notified in each Ward.							
		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	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever	149	—	—	1	14	18	96	14	2	2	1	1	—	17	20	40	15	28	9	20
Erysipelas	4	—	—	—	—	—	—	—	—	—	—	4	—	—	2	—	—	—	—	1
Puerperal pyrexia	2	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	1	—	—	—
Pneumonia	23	—	—	—	1	—	5	1	2	—	5	7	2	2	4	4	2	2	2	7
Dysentery	28	—	—	—	—	—	—	—	—	3	6	11	8	2	25	—	1	—	—	—
Cerebro-spinal fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	10	—	—	—	—	2	—	2	1	3	1	1	—	4	1	1	—	2	1	1
Measles	477	3	15	39	58	64	285	9	1	—	1	2	—	38	181	60	5	121	54	18
Whooping cough	242	13	16	28	36	44	97	2	2	3	1	—	—	60	31	35	5	66	40	5
Malaria	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—
Ophthalmia neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Food poisoning	6	—	—	1	—	—	1	—	—	2	—	1	1	3	—	—	1	2	—	—
TOTALS ...	944	17	31	69	109	128	484	28	8	14	17	28	11	127	266	141	30	222	106	52

TABLE II.
THE MONTHLY INCIDENCE OF INFECTIOUS DISEASE, 1950.

	<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	—	—	—	—	—	1
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever	10	10	49	6	25	14	11	1	4	4	12	3	149
Erysipelas	—	—	—	—	—	3	—	1	—	—	—	—	4
Puerperal pyrexia	—	—	—	—	—	1	—	—	—	—	1	—	2
Pneumonia	1	1	3	1	—	2	—	3	1	3	3	5	23
Dysentery	—	—	1	—	1	—	—	2	14	—	8	2	28
Cerebro-spinal fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	1	1	—	—	—	2	—	3	1	1	1	—	10
Measles	3	1	—	2	5	10	7	10	1	67	177	194	477
Whooping cough	3	1	5	3	15	22	27	81	17	15	26	27	242
Malaria	1	—	—	—	—	—	—	—	—	—	—	—	1
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	1	—	—	—	1
Food Poisoning	—	1	—	—	1	—	—	2	2	—	—	—	6
TOTALS ...	19	15	58	12	47	54	46	103	41	90	228	231	944

TABLE III.
INFECTIOUS DISEASE NOTIFIED EACH YEAR SINCE 1920.

Disease	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	1950
Small pox	—	—	—	—	—	—	—	—	—	2	2	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever	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	149
Diphtheria	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	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	4
Typhoid and paratyphoid fever	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	1
Cerebro-spinal fever	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—	—	4	8	6	1	4	2	1	3	1	1	—	—
Puerperal fever	—	2	—	—	—	—	1	—	—	1	—	1	1	—	1	1	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	1	—	1	—	1	—	—	1	1	—	1	—	2	—	1	1	—	3	1	1	1	2	3	—	—	2	1	11	2	9	10
Polio-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	1	—	—	—	—
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	—	—	—	—	1
Pneumonia	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	23
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	7	7	7	17	—	—	1	—	—	5	—	—	—	—	—	6	—	1	2	10	85	224	121	21	42	172	82	43	71	14	28
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis :—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary	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	47
Other forms	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	7
Totals	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	998

TABLE IV.
DEATHS OCCURRING DURING THE YEAR, 1950.

<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>
Respiratory tuberculosis	11	3	14	—	—	—	—	1	7	4	2
Other tuberculosis ...	2	1	3	—	—	—	—	1	—	—	2
Syphilitic disease ...	5	—	5	—	—	—	—	—	—	2	3
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis ...	1	—	1	—	—	—	—	—	1	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	1	—	1	—	—	—	—	—	—	1	—
Cancer ...	49	66	115	—	—	1	1	—	4	32	77
Leukaemia ...	3	1	4	—	—	1	—	—	—	1	2
Diabetes ...	2	3	5	—	—	—	—	—	—	—	5
Vascular lesions of nervous system ...	28	45	73	—	—	—	—	—	—	12	61
Coronary disease, angina	48	41	89	—	—	—	—	—	6	19	64
Hypertension with heart disease ...	14	9	23	—	—	—	—	—	1	7	15
Other heart disease ...	37	58	95	—	—	—	—	—	—	8	87
Other circulatory disease	9	20	29	—	—	—	1	2	1	1	24
Influenza ...	1	1	2	—	—	—	—	—	—	—	2
Pneumonia ...	10	11	21	1	1	—	—	—	1	4	14
Bronchitis ...	13	9	22	—	1	—	—	—	—	3	18
Other respiratory diseases	2	2	4	—	—	—	—	—	—	3	1
Ulcer of stomach and duodenum ...	5	5	10	—	—	—	—	—	1	6	3
Gastritis, enteritis and diarrhoea ...	2	1	3	1	—	—	—	—	—	2	—
Nephritis and Nephrosis	3	6	9	—	—	—	1	—	—	1	7
Hyperplasia of prostate	7	—	7	—	—	—	—	—	—	1	6
Pregnancy, childbirth, abortion ...	—	2	2	—	—	—	—	—	2	—	—
Congenital malformation	4	8	12	5	—	—	—	—	—	3	4
Other defined and ill-defined diseases ...	24	18	42	6	—	1	—	—	5	9	21
Motor vehicle accidents	3	—	3	—	—	—	1	1	1	—	—
All other accidents ...	9	5	14	—	—	—	2	1	7	1	3
Suicide ...	4	3	7	—	—	1	—	1	1	2	2
Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	297	318	615	13	2	4	6	7	38	122	423

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