

[Report of the Medical Officer of Health for Merton & Morden].

Contributors

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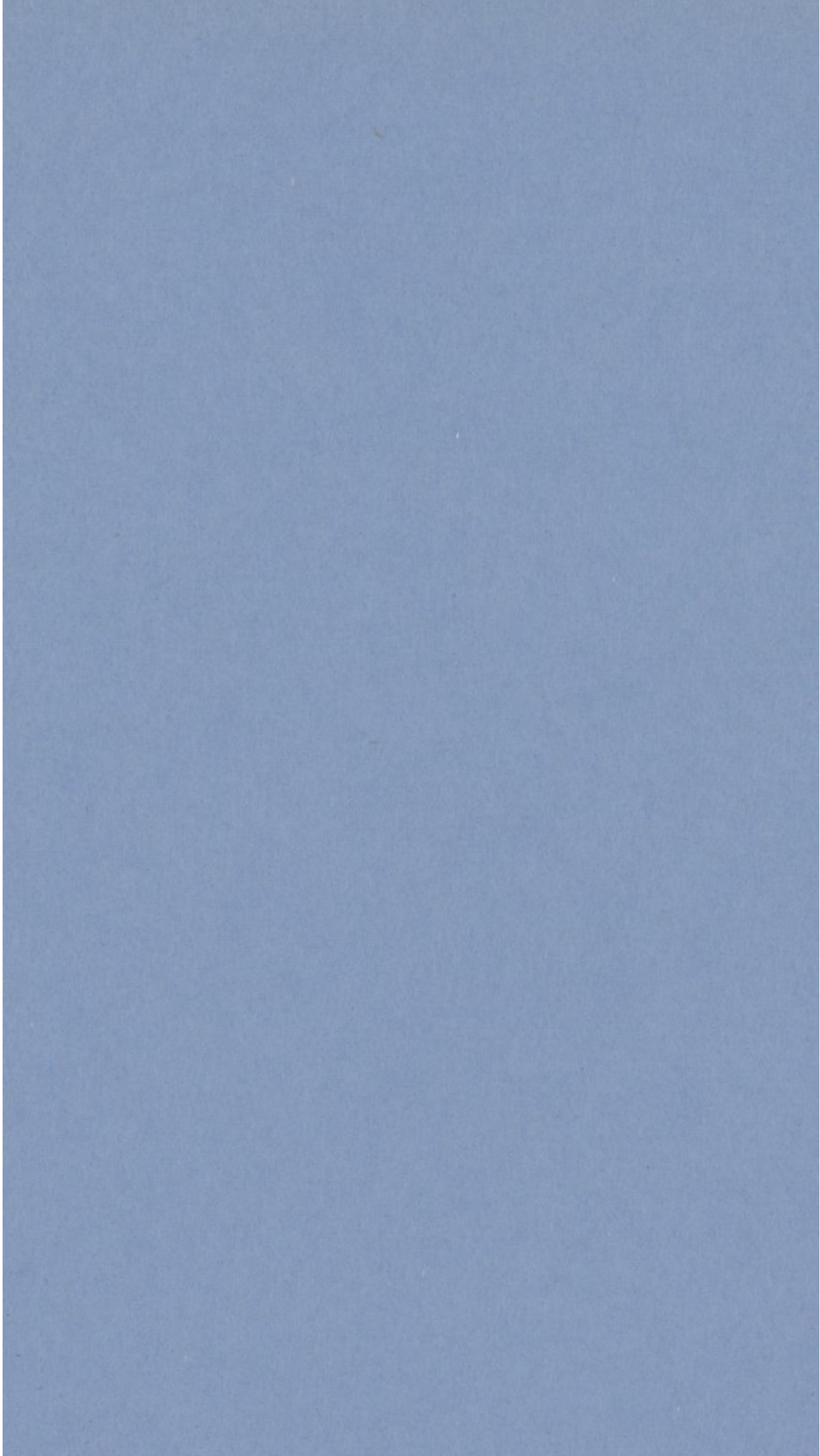
ANNUAL REPORT

of the
Medical Officer of Health

for the year

1948

AND REPORT OF
THE SANITARY INSPECTOR



URBAN DISTRICT
of
MERTON AND MORDEN

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AND REPORT OF
THE SANITARY INSPECTOR

PREFACE.

To the Chairman and Members of the Merton and Morden Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1948.

It is a matter of gratification to me, as it must be to you, to be able to record year after year that the vital statistics by which the health of a population is measured as regards our own area are considerably more favourable than the average for England and Wales. If one studies the table of comparative statistics on page 13 it will be seen that in every instance our mortality figures are well below the average for the country as a whole. As has been mentioned before, it is particularly gratifying that this is true of those special figures which are regarded to some extent as indicative of the environmental standards.

The death rate from enteritis and diarrhoea under two years of age gives us a mortality less than a third of the national average, and our infant mortality rate in Merton and Morden is 24·8 per thousand as compared with 34 per thousand for England and Wales. Our maternal mortality rate this year is Nil, as it was two years ago. On page 20 the maternal mortality rates for the past 20 years are set out to afford comparison. Our birth rate has fallen sharply from 17·86 last year to 14·45 this year, and the number of live births has dropped from 1,345 last year to 1,087 this year—a replacement of population loss of 258.

There were 572 deaths in the area and our death rate continues at a relatively low level, 7·6 per thousand population, the comparable figure for the country being 10·8. The analysis of the diseases which are responsible for these 572 deaths will be found on page 19 and it is perhaps of particular interest to mention here that disease of the heart remains the biggest single cause and that, although cancer continues to keep its position as the second, the actual number of deaths from cancer has dropped again this year to 110. Last year it was 118 and the previous year it was 126. Tuberculosis claimed 35 deaths as against 30 last year; these deaths are further analysed and classified on page 73. Measles alone of the infectious diseases reached epidemic proportions and, as is mentioned elsewhere, present-day measles is a mild disease. There were no cases of typhoid or smallpox and over the year 8 cases of poliomyelitis, as compared with 22 last year.

It is perhaps appropriate to record the passing of the National Assistance Act, 1948, which may be regarded to some extent as complementary to the Health Act and the Children's Act, 1948, the so-called "Children's Charter", and while the responsibility for the over-all administration of these Acts is not now placed directly on the local authority the Council has been given an important share in the day-to-day administration by representation on the local Sub-Committees. Quite certainly no consideration of the factors influencing the health and welfare of the local community would be complete without having regard to these measures.

The coming into operation of the National Health Act, 1946, on the 5th July, 1948, effected the transfer of the personal Health Service to the County Council and it is for this reason, in accordance with the suggestions of the Minister of Health in his Annual Circular to Medical Officers of Health on the matters that should be dealt with in their Annual Reports for 1948, that the report on this service applies only to the first half of the year.

The sanitary work of the department, the prevention of nuisances, the supervision of food manufacture, storage and distribution, and the responsibilities placed on us under the Housing Acts have been ably carried out under the direction of the Chief Sanitary Inspector, Mr. F. C. Thomas, and a summary of the work of the sanitary inspectors will be found in the body of the report.

Housing remains the chief adverse environmental factor in the community at present and its seriousness cannot be exaggerated; it effects permeate every aspect of the lives of a considerable proportion of our population, its short-term effects are distressing and apparent; what its long-term effects may be only the future will reveal. At the end of the year under review there were 3,564 persons on the waiting list for houses.

In conclusion, I would like to take this opportunity of thanking the members of the Council for their continued interest in the work of the Public Health Department and for their encouragement to me.

I would also like to take this opportunity of thanking all the Public Health staff for their loyal devotion to the Department, its aims and its purposes.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

A. W. JOHNS,
Medical Officer of Health.

September, 1949.

URBAN DISTRICT COUNCIL OF MERTON AND MORDEN 1948.

PUBLIC HEALTH COMMITTEE

Mrs. L. A. DOEL. *Chairman:*
Mr. J. H. BURROWS. Mrs. S. A. LODGE.
Mr. J. A. FARNHAM. Mr. G. H. R. MARTIN.
Mr. R. W. GODDARD. Mr. F. J. MATTHEWS.
Dr. E. H. KELLY, J.P. Mr. E. W. WARREN.
Mrs. E. L. KIMBER.

Mrs. H. COBBETT, J.P. (*ex-officio*).
Mr. F. H. BRINKWORTH (*ex-officio*).

MATERNITY AND CHILD WELFARE COMMITTEE

Chairman: Dr. E. H. KELLY, J.P.
Mr. J. H. BURROWS. Mr. G. H. R. MARTIN.
Mrs. L. A. DOEL. Mr. F. J. MATTHEWS.
Mr. J. A. FARNHAM. Mr. E. W. WARREN.
Mr. R. W. GODDARD. Mrs. A. E. EDWARDS } *Co-opted*
Mrs. E. L. KIMBER. Mrs. G. MERRITT } *members.*
Mrs. S. A. LODGE. Mrs. E. HALES }

Mrs. H. COBBETT, J.P. (*ex-officio*).
Mr. F. H. BRINKWORTH (*ex-officio*).

REPRESENTATIVES ON NORTH-EASTERN DIVISIONAL HEALTH SUB-COMMITTEE

Mr. J. H. BURROWS. Dr. E. H. KELLY, J.P.
Mr. J. A. FARNHAM. Mr. F. J. MATTHEWS.
Mr. R. W. GODDARD.

REPRESENTATIVES ON THE WANDLE VALLEY JOINT HOSPITAL BOARD

Mr. A. H. GRAY. Mr. C. S. MARSH.
Mr. F. J. GRIMME, J.P.
Mrs. H. COBBETT, J.P. (*ex-officio*).

REPRESENTATIVES ON THE WANDLE VALLEY JOINT SEWERAGE BOARD

Mrs. E. M. CLIFTON, J.P. Mr. D. SHADBOLT.
Mr. S. F. FRANKLIN Mr. S. W. BILLINGHAM, J.P.
(To June, 1948). (From July, 1948).
Mrs. H. COBBETT, J.P. (*ex-officio*).

REPRESENTATIVES ON NELSON HOSPITAL COUNCIL

Mr. J. A. FARNHAM. Mr. E. W. WARREN.
Dr. E. H. KELLY, J.P.

MERTON AND MORDEN TUBERCULOSIS CARE COMMITTEE

Chairman: Mrs. H. COBBETT, J.P.
Vice-Chairman: Mrs. M. E. SHAW.
Secretary: Miss M. P. MORRIS.
Treasurer: Mr. F. S. BUCK.

PUBLIC HEALTH STAFF, 1948.

Medical Officer of Health:

A. WALLACE JOHNS, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officer of Health:

EVELYN B. G. EWEN, M.B., Ch.B. Edin., D.P.H.

Chief Sanitary Inspector:

a c d F. C. THOMAS, M.R.San.I.

Deputy Chief Sanitary Inspector:

b c e f W. T. PINCHES, M.R.San.I.

Sanitary Inspector:

b L. H. THOMAS.

Temporary Assistant Sanitary Inspectors:

b E. L. TAYLOR (To 21.2.48).

J. E. ROBBINS (From 23.2.48 to 8.5.48).

b T. F. H. FREE (From 25.5.48 to 18.7.48).

b C. L. CONNOR (From 19.8.48).

Senior Health Visitor:

Miss E. M. SPERRY.

Health Visitors:

Miss M. E. BLACK.

Miss J. W. EVE.

Miss A. HOWARD.

Mrs. D. LEWIS

Miss E. F. MARTIN.

Miss C. I. TREGURTHA

Chief Clerk:

A. A. MAKEPEACE.

Clerks:

R. A. CONOLLY.

H. J. HERBERT.

Miss E. M. HYEM.

R. J. MITTON.

Ante-Natal Officer:

CHRISTINE M. STACEY, M.R.C.O.G., M.B., B.S.

Anaesthetist to Maternity and Child Welfare Dental Clinics:

MARY M. TULLOCH, M.B., B.S.

Dentist to Maternity and Child Welfare Dental Clinics:

H. W. FYNN, L.D.S., R.C.S. (Eng.).

Dental Attendant and Home Help Organiser:

Mrs. W. E. ROBERTSON.

-
- a* Sanitary Inspector's Certificate, Royal Sanitary Institute.
b Sanitary Inspector's Certificate, San. Insp. Exam. Joint Board.
c Meat and Food Inspector's Certificate, Royal Sanitary Institute.
d Sanitary Science Certificate, University of Liverpool.
e Smoke Inspector's Certificate, Royal Sanitary Institute.
f Sanitary Science Certificate, Royal Sanitary Institute.

MATERNITY AND CHILD WELFARE CENTRES.

Voluntary Workers.

<i>Name.</i>	<i>Length of Service.</i>
Mrs. D. BUIST	1 year
Mrs. L. CATHIE	20 years
Mrs. W. B. CURTIS	1 year
Mrs. A. EDWARDS	16 years
Mrs. W. EVE	5 years
Mrs. G. EVERETT	5 years
Mrs. M. L. FLEMMING	2 years
Mrs. F. GOUGH	1 year
Mrs. M. HUGHES	3 years
Mrs. A. HULATT	1 year
Mrs. J. JACOBS	4 years
Mrs. E. McCUBBINE	11 years
Mrs. L. NEWALL	2 years
Mrs. A. M. O'HARE	19 years
Mrs. L. PATCH	5 years
Mrs. M. PHILLIPS	4 years
Mrs. C. TAYLOR	1 year
Mrs. P. THOMAS	18 years
Mrs. V. M. WILLIAMS	2 years

SECTION A.
STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	3,238
Number of inhabited houses according to Rate Books	21,721
Rateable value at 31st December, 1948 ...	£664,676
Sum represented by 1d. rate	£2,742

The Urban District of Merton and Morden results from the amalgamation of Merton with Morden in 1913. That year the populations were recorded separately, Merton 15,567 and Morden 1,200. The total area is given as 3,238 acres, to which Merton had contributed 1,473 acres. There were 3,560 houses in rate and 86 empty. Of these there were 1,030 houses occupied with a rental up to £16 per annum and 2,076 with a rental from £16 to £26. Attention is drawn in the annual report for that year that there were only 86 houses unoccupied, the smallest number since the district acquired urban powers. From 3,560 in 1913 to 20,750 houses in 1939 is rapid development, most of which took place from 1921 to 1939. Side by side with this growth of population and its consequent housing the development of industry begins and it is to the credit of the local authority that they so planned this industrial development that it preserves all the amenities for the residential population. Moreover, as development went on they acquired open spaces and preserved playing space for the recreational activities of the population.

The district is fortunate in the extent of its open spaces, in all amounting to 368 acres, 70 odd acres belong to the National Trust and the remainder, some 290 acres, belonging to the Council, represent 14 different public parks which are under the control of the Open Spaces Superintendent. Much of this land is, of course, at the moment under allotment cultivation, but when it is all released there will hardly be any resident in the district without a park or playing space on his doorstep.

The fact that Merton and Morden, owing to its situation close to London, commenced its development as a residential dormitory area is probably responsible for this description continuing to be applied to it long after it had ceased to be accurate and this has tended to obscure its industrial achievement. It is, in fact, one of the biggest industrial areas in the County of Surrey. That this is not apparant to any but those quite familiar with the area is due to the unobtrusive siting of the

factory estates and to the fact that the factories themselves are of modern design and construction and have none of the unpleasant characteristics associated with the old type of factory area.

There are four factory areas, the largest being the Lombard Road Estate on the north-eastern boundary, the Shannon Corner Estate on the north-western boundary, a small group in the Merton Abbey area and a similarly small group in the south-eastern corner of the district. Among these industrial concerns are to be found such world famous names as James Carter and Sons, Seed Merchants; Tri-ang Toys; Bradbury Wilkinson & Co. and the New Merton Board Mills, to name only a few.

Industry. There were 194 factories registered under the Factory Act at the end of the year, as follows:—

Factories with mechanical power:—

Employing more than 40 persons	51
Employing less than 40 persons	122
Factories without mechanical power	21

194

It may be of interest to note that of the fifty-one factories employing more than 40 persons, one factory employs more than 2,000, three others employ 500 or more and a further twenty-seven factories employ more than 100 persons.

Climatic Conditions. Rain gauges are installed at the Joseph Hood Recreation Ground and West Barnes Pumping Station.

The monthly recordings are as shown below:—

RAINFALL, 1948.

MONTH	JOSEPH HOOD RECREATION GROUND			WEST BARNES PUMPING STATION		
	Inches	Days with 0.01in. or more	Days with 0.04in. or more	Inches	Days with 0.01in. or more	Days with 0.04in. or more
January	2.79	22	16	3.22	24	16
February	1.39	15	9	1.51	14	9
March	.61	5	4	.74	5	4
April	1.10	12	9	1.16	11	7
May	2.05	9	9	2.14	12	9
June	2.21	14	14	2.32	16	16
July	.93	9	6	1.06	11	7
August	3.48	13	12	3.61	15	11
September	.88	10	6	1.19	10	8
October	2.40	10	9	2.73	12	9
November	1.47	8	7	1.67	13	7
December	2.20	15	14	3.22	21	13
TOTAL	21.51	142	115	24.57	164	116

VITAL STATISTICS.

The summary of vital statistics on page 12 seems to confirm that the post-war fillip in the birth rate is already beginning to peter out, as it did following the last war. In fact the raised birth rate following the present war has not been so well sustained as last time. It may well be that the acuteness of the housing problem has been a contributory factor. It is perhaps of interest that the birth rate for Merton and Morden has fallen more steeply than the other rates shewn in the table. The live birth rate for England and Wales has fallen from 20.5 to 17.9, the 126 great towns from 23.3 to 20.0, the 148 smaller towns from 22.2 to 19.2 and the London Administrative County from 22.7 to 20.1, while the rate for Merton and Morden has fallen from 17.86 to 14.45.

It will be seen that the infant mortality rate for Merton and Morden is 24.8 per 1,000 compared with 31 per 1,000 for London and 34 for England and Wales as a whole and that deaths from diarrhoea under 2 years of age are less than half that of any of the others. This is a gratifying figure as it is always regarded to some extent as one of the yardsticks whereby the sanitary conditions of areas can be compared. One of the Australian delegates at a recent conference said that he would take a great deal of pride in having his city described as a good place in which to bring children up. We need not, therefore, apologise for drawing attention to this figure, one of the few statistical proofs of what would otherwise have to remain a matter of faith.

It may be observed that the table also shows that we have the highest rate for some of the infectious diseases, for example, whooping cough and measles, but we are compensated, to some extent, by the fact that our death rate from whooping cough is as low as the lowest. In this connection it should be, perhaps, borne in mind that measles and whooping cough are diseases in which the doctor is not always called in and the extent to which this occurs still varies in certain areas, so that the number of measles and whooping cough notifications may be a more reliable guide as to the standard of parental care rather than of the actual incidence of the disease.

Our still-birth rate once more is the lowest shewn in the table, 0.27 per 1,000, as compared with 0.42 per 1,000 for England and Wales as a whole, or, in simpler terms, 36% better. This figure is closely associated with those factors affecting the welfare of the mother both during pregnancy and during labour and further, closely follows the trend of the maternal mortality figure, which, for the year under review is nil.

The total deaths from all causes at 572 and the total live births at 1,087 gives a natural increase in population of 515, a considerable drop from last year's figure of 734. Thus, though there were 39 less deaths, there were 258 less births.

The following table sets out over the past five years the local infant mortality rate as compared with that for England and Wales:—

	England and Wales	Merton and Morden
1944	46	28.7
1945	46	33.1
1946	43	22.2
1947	41	30.4
1948	34	24.8

There were 42 illegitimate births as against 40 for the previous year. Details of the arrangements existing for the care of illegitimate children and their mothers are given on page 36.

SUMMARY OF VITAL STATISTICS.
(Registrar General's Figures).

Population :						
Registrar General's Estimate	...	...	...	...	...	75,220
Births :						
Live (Legitimate)	...	...	...	M.	F.	Total
(Illegitimate)	...	...	...	517	528	1,045
				21	21	42
				538	549	1,087
Stillbirths						
(Legitimate)	...	...	...	8	13	21
(Illegitimate)	...	...	...	—	—	—
				8	13	21
Total Births	...	...	...	546	562	1,108
Birth Rate	...	...	...	14.45 per 1,000 population		
Still Birth Rate	...	...	...	18.9 per 1,000 births		
Deaths :						
				M.	F.	Total
Death Rate	...	...	...	309	263	572
				7.6 per 1,000 population		
Infant Mortality :						
Total deaths under one year	...	...	...	...	...	27
Infant Mortality Rate per 1,000 Live Births	...	...	...	...	...	24.8
Deaths of Legitimate Infants under 1 year	...	...	...	...	...	22
Death Rate per 1,000 Legitimate Births	...	...	...	...	...	21.04
Deaths of Illegitimate Infants under 1 year	...	...	...	...	...	5
Death Rate per 1,000 Illegitimate Births	...	...	...	...	...	119
Maternal Mortality :						
Deaths from Sepsis	...	...	...	...	...	Nil
Deaths from other maternal causes	...	...	...	...	...	Nil
Maternal Death rate per 1,000 Live Births	...	...	...	...	...	—
Zymotic Deaths :						
Deaths from Measles	...	...	...	...	...	Nil
Whooping Cough	...	...	...	...	...	1
Diarrhoea (under 2 years)	...	...	...	...	...	1
7 Principal Zymotic Diseases	...	...	...	...	...	3
Zymotic Death Rate (per 1,000 population)	...	...	...	...	...	0.04
Deaths from Tuberculosis :						
All forms	...	...	...	...	...	35
Rate per 1,000 population	...	...	...	...	...	0.46
Phthisis :						
Rate per 1,000 population	...	...	...	...	...	34
	...	...	...	...	...	0.45
Deaths from Cancer :						
Rate per 1,000 population	...	...	...	...	...	110
	...	...	...	...	...	1.46

TABLE I.
COMPARATIVE STATISTICS, 1948.

(Registrar General's Figures with Corresponding Figures for
Merton and Morden added).

	England and Wales	126 County Boro's and Great Towns including London	148 Smaller Towns (Residential Populations 25,000 to 50,000 at Census)	London Administra- tive County	Merton and Morden
Rates per 1,000 Population.					
<i>Births:</i>					
Live	17.9*	20.0	19.2	20.1	14.45
Still	0.42*	0.52	0.43	0.39	0.27
<i>Deaths:</i>					
All causes ...	10.8*	11.6	10.7	11.6	7.6
Typhoid and Para- typhoid fevers ...	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.02	0.02	0.01	0.01
Diphtheria ...	0.00	0.00	0.00	0.01	0.00
Tuberculosis ...	0.51	0.59	0.46	0.63	0.46
Influenza	0.03	0.03	0.04	0.02	0.02
Smallpox	—	—	—	—	—
Acute Poliomyelitis and Polioence- phalitis	0.01	0.01	0.01	0.00	0.00
Pneumonia ...	0.41	0.38	0.36	0.54	0.19
<i>Notifications:</i> (Corrected)					
Typhoid Fever ...	0.01	0.00	0.01	0.00	0.00
Paratyphoid Fever	0.01	0.01	0.01	0.01	0.00
Cerebro-spinal Fever	0.03	0.03	0.02	0.03	0.00
Scarlet Fever ...	1.73	1.90	1.82	1.37	1.48
Whooping Cough	3.42	3.51	3.31	3.13	5.02
Diphtheria ...	0.08	0.10	0.09	0.10	0.03
Erysipelas ...	0.21	0.23	0.21	0.22	0.19
Smallpox	—	—	—	—	—
Measles	9.34	9.75	8.84	9.17	13.94
Pneumonia ...	0.73	0.84	0.60	0.57	0.53
Acute Poliomyelitis	0.04	0.05	0.04	0.04	0.10
Acute Polioence- phalitis	0.00	0.00	0.00	0.00	0.00
Rates per 1,000 Live Births.					
<i>Deaths:</i>					
All causes under 1 year of age ...	34†	39	32	31	24.8
Enteritis and Diar- rhoea under 2 years of age ...	3.3	4.5	2.1	2.4	0.92
Rates per 1,000 Total Births (Live and Still).					
<i>Notifications:</i> (Corrected)					
Puerperal Fever and Pyrexia ...	6.89	8.90	4.71	7.34‡	1.80

* Rates per 1,000 Total Population.

† Per 1,000 Related Births.

‡ Puerperal Fever Alone — London 0.61.

POPULATION.

The estimated figure for the population of Merton and Morden for mid-year 1948 is 75,220. Last year's figure of 75,290 was the highest ever recorded for the district and it is something of a disappointment to find that Registrar General has estimate a decrease of 70. Whilst present day methods of estimation are probably much more accurate than ever before, it should be remembered that these figures are estimates and that there are features which make them difficult to reconcile with local facts. It will be interesting to examine these figures of the intermediate inter-census years when the next census comes to be taken. It is an interesting speculation whether our population has reached, or nearly reached, its peak. This year, after the addition of last year's natural increase of 734, the highest ever recorded for the district, our population is estimated at a lower figure than for last year. This would suggest that last year our population was at its zenith.

BIRTHS.

There were 1,087 registered live births in 1948, of which 1,045 were legitimate and 42 illegitimate. As has been pointed out, this is a very considerable drop from the 1,345 live births registered last year and the birth rate has consequently dropped from 17.86 to 14.45 per thousand.

The illegitimate rate at 38.6 per thousand live births compares with 28.3 for the previous year. The following table gives an indication of the trend over the past twelve years:—

Year	No. illegimate live births	Rate per thousand live births
1937	21	25.9
1938	31	31.3
1939	27	26.9
1940	29	29.9
1941	40	47.2
1942	39	36.5
1943	57	49.7
1944	49	42.6
1945	63	61.3
1946	45	35.7
1947	38	28.3
1948	42	38.6

INSTITUTIONAL AND DOMICILIARY BIRTHS.

The notifications show that 855 births took place in institutions, hospitals and private nursing homes. This is 197 less than 1947 and represents 77.1 per cent. of the total, as compared with 76.5 per cent for the previous year. These births occurred in the following hospitals and institutions:—

St. Helier Hospital	...	...	...	...	372
Nelson Hospital	...	...	...	...	289
St. Luke's Hospital, Guildford	...	...	...	...	15
Kingston Hospital	...	...	...	...	10
Other hospitals, institutions and nursing homes	...	...	...	...	169
					855

TABLE II

Showing Births and Deaths with Rates since the Amalgamation of Merton with Morden.

Year	Estimated population	Total Births	Birth Rate	Total Deaths	Death Rate	Natural Increase
1913	16,767	400	23.5	166	9.9	234
1914	17,500	420	24.0	142	8.2	278
1915	17,500	402	22.9	169	10.4	233
1916	16,000	348	27.75	134	8.3	214
1917	17,000	271	15.75	145	9.0	126
1918	17,552	241	14.0	204	13.0	37
1919	18,100	257	14.2	210	11.6	47
1920	18,200	359	19.8	171	9.4	188
1921	18,000	322	17.8	138	7.6	184
1922	18,500	365	19.7	198	10.7	167
1923	18,750	341	18.1	153	8.1	188
1924	18,710	311	16.6	170	9.1	141
1925	18,960	307	16.2	187	9.9	120
1926	19,980	333	16.7	179	9.0	154
1927	21,850	352	16.13	200	9.2	152
1928	25,780	392	15.2	224	8.7	168
1929	27,430	442	16.1	281	10.2	161
1930	35,000	452	12.9	241	6.9	211
1931	41,610	628	15.1	333	8.0	295
1932	48,550	770	15.8	352	7.2	418
1933	52,130	644	12.3	416	7.9	228
1934	55,550	770	13.8	484	8.7	286
1935	57,440	721	12.5	433	7.5	288
1936	61,000	789	12.9	443	7.2	346
1937	65,530	812	12.3	487	7.4	325
1938	68,980	990	14.3	509	7.3	481
1939	72,150	1,005	13.9	516	7.2	489
1940	68,540	971	14.2	714	10.4	257
1941	64,920	848	13.06	557	8.58	291
1942	66,590	1,069	16.05	588	8.8	481
1943	65,880	1,146	17.4	575	8.7	571
1944	62,760	1,151	18.3	628	10.0	523
1945	66,050	1,027	15.5	602	9.1	425
1946	73,590	1,261	17.1	568	7.7	693
1947	75,290	1,345	17.86	611	8.1	734
1948	75,220	1,087	14.45	572	7.6	515

DEATHS.

The number of registered deaths after adjustment by transferable deaths, is given below:—

572 total deaths of which 309 were males and 263 females.

The seasonal mortality is indicated by the deaths for each quarter of the year, which were:—

First quarter	...	...	...	...	159
Second quarter	...	...	...	...	134
Third quarter	...	...	...	...	117
Fourth quarter	...	...	...	...	162

Inquests. Inquests were held on 15 deaths occurring in the district, 9 of which were in respect of residents. The verdicts returned were as follows:—

(1) Accidental Deaths—			
Collision with motor vehicles	...	...	6
Fall at home	...	...	1
Gunshot wound	...	...	1
Injury from train collision	...	...	1
			— 9
(2) Misadventure—			
Asphyxia by inhalation	...	...	2
			— 2
(3) Suicide by—			
Asphyxia due to hanging	...	...	1
Coal gas poisoning	...	...	2
Collision with train	...	...	1
			— 4
			—
			15
			—

The total number of inquests held were four less than in the year before. Road accidents were responsible for six of the total accidental deaths, compared with four for the previous year.

CAUSES OF DEATH.

The table on page 19 gives the causes of death for the year 1948. It will be seen that heart disease maintains first place as a cause of death with 170, Cancer following next in order with 110. Intra-cranial vascular lesions is responsible for 66 and, as this disease is probably one of the most reliably certified causes, its place on the list is likely to be maintained. Tuberculosis comes fourth in the list with 35 deaths, a slight increase over the last year, when there were 32 deaths from this disease. It will be seen that of the 35 deaths, 21 were males and 14 were females, all of these deaths, with the exception of one, being from Pulmonary Tuberculosis. These deaths are further analysed into their age groups in Table XXV. on page 73.

It is gratifying to record that the number of deaths from Cancer has steadily fallen since 1946. It is, however, a salutary thought that deaths from this disease represent over one-fifth of the deaths from all causes.

CANCER DEATH RATE.

No. of deaths from Cancer for past 10 years.

1939	...	...	91	1944	...	...	107
1940	...	...	76	1945	...	...	116
1941	...	...	85	1946	...	...	126
1942	...	...	103	1947	...	...	118
1943	...	...	116	1948	...	...	110

<i>Year.</i>			<i>Death Rate per 1,000 population.</i>	<i>Year.</i>			<i>Death Rate per 1,000 population.</i>
1939	...	...	1.1	1944	...	...	1.7
1940	...	...	1.2	1945	...	...	1.7
1941	...	...	1.3	1946	...	...	1.7
1942	...	...	1.5	1947	...	...	1.5
1943	...	...	1.7	1948	...	...	1.5

TABLE III.

Deaths from Respiratory Diseases, 1928-1948.

Year	Bronchitis	Pneumonia	Other Respiratory Diseases	Total	Death Rate
1928	8	14	2	24	0.9
1929	11	20	4	35	1.2
1930	2	10	3	15	0.4
1931	8	24	4	36	0.8
1932	11	27	3	41	0.8
1933	12	32	6	50	0.9
1934	7	38	4	49	0.8
1935	9	22	6	37	0.6
1936	2	35	2	39	0.6
1937	14	31	6	51	0.8
1938	15	27	7	49	0.7
1939	5	20	9	34	0.4
1940	38	40	15	93	1.3
1941	30	30	6	66	0.9
1942	9	12	20	41	0.62
1943	25	36	9	70	1.05
1944	26	29	7	62	0.98
1945	36	22	12	70	1.05
1946	22	17	17	56	0.76
1947	31	25	4	60	0.79
1948	30	15	9	54	0.72

TABLE IV.
Causes of Death during the year 1948.

No.	Cause of Death	Males	Females	Total
1	Typhoid and Paratyphoid Fevers	—	—	—
2	Cerebro spinal fever ...	—	—	—
3	Scarlet Fever	1	—	1
4	Whooping Cough	—	1	1
5	Diphtheria	—	—	—
6	Tuberculosis Respir. System	21	13	34
7	Other forms of Tuberculosis	—	1	1
8	Syphilitic disease	4	2	6
9	Influenza	1	1	2
10	Measles	—	—	—
11	Ac. Poliomyel. and polio-encephalitis	—	—	—
12	Ac. inf. encephalitis ...	—	1	1
13	Cancer of buc. cav. and oesoph. (M) uterus (F) ...	7	2	9
14	Cancer of stomach and duodenum	11	8	19
15	Cancer of breast	—	12	12
16	Cancer of all other sites ..	45	25	70
17	Diabetes	1	—	1
18	Intra-cranial vascular lesions	28	38	66
19	Heart disease	85	85	170
20	Other dis. of circ. system	10	7	17
21	Bronchitis	18	12	30
22	Pneumonia	8	7	15
23	Other respiratory diseases ...	5	4	9
24	Ulcer of stom. or duodenum	5	1	6
25	Diarrhoea under 2 years ...	—	1	1
26	Appendicitis	—	—	—
27	Other digestive diseases ...	4	4	8
28	Nephritis	4	3	7
29	Puer. and post abort. sepsis	—	—	—
30	Other maternal causes ...	—	—	—
31	Premature birth	2	2	4
32	Con. mal. birth inj. inf. dis.	10	11	21
33	Suicide	6	1	7
34	Road traffic accident	6	2	8
35	Other violent causes	8	3	11
36	All other causes	19	16	35
Total all causes ...		309	263	572

MATERNAL MORTALITY.

It is very gratifying once again to record a "Nil" return for maternal deaths. We had a Nil return in 1946 and one death in 1947 which gave us, last year, a maternal mortality rate of 0.73 per thousand total births. This year it is again zero.

A table is produced on the next page showing the maternal mortality rates for the district for the past 20 years and the comparable rates for England and Wales as a whole. This table demonstrates very clearly the consistently more favourable mortality

rates enjoyed by Merton and Morden. If this table is compared with that on page 13, shewing the stillbirth rates, it will give further emphasis to this fact, for it is certain that the factors adversely affecting the chances of the mother's survival during childbirth are the same factors that are responsible for stillbirths. Both are a measure of obstetric efficiency and, of the two, the stillbirth rate is the more sensitive. Further, if we examine the neo-natal infant mortality rate, i.e. those who failed to survive the first month of life and who have probably only just escaped being stillbirths—and indeed, there are many who could not survive the first few hours—we find that all these rates are significantly better than the comparable rates for England and Wales, which is the final average of all the areas in the country.

TABLE V.

Maternal Mortality, 1928-1948.

With Comparable Rates for England and Wales.

Year	<i>Death rate per thousand total births.</i>					
	Sepsis		Other causes		Total	
	Merton and Morden	England and Wales	Merton and Morden	England and Wales	Merton and Morden	England and Wales
1928	—	1.58	—	2.17	—	3.75
1929	2.2	1.51	—	2.13	2.2	3.64
1930	—	1.54	2.2	2.06	2.2	3.60
1931	1.6	1.41	3.1	2.02	4.7	3.43
1932	5.1	1.33	2.5	2.12	7.6	3.46
1933	2.9	1.49	1.4	2.23	4.3	3.72
1934	2.5	1.59	2.5	2.21	5.0	3.80
1935	—	1.34	2.6	2.06	2.6	3.41
1936	2.4	1.18	—	2.01	2.4	3.19
1937	1.2	0.79	1.2	2.01	2.4	2.79
1938	0.98	0.70	1.96	1.99	2.94	2.70
1939	—	0.63	3.93	1.94	3.93	2.57
1940	1.04	0.55	—	1.69	1.04	2.24
1941	—	0.48	2.3	1.78	2.3	2.26
1942	0.93	0.42	1.87	1.60	2.80	2.02
1943	0.85	0.39	—	1.45	0.85	1.84
1944	—	0.28	0.84	1.24	0.84	1.52
1945	—	0.24	0.97	1.23	0.97	1.47
1946	—	0.31	—	1.12	—	1.43
1947	0.73	0.26	—	0.92	0.73	1.18
1948	—	0.24	—	0.78	—	1.02

INFANT MORTALITY.

Once more I have set out the causes of infant deaths in detail to demonstrate the fact that it is in improved obstetric care now that any further considerable reduction of this infant

mortality lies. It was in the neo-natal period—that is within the first month—that 23 out of the total 27 deaths occurred. Last year it was 34 out of 41 and in the previous year 28 out of a total of 28. The welfare authorities have succeeded in bringing the mortality down from 130, 30 years ago, to its present 30-40 per thousand. This reduction took place almost entirely in the group over a month old, there having been no corresponding reduction in the neo-natal group. It may be of interest that the infant mortality in Merton and Morden in 1898 was 212 per thousand live births, or 21 per cent. of infants born that year did not survive their infancy. Today our infant mortality is 24.8 per thousand and only on two occasions has this been lower.

Infant Deaths — With causes of death.

<i>Sex.</i>	<i>Age.</i>	<i>Cause of Death.</i>
Female	5 days	Icterus Gravis Neonatorum.
Female	1 month	Prematurity. Congenital Syphilis
Male	1 day	Atelectasis. Prematurity.
Male	2 days	Prematurity. 24 weeks maturity at birth
Female	4 months	Gastro-Enteritis
Male	1 month	Kernicterus
Male	3 days	Kernicterus Erythroblastosis Foetalis.
Male	2 days	Atelectasis Right Lung Cerebral Oedema due to cardiac failure
Male	1 day	Prematurity.
Male	30 minutes	Cerebral Haemorrhage Torn Tentorium Cerebelli
Female	9 months	Cerebral compression Hydrocephalus
Female	1 month	Hydrocephalus Meningitis Porencephaly
Female	3 months	Broncho Pneumonia Pertussis
Female	1 day	Prematurity.
Female	3 weeks	Aspiration Broncho Pneumonia Congenital Tracheo Oesophageal Fistula

<i>Sex.</i>	<i>Age.</i>	<i>Cause of Death.</i>
Male	6 months	Respiratory failure Broncho Pneumonia Acute Otitis Media
Female	6 days	Prematurity. Maternal Toxaemia Nephritis (Maternal)
Female	12 hours	Prematurity.
Female	Newly-born	Asphyxia and Pulmonary Atelectasis due to inhalation of maternal secretions into air passages
Male	5 days	Atelectasis
Male	15 hours	Congenital Atelectasis
Female	3 weeks	Meningitis Spina Bifida.
Male	Newly-born	Asphyxia due to inhalation of maternal secretions Inattention at birth
Female	6 hours	Asphyxia. Atelectasis. Congenital patent inter auricular septum
Male	8 days	Haemorrhagic Broncho Pneumonia
Male	1 month	Pneumonia.
Female	1 day	Prematurity.

PREMATURE BABIES.

It will be seen from the appended tabular statement that there were 37 premature babies notified during the year, as compared with 38 for last year. It will be remembered that, for the purposes of notification, a premature baby is one which is 5½ lbs. or less and the midwife or doctor in attendance at the birth is required to notify us of the birth. One of the effects of this will undoubtedly be to form a more reliable estimate of the extent to which prematurity is responsible for the infant mortality. Of the 37 cases, 32 were born in hospital as against 22 out of the 38 last year. If this is indicative of a greater tendency to refer these cases to hospital prior to the birth of the baby it will be likely to result in a saving of many of these infant lives because it is the transport of these to hospital after the birth that has such an adverse effect on their chances of survival and it has always seemed so much more sensible to transport them in their natural habitat before birth than to go infinite

trouble to design an insulated and heated conveyance for the purpose. When it is recognised by every person called to a mother in labour before term that to get her to hospital before the baby is born is the optimum line of treatment, a higher proportion of these very premature babies born at home will be saved. This is not to say that all premature babies should be nursed in hospital but it would secure, however, that all the small 4 lb. and under babies avoid the dangers of transport to hospital.

The total number of premature babies notified during the year were as follows, born:—

(a) At home	5
(b) In hospital	32

The number of those born at home:—

(a) Who were nursed entirely at home ...	5
(b) Who died during the first 24 hours ...	—
(c) Who survived at the end of one month ...	5

The number of those born in hospital:—

(a) Who died during the first 24 hours ...	2
(b) Who survived at the end of one month ...	28

SECTION B. — HEALTH SERVICES.

Nursing in the Home. There are three Associations carrying on this work in the area, all affiliated to the County Nursing Association, the County Council now being responsible for this service. Details of the work carried out by these Associations during 1948 are as follows:—

(1) The Merton District Nursing Association employs one nurse for general nursing, no midwifery or maternity nursing being undertaken. The district this Association serves is approximately the ecclesiastical parish of St. Mary's. A total of 305 cases involving 2,246 visits were attended during the year and of these, 25 cases were children under 5 years of age, to whom 84 visits were made.

(2) The St. Helier District Nursing Association employs one full-time and two part-time nurses for general nursing. No midwifery or maternity nursing is undertaken. Its activities cover the whole of the Merton and Morden portion of the St. Helier Estate and, in addition, that part situated in the Carlshalton Urban District lying to the north of Reigate Avenue.

During the year 192 cases were dealt with by the St. Helier District Nursing Association, 7 of these being children under 5 years of age. The total number of visits made was 4,697, of which 24 were in respect of children under 5 years.

(3) The Wimbledon District Nursing Association serves Wimbledon and the western part of this district. Two full-time nurses and one part-time nurse are employed for general nursing in Merton and Morden. The figures relating to cases and visits in this district during the year are as follows:—

	Cases	Visits
Children under 5 years	39	167
Other cases	373	6,303
	412	6,470

Laboratory Facilities. The routine laboratory work for the district is undertaken by the Nelson Hospital. The scope of the pathological work undertaken during the period from 1st January to 4th July, 1948, is as follows:—

Examinations	No. performed	Positive result
Swabs for Diphtheria Bacilli	108	1
Sputum for Tubercle Bacilli	14	1
Faeces	3	—
Blood for Widal Test ...	1	—
Urine	2	—
Rectal	2	—

AMBULANCE FACILITIES.

Infectious Diseases. The removal of infectious cases, undertaken until 5th July, by the Wandle Valley Joint Hospital Board, have now become the responsibility of the County Council. The number and nature of the cases admitted to this hospital during the year are shewn in the table set out on page 29.

Non-Infectious Cases. As in the case of the above service, the removal of non-infectious cases has also become the responsibility of the County Council, the Merton and Morden Council being responsible only until 5th July for the removal to hospital of accidents and cases of general illness. The following table shows the scope of the work undertaken by the ambulance service of the district from the beginning of the year until 4th July, 1948:—

AMBULANCE CALLS.

(From 1/1/48 to 4/7/48).

Month	Calls received from public	Calls received from neighbouring Authorities	Total calls received	Calls transferred to other Authorities	Calls answered by own ambulance
Jan.	131	68	199	18	181
Feb.	110	67	177	15	162
March	174	57	231	22	209
April	159	51	210	15	195
May	161	44	205	21	184
June	124	46	170	17	153
July (1st to 4th)	12	5	17	1	16
Total	871	338	1209	109	1100

Time taken in executing the calls (from leaving Station to return)	904 hours
Mileage covered	10,562 miles
Average time per call	44.9 minutes
Average distance per call	8.7 miles

Hospital Car Service. This most valuable service was continued during the year, relieving the ambulances of a great burden of calls by providing transport for out-patients requiring hospital treatment. The service, under the auspices of the British Red Cross and St. John Ambulance Brigade, is conducted on a voluntary basis by public-spirited persons who put themselves and their vehicles at the disposal of the organisation. A charge of 6d. per mile is made to cover partly the actual running cost.

CLINICS AND TREATMENT CENTRES.

1.—Maternity and Child Welfare Clinics (provided by the Council).

Centre	Clinic	Times of Clinics
Welfare Centre, Grand Drive, Raynes Park.	Infant Welfare	Mondays 10—12 noon. Mondays 2—4 p.m. Wednesdays 10—12 noon.
	Ante-Natal ...	1st and 3rd Tuesdays in each month at 9.0 a.m. Wednesdays at 1.30 p.m.
Welfare Centre, Aston Road, Raynes Park.	Infant Welfare	Mondays 2—4 p.m. Wednesdays 2—4 p.m. Fridays 10—12 noon.
	Ante-Natal ...	Saturdays at 9.0 a.m.
	Dental ...	By appointment Friday mornings.
Health Centre, Middleton Road, Morden.	Infant Welfare	Tuesdays 2—4 p.m. Fridays 2—4 p.m.
	Ante-Natal ...	2nd and 4th Tuesdays in each month at 9.0 a.m. Thursdays at 9.0 a.m.
	Dental ...	By appointment Thursday mornings.
Hope Mission Hall, Rodney Place, Merton.	Infant Welfare	Thursdays 10—12 noon.
Baptist Hall, Crown Lane, Morden.	Infant Welfare	Thursdays 2—4 p.m.

2.—School Clinics (provided by the Surrey Education Committee).

Aston Road, Raynes Park.	Minor Ailments	Tuesdays and Thursdays 9.30—12 noon.
	Dental ...	Mondays, Tuesdays and Thursdays 9.30—12 noon. 1.30—4.0 p.m. Wednesdays 9.30—12 noon.
	Eye ...	Tuesdays 1.30—4.0 p.m.
Middleton Road Morden.	Minor Ailments	Mondays and Wednesdays 9.30—12 noon.
	Dental ...	Mondays, Wednesdays and Fridays 9.30—12 noon and 1.30—4.0 p.m. Tuesdays 9.30—12 noon. Thursdays 1.30—4.0 p.m.
	Eye ...	Wednesdays 1.30—4.0 p.m.

3.—Tuberculosis Dispensaries.

Since 5th July, as a result of the changes brought about by the National Health Service Act, 1946, the provision of treatment and investigation of Tuberculosis is undertaken by the Regional Hospital Board. The County Council remain responsible for the preventive side of the work and the Health Visitors and Almoners working in the Chest Clinic at the St. Helier Hospital are employed by the County Council. Three-elevenths of the Tuberculosis Officer's time is allocated to the preventive side of the work and is the responsibility of the County Council.

The sessions held at the Chest Clinic are as follows:—

Morden Patients	... ..	Tuesdays 9.30-12 noon (new cases only).
		Tuesdays 2-4.30 p.m. (old cases only).
		Thursdays 2-4.30 p.m. (old cases only).
		1st Thursday in month 5-7 p.m. (old cases only).
Merton and Raynes Park Patients	... ..	Mondays 2-4.30 p.m.
		Wednesdays 10-12 noon.
		Fridays 10-12 noon.
		1st Monday in month 5-7 p.m. (old cases only).

4.—Venereal Diseases.

The treatment, both in-patient and out-patient, of venereal disease has now become a responsibility of the Hospital Board and for our area this treatment is mainly carried out at the St. Helier Hospital, although both Kingston and Croydon General Hospitals are near enough to serve the area as well. The preventive side of the work, domiciliary visiting of contacts, etc., remains the responsibility of the local health authority and the County Council have appointed two health visitors especially for this purpose.

Clinics are held at these hospitals as follows:—

St. Helier Hospital, Wrythe Lane, Carshalton	... Males — Mondays 5-7 p.m. Females — Wednesdays 5-7 p.m. Fridays 1.30-3.30 p.m.
Croydon General Hospital	Males — Tuesdays at 7 p.m. Saturdays at 2.30 p.m. Females — Wednesdays at 2.30 p.m. Thursdays at 11 a.m. Fridays 3-5 p.m. and 5.30-7.30 p.m.
Kingston Hospital, Wolverton Avenue, Kingston-on-Thames	... Females — Thursdays 5-7 p.m.

HOSPITALS.

Smallpox. THE SURREY COUNTY ISOLATION HOSPITAL, CLANDON—accommodation 28 beds.

This hospital is organised on a care and maintenance basis ready to be opened up at any time for the reception of cases of Smallpox. There were no cases admitted from this area during the year.

Infectious Disease. Until 5th July, 1948, the Wandle Valley Hospital under a Joint Hospital Board, served this area together with three other neighbouring areas, Mitcham, Beddington and Wallington and Coulsdon and Purley. The hospital has accommodation for 196 patients, including cubicle isolation for 38.

During the year 120 patients from our district have been treated in the hospital. Table VI shows in detail the conditions for which admission was necessitated.

TABLE VI.

**Cases admitted to the Wandle Valley Isolation Hospital during
the Year 1948.**

Disease	Cases	Deaths
Diphtheria	2	—
Scarlet Fever	78	—
Erysipelas	2	—
Tonsillitis	7	—
Measles	11	—
Influenza and Pleurisy	1	—
Whooping Cough	4	—
Enteritis	1	—
Meningitis	1	—
Puerperal Pyrexia	1	—
Infantile Paralysis	4	—
Otitis Media	1	—
Septicaemia	2	—
Pneumonia	2	1
Sunstroke	1	—
Carcinoma of Throat	1	—
Disseminated Sclerosis	1	—
Total	120	1

General and Maternity.

1. The Nelson Hospital. The accommodation of this hospital, which serves the Wimbledon, Merton and Morden area is 106 beds, 26 of which are maternity beds. The following information relating to the hospital's activities during the year is supplied by the courtesy of the Secretary:—

(a) General Medical and Surgical Treatment.

Total number of in-patients admitted ...	2,535
Number from Merton and Morden ...	759
Total number of new out-patients ...	12,022
Number from Merton and Morden ...	5,531

(b) Maternity Services.

Number of patients admitted from all districts during the year:—

(1) General Wards	490
(2) Private Wards	172
	<hr/>
	662
	<hr/>

Number of patients admitted from Merton
and Morden:—

(1) General Wards	...	...	...	179
(2) Private Wards	...	...	...	45
				<hr/>
				224
				<hr/>

2. Other Hospitals. Other hospitals available for the use of residents of the district include the St. Helier Hospital situate just beyond the boundary of our district in the Carshalton area and the Epsom and Kingston Hospitals which are within a matter of five miles or so.

All of the hospitals to which reference is made in this report passed to the control of the Regional Hospital Board on 5th July, 1948.

MATERNITY AND CHILD WELFARE.

Public Health Act, 1936, Section 203 — Notification of Births.

The births notified under Section 203, as adjusted by transferred notifications, were as follows:—

Live Births	...	1,072	Notified by Midwives	519
Still Births	...	29	Notified by doctors	
		21	and parents	...
				9
			Transferred from other	
			districts	...
				565
		<hr/>		<hr/>
		1,093		1,093
		<hr/>		<hr/>

The Work of the Centres.

Reference to Table VIII on page 32 shows the extent of the work at the Infant Welfare Centres. The table confirms what has been reported to the Committee from time to time during the year with all our clinics.

The Baptist Hall and the Raynes Park Clinic have been too well attended. Various measures were considered for remedying this position. An additional session for the Baptist Hall, where the greatest attendance was, seemed the best solution but proved impracticable and, eventually, it was decided to put on an additional session at the Raynes Park Clinic which has, subsequently, had the desired result.

The figures shewn in the tables refer only to the first half of the year and they do not, therefore, provide a comparison with previous years. As was to be expected however, with the

greatly reduced number of births for 1948, the figures for the whole year calculated on the figures for the half year presented, show a fall in attendances. In view of the increasing scope and extent of the examinations carried out at the Ante-Natal Clinics, this is perhaps a good thing if the numbers are kept within manageable proportions. It will be noticed that at one of these Clinics the attendance figures are considerably below the others, this is because the time consuming new cases are referred to this Clinic and, now that it has become a routine operation to withdraw blood intravenously for the midwives cases at their first attendance, the time spent on each patient has consequently increased.

TABLE VII.
Attendances at Ante-Natal Clinics.
(From 1/1/48 to 4/7/48).

Clinic	No. on Register	Attendances		Sessions	Average per Session
		Primary	Total		
MORDEN					
Ante-Natal	107	91	633	40	{ 16.3
Post-Natal	12	—	20		
Individuals	119	91	653		
RAYNES PARK					
Ante-Natal	66	44	230	26	{ 9.03
Post-Natal	7	—	5		
Individuals	73	44	235		
GRAND DRIVE					
Ante-Natal	103	66	570	37	{ 16.1
Post-Natal	18	—	29		
Individuals	121	66	599		
ALL CLINICS					
Ante-Natal	276	201	1433	103	{ 14.4
Post-Natal	37	—	54		
Individuals	313	201	1487		

(A primary post-natal visit is the visit of a post-natal woman who has not attended previously either ante-natally or post-natally, so that the figures for primary attendances of individuals represent the number of new cases during the year.)

TABLE VIII.

Attendances at Infants' Consultation Clinics.

(From 1/1/48 to 4/7/48).

Centre	No. on Register	Attendances		Sessions	Average Attendance per Session
		*Primary	Total		
Morden Under 1 year 1—5 years	408	132 16	2001 536	52	48.7
Raynes Park Under 1 year 1—5 years	629	135 22	2788 1462	56	75.8
Baptist Hall Under 1 year 1—5 years	368	83 16	1737 886	27	97.1
Hope Mission Under 1 year 1—5 years	136	23 2	373 502	27	32.4
Grand Drive Under 1 year 1—5 years	855	170 25	3248 1896	73	56.7
All Centres Under year 1—5 years	2396	543 81	10147 5282	235	65.6

* Excluding children known to have attended other Centres.

TABLE IX.

Attendances at all Centres over last 10 years.

Year	No. of Infants attending during year	No. of Women attending Maternity Clinics	ATTENDANCES			Grand Total
			Infants		Maternity	
			Primary under 1 year	Total		
1939	3,090	588	856	24,376	2,395	26,771
1940	2,614	668	705	17,255	2,364	19,619
1941	2,445	595	745	17,955	2,272	20,227
1942	2,731	774	840	21,478	1,341	22,819
1943	2,514	681	908	22,435	2,074	24,509
1944	2,491	740	807	15,992	2,948	18,940
1945	2,697	762	870	22,855	3,292	26,147
1946	2,781	1,082	1,014	24,760	4,554	29,314
1947	3,013	1,027	1,106	28,129	3,900	32,029
1948	3,065	720	954	28,548	2,673	31,221

TABLE X.

Number of Children under one year and Expectant Mothers attending the Centres in relation to the Registered Births.

Year	Registered births	Infants under 1 year		Mothers who attended either Ante-Natally or Post-Natally.	
		Primary attendances	Percentage of registered births	Number attended	Percentage of registered births
1926	333	124	37		
1927	352	168	46		
1928	392	386	98	50	12.7
1929	442	394	89	44	9.9
1930	452	446	98	49	10.8
1931	628	1,030	164	190	30.3
1932	770	1,089	141	245	31.8
1933	640	825	128	220	34.3
1934	770	545	70	233	30.2
1935	721	554	77	253	35.0
1936	789	561	71	306	39.0
1937	812	569	70	358	44.0
1938	990	750	75	469	47.3
1939	1,005	856	85	588	58.5
1940	971	705	73	668	68.8
1941	848	745	86	635	75.0
1942	1,069	840	87	774	72.0
1943	1,146	908	79	681	59.3
1944	1,151	807	70	740	64.2
1945	1,027	870	84	762	74.2
1946	1,261	1,014	80	1,082	85.8
1947	1,345	1,106	82	1,027	76.3
1948	1,087	954	88	720	66.2

The Nelson Hospital Clinics. Maternity clinics are held at the Nelson Hospital every Monday, Tuesday and Thursday afternoon with a special clinic for new patients on Friday mornings, providing for the ante-natal and post-natal examination of women who are booked for admission or have been confined at the hospital. Booking Clinics are held every Friday afternoon and a Mothercraft Class every Wednesday afternoon. An arrangement exists whereby Merton and Morden women attending the hospital clinics may receive dental treatment under the Council's Scheme.

Other clinics held at the hospital are as follows:—

Children's Clinic	...	...	Monday afternoons
Ear, Nose and Throat	...	...	Alternate Thursdays (mornings and afternoons)
Fracture Clinic	...	...	Fridays at 12 noon
Gynaecological	...	...	Tuesday afternoons
Medical	...	...	Tuesdays at 12 noon Fridays at 2 p.m.

Ophthalmic	...	...	Friday afternoons
Orthopaedic	...	...	Monday and Friday mornings
Paediatric	...	...	Monday afternoons
Surgical	...	...	Monday mornings Wednesday afternoons Saturday mornings
Varicose Veins	...	...	Tuesday afternoons

The following information relating to the number of attendances at the ante-natal and post-natal clinics of the hospital during the period from 1st January to 4th July, 1948, has been kindly supplied by the Secretary:—

Total number of attendances from all districts	1,622
Total number of women who attended:—	
(a) From Merton and Morden	149
(b) From all districts	452

Health Visiting. The work of health visiting has been well maintained during the year under review, mainly for the reason that we have been fortunate in that our establishment of health visitors has been maintained at nearly full strength. For the first half of the year before the appointed day for the transfer of health services under the National Health Service Act on 5th July, we had seven health visitors on the staff undertaking maternity and child welfare work only the absence through sickness for that part of the year amounted to 89 days, representing a loss of the equivalent of half a health visitor, or leaving us for the period with 93% of the established strength. For the second half of the year with the addition of two school nurses, we had an establishment of nine health visitors. Sickness during this period amounted to 89 days, reducing our effective strength again by half a health visitor, or leaving us for the period with 94% of the establishment, so that for the year we were approximately 94%, the result of which is to show a gratifying output as the following details of the visits made clearly shows:—

To expectant mothers	— first visits ...	318	
	total visits ...		576
To children under 1 year	— first visits ...	1,555	
	total visits ...		5,251
To children 1-5 years	— total visits ...		6,659
Visits re puerperal pyrexia, ophthalmia neonatorum and miscellaneous	... ..		577
Visits to foster children re Child Life Protection	... ..		216
			<hr/>
			13,279
			<hr/>

It has been the practice of the health visitors in the past, in addition to closely co-operating with our own Day Nurseries, to attend at the routine medical inspection of nursery children in the schools, to afford assistance to the School Medical Officer and Head Teachers with their more intimate knowledge of these children.

Convalescent Home Treatment. Prior to the transfer of the health services to the County Council, children in need of convalescent treatment were referred to the Invalid Children's Aid Association, to whom the District Council made a contribution towards the cost of treatment.

Orthopaedic Treatment. We are fortunate in Merton and Morden in having two hospitals equipped with Physiotherapy departments. It has become the practice to refer children from the Morden area to the St. Helier Hospital to facilitate regular attendances. Our old arrangement where we send these cases to the Physiotherapy department of the Nelson Hospital continues to cater for the Merton part of the area.

Maternity Hospital Treatment. Complicated cases requiring in-patient treatment are referred to hospitals locally, while cases complicated by pyrexia have received treatment at the Wandle Valley Isolation Hospital. 80 such cases from the Council's Maternity Clinics were referred during the year to the following institutions:—

To the St. Helier Hospital	...	...	...	74
To other hospitals	...	...	...	6

The reasons for referring these cases were as follows:—

For obstetric abnormality	...	...	...	38
For other medical reasons	...	...	...	17
For unsuitable home conditions	...	...	...	25

Of 855 institutional births, 372 occurred in St. Helier Hospital, 289 in the Nelson Hospital and 194 in other hospitals, institutions or nursing homes, representing 77.1 per cent. of the total births.

Emergency Maternity Unit. No calls were made during the year for the service of this unit.

Consultant Service. A specialist's opinion may be had in cases of obstructed labour, emergencies in pregnancy, or puerperal pyrexia.

Home Help Scheme. Until this service was transferred to the County Council on the appointed day, the Council employed an

Organiser, one full-time home help and 50 part-time workers to cope with the ever increasing demand for this service in the home. The recruitment of home helps to meet this demand has been very satisfactory and, compared with the previous year, represents a considerable expansion in the growth of the scheme.

It will be seen from the table given hereunder that, during the year under review, assistance was provided for 139 homes for maternity and child welfare reasons and for 227 homes where justification was old age, sickness or infirmity. The figures from 5th July to the end of the year show a slight decrease in the number of cases where assistance was provided for reasons of maternity and child welfare, whereas the number of cases where assistance was provided for domestic reasons shows a considerable increase. This is due to the fact that a greater number of expectant mothers have been admitted to hospital, while chronic cases of sickness have been sent home from hospital and provided with the services of a home help.

HOME HELP SCHEME, 1948.

Service	Full Cost		Partial Cost		Free of Cost		Total for Year
	1st Jan. to 4th July	5th July to 31st Dec.	1st Jan. to 4th July	5th July to 31st Dec.	1st Jan. to 4th July	5th July to 31st Dec.	
Ante and Post-Natal	10	5	33	22	1	—	71
Maternity ...	2	3	34	28	1	—	68
Domestic ...	11	11	71	103	7	24	227
Total ...	23	19	138	153	9	24	366

The Care of Illegitimate Children. The arrangements outlined in a previous report were continued during the year, the Wimbledon, Merton and Morden Moral Welfare Association providing a home where mothers can stay prior to their confinements and for a period following, until rehabilitation is accomplished.

Before the transfer of this service, the Councils of Merton and Morden, Wimbledon and Mitcham, accepted financial responsibility for cases in their respective areas. During the period to 5th July, the District Council accepted financial responsibility in respect of five unmarried mothers admitted to this Home at a total cost of £92 12s. 8d.

Sterilised Maternity Outfits. Sterile outfits for use at confinements are available from the welfare centres or from the

County Council Midwives. Until the introduction of the new health service these outfits were supplied at cost price, or in necessitous cases at half-price or free of cost according to means, but since 5th July, these outfits have been issued free on application.

During the year 22 outfits were supplied at cost price and 66 outfits were issued free of charge.

Dental Scheme. The figures shewn in the following tables refer only to the first half of the year and consequently do not provide a comparison with previous years. The dental clinics have been continued on a basis of two sessions per week and it will be seen that during the six months under review 200 mothers and children made 531 attendances at the Clinics.

Centre	Mothers	Children	Total
KAYNES PARK	102	102	204
GRAND DRIVE	102	102	204
BAPTIST HALL	102	102	204
ALL CENTRES	102	102	204

TABLE XIX
Dental Scheme (First Half Year)

Centre	Mothers	Children	Total
KAYNES PARK	102	102	204
GRAND DRIVE	102	102	204
BAPTIST HALL	102	102	204
ALL CENTRES	102	102	204

TABLE XI.
Attendances at Dental Clinics,
(From 1/1/48 to 4/7/48).

Cases referred from	Number who attended during year	Number of Attendances made
MERTON		
Mothers	2	4
Children	5	14
Individuals	7	18
MORDEN		
Mothers	52	139
Children	14	23
Individuals	66	162
RAYNES PARK		
Mothers	24	102
Children	24	44
Individuals	48	146
GRAND DRIVE		
Mothers	38	134
Children	35	56
Individuals	73	190
BAPTIST HALL		
Mothers	2	3
Children	4	12
Individuals	6	15
ALL CENTRES		
Mothers	118	382
Children	82	149
Individuals	200	531

The dental operations performed were as follows:—

TABLE XII.
Dental Scheme (From 1/1/48 to 4/7/48)
Operations Performed.

Extractions — Temporary Teeth	109
Extractions — Permanent Teeth	261
Fillings — Temporary Teeth	15
Fillings — Permanent Teeth	54
Dentures supplied — Number of cases	57
Number of local anaesthetics given	32
Number of gases given	103

Midwives. The services of the midwife appointed by the District Council under the County Council's scheme for a salaried midwifery service were continued until 5th July, when, with other officers of the staff, she was transferred to the staff of the County Council. This service has since become a free one and no charge is made for the services of a midwife. Prior to the appointed day the scale of fees laid down by the County Council were as follows:—

As maternity nurse	35/-
As midwife	40/-

with provision for a reduction in the fee in necessitous cases.

The following details of work undertaken by the Midwife relate only to the period from 1st January to 4th July, 1948.

Cases conducted :		Primipara	Multipara	Total
(a) As midwife	Live	13	15	28
	Still	—	—	—
(b) As maternity nurses ...	Live	1	—	1
	Still	—	—	—
		14	15	29
		—	—	—

Visits made:

By midwife	Ante-natal	206
	During confinement ...	530
To midwife	Ante-natal	154
	Post-natal	129
		<hr/> 1,019 <hr/>

Medical Aid Forms sent—10

Delayed labour	1
Discharging Eyes	1
Jaundiced infant	1
Premature infant	1
Rigidity of Perineum	1
Rupture of Perineum	4
Thrombo-Phlebitis	1

Percentage of total midwife's cases which attended the Council's ante-natal clinics—100%.

From notices received by the Surrey County Council there were seventeen midwives practising in the district, of whom five were salaried midwives appointed under the County Scheme and nine members of the staff of the Nelson Hospital.

Voluntary Workers. Up to the present time in Merton and Morden we have always had the help in our Clinics of a voluntary band of workers. From time to time we have feared that the supply might cease and at times they have not been

forthcoming in certain parts of the area, so that there have been difficulties in some of the clinics. Some of those that are working with us at this moment have been with us for many years and I welcome this opportunity to pay tribute to their constancy and their devotion and to express my gratitude for the work they do for us. While their work remains unrewarded it is by no means unrecognised. Their names appear with those others of us, hewers of wood and drawers of water, on page 7. of this report.

Child Life Protection. It will be seen from the tabulated statement below that this important part of the health visitors' work has not decreased as a result of the setting up of a special Children's Committee. Under the present arrangements the special knowledge and experience of the health visitors in this work continues to be utilised by making every fostering conditional on a satisfactory report on the home conditions by a health visitor in the first place. So that, whereas their responsibilities were previously confined to the "under nine" age groups, they now report on all age groups. This has resulted in an increase in their work, 216 visits having been paid this year as compared with 114 last year.

The following are the main facts relating to child life protection work during the year:—

Registered homes under supervision during the year	15
Registered homes under supervision at the end of year	9
New homes registered during the year	13
Children on register at end of year	13
Children brought on to register during year ..	20
Children removed out of district during year ...	18
Visits paid to nurse children	216
Number of children who died during year	Nil
Number of cases where legal proceedings were taken	Nil

Day Nurseries. The two Nurseries, Middleton Road and Morden Road, each of 60 places, have continued to be maintained during the year. At the end of the year there were 49 on the waiting list at the Middleton Road Nursery and 76 at the Nursery at Morden Road. While the need for nurseries at their present cost on educational grounds alone—in view of the difficulties of recruiting adequately trained staff—may be disputed, it is difficult to see what alternative provision can be found for the child of the husbandless woman striving to rear her family by her own efforts. Table XIII shows that the Nurseries are running at full pressure, in fact so pressing is the demand for accommodation that, from time to time, the highest total attendance is sometimes in excess of the recognised number of places.

TABLE XIII.

Day Nurseries — Average Daily Attendances, [REDACTED]

(From January to June, 1948).

Nursery	Jan.	Feb.	March	April	May	June
Middleton Road						
Daily average	45	54	47	50	59	47
Highest daily attendance	51	57	53	53	64	53
Morden Road						
Daily average	51	45	39	50	56	59
Highest daily attendance	56	59	47	55	61	65

SECTION C. — SANITARY CIRCUMSTANCES.

In any consideration of needs for improvement of the sanitary circumstances of the area, using this term in its wider significance and not merely confining it to drainage and sewerage and thinking in terms of what has now come to be called environmental health, the one urgent need that leaps to the mind is houses. Houses for the immediate need of the long waiting lists and, not until that has been achieved or we have gone some way towards achieving it, will Medical Officers of Health be able to resume their traditional and statutory housing responsibilities.

Food and Drugs Act. Maintenance of supervision over food has been extensively carried out, as reference to the detailed work on pages 45-48 of this report will show. The increasing availability of normal ingredients of ice-cream has added considerably to this aspect of public health work and, when it is realised that there are 60 ice-cream premises registered in the district, it will be readily understood that discriminative sampling of their products is the only practical method with the staff at our disposal.

The extent and results of the sampling carried out during the year will be found on page 48.

Water Supply. The district is supplied by the Metropolitan Water Board and by the Sutton District Water Company. Their respective distributive areas being approximately the parishes of Merton and Morden.

The supply of the Metropolitan Water Board is only sampled infrequently as a routine, otherwise samples are taken when circumstances indicate the necessity for local investigation. The Board supplies copies of their official minutes in which the results of the examinations are recorded.

Routine examinations of the Sutton District Water Company's supply are undertaken by the Authorities in the supply area upon an agreed rota, which provides for bacteriological and chemical samples each month. The Company, in addition to the examinations undertaken by their own full-time Chemist, arrange for Consulting Chemists to undertake monthly examinations. Copies of the reports of these Consulting Chemists are received by local Medical Officers of Health whilst the records of the Company's own analyses are available for inspection by the Medical Officers.

There are three deep wells in the district, the supplies from which are used mainly for industrial purposes. They are drawn from beneath the London clay. The boreholes vary between 400 ft. and 500 ft. in depth and their capacity between 3,300 galls. and 7,000 galls. per hour.

Public Cleansing. It may be of interest to recall that from 1908 refuse collection and disposal has been carried out by the Council directly, prior to that date it was contracted out.

In the year 1913 at the time of the formation of our present district, our records show that 3,900 tons of house and garden refuse were collected and disposed of at the tip at Merton Park Brickfield. The record further states that the Council pay an annual rent for the shoot at Merton and the cost has been partially recovered by the receipt of a small sum in respect of the privilege of sorting and selling old rags, bottles, tins, etc., and the further observation is made that a twice weekly or even daily collection in the poorer streets of the districts, particularly during the summer months, would be better for the community.

Three facts of outstanding interest are contained in this record (a) totting, which might be described as unofficial salvage, was being practised at that time; (b) garden refuse does not seem to have been excluded from house refuse, an arrangement which, today, would free us of the nuisance of garden fires—the only method at the present time available and (c) a more frequent collection than weekly was recommended even at that date. At the present time there is a weekly collection and during the year under review 15,324 tons of house refuse was collected and disposed of.

The salvage tonnage for the year was as follows:—

	<i>Tons.</i>		<i>Tons.</i>
Paper	398	Bottles and Glass ...	145
Metals	601	Rags	55
Pig Foods	876		

Drainage and Sewerage. No major sewerage or drainage schemes have been undertaken by the Council during the year.

Rivers and Streams. The ditch on the north side of Approach Road, Raynes Park, was piped by the Railway Executive during the year and a short length of the Pickle Ditch culverted by the Surrey County Council.

Closet Accommodation. All premises have water closets drained to sewers except four which are drained to cesspools. In addition there are four chemical pail closets on Sports Grounds.

REPORT OF THE CHIEF SANITARY INSPECTOR.

Mr. CHAIRMAN, LADIES and GENTLEMEN,

I have pleasure in presenting the Annual Report which summarises the work carried out by your Sanitary Inspectors during the year ended 31st December, 1948.

Housing Inspections.

The total number of houses inspected for "sanitary defects" under the Public Health and Housing Acts was 821. Action taken in connection with defective dwelling-houses is set out in the housing table on page 53.

Summary of Nuisances Abated and Sanitary Improvements Effected.

Ceilings cleansed or repaired	298
Coppers provided or repaired	—
Dampness in premises remedied	71
Drains exposed and repaired	24
Drains reconstructed	2
Defective sashcords renewed	33
Dustbins provided	17
Floors repaired	84
Fresh air inlet valves provided and repaired ...	12
Inspection chamber covers provided	10
Obstructions removed from drains	30
Rain water pipes renewed or repaired	12
Rooms cleansed	44
Roofs repaired	100
Gutters repaired	55
Sink wastes repaired	18
Walls repaired	321
W.C. cisterns provided	2
W.C. cisterns repaired	29
Water Closets cleansed	3
W.C. pans provided	41
Windows repaired or renewed	131
Fireplaces and stoves renewed or repaired ...	63
Sinks provided	1
Offensive accumulations removed	17
Water supply for domestic use	27
Verminous premises fumigated and cleansed ...	2
Ventilation provided under floors... ..	32
Sanitary accommodation for workshops	2
Miscellaneous	194

Notices Served.

Intimation notices	548
Statutory notices:—	
Public Health Act, 1936	97
Housing Act, 1936	—

Drainage Work. At 12 houses the drainage systems were entirely reconstructed and at 57 houses extensive repairs to drains were carried out. Smoke and water tests were applied to the drains of houses in 121 instances, and obstructions were removed from drains at 75 houses. There was a considerable increase in the amount of maintenance work carried out by the Council in connection with defective public sewers—this was mainly due to damage caused by enemy action.

Food Supply. The total number of inspections made to premises where articles of food are prepared or exposed for sale was 1,139. The work involved in connection with the supervision and inspection of food supplies and food premises continues to increase. At a number of premises, improvements in sanitary conditions were effected.

Unsound Food. The undermentioned articles of food were found, upon inspection, to be unfit for human consumption; were surrendered and either destroyed or disposed of for animal feeding or salvage:—

<i>Description.</i>	<i>Amount.</i>	<i>Cause.</i>
Beef	865½ lbs.	Putrefaction and decomposition
Sweets	80 lbs.	Glass splinters
Mixed Pickles	4 jars	Broken and mouldy
Fish	343½ stone	Decomposed, putrefied and unsound
Rabbits	60 lbs.	Decomposition
Australian Crayfish	30 lbs.	Unsound
Potatoes	18 cwts.	Rotten
Dried Egg Powder	4 pkts.	Mouldy
Oranges	73 lbs.	Rotten
Shell Eggs	36	Rotten
Bacon	2 stone	Decomposition
Lamb	6 lbs.	Decomposition
Tripe	1,135 lbs.	Decomposition
Orange Squash	1 bottle	Rancid
Sauce	1 bottle	Broken
Preserved Plums	1 bottle	Mouldy
Bottled Gherkins	17 lbs.	Mouldy
Cod Fat	3½ lbs.	Unsound
Soup Powder	22 lbs.	Grub Infested
Porridge Oats	108 lbs.	Grub infested
Currants	60 lbs.	Grub infested
Mars Chocolate	3 bars	Contaminated
Fish Cakes	72	Decomposed
Sweet Biscuits	10 lbs.	Contaminated
Speckle Eggs	13 lbs.	Contaminated
Melts and Roes	20 lbs.	Decomposition

<i>Description.</i>	<i>Amount.</i>	<i>Cause.</i>
Cooking Fat	7 lbs.	Contaminated
Colouring	38 bottles	Deterioration
Flavours (various)	59 bottles	Deterioration
Ground Ginger	28 lbs.	Deterioration
Mustard Pickles	36 jars	Deterioration
Mixed Spice	28 lbs.	Deterioration
Mustard	1 jar	Deterioration
Dehydrated Potato Powder	30 lbs.	Contaminated
Macaroni	16 lbs.	Contaminated
Semolina	14 lbs.	Contaminated
Figs	6 lbs.	Fermentation
Barley Flakes	3 lbs.	Weevil infested
Weetabix	2 pkts.	Mouldy
Custard Powder	2 pkts.	Mouldy
Corned Mutton	648 lbs.	Malodour
Tinned Meat, Milk, Fish, Vegetables, Fruit, etc.	3,195 tins	Blown, punctured, leaking, mouldy, sour and unsound

Meat Inspection. Practically the whole of the home killed meat is prepared in central abattoirs, but pig clubs established for the war period are allowed to slaughter on their premises if found suitable.

Several of the pig clubs in the surrounding districts take advantage of this arrangement and use the registered slaughter house attached to the Trafalgar Pig Club at 129, High Street, Merton. Slaughtering is carried out on Sunday mornings and this necessitates the attendance of a Meat and Food Inspector almost every Sunday during the year.

Carcases Inspected.	Cattle	Cows	Calves	Sheep	Pigs
Number killed ...	—	—	—	—	166
Number inspected ...	—	—	—	—	166
Number found fit for human consumption	—	—	—	—	166

Organs condemned.

Reason for condemnation.

1 liver	...	...	Cirrhosis
1 liver	...	...	Tuberculosis
1 liver	...	...	Bacterial necrosis
1 head	...	...	Tuberculosis
1 head	...	...	Abscess

Milk Supply. There are no producers of milk registered within the urban district.

Practically all the milk supplied to the district is derived from the South-eastern Counties and arrives either by rail or road. Sixty-eight inspections were made to dairies and milk-shops during 1948. Forty-four samples of milk were submitted for bacteriological examination during the year. Eight samples of Tuberculin Tested, one of Pasteurised and one of Tuberculin Tested Pasteurised Milk failed to conform to the prescribed standard.

Results of Chemical Analyses of New Milk Samples.

Solids not fat (legal standard is 8.5%).

8.5	8.6	8.7	8.8	8.9	9.0	9.1	9.2	Total
—	1	6	7	1	3	1	1	20

Milk fat (legal standard 3.0%).

3.1	3.2	3.3	3.4	3.5	3.6	3.7	3.8	3.9	4.0	4.1	4.2	Total
—	3	4	2	3	2	3	2	1	—	—	—	20

The undermentioned licences were granted to dealers under the Milk (Special Designations) Regulations and were in force at 31st December, 1948:—

Dealers Licences.

Pasteurised	...	...	11
Tuberculin Tested	...	...	3

Supplementary Licences.

Pasteurised	...	...	7
Tuberculin Tested	...	...	8

Food and Drugs Act, 1938. The following table shows the number and nature of the samples submitted to the Public Analyst:—

Article	Total Samples	Genuine	Not Genuine	Action Taken
Ammoniated Tincture of Quinine	2	—	2	Manufacturers explanation accepted
Aspirin Tablets	1	1	—	—
Baking Powder	2	2	—	—
Black Pudding	1	1	—	—
Boric Acid Ointment	1	1	—	—
Brawn	2	2	—	—
Cake Mixture	2	2	—	—
Cocoa	1	1	—	—
Coffee and Chicory Essence	1	—	1	Stocks withdrawn before formal sample could be taken
Creamola Pudding	2	2	—	—
Eucalyptus Oil	1	1	—	—
Faggots	2	2	—	—
Fish Paste	4	4	—	—
Flavourings	2	2	—	—
Friars Balsam	1	1	—	—
Gelatine	2	2	—	—
Ginger Beer	2	2	—	—
Glauber Salts	2	1	1	Subsequent formal sample genuine
Grape Fruit Squash	1	1	—	—
Lemonade Crystals	1	1	—	—
Lemon Squash	1	1	—	—
Liver Sausage	6	6	—	—
Luncheon Sausage	2	2	—	—
Malt Vinegar	3	1	2	Dispensation from Ministry of Food
Marmalade	1	1	—	—
Meat Pie	3	3	—	—
Meat Soup	1	1	—	—
Medicinal Liquid Paraffin	2	—	2	Manufacturer fined £20 with 30 guineas costs
Medicated Sweets	12	9	3	Unable to obtain formal samples Manufacture ceased
Milk	20	20	—	—
Minced Beef	2	2	—	—
Pickled Onions	1	1	—	—
Pressed Chitterlings	1	1	—	—
Sauce	3	3	—	—
Sausage Meat	1	1	—	—
Sausages	5	5	—	—
Sodium Bicarbonate	1	1	—	—
Spaghetti in Meat Sauce	1	1	—	—
Sponge Mixture	1	1	—	—
Sulphur Tablets	1	1	—	—
Zinc Ointment	1	1	—	—
Total	102	91	11	

Ice-cream (Heat Treatment) Regulations, 1947. These regulations came into operation on the 1st May, 1947, except for the requirements relating to thermometers which will not operate until a date appointed by the Ministry of Health. At the end of the year, there was only one manufacturer of ice-cream on the register and sixty dealers and fifteen vendors were registered. 57 samples were obtained and submitted for examination with the following results:-

No.	Grade	Methylene Blue Test	Coliform B.	Remarks
1	1	Satisfactory	Absent	
2	1	"	Present	
3	2	"	"	
4	1	"	"	
5	1	"	"	
6	3	Unsatisfactory	"	
7	2	Satisfactory	Absent	
8	2	"	"	
9	1	"	Present	
10	1	"	"	
11	2	"	"	
12	1	"	"	
13	2	"	"	
14	3	Unsatisfactory	"	
15	1	Satisfactory	Absent	
16	2	"	"	
17	2	"	"	
18	3	Unsatisfactory	"	
19	2	Satisfactory	Present	
20	1	"	Absent	
21	3	Unsatisfactory	Present	
22	1	Satisfactory	Absent	
23	2	"	Present	
24	1	"	Absent	
25	1	"	"	
26	3	Unsatisfactory	Present	
27	3	"	"	
28	3	"	Absent	
29	1	Satisfactory	Present	
30	4	Unsatisfactory	"	Faecal coli present
31	4	"	"	Faecal coli present
32	3	"	"	
33	2	Satisfactory	"	
34	3	Unsatisfactory	"	
35	3	"	"	
36	3	"	"	
37	3	"	"	
38	2	Satisfactory	"	
39	3	Unsatisfactory	"	
40	3	"	"	
41	3	"	"	
42	3	"	"	Faecal coli present
43	3	"	"	
44	2	Satisfactory	"	
45	2	"	Present	
46	2	"	"	
47	2	"	"	
48	2	"	"	
49	1	"	"	
50	4	Unsatisfactory	"	
51	1	Satisfactory	"	
52	2	"	"	
53	4	Unsatisfactory	"	
54	1	Satisfactory	Absent	
55	4	Unsatisfactory	Present	
56	1	Satisfactory	Absent	
57	3	Unsatisfactory	"	

Factories and Workplaces. The number of inspections made to premises registered under the Factories Act, 1937 was 221. Defects relating to sanitary conveniences, ventilation and other sanitary matters were dealt with at 25 premises. The table on page 55 gives details of action taken during the year.

Water Supply. Five samples of water from domestic taps were submitted for chemical or bacteriological examination. The reports on each sample were satisfactory.

Water Courses. Thirty-four inspections were made of the water courses in the district, particularly of the River Wandle, and Beverley and Pyl Brooks for the purpose of detecting pollutions and samples were obtained and sent for chemical analysis. Two instances of pollution were discovered during the year and appropriate action was taken.

Mosquitoes. A number of complaints were received from residents and spraying of water courses, ditches and stagnant ponds was carried out particularly in the vicinity of the Council's recreation grounds and open spaces during the breeding season.

Rats and Mice (Destruction) Act, 1919 — Infestation Order, 1943. The Rats and Mice (Destruction) Act is administered by the Council, the Surrey County Council having delegated their powers to the local authority. A Rodent Operator is employed and a free service is provided for householders but a charge is made according to an agreed scale when work is undertaken at business premises. During the year 722 visits were made to premises where infestations were known or suspected and at 127 premises the infestations were cleared.

Treatment of the Council's sewers in the older parts of the district was carried out and an average number of 70 manholes were treated per day. Periodic treatment of the Council's refuse tip at Garth Road was also carried out during the year.

Noise Nuisances. A number of complaints were received from householders, alleging nuisances from excessive noise arising at factory premises. The Council has limited powers under the Merton and Morden Council Act, 1936, to deal with such noise nuisances and at two factories, improvements were made by the occupiers to reduce noise to a minimum.

Smoke Abatement. A number of complaints were received relating to excessive smoke emitting from certain factory chimneys. 25 observations were made and in 4 instances, the nuisances were satisfactorily abated.

Inspections of Cinemas and other Licensed Premises. Periodical inspection of the two cinemas in the district and other licensed premises was made during the year. All the sanitary conveniences at these premises were inspected and found to be generally well maintained.

Shops Acts, 1912—1936. The following statement summarises the inspections made, the infringements discovered and other matters dealt with during the year.

No. of Inspections:—Day Visits	396
Evening Visits	—

Infringements:—

1. Evening closing hours	—
2. Half-day closing	2
3. Hours of employment for young persons	—
4. Seats not provided for females	—
5. Prescribed notices not correct or exhibited	14
6. Sanitary arrangements unsatisfactory	3
7. Reasonable temperature not maintained	—

Summary of Sanitary Inspections.

Housing—primary visits	886
Re-inspections—work in progress	2,280
Re overcrowding provisions	618
Miscellaneous, housing	452
Drainage work	1,051
Factories and Workplaces	219
Stables and Piggeries	21
Rats and Mice destruction	767
Enquiries—infectious diseases	233
Smoke abatement	25
Food shops, etc.	1,139
Milk supply	68
Rivers and Streams—pollution	34
Miscellaneous	1,143
	<hr/>
	8,936
	<hr/>
No. of complaints investigated	1,034

I would like to take this opportunity of expressing my appreciation and thanks to the Chairman and Members of the Public Health Committee for their support during the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. C. THOMAS,

Chief Sanitary Inspector.

August, 1949.

SECTION D. — HOUSING.

Housing and Overcrowding. During the year 336 new houses and flats were built and 110 were reconditioned and made habitable. The number of applicants on the waiting list at the end of the year was 3,564.

Arising out of rehousing enquiries, 105 complaints of overcrowding were received. Of these, 50 were found to be overcrowded within the standards laid down by the Housing Act, 1936.

The housing situation in Merton and Morden may be gathered from the following facts:—

1. Inspection of Dwelling Houses during the year:

i. (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	821
(b) Number of inspections made for the purpose	821
ii. (a) Number of dwellinghouses (included under sub-head (i) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	—
(b) Number of inspections made for the purpose	—
iii. Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
iv. Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	548

2. Remedy of defects during the year without service of formal notice:—

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	464
---	-----

3. Action under Statutory Powers during the year:—

A.—Proceedings under Section 9, 10 and 16 of the Housing Act, 1936:—

(i) Number of dwellinghouses in respect of which notices were served requiring repairs	—
(ii) Number of dwellinghouses which were rendered fit after service of formal notices:—	
(a) By owners	—
(b) By local authority in default of owners	—

B.—Proceedings under Public Health Acts:—

(i) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	97
(ii) Number of dwellinghouses in which defects were remedied after service of formal notices:—	
(a) By owners	70
(b) By local authority in default of owners ...	—

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936:—

(i) Number of dwellinghouses in respect of which Demolition Orders were made	—
(ii) Number of dwellinghouses demolished in pursuance of Demolition Orders	—

D.—Proceedings under Section 12 of the Housing Act, 1936:—

(i) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

SECTION E — INSPECTION AND SUPERVISION OF FOOD.

(See Sanitary Inspector's Report, on pages 45-49).

FACTORIES ACT, 1937.

1. Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	21	27	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	173	192	13	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority	2	2	—	—
Total ...	196	221	13	—

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	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	5	5	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	1	1	—	—	—
(b) Unsuitable or defective ...	17	17	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	2	2	2	—	—
Total ...	25	25	2	3	—

SECTION F — INFECTIOUS ILLNESS.

Notification. The following diseases are notifiable in the District:—

Cholera	Acute Primary Pneumonia
Cerebro-Spinal Fever	Acute Influenzal Pneumonia
Continued Fever	Acute Poliomyelitis
Diphtheria (including membranous Croup)	Acute Polio-Encephalitis
Dysentery	Puerperal Pyrexia
Enteric Fever (including paratyphoid fevers)	Relapsing Fever
Erysipelas	Scarlet Fever
Encephalitis Lethargica	Smallpox
Food Poisoning	Trench Fever
Malaria	Typhus Fever
Ophthalmia Neonatorum	Tuberculosis (all forms)
Plague	Whooping Cough
	Measles

Smallpox. There were no notifications of Smallpox in our district during the year but a considerable amount of follow-up work has been undertaken by the department in keeping persons under observation who have arrived in this Country from areas abroad where Smallpox has occurred and who, although they may not be known to be actual contacts of a case, have had opportunities for such contact.

Enteric Fever. No cases of Typhoid or Paratyphoid Fever were notified during the year, in fact there have been no such cases since 1941, when two were notified.

Dysentery. There was only one actual notification in respect of Dysentery received during the year but, in the case of food poisoning the cause was, in some instances, proved bacteriologically to be a disenteric infection and it is probable that many more of the cases of food poisoning are, in fact, cases of Dysentery. That they do not come to be notified as such is probably mainly due to the fact that Bacillary Dysentery, as a clinical disease, is associated with the organisms Schiga and Flexner, whereas Sonne is associated with gastro-enteritis which is still extensively regarded as a clinical entity, separate and distinct from Dysentery. If gastro-enteritis was made a notifiable disease, as such, it would possibly bring to light a much larger number of these infections.

Food Poisoning. There were sixteen cases of food poisoning notified during the year. All were either single cases or a small

family group occurring in one household. Steps are taken, wherever possible, to discover the source but it is generally found in this type of illness that they have recovered before we have an opportunity of making any investigations and it is rarely possible to establish the bacterial cause, even by rectal swabbing, which is invariably carried out where possible. There has been no outbreak during the year affecting a group such as a canteen. These isolated attacks of illness of short duration are probably much more common than these notifications show, but for the benefit of posterity, who may wonder about this present-day problem, it should be recorded that the initial quality of most kinds of fresh meat today is incomparably inferior to pre-war standards. The essential indigestibility of much of the meat may well play some part in the frequency of these digestive disturbances. The type of outbreak occurring in a canteen, where perhaps twenty or more persons are affected, is probably in quite a different category and, from time to time, we are asked to investigate such an outbreak in one of our factory canteens. Fortunately they have been rare—none during this particular year—but we have, in the past, been able to bear out the common experience that “two-stage” cooking of meat is frequently found to have been practised.

To raise a generation so fastidious that they cannot leave the W.C. without washing the hands in soap and water should be our first ambition and the problem of the more especial care by those engaged in the trade would be greatly simplified. The future of food hygiene is in the schools, by education side by side with the provision of facilities for carrying the teaching into practice. As far as the more especial problem of the food handlers in the trade are concerned, a hygiene educated, food fastidious public in normal times would stimulate improved methods in the trade and also most probably demand more effective weapons for food control.

Diphtheria. Once again a record was created for this disease, three cases only occurring during the year, as compared with last year's record number of five cases. There were no deaths from this disease during the year.

Scarlet Fever. There were 112 cases of Scarlet Fever as compared with 137 last year. The disease was, as in recent years, mild in character. It will be seen that there was one death from this disease during the year but this is an unusual event. It was, in fact, in a child of four years of age who developed acute nephritis in the third week of his illness, from which he died. He was believed to have had a previous nephritis with permanent damage to the kidneys.

It is none-the-less a worry to most parents because of the risk of complications and, while Scarlet Fever generally today

is a mild disease, it is responsible for a good deal of disruption of education among school children, both among the cases themselves and among the contacts. In considering measures for controlling Scarlet Fever one gets the impression that there is a small reservoir or potential reservoir of infection always present in the schools and that there is a tendency for the disease to subside during the holidays and the long summer recess. It is interesting, looking back through old reports, how often the schools were closed for Measles, Whooping Cough and even for Mumps. School closure rarely seems to have been used as a control measure against Scarlet Fever. One very important factor in "keeping the pot boiling" is, I am sure, the delay in excluding cases from the classroom. Whether the modern mother is so determined not to coddle the child that she disregards the early minor manifestations of illness, whether they are not so aware of deviations from wellness, or whether in some cases because of a desire that the child should not miss school is a matter for speculation, but it is astonishing how high a proportion of children are sent to school while in the infective stage of the disease. I have analysed the interval between the last attendance in school and the appearance of the rash in 69 cases of Scarlet Fever among the school children during the year under review. Of the 69 cases:—

16 were not in school for 5 days or more before appearance of rash;

4 were not in school for 4 days or more before appearance of rash;

12 were not in school for 3 days or more before appearance of rash;

*23 were not in school for 2 days or more before appearance of rash;

12 attended school on the day the rash came out;

1 attended school for a further day after appearance of the rash;

1 attended school for a further 2 days after appearance of the rash.

* This seems to be the commonest time for the initial malaise to have been observed.

It is the large group of 12 who were in school on the day the rash appeared that one suspects is responsible for "keeping the pot boiling." When it is remembered that the rash in Scarlet Fever appears on the second day of the disease, it is clear that these 12 children had opportunities of spreading the infection for two days. In fairness to parents one must add the obvious excuse that if parents were to keep a child at home every time he looked a bit off colour there would be a great risk of unnecessary absences.

However, there is the problem! Perhaps a more widespread use of the clinical thermometer might help to solve some of the difficulty.

Measles. The Measles and Whooping Cough (Amendment) Regulations, 1948, came into operation on 1st April, 1948. The effect of the Regulations is to retain the compulsory notification of Measles and Whooping Cough which was introduced by the Regulations of 1940 as a temporary measure during the war. The fee for notification becomes the statutory fee of 2/6d. instead of the 1/- in the 1940 Regulations.

There were 1,049 cases of Measles during the year, as compared with 347 last year and 568 for the previous year. It is a matter for gratification that out of this very large number of cases there is not a single death attributed to this disease. I have prepared a table showing the incidence of Measles for previous years. Up to 1939 the biennial character of the disease is well shown and the column showing the mortality from the disease demonstrates the great change that has taken place in the past decade.

When it is remembered that the numbers up to 1939 were confined to school children our present rate of incidence, also bearing in mind an increase in population, is no higher than in the pre-war years. There is even a trace still of its biennial character. It may well be that this characteristic was obscured when the under five group came to be included. The present low mortality would hardly justify any preventive measure that carried any risk of its own and, until a serum can be prepared without the possibility of producing such serious complications as homologous serum jaundice and while the disease remains so mild, there would seem to be a limited scope for the widespread use of Measles prophylactics.

It may be of interest that Measles was being notified in Merton and Morden as far back as 1908, under the Infectious Diseases Notification Act, 1889, the Council having decided to make this disease notifiable in accordance with their powers under the Act. In 1909 alone it is reported that Measles was responsible for 153 out of a total 258 notifications of infectious disease, at the same time as the question of the continuation of notification was being discussed by the Council on the grounds of expense. That year there was one death from the disease. In 1912, an epidemic year, there were again 406 cases with eight deaths of "under-five year olds" and the question of the value of notification again under consideration. The opinion seemed to be that notification was of little value because it was ineffective in securing speedy isolation in epidemic circumstances and further, the cost of disinfection was a financial burden. It is interesting to note that isolation was still regarded as the primary method of control of an epidemic like Measles.

INCIDENCE OF MEASLES 1930-1948.

Year	Cases	Deaths	Population	Remarks
1930	295	3	35,000	} School children only included — disease not being notifiable. Figures based on returns from Head Teachers.
1931	7	—	41,510	
1932	418	2	48,550	
1933	14	—	52,130	
1934	523	6	55,550	
1935	5	—	57,440	
1936	586	4	61,000	
1937	86	—	65,530	
1938	403	—	68,980	
1939	5	—	72,150	
1940	459	1	68,540	} Whole population included from 1940 when disease became notifiable.
1941	539	—	64,920	
1942	936	—	66,590	
1943	433	1	66,880	
1944	252	1	62,760	
1945	760	—	66,050	
1946	568	—	73,590	
1947	347	—	75,290	
1948	1,049	—	75,220	

Whooping Cough. There were 378 cases of Whooping Cough notified during the year with no deaths from this disease. This compares with 232 for last year and 238 for the year before. With Diphtheria now under control, preventively as well as curatively, Measles and Scarlet Fever having assumed mild characteristics and their complications, when they occur, amenable to treatment by Penicillin and the sulpha drugs, as indeed are the other rarer but more formidable childish infections, Whooping Cough has stepped into the forefront as the enemy of children. Although its fatality rate is not perhaps so high, its capacity for damage is serious and it is a distressing ordeal for parents to witness in their child. That is no doubt why, even though no guarantee can be offered of successful protection with any present immunising agent, there is still a large demand among the parents for injections against Whooping Cough. The problem has two aspects, firstly, as a public health measure, we feel that we ought to have sound evidence of its efficacy before recommending its use on the scale we should desire and, secondly, the parents' point of view which might be expressed as "I don't care whether it is only a one in a thousand chance of protection, I will leave nothing undone to prevent my child contracting Whooping Cough". That is a powerful argument which surely must justify our making such provision which, incidentally, we do. In the meantime we eagerly await the result of the vaccine trials which are taking place. Apparently the low incidence of Whooping Cough as soon as the trials began have delayed the publication of the reports. Meanwhile, in another way, hope for relief has

appeared, one of the new antibiotics having been shown in laboratory tests to be lethal to *H. Pertussis* — the organism responsible.

Anterior Poliomyelitis. There were 13 notifications of Acute Poliomyelitis, all of whom were admitted to hospital. The diagnosis was confirmed in eight of these cases and amended in five instances. The table set out on the following page will show in greater detail the story of their illness and its sequel. Of the eight established cases four developed a degree of permanent paresis. There were no deaths in any of these cases.

Erysipelas. There were 15 notifications of Erysipelas during the year, 14 of which involved the face and one of the left leg. Six occurred in males and nine in females. Of the 15 cases notified, 12 were treated at home and three received hospital treatment.

Ophthalmia Neonatorum. Four cases were notified during the year, one of which was in hospital at the time of notification. In each case recovery was complete and vision unimpaired.

Pneumonia. There were 40 notifications of Pneumonia, of which seven were stated to be influenzal in origin. The number of cases notified in the previous year was 69.

Puerperal Pyrexia. There were two notifications of Puerperal Pyrexia, giving a rate of 1.80 per thousand births. Each of these cases occurred in hospital, one being subsequently admitted to the Wandle Valley Isolation Hospital for treatment. In both cases the patients recovered.

CLEANSING STATION.

There was a further decrease in the number of attendances at the Cleansing Station during the year, the total being 229 as compared with 445 in 1947 and 798 in the year before. The details of the attendances during the year are as follows:—

Number of cases of Scabies treated	40
Cases of Scabies with concurrent verminous head ...	2
Cases of Scabies with Secondary Septic Skin conditions	6
Number of cases of verminous heads only ...	110
Total number of attendances at the Centre	229

ANTERIOR POLIOMYELITIS, 1948.

Case No.	Age. (Years)	Hospital to which admitted	Date of Onset	Returned to Registrar General	Confirmed by Hospital	Hospital Diagnosis	Sequel
1	9	Wandle Valley	3/1/48	Yes	Yes	Ac. Poliomyelitis	No paralysis left and now in good health.
2	8	Wandle Valley	21/2/48	No	No	Septicaemia	
3	28	Wandle Valley	15/4/48	No	No	Disseminated Sclerosis	
4	1	St. Helier	23/6/48	Yes	Discovered in hospital	Ac. Poliomyelitis	Paralysis of left leg, still attending hospital for exercises and treatment. Having baths at home.
5	9	Cuddington	15/7/48	Yes	Yes	Ac. Poliomyelitis	No paralysis left, now full recovered.
6	2	Cuddington and Queen Mary's, Carshalton	24/8/48	Yes	Yes	Ac. Poliomyelitis	Now recovered from paralysis of legs and arms. Chest muscles still weak. Attending hospital once a month for massage and exercises.
7	26	Wandle Valley	27/8/48	Yes	Yes	Ac. Poliomyelitis	Left arm completely paralysed. Attending hospital twice weekly for treatment.
8	3	Wandle Valley	15/9/48	Yes	Yes	Ac. Poliomyelitis	Paralysed in right leg and hip, leg at present in irons. Attending hospital three times a week for exercise and massage treatment.
9	3	Wandle Valley	29/9/48	No	No	Bronchitis	
10	10	Wandle Valley	29/9/48	Yes	Yes	Ac. Poliomyelitis	Paralysis of throat, recovered after treatment in hospital.
11	5	Wandle Valley	5/10/48	Yes	Yes	Ac. Poliomyelitis	Slight paralysis of left arm. Attending hospital twice weekly for heat treatment and exercises. Arm still in splint.
12	12	St. Helier	26/10/48	No	No	Remained undiagnosed, possibly Disseminated Sclerosis	
13	10	Wandle Valley	Removed 9/11/48	No	No	Ac. Rheumatism	

TABLE XIV.

Scarlet Fever — Monthly Distribution.

Month	Wards									Total
	Abbey	Bushey Mead	Central	Morden	Park	Ravensbury	Raynes Park	St. Helier	West Barnes	
January	2	—	1	1	—	1	2	2	1	10
February	1	—	—	2	1	1	—	—	1	6
March	—	—	3	2	1	—	1	1	—	8
April	—	2	5	1	—	—	1	—	—	9
May	1	4	—	3	—	—	—	—	—	8
June	—	3	1	2	1	—	—	—	—	7
July	—	3	2	1	1	1	5	—	—	13
August	—	1	—	1	1	—	—	—	—	3
September	—	—	1	1	—	—	—	1	1	4
October	—	—	—	7	1	4	—	1	1	14
November	—	—	—	3	1	2	1	2	2	11
December	—	1	1	16	1	—	—	—	—	19
Total	4	14	14	40	8	9	10	7	6	112
Monthly mean	0.33	1.17	1.17	3.33	0.66	0.75	0.83	0.58	0.50	9.33

The incidence in the various wards was as follows:—

Wards	Cases	Incidence per 1,000 population
Abbey	4	0.7
Bushey Mead	14	1.7
Central	14	1.2
Morden	40	3.2
Park	8	0.7
Ravensbury	9	1.3
Raynes Park	10	1.2
St. Helier	7	0.6
West Barnes	6	0.8

TABLE XV.
Infectious Diseases, Notifications, Deaths and Distribution, 1948.

Disease	Cases Notified	Case Rate per 1,000 population	Deaths among notified cases	Percentage of deaths to cases	Distribution of Cases in Wards								No. of cases re-moved to hospital	Percentage of cases removed to hospital	
					Abbey	Bushey Mead	Central	Morden	Park	Ravensbury	Raynes Park	St. Helier			West Barnes
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	112	1.48	1	0.89%	4	14	14	40	8	9	10	7	6	83	74%
Diphtheria ...	3	0.03	—	—	—	1	—	—	1	—	1	—	—	3	100%
Enteric Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ...	2	0.03	—	—	1	—	—	—	1	—	—	—	—	1*	50%
Erysipelas ...	15	0.19	—	—	—	2	2	3	1	—	1	5	1	3	20%
Poliomyelitis ...	8	0.10	—	—	—	1	1	1	3	1	—	1	—	8	100%
Polio Encephalitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	1	0.01	—	—	—	—	—	—	1	—	—	—	—	—	—
Food Poisoning ...	16	0.21	—	—	1	2	2	10	1	—	—	—	—	2	12.5%
Ophthalmia Neonatorum ...	4	0.05	—	—	1	—	1	—	1	—	—	—	1	—	—
Pneumonia ...	33	0.44	1	3.33%	2	3	4	10	3	3	3	5	—	2*	6.1%
Influenzal Pneumonia ...	7	0.09	2	28.57%	1	—	1	1	1	—	2	1	—	—	—
Measles ...	1049	13.94	—	—	40	97	200	225	103	117	46	169	52	11	0.1%
Whooping Cough ...	378	5.02	—	—	12	36	73	84	26	16	37	61	33	4	1.1%

*Number admitted to Isolation Hospital only.

TABLE XVI.
Notification of Infectious Diseases (other than Tuberculosis) by age groups during the year 1948.

Disease	TOTAL CASES NOTIFIED										Total cases at all ages
	Under 1 year	1-3	3-5	5-10	10-15	15-25	25-35	35-45	45-65	65 and over	
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	4	19	62	15	7	3	1	1	—	112
Diphtheria (including Membranous Croup)	—	—	1	—	—	—	—	2	—	—	3
Enteric Fever (including Paratyphoid) ...	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	1	1	—	—	2
Acute Primary Pneumonia	1	—	2	3	—	1	3	5	13	5	33
Acute Influenzal Pneumonia	—	—	—	—	—	—	—	—	5	2	7
Cerebro-Spinal Meningitis	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	1	1	4	1	—	1	—	—	—	8
Acute Polio-Encephalitis	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	1	—	—	—	1
Malaria	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	4	—	—	—	—	—	—	—	—	—	4
Erysipelas	—	—	—	—	—	—	—	6	8	1	15
Food Poisoning	1	3	2	1	—	1	1	4	2	1	16
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—
Measles	29	225	295	474	22	3	1	—	—	—	1,049
Whooping Cough	19	91	113	142	5	4	2	—	2	—	378
Totals	54	324	433	686	43	16	13	19	31	9	1,628

TABLE XVII.
Monthly Incidence of Infectious Disease, 1948.

Disease	January	February	March	April	May	June	July	August	September	October	November	December	Total
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	10	6	8	9	8	7	13	3	4	14	11	19	112
Diphtheria	2	—	—	—	—	—	—	1	—	—	—	—	3
Dysentery	—	—	—	—	—	1	—	—	—	—	—	—	1
Cerebro-Spinal Men- ingitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	3	3	10	3	4	2	1	—	1	4	1	1	33
Influenzal Pneumonia	—	1	2	2	—	—	—	—	1	—	—	1	7
Food Poisoning	—	—	1	2	—	2	1	—	4	6	—	—	16
Erysipelas	2	—	1	2	—	3	1	2	2	—	1	1	15
T.B. Pulmonary	6	9	5	6	7	6	9	4	4	5	9	4	74
T.B. Non-Pulmonary	1	1	1	—	—	3	2	—	—	1	—	2	11
Ophthalmia Neona- torum	—	2	—	—	—	—	—	1	—	1	—	—	4
Puerperal Pyrexia	—	—	—	—	—	—	1	—	—	—	1	—	2
Poliomyelitis	1	—	—	—	—	—	1	1	2	2	1	—	8
Polio Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	37	258	225	234	169	68	23	14	5	3	3	10	1,049
Whooping Cough	2	11	19	23	24	39	57	48	42	27	43	43	378
Totals	64	291	272	281	212	131	109	74	65	63	70	81	1,713

DIPHTHERIA IMMUNISATION.

Diphtheria Immunisation is now so thoroughly accepted by parents that our present efforts are not so much to secure immunisation as to secure earlier immunisation in accordance with the most up-to-date views on the subject. For the past two years we have been advocating immunising at eight months to save those lives that are lost from Diphtheria before the first birthday, then a booster at two or three years of age, followed by one or more further boosters so that the child shall have its highest degree of protection during its early years of life. It is of particular importance for him to have a high degree of protection on entering school for the first time, when he has suddenly extended his opportunities for exposure to infection.

The measure of our success in this direction is somewhat disappointing as will be seen in Table XXIII on page 71. It will be seen that we immunised 73 children in the under one age group as against 98 last year. The number of single boosting injections given in the Clinics was 52 and the number given in the Schools was 1,651. Taking into consideration that we are mainly confining our boosting in the schools to the children under ten, this represents very nearly 40 per cent. of all the school children in the district.

There were 1,169 children immunised during the year, of whom 905 were one year or under, as against 819 last year. There were 832 children immunised between the ages of one and two. In 1947 there were 1,345 live births and there were 41 deaths of infants under one year of age. If we regard the difference of 1,304 as an estimate of the available material, we might deduce that we have immunised 64 per cent. of our available infants during this year. It should perhaps be mentioned once more that this is based on actual records. There may well be a considerable number immunised by private practitioners, for whom we have no record, especially as the private practitioner under the National Health Service Act no longer need apply to the department for free immunising material but can obtain it on prescription. Another factor which convinces us that there are more infants immunised than we have cards for is the demand for Whooping Cough and Diphtheria combined injections. This, at the time of writing, is now available but for the year 1948 any parent wanting the combined injections applied to the private practitioner. We have reason to believe that there were a considerable number of infants immunised against Diphtheria in that way.

TABLE XVIII.

Persons Immunised at Clinics during 1948.

WARDS	AGE GROUPS				Total Completed Primary	Total Single Boosting Injections
	0-5 years		5-15 years			
	Completed Primary	Single Boosting Injections	Completed Primary	Single Boosting Injections		
Abbey ...	42	4	—	1	42	5
Bushey Mead	68	—	8	4	76	4
Central ...	109	5	1	1	110	6
Morden ...	153	1	—	8	153	9
Park ...	64	1	2	2	66	3
Ravensbury ...	57	—	—	5	57	5
Raynes Park	61	3	1	3	62	6
St. Helier ...	86	1	—	—	86	1
West Barnes	70	9	—	4	70	13
	710	24	12	28	722	52

TABLE XIX.

Persons Immunised by Private Practitioners, 1948.

WARDS	AGE GROUPS				Total Completed Primary	Total Single Boosting Injections
	0-5 years		5-15 years			
	Completed Primary	Single Boosting Injections	Completed Primary	Single Boosting Injections		
Abbey ...	2	—	—	—	2	—
Bushey Mead	16	—	—	3	16	3
Central ...	26	2	1	—	27	2
Morden ...	40	12	2	7	42	19
Park ...	20	1	1	—	21	1
Ravensbury ...	17	—	1	1	18	1
Raynes Park	20	1	—	1	20	2
St. Helier ...	20	1	—	—	20	1
West Barnes	10	—	—	—	10	—
	171	17	5	12	176	29

TABLE XX.

Children Immunised in Day Nurseries.

Nursery						Completed
Middleton Road	...	...	...	...	...	11
Morden Road	...	...	...	...	...	14
Total						25

TABLE XXI.

Number of Children Immunised at Schools, 1948.

School	Incomplete	Completed Primary	Single Boosting Injections
Bushey County Primary	3	52	211
Poplar Road County "	3	5	57
St. Mary's " "	2	43	206
Merton Abbey " "	2	11	20
Hillcross " "	3	9	74
Raynes Park " "	1	22	186
Morden " "	1	13	42
Morden Farm " "	4	34	219
St. Helier No. 1 " "	9	13	196
St. Helier No. 2 " "	6	38	95
St. Helier No. 3 " "	1	19	82
St. Helier No. 4 " "	4	18	117
Holy Family R.C. Vol. Primary	4	31	72
Sacred Heart R.C. Vol. Primary	3	40	74
	46	348*	1,651*

*Includes children attending schools in Merton and Morden but resident in other areas:—

Primary	...	102
Boosters	...	270
		372

The number immunised since the inauguration of the Public Clinics in 1934 is as follows:—

	At Clinics	By Doctors	In Schools	At Day Nurseries	Total
1934	93	28	—	—	121
1935	375	19	—	—	394
1936	383	13	664	—	1,060
1937	502	27	293	—	822
1938	376	22	260	—	658
1939	277	11	303	—	591
1940	234	12	50	—	296
1941	700	6	3,198	—	3,904
1942	1,127	16	753	—	1,896
1943	813	64	211	51	1,139
1944	515	54	216	28	813
1945	806	91	105	33	1,035
1946	726	72	488	34	1,320
1947	937	62	233	25	1,257
1948	722	176	246	25	1,169

TABLE XXII.

Incidence and Fatality of Diphtheria, 1920-1948.

Year	Population	No. of cases	Incidence rate per 1,000 population	No. of deaths	Percentage of deaths to cases
1920	18,200	47	2.5	3	6.3
1921	18,000	28	1.5	1	3.5
1922	18,500	62	3.3	4	6.4
1923	18,750	39	2.08	1	2.5
1924	18,710	68	3.6	6	8.9
1925	18,960	25	1.3	1	8.3
1926	19,980	24	1.2	2	8.5
1927	21,850	29	1.3	2	6.8
1928	25,780	38	1.4	—	—
1929	27,430	53	1.9	1	1.8
1930	35,000	72	2.05	6	8.3
1931	41,610	80	1.9	6	7.5
1932	48,550	30	0.6	—	—
1933	52,130	35	0.6	1	2.8
1934	55,550	82	1.4	8	9.7
1935	57,440	44	0.76	4	9.0
1936	61,000	28	0.45	—	—
1937	65,530	22	0.33	4	18.1
1938	68,980	28	0.40	2	7.1
1939	71,220	32	0.44	2	6.2
1940	68,540	20	0.29	1	5.0
1941	64,920	24	0.36	—	—
1942	66,590	15	0.22	1	6.6
1943	65,880	16	0.24	1	6.35
1944	62,760	8	0.12	4	12.5
1945	66,050	12	0.18	1	8.3
1946	73,590	9	0.12	—	—
1947	75,290	5	0.06	—	—
1948	75,220	3	0.03	—	—

TABLE XXIII.
Diphtheria Immunisation.

Number of children 0—5 years immunised January — June, 1948	...	...	...	...	...	...	...	...	...	426
Number of children 5—15 years immunised January — June, 1948	...	...	...	...	...	...	...	...	...	319
Number of children 0—5 years immunised July — December, 1948	...	...	...	...	...	...	...	...	...	452
Number of children 5—15 years immunised July — December, 1948	...	...	...	...	...	...	...	...	...	13
Total number of children 0—5 years immunised during the year	...	...	...	...	...	...	...	...	...	878
Total number of children 5—15 years immunised during the year	...	...	...	...	...	...	...	...	...	332
Number of children 0—5 years immunised by Private Practitioners during the year	...	...	...	...	...	...	...	...	...	171
Number of children 5—15 years immunised by Private Practitioners during the year	...	...	...	...	...	...	...	...	...	5
Total number of children immunised by Private Practitioners during the year	...	...	...	...	...	...	...	...	...	176
Total number of children immunised in the Clinics during the year	...	...	...	...	...	...	...	...	...	722
Total number of children immunised in the Day Nurseries during the year	...	...	...	...	...	...	...	...	...	25
Estimated percentage of 0—5 years immunised at end of year	...	...	...	...	...	...	...	...	...	58.07
Estimated percentage of 5—15 years immunised at end of year	...	...	...	...	...	...	...	...	...	83.1

Age Distribution of Immunised Children.

Age at 31.12.48 i.e. born in year	Under 1 1948	1 1947	2 1946	3 1945	4 1944	5 to 9 1939-43	10 to 15 1934-38	Total Immunised	Estimated Population 0-5	Estimated Population 5-15	Total Population up to 15
Number Immunised	73	832	791	717	834	3,694	3,768	10,709	5,591	8,973	14,564

TUBERCULOSIS.

One hundred and nineteen new cases were added to the register of tuberculous persons, compared with 130 in 1947.

These additions were:—

	Males	Females	Total
Pulmonary	51	53	104
Non-Pulmonary	4	11	15
	—	—	—
	55	64	119
	—	—	—

Of these 119, 85 were primary notifications, 27 were transferred from other districts, and 7 came to notice in other ways.

During the year 58 persons were removed from the register for the following reasons:—

Recovered			8
Removed from the district			25
Death			25

After allowing for the additions and deductions, the number remaining on the register at the 31st December, 1948 was distributed as shown in the following table:—

TABLE XXIV.

Tuberculosis Register at 31st December, 1948.

Wards	Registered at 31st December, 1948		Totals	Number on Register at mid-year
	Pulmonary	Non-Pulmonary		
Abbey	47	10	57	55
Bushey Mead	67	18	85	87
Central	66	14	80	76
Morden	93	14	107	102
Park	109	21	130	122
Ravensbury	106	24	130	121
Raynes Park	67	8	75	73
St. Helier	156	32	188	183
West Barnes	50	20	70	70
Whole district	761	161	922	889

The provision of treatment and investigation of Tuberculosis became the responsibility of the Regional Hospital Board on the 5th July, the County Council remaining responsible for the preventive side of the work. Institutional treatment was pro-

vided for 49 persons in 1948 from Merton and Morden, as follows:—

At the County Sanatorium, Milford ...	3
At other Institutions	46
	—
	49
	—

It was a matter for general concern after the first world war that there were an unprecedented number of deaths from this disease in young women in the 20's. It is a matter for some consolation that this position has not recurred. It may well be that the advantages of the "new look" may not be confined to the trade, as many will remember that in the previous post-war years the opposite of the "new look" was the fashion.

The deaths from Tuberculosis during the year number 35, of which 34 were due to pulmonary and 1 to non-pulmonary disease. Four of the deaths were in unnotified cases.

The deaths are classified by age and sex in the following table:—

TABLE XXV.

Deaths Due to Tuberculosis, 1948.

Ages Years	Pulmonary		Non-Pulmonary		Totals
	Males	Females	Males	Females	
0—	—	—	—	—	—
1—	—	—	—	—	—
5—	—	1	—	1	2
15—	2	5	—	—	7
25—	4	2	—	—	6
35—	3	1	—	—	4
45—	5	3	—	—	8
55—	7	—	—	—	7
65—	—	1	—	—	1
Totals	21	13	—	1	35

No action was taken under the Public Health (Prevention of Tuberculosis) Regulations, 1925, which gives power to prohibit the handling of milk by infectious tuberculous persons, nor under Section 172 of the Public Health Act, 1936, which provides for the removal of an infectious person to hospital.

Tuberculosis Care Committee. The responsibility for maintaining the health of tuberculous persons in the district is undertaken by the Merton and Morden Tuberculosis Care Com-

mittee who assist patients, dependents and relatives in many ways, both financially and in kind, to secure extra nourishment, beds, bedding, clothing and household articles. They arrange for the provision of domestic help, assist in securing suitable employment, occupational therapy and rehabilitation and in the holiday schemes for child contacts in the family.

I am indebted to the Secretary for the following information relating to the activities of the Committee during the year under review:—

In many instances patients were assisted, with the help of the W.V.S., the S.S. & A.F.A. and the British Red Cross Society, to obtain bedsteads, mattresses and bedding.

Twelve relatives and patients have received help with fares and twenty-four patients received pocket money when in hospital or sanatoria.

Grants were made to eight cases to enable patients, or their dependents, to secure clothing.

The Committee has also assisted patients and their families in the following ways:—

By payment of arrears of health and life insurance premiums.

Maintenance of gas fire in bedroom and radio set.

Part cost of spectacles.

Holiday expenses to dependents.

Provision of invalid chairs, thermos flasks, bedtables, sorbo air rings, back rests, floor covering, ovaltine, etc.

Camp holidays for child contacts.

Materials for occupational therapy.

Christmas gifts for children.

Laundry bills paid while patient was on rest treatment.

TABLE XXVI.

Tuberculosis — New Cases, Age and Sex, Distribution and Manner of Admission to Register.

Age Groups. Years	Primary Notifications ("A").				Cases transferred from other districts.				Cases brought to notice otherwise than by notification and transfer.				Total new cases
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		
	M	F	M	F	M	F	M	F	M	F	M	F	
0—1	—	—	—	—	—	—	—	—	—	—	—	—	—
1—5	1	—	—	—	—	—	—	—	—	—	—	—	2
5—10	2	1	—	—	—	1	—	—	—	—	—	—	6
10—15	1	4	1	1	—	—	—	—	—	—	—	—	7
15—20	7	11	1	—	—	—	—	—	—	—	—	—	19
20—25	6	7	—	—	2	4	—	—	—	—	—	—	19
25—35	7	5	—	1	3	7	—	2	—	1	—	—	26
35—45	6	6	2	1	3	1	—	—	—	1	—	1	21
45—55	6	—	—	1	2	1	—	—	—	1	—	—	11
55—65	3	1	—	1	—	—	—	—	2	—	—	—	7
65 and over	—	—	—	—	—	—	—	—	—	1	—	—	1
Totals	39	35	4	7	10	14	—	3	2	4	—	1	119
	85				27				7				

INDEX

	PAGE
Acreage	8
Ambulance Facilities	25
Acute Poliomyelitis	61-62
Births	12-16, 30
Institutional and Domiciliary	15
Rates	12-16
Cancer—Deaths from	12, 17-18
Rate	12, 18
Child Life Protection	40
Clinics and Treatment Centres	26-28, 33
Climatic Conditions	9
Closet Accommodation	43
Cleansing Facilities	61
Deaths	10-13, 16-19
Causes of	17-19
Rates	10-13
Diphtheria	57
Immunisation	67-71
By age groups	71
Children immunised in Day Nurseries	69
Children immunised in Schools	69
Persons immunised in Clinics	68
Persons immunised by Private Practitioners	68
Incidence and fatality for 29 years	70
Drainage and Sewerage	43
Drainage work	45
Dysentery	56
Enteric Fever	56
Erysipelas	61
Factories and Workplaces	50
Inspections	55
Defects	55
Food and Drugs Act, 1938	48
Food Poisoning	56

I N D E X—*Continued.*

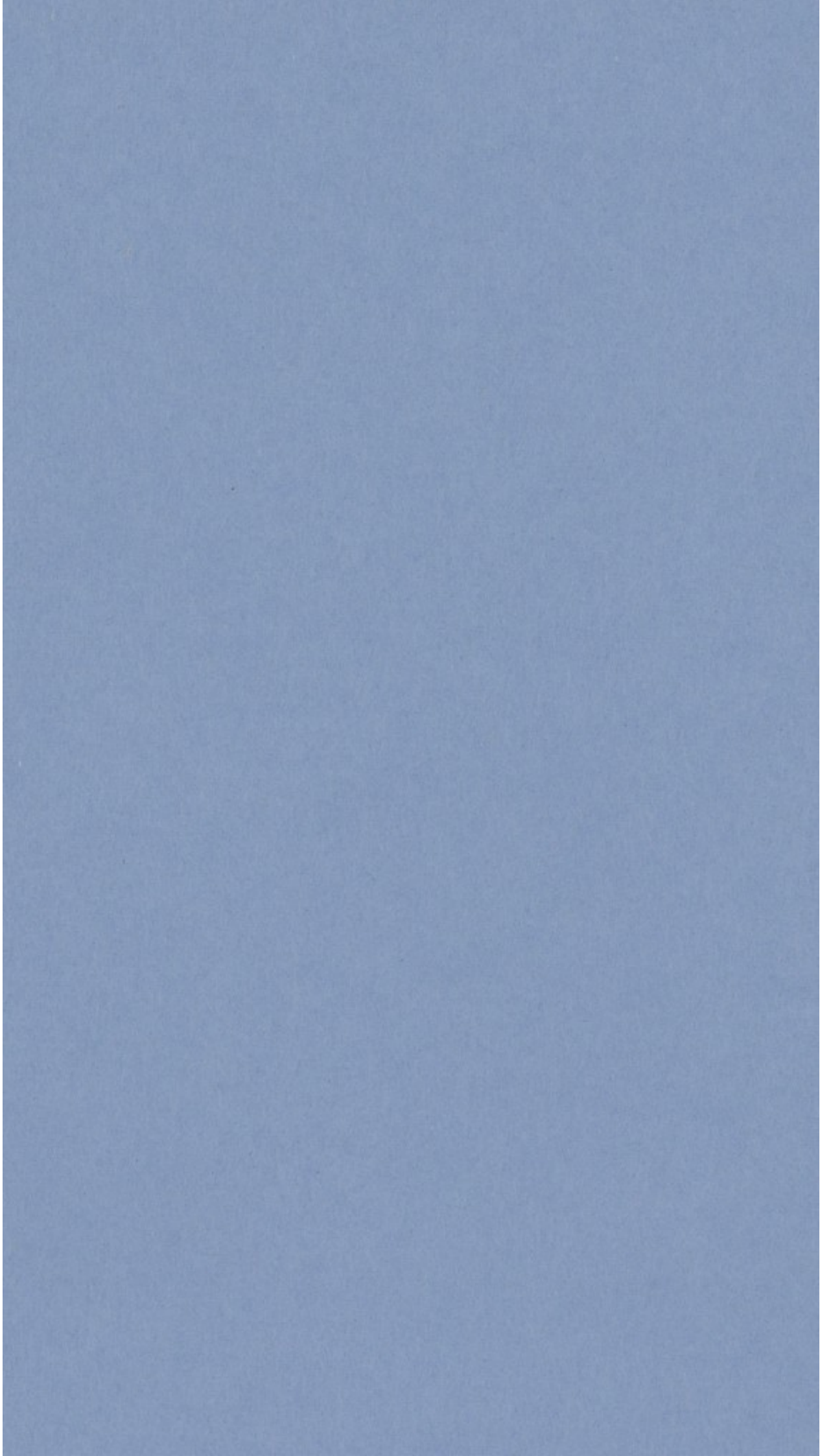
	PAGE
Food Supply	45
Inspections	45-46
Unsound Food	45-46
Health Services	24
Heart Disease—Deaths from	17, 19
Home Help Scheme	35-36
Hospitals	28-30
Hospital Car Service	25
Housing	44, 53-54
Action taken	53-54
Inspections and Defects	44, 53
Number inhabited	8
Overcrowding	53
Ice-Cream	49
Industry	9
Infant Mortality	10, 20-22
Causes of death	21-22
Rates	10-13
Infectious Diseases	25, 28-29, 56-66
Cases admitted to hospital	29
Diseases notifiable	56
Monthly Incidence	66
Notification by Age Groups	65
Notifications, deaths and distribution	64
Inquests	17
Inspections—Cinemas and Licensed Premises	51
Isolation Hospital	28-29
Laboratory Facilities	24
Examination of clinical material	24
Maternal Mortality	19-20
Rates	12, 20
Maternity and Child Welfare	30
Ante-Natal Clinics	31, 32
Attendances at Infant Consultation Clinics	32
Attendances at Maternity Clinics	31
Attendances at Centres over last ten years	32
Attendances in relation to the registered births	33
Committee	5

INDEX—Continued.

	PAGE
Consultant advice for maternity	35
Convalescent Home Treatment	35
Day Nurseries	40-41
Attendances	41
Dental Scheme	37-38
Attendances	38
Operations performed	38
Emergency Maternity Unit	35
Health Visiting	34
Hospital provision for maternity	35
Illegitimate children	11, 36
Midwives	39
Neo-Natal deaths	21-22
Orthopædic Treatment	35
Premature Births	22-23
Sessions, times and places	26
Sterilised Maternity Outfits	36
Voluntary Workers	7, 39
Work of the Centres	30
Measles	59-60
Meat Inspection	46
Milk Supply	46-47
Mosquitoes	50
Nelson Hospital	29, 33
Notification of Births	30
Nuisances—Noise	50
Nursing in the Home	24
Ophthalmia Neonatorum	61
Population	10, 14
Pneumonia	61
Public Cleansing	43
Public Health Committee	5
Puerperal Pyrexia	61
Rainfall	9
Rateable Value	8
Rats and Mice Destruction	50
Respiratory Diseases—deaths from	18

INDEX—*Continued.*

	PAGE
Representatives on:—	
Nelson Hospital Council	5
North-Eastern Divisional Health Sub-Committee ...	5
Tuberculosis Care Committee	5
Wandle Valley Joint Hospital Board	5
Wandle Valley Joint Sewerage Board	5
Rivers and Streams	43
Road Accidents—deaths from	17
Sanitary Circumstances	42-43
Sanitary Inspection	51
Scarlet Fever	57-59
Incidence in each Ward with rates	63
Monthly distribution of cases	63
School Clinics	26
Shops Acts, 1912-1936	51
Slaughterhouses	46
Smallpox	28, 56
Smoke Abatement	50
Social Conditions of the Area	8
Staff	6
Statistics	8-12
Comparative	13
Tuberculosis	72-75
Admission to Sanatorium	73
Assistance given	74
Care Committee	5
Deaths due to	73
Dispensary	27
New cases—by age groups	75
Number on register at end of year	72
Venereal Diseases	27-28
Water Courses	50
Water Supply	42, 50
Whooping Cough	60
Zymotic Disease—deaths from	12
Rate	12



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